



Aboriginal Child and Family Centres Program Evaluation

Final Report

Prepared by Inside Policy for the
NSW Department of Communities and Justice

15 December 2021

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Evaluation on a page

Aboriginal Children and Family Centers (ACFCs) Program

Inside Policy evaluated the ACFCs program. The evaluation assessed the effectiveness of the implementation process; the early outcomes for Aboriginal children, families and communities; reviewed the service delivery cost; and established a clear evidence base to inform future implementation and possible expansion of the ACFC program.



We conducted in-person and virtual site visits and interviews, reviewed program documents and quantitative data, undertook economic analysis and developed case studies



Key findings

- ACFCs are providing high quality and cost-effective early childhood education to Aboriginal children in a trusted, culturally safe environment.
- The ACFCs operate as community hubs that deliver and coordinate integrated, culturally appropriate, and needs-based services for Aboriginal families and children.
- The available data indicates that ACFCs are delivering early outcomes for Aboriginal children, families, and communities across the Human Services Outcomes Framework, particularly in education, health, social and community and empowerment.
- Aboriginal children and families are able to access or be referred to additional services through ACFCs, supporting health and wellbeing outcomes for Aboriginal children and families.
- The evaluation modelled five funding scenarios to test the commercial viability of the ACFCs. The modelling indicated that a \$1,000,000 allocation in funding in all years from 2020/21 – 2029/30 provided the greatest opportunity for ACFCs to maintain financial security and address future challenges.



Key implications

Implications of the evaluation focus on:

- delivering improvements to the program logic and providing an evidence base for future evaluation,
- providing a secure and stable income source for ACFCs
- the continuous improvement of service delivery and governance, and
- mitigating the impacts of the COVID-19 health pandemic on child and family outcomes.



Recommendations

1. Redesign the program logic and the evaluation framework through a co-design process with ACFCs, to provide a stronger line of sight between program outputs and outcomes, impact assessment and evaluation data collection activities. The co-design process should consider:
 - Identifying a targeted number of outcomes and outputs, with flexibility for ACFCs to focus on Human Services Outcomes Framework domain areas that directly relate to community need and service delivery.
 - Developing an evaluation framework that includes:
 - Data collection tools that enable ACFCs to report progress against outcomes and outputs throughout service delivery, for example through quarterly and annually reporting.
 - Data collection tools that allow ACFCs to collect data on changes for parents and families throughout service delivery, for example, entrance and exit surveys and case studies. This will ensure future evaluations will be able to assess outcomes for parents and families, in addition to interview data.
2. Develop a performance reporting regime that enables ACFCs to report on client outcomes and/or outputs relating to outcome areas and supports principles of data sovereignty.
3. Consider options to enable and incentivise ongoing performance reporting and data collection in ACFCs and supports principles of data sovereignty.
4. Incorporate expectations that ACFCs will participate in future evaluations in program guidelines and funding agreements.
5. Allocate \$1 million funding to each ACFC in all years from 2020/21 to 2029/30.
6. Continue to foster integrated, flexible, and child-focused services; hiring for community connection; the commitment and dedication of individual staff members; creating a culturally appropriate environment; and service competition in ACFCs.
7. Consider options and opportunities to deliver staff capability building, such as a training program.
8. Consider options to provide funding for transport brokerage and planning and delivering culture to children and families.
9. Consider options to coordinate funding across DCJ, NSW Health and NSW Education.
10. Mandatory engagement with capacity-building training for ACFC CEOs and boards, delivered by the Department and focusing on separating governance and management functions and ensuring boards can deliver all the required functions.
11. Develop a formal forum where ACFCs can share experiences and knowledge.
12. Develop an identified Aboriginal position in the DCJ ACFC team, who understands the cultural needs of the centres and communities.
13. Develop an Indigenous reference group to advise the government ACFC team on a reporting framework that incorporates qualitative data and feedback.
14. Develop strategies for re-engaging families in ACFCs who may have disengaged during the COVID-19 health pandemic, to deliver outcomes to Aboriginal children and families.

Executive Summary

The NSW Department of Communities and Justice (DCJ) engaged Inside Policy to design and implement the evaluation of the Aboriginal Child and Family Centres (ACFC) program. This report captures the final evaluation findings and their implications for the future of the program.

The ACFC program

The ACFC program funds purpose-built centres that aim to provide co-located, holistic, culturally safe and integrated services to meet the needs of Aboriginal and Torres Strait Islander children and their families. The program was developed to address the disparity between Aboriginal and Torres Strait Islander and non-Indigenous children's health and educational outcomes. Nine centres were established in New South Wales in Ballina, Brewarrina, Doonside, Gunnedah, Lightning Ridge, Minto, Mt Druitt, Nowra and Toronto.

The names of these centres are Bunjum (Ballina), Maingriba (Brewarrina), Ngallu Wal (Doonside), Winanga-Li (Gunnedah), Walanbaa Dhurrailu (Lightning Ridge), Waranwarin (Minto), Yenu Allowah (Mt Druitt), Cullunghutti (Nowra) and Nikinpa (Toronto).

The NSW Government has provided ACFC program funding and management since 2014, initially through the Department of Family and Community Services (FACS) and now through the DCJ.

The ACFC theory of change states that the provision of quality early childhood education and care and parent support services in a trusted, culturally safe environment will support health and wellbeing outcomes for Aboriginal children and families. It identifies outputs and outcomes for Aboriginal children and families under the seven domains of the Human Services Outcomes Framework. These domains are education and skills, health, social and community, empowerment, safety, economic and home.

The ACFC evaluation

The purpose of the evaluation is to:

- assess the effectiveness of the implementation process of the ACFCs across NSW,
- assess the early outcomes for Aboriginal children, families and communities,
- review the service delivery cost, and
- establish a clear evidence base to inform future implementation and possible expansion of the ACFC program.

The evaluation includes process, outcome, and economic components.

The evaluation was impacted by the 2021 COVID-19 Delta outbreak, which resulted in stay-at-home orders in Greater Sydney between 26 June and 11 October 2021, and restrictions on travel between Greater Sydney and the regions until 1 November 2021. As a result of restrictions, limited face-to-face data collection activities could be implemented and there was limited uptake of virtual data collection in ACFCs.

The evaluation findings and implications were developed by analysing in-person site visits and interviews at two ACFCs, virtual site visits and interviews at four ACFCs, two virtual interviews with families, document and data review, and financial analysis. COVID-19 restrictions, ACFCs availability, and gaps in the documentation, data and financial information provided, resulted in gaps in the data collection activities.

Key evaluation findings

The key process, outcome and economic evaluation findings are summarised below.

Process

Service delivery

The ACFCs have been effectively implemented to deliver and coordinate integrated, culturally appropriate, and needs-based services for Aboriginal families and children. ACFCs operate as community hubs that provide universal early childhood services that are open to all but designed to target families with Aboriginal children. Children are at the core of ACFC services, and services for children and families are framed around improving outcomes for children.

Early childhood services are a core component of ACFCs. Other services for Aboriginal families and children are coordinated through a mixture of direct ACFC service delivery and service partners who operate both within and outside the ACFC.

Early childhood services in ACFCs deliver early education to children and are an effective mechanism to identify and support children, carers and families to engage in services that meet their needs. Through the provision of early childhood services, ACFCs build trust and engagement with carers and families, which anecdotally translates to more effective engagement with other support services.

Partnerships

Partnerships with a range of service providers, including health services, family services, vocational and tertiary education providers, housing providers, disability assistance providers and financial assistance providers are a key characteristic of ACFCs. Partnerships are often mutually beneficial for both service providers and ACFCs. ACFCs use a number of approaches to connect clients to additional services, including warm referrals and operating additional ongoing services within ACFCs or via ad-hoc visits.

Governance

Governance arrangements of ACFCs prioritise local Aboriginal leadership. This strengthens the understanding of local community needs and fosters Aboriginal self-determination. However, ACFCs report challenges in separating governance and management functions and recruiting for capability and capacity, particularly in regional areas.

These challenges include:

- the small pool of available workers and board members in some areas,
- inevitable concerns about conflict of interest in complex cultural and commercial networks, and
- a lack of local skills and knowledge regarding formal governance structures, corporate probity and board obligations.

Enrolments

Withdrawal data indicates that a small number of children are withdrawn from early childhood education due to the cost of enrolment fees.¹ This suggests enrolment fees may be acting as a barrier for a small number of families, who may not be accessing the Child Care Subsidy (CCS), including the Additional CCS for families experiencing hardship, due to eligibility or access issues.

Performance data indicates that enrolments in ACFC early childhood services decreased during the COVID-19 health pandemic.

Outcomes

The available data indicates that ACFCs are delivering early outcomes for Aboriginal children, families, and communities across the Human Services Outcomes Framework, particularly in education, health, social and community and empowerment. This assessment

¹ ACFC Performance Data. Provided by the following ACFCs: Lightning Ridge, Yenu Allowah, Gunnedah/Winanga-Li, Ngallu Wal, Cullunghutti and Bunjum. Withdrawal data indicates that of the 124 withdrawals, 10 were due to not being able to afford enrolment fees.

is based on interviews with ACFC staff, site visit observations and interviews with two families attending an ACFC. Due to limitations outlined in this report, the evaluation was unable to substantially assess outcomes through performance, activity or quantitative outcome data, or by analysis of a substantial number of interviews with families.

Achieved outcomes

ACFC staff and/or DCJ stakeholders identified that ACFCs were achieving some outcomes under the Human Services Outcomes Framework domains. This was reinforced by the two interviews with families that were conducted in the evaluation.

The outcomes reported by ACFC and/or DCJ stakeholders is summarised in the table below.

| Domain | Reported outcomes |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Education | A central activity of the ACFCs is providing education and skills development to children and families. Early childhood staff across all ACFCs describe improved school attendance and engagement, and language and communication skills in children attending their centres. Parents are also provided access to skills development through parenting programs or allied health providers and family workers. |
| Health | Interviews with ACFC staff indicate that all children attending ACFC early childhood services have been assessed for a range of health and development needs, including primary health, hearing, vision and occupational therapy. However, there is limited activity data available on the number of children that have received health checks and clinical interventions at each site. ACFCs may defer to partners, such as NSW Health, to collect data related to their own organisation's health activities and outcomes. |
| Social and community | Families are engaged at ACFC sites through cultural, recreational and learning activities that take place at the centres or are based in the community with ACFC support. |
| Empowerment | ACFC staff and DCJ stakeholders perceive parents and families to feel more empowered to seek assistance and support through the ACFC, than through alternative services. ACFC staff and DCJ stakeholders consider the high levels of Aboriginal staff to be a contributing factor to this outcome. |
| Safety | ACFC services are described by staff, partners and DCJ staff as being culturally safe and a safe place for family members that may be experiencing unsafe home or community settings, for example due to family violence. |
| Home | While no data is available to determine any increase in numbers of people housed as a result of ACFC activity, staff describe the families that have been placed in secure housing, are more able to engage with support services. |

Factors contributing to positive outcomes

The factors identified in the evaluation as contributing to successfully achieving ACFC objectives and outcomes are:

- integrated, flexible and child-focused services,
- hiring for community connection,
- commitment and dedication of individual staff members,

- creating a culturally safe environment,
- ensuring Aboriginal families have a choice in service, and
- availability of broader health and support services.

Opportunities for improvement

The evaluation indicates that a number of ACFCs have achieved positive results in the area of local employment, developing culturally safe services and access to early childhood services. Overall, interview participants aspire to continue to grow the reach of ACFCs, to meet the broader needs of Aboriginal communities. Opportunities for improvement focus on:

- access to resources, including staffing and increased physical space to account for growth,
- providing brokerage for transport,
- government fees for processes such as obtaining a birth certificate, and
- providing cultural services such as language and cultural events.

Economic

Current state

The main source of income for ACFCs is government funding, including funding from DCJ, the NSW Department of Education and NSW Health. ACFCs can also receive funding for additional services, such as Ability Links and Early Links and can receive specific grant funding. In addition, ACFCs receive some income from childcare fees, the CCS, and other sources of income, such as hiring out ACFC facilities.

As is characteristic of the early childhood education sector, staff wages are the largest expense for ACFCs, who are required to comply with government regulations that mandate staff-to-child ratios. As ACFCs grow so do staffing requirements, and expenditure has steadily increased in all centres since their inception and gross operating profit has decreased. COVID-19 also has implications for ACFCs, who are likely to experience more volatile demand for long day and pre-school care and an increasingly unstable workforce.

Future funding options

The evaluation modelled five funding scenarios to test the commercial viability of the ACFCs. These scenarios were:

1. 25% increase in all years from 2020/21 – 2029/30
2. 50% increase in all years from 2020/21 – 2029/30
3. 100% increase in all years from 2020/21 – 2029/30
4. \$700,000 allocation in funding in all years from 2020/21 – 2029/30
5. \$1,000,000 allocation in funding in all years from 2020/21 – 2029/30.

The modelling indicated that Option 5 provided the greatest opportunity for ACFCs to maintain financial security and address future challenges. This was followed by option 3, which enabled financial security for all but one ACFC (Nikinpa/Toronto), which would continue to experience a net shortfall over 2020/21 – 2029/30.

ACFCs lead to direct and indirect economic impacts. Increasing the funding available to ACFCs increases the economic impacts of ACFCs to the Regional (Aggregate Economy), estimated at total output of \$52 million and Gross Regional Value of \$21.3 million.

Long term impacts

ACFCs also contribute to future cost savings, by preparing young Aboriginal and Torres Strait Islander children for school and addressing the developmental impacts of early stresses that Aboriginal and Torres Strait Islander children may experience through early childhood education. Economic modelling estimates that every dollar invested in ACFC

operations, particularly when geared towards quality early care and education, saves the taxpayer between \$7.50 and \$9.75 in future costs.

Implications

The evaluation findings indicate that ACFCs are providing high quality and cost-effective early childhood education to Aboriginal children in a trusted, culturally safe environment. Aboriginal children and families are also able to access or be referred to additional services through ACFCs, supporting health and wellbeing outcomes for Aboriginal children and families.

Implications of the evaluation focus on:

- delivering improvements to the program logic and providing an evidence base for future evaluation,
- providing a secure and stable income source for ACFCs
- the continuous improvement of service delivery and governance, and
- mitigating the impacts of the COVID-19 health pandemic on child and family outcomes.

Program logic and building an evidence base for future evaluation

The current ACFC program logic identifies a high number of outputs and outcomes across the seven domains of the Human Services Outcomes Framework. These outputs and outcomes were difficult to assess across the evaluation as:

- performance data does not report on client progress towards outcomes, and
- ACFCs are required to deliver early childhood education and coordinate other services for children and families.

In addition, economic modelling for future cost savings focuses on assessing the impact from early childhood education (direct service delivery).

Providing a secure and stable income source

The evaluation found that ACFC expenditure has increased, and gross operating profit has decreased, since ACFCs were first implemented. The modelling indicated the final option to provide \$1 million allocation in funding in all years from 2020/21 to 2029/30, provides the opportunity for ACFCs to maintain financial security, address future challenges and prevent a net shortfall for all ACFC centres.

Continuous improvement of service delivery

Continuous improvement of service delivery should focus on consolidating the internal and external factors influencing effective service delivery and contributing to achieving outcomes, and addressing the challenges, lessons learnt, and opportunities for improvement identified throughout the evaluation.

Continuous improvement of governance

The evaluation found that universally, Aboriginal-led boards were a key strength of ACFC governance arrangements. However, evaluation findings indicate that some areas of governance can be strengthened through:

- employing an Indigenous staff member in the government ACFC team,
- a regular formal forum for ACFCs,
- an Indigenous reference group, and
- governance capacity training for boards.

Mitigating the impact of COVID-19

Performance data indicates that enrolments in ACFC early childhood services decreased during the first wave of the COVID-19 health pandemic in 2020. Future years should focus on re-engaging families in the ACFC to deliver outcomes to Aboriginal children and families.

Recommendations

1. Redesign the program logic and the evaluation framework through a co-design process with ACFCs, to provide a stronger line of sight between program outputs and outcomes, impact assessment and evaluation data collection activities. The co-design process should consider:
 - Identifying a targeted number of outcomes and outputs, with flexibility for ACFCs to focus on Human Services Outcomes Framework domain areas that directly relate to community need and service delivery.
 - Developing an evaluation framework that includes:
 - Data collection tools that enable ACFCs to report progress against outcomes and outputs throughout service delivery, for example through quarterly and annually reporting.
 - Data collection tools that allow ACFCs to collect data on changes for parents and families throughout service delivery, for example, entrance and exit surveys and case studies. This will ensure future evaluations will be able assess outcomes for parents and families, in addition to interview data.
2. Develop a performance reporting regime that enables ACFCs to report on client outcomes and/or outputs relating to outcome areas and supports principles of data sovereignty.
3. Consider options to enable and incentivise ongoing performance reporting and data collection in ACFCs and supports principles of data sovereignty.
4. Incorporate expectations that ACFCs will participate in future evaluations in program guidelines and funding agreements.
5. Allocate \$1 million funding to each ACFC in all years from 2020/21 to 2029/30.
6. Continue to foster integrated, flexible, and child-focused services; hiring for community connection; the commitment and dedication of individual staff members; creating a culturally appropriate environment; and service competition in ACFCs.
7. Consider options and opportunities to deliver staff capability building, such as a training program.
8. Consider options to provide funding for transport brokerage and planning and delivering culture to children and families.
9. Consider options to coordinate funding across DCJ, NSW Health and NSW Education.
10. Mandatory engagement with capacity-building training for ACFC CEOs and boards, delivered by the Department and focusing on separating governance and management functions and ensuring boards can deliver all the required functions.
11. Develop a formal forum where ACFCs can share experiences and knowledge.
12. Develop an identified Aboriginal position in the DCJ ACFC team, who understands the cultural needs of the centres and communities.
13. Develop an Indigenous reference group to advise the government ACFC team on a reporting framework that incorporates qualitative data and feedback.
14. Develop strategies for re-engaging families in ACFCs who may have disengaged during the COVID-19 health pandemic, to deliver outcomes to Aboriginal children and families.

Introduction

The NSW Department of Communities and Justice (DCJ) engaged Inside Policy to design and implement the evaluation of the ACFC program.

The purpose of the evaluation is to:

- assess the effectiveness of the implementation process of the ACFCs across NSW,
- assess the early outcomes for Aboriginal children, families and communities,
- review the service delivery cost, and
- establish a clear evidence base to inform future implementation and possible expansion of the ACFC program.

The final report sets out the evaluation methodology, findings, and implications of the evaluation.

Structure of this report

The remainder of this report is structured according to the table below:

| Section | Contents |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Background | Overview of the ACFC program |
| Methodology | Overview of the evaluation methodology including: <ul style="list-style-type: none">● purpose of the evaluation,● evaluation components and questions,● data collection methods, and● limitations. |
| Findings | Findings according to the three evaluation components: process, outcomes and economic. |
| Implications | Implications and recommendations for the evaluation. |
| Appendices | A – Program logic B – Data collection tools C – Interviews completed D – Additional data requests E – Limitations by question and measure F – Number of activities/initiatives delivered by ACFCs G – ACFC outcomes H – Financial and economic impact analysis (attached) |

Acknowledgements

Inside Policy acknowledges the contributions of evaluation participants, particularly ACFC staff and families who have participated in in-person and virtual site visits.

Background

This section provides an overview of ACFC, its context and program logic.

ACFC Program

The ACFC program funds purpose-built centres that aim to provide co-located, holistic, culturally safe and integrated services to meet the needs of Aboriginal and Torres Strait Islander children and their families. The program was developed to address the disparity between Aboriginal and Torres Strait Islander and non-Indigenous children's health and educational outcomes. Services include early childhood education; parent and family support; maternal and child health; and adult education. Services are tailored to the local needs of families and offer a mix of activities, purpose-built for co-located childhood and family support.

ACFCs were developed and funded through the National Partnership Agreement on Indigenous Early Childhood Development (the Agreement). Nationally, the Agreement funded 38 ACFCs to provide early learning, childcare and family support services for Aboriginal and Torres Strait Islander children aged 0-8 years and their families. Nine centres were established in New South Wales in Ballina, Brewarrina, Doonside, Gunnedah, Lightning Ridge, Minto, Mt Druitt, Nowra and Toronto.

The names of these centres are Bunjum (Ballina), Maingriba (Brewarrina), Ngallu Wal (Doonside), Winanga-Li (Gunnedah), Walanbaa Dhurrailu (Lightning Ridge), Waranwarin (Minto), Yenu Allowah (Mt Druitt), Cullunghutti (Nowra) and Nikinpa (Toronto).

Each ACFC operates differently and covers a range of service areas, including:

- early childhood education,
- parent and family support,
- maternal and child health, and
- adult education.

Health and educational outcomes for Aboriginal Children

Aboriginal and Torres Strait Islander children and their families are among the most vulnerable cohorts in Australia. Wide disparities in health and educational outcomes remain for Aboriginal and Torres Strait Islander children compared to non-Indigenous children.

Health outcomes impacting overall wellbeing of Aboriginal and Torres Strait Islander children include:

- higher levels of exposure to smoking during pregnancy,
- lower levels of Aboriginal and Torres Strait Islander children meeting Australian dietary guidelines (Australian Institute of Health and Welfare (AIHW), 2019),
- higher levels of low birthweight, and
- higher mortality rates – being twice that of non-Indigenous children (Closing the Gap Report, 2020).

The barriers to improving health outcomes are multiple and intertwined with social, cultural, geographic and economic factors. These include access to health services, cultural safety in health delivery, complexity in navigating multidisciplinary services, and links between health and statutory agencies.

In addition, preschool enrolments have been cited as impacting the overall wellbeing of Aboriginal and Torres Strait Islander children. Fewer Aboriginal and Torres Strait Islander children aged 4–5 are enrolled in preschool, with only 86.4% enrolled compared with 91.3% for non-Indigenous children (Closing the Gap Report, 2020).

Barriers to improving early childhood educational outcomes include out of pocket costs, a limited awareness of services, administrative complexity, lack of transport or locally available services, a lack of confidence, or fear of judgment (AIHW 2018).

There are also broader barriers and drivers of disadvantage that affect the overall wellbeing of Aboriginal and Torres Strait Islander children. This includes Aboriginal and Torres Strait Islander over-representation in:

- the national homeless population and as users of specialist homelessness services with 23% of Aboriginal and Torres Strait Islander clients being children aged under 10,
- out-of-home care, where Aboriginal and Torres Strait Islander children are seven times more likely to be notified due to allegations of abuse or neglect, and
- youth justice, where Aboriginal and Torres Strait Islander children aged 10–14 are 36 times more likely to be in detention (AIHW, 2015).

2014 ACFC Evaluation

In 2014, an Evaluation Report of ACFCs was commissioned by the NSW Department of Family and Community Services. Cultural and Indigenous Research Centre Australia (CIRCA) was engaged for this project. The CIRCA evaluation report was used to inform the design of our Evaluation Framework.

The CIRCA report concluded that:

- ACFCs were a significant Aboriginal employer, where more than 80% of the staff identified as Aboriginal.
- Community engagement and involvement was a key strength of the ACFCs since the centres were a hub for different families and children to come together, as well as a place for local employment.
- There was significant local support for the centres, as they were culturally safe and holistic, while also providing co-located integrated health services.

Program logic and theory of change

The ACFC theory of change centres on the provision of quality early childhood education and care and parent support services in a trusted, culturally safe environment to support health and wellbeing outcomes for Aboriginal children and families. The theory of change draws on evidence that indicates that:

- High-quality early intervention/education improves children's outcomes in all areas, including education, health, and wellbeing, across their lifetime.
- Holistic early intervention education that considers children and family needs is more effective, particularly for vulnerable families.
- Services are more effective for Aboriginal and Torres Strait Islander children and families when they are culturally competent and address cultural safety.²

The ACFC program logic identifies immediate and short term outputs, and short, medium and long-term outcomes based on the domains of the Human Services Outcomes Framework. These domains are education and skills, health, social and community, empowerment, safety, economic, and home.

The Program Logic is included in **Appendix A**.

² ACFC program logic in Family and Community Services. (2020). Aboriginal Child and Family Centres: Program Guidelines.

Methodology

This section outlines Inside Policy's approach to the evaluation of the ACFC program including the evaluation purpose and design, data collection methods, data collected and the limitations of this evaluation.

Evaluation purpose

The evaluation's purpose is to:

- assess the effectiveness of implementing ACFCs across NSW,
- assess the early outcomes for Aboriginal children, families and communities,
- review the service delivery cost, and
- establish a clear evidence base to inform future implementation and possible expansion of the ACFC program.

Evaluation design

The evaluation was designed as a mixed method qualitative and quantitative examination. It focuses on the outputs, short-term and medium-term outcomes identified in the program logic in Appendix B, the Human Services Outcomes Framework and program objectives.

The evaluation was designed following consultation with stakeholders from DCJ and ACFCs. As a result of consultation, the evaluation:

- is a mixed-method approach, with a focus on qualitative data collection to understand the overall impact of ACFC on families,
- collects and analyses outcome data to determine the effectiveness of ACFC models and to identifies factors that are contributing to the effectiveness of ACFCs, and
- used data collection methods that are appropriate and sensitive to the families taking part in the evaluation.

The evaluation was conducted at a programmatic level, and the performance of individual ACFCs were not assessed.

Evaluation components and questions

The evaluation questions are:

Process

1. How are ACFCs operating? What are the key activities and initiatives delivered by ACFCs?
2. What governance arrangements, partnerships and relationships are in place to support ACFCs to achieve their objectives?

Outcome

3. To what extent have ACFCs achieved their objectives and intended outcomes?
4. Are ACFCs meeting the needs of the intended client group?
5. What features, conditions and practices of ACFCs contribute to success in achieving objectives and outcomes?
6. What are the aspirations, opportunities for improvement and key considerations for the future operation of ACFCs?

Economic

7. What are the costs and benefits of the ACFC program?
8. What are the funding options to support ACFCs future operation and growth?

Data collection methods

The evaluation framework specifies the following qualitative data collection methods:

- nine site visits to ACFCs,

- case studies highlighting child/family journey's through ACFC services,
- stakeholder interviews with DCJ staff, ACFC staff, service providers, clients and other stakeholders,
- review of secondary qualitative data collected by ACFC such as feedback surveys, and
- review of service documentation.

The evaluation framework specifies the following qualitative data collection methods:

- review of service data,
- review of financial data, and
- review of relevant academic and government sources to inform cost-benefit analysis.

Data collection methods, measures and tools included in Appendix B.

Data collection

Due to the COVID-19 health pandemic, there were a number of changes to data collection activities. Most notably, the COVID-19 Delta outbreak in June 2021 resulted in stay-at-home orders in Greater Sydney between 26 June and 11 October 2021, and restrictions on travel between Greater Sydney and the regions until 1 November 2021.

In addition, ACFCs' ability to engage in the evaluation may have been restricted by the pandemic, as services were operating with reduced staff, making it difficult for ACFCs to accommodate virtual data collection.

Site visits and interviews

In-person site visits and interviews were completed for Waranwarin and Yenu Allowah. Due to risks associated with COVID-19, virtual site visits and interviews were completed for Winanga-Li, Maingriba, Walanbaa Dhurralliu and Cullunghutti.

The remaining ACFC sites were not included in data collection and are not included in the qualitative findings for the following reasons:

- Bunjum is currently in negotiations for new funding arrangements.
- Nikinpa declined to participate in the evaluation.
- The Doonside ACFC site is not currently operating. Plans are to re-open with a newly funded auspicing organisation.

Site visits and subsequent contacts included the following activities:

- interviews with ACFC managers and early childhood managers at all participating sites,
- interviews and small focus groups with additional ACFC staff at Waranwarin, Yenu Allowah and Cullunghutti,
- interviews with Commissioning and Planning Managers and Commissioning and Planning Officers that manage contracts with Waranwarin, Winanga-Li, Walanbaa Dhurralliu, Maingriba, Cullunghutti and Yenu Allowah,
- interviews with 4 service partners from Waranwarin and Yenu Allowah,
- in person tours and observation at Waranwarin and Yenu Allowah,
- virtual tours and observation at Cullunghutti and Winanga-Li, and
- two interviews with family members that have been amalgamated into two indicative case studies.

The list of interviews completed is included in Appendix C.

Quantitative data

The evaluation has analysed the provided quantitative data in the process, outcomes and economic components of the evaluation.

Limitations

Limitations have emerged throughout the design and implementation of the evaluation. These limitations are summarised below.

Evaluation design

During the evaluation design process, the following limitations were identified:

- Given other reforms and programs are occurring concurrently in NSW to improve outcomes for Aboriginal children and families, it would be difficult to establish attribution and causation. In addition, the timeframes for program implementation varies (e.g. ACFCs did not commence service delivery of early childhood education and care at the same time).
- Qualitative insights would only reflect the small sample size of parents/carers.
- There are limitations with the data collected by ACFCs:
 - all required service data has not been collected for some time periods by a number of ACFCs during program implementation, and
 - inconsistent data collection practices which may affect the comparability of data across ACFCs.
- Cost data available to inform cost benefit analysis varies between ACFCs.

Evaluation implementation

The implementation of the evaluation experienced the following challenges and limitations.

COVID-19 health pandemic

The ongoing COVID-19 health pandemic resulted in a number of disruptions to data collection.

As a result of the COVID-19 Delta outbreak in June 2021, Greater Sydney was placed under stay-at-home orders between 26 June and 11 October 2021, and travel between Greater Sydney and the regions was restricted until 1 November 2021. As a result, in person data collection could not occur in this period.

In addition, the pandemic resulted in ACFCs operating with reduced staffing, and having to give increased focus on the health and safety of children and families. This made it difficult for ACFCs to respond to data requests and accommodate virtual data collection.

Delays in AIATSIS responding to Inside Policy's ethics application

There have been multiple AIATSIS led delays to securing ethics for this evaluation.

Inside Policy submitted the original ethics application in December 2020 and January 2021, but did not received feedback until March 2021. Inside Policy responded to requests for further information by AIATSIS deadlines of 1 April and 16 April 2021. AIATSIS approval was received on 28 June 2021 for Winanga-Li, Yenu Allowah and Waranwarin, as Inside Policy was able to secure community letters of support in these areas.

However, due to stay-at-home orders because of the COVID-19 Delta outbreak, Inside Policy was then required to submit a variation to undertake virtual engagement with families. Inside Policy submitted this variation on 20 July and received approval on 10 August 2021.

Participation of ACFCs in site visits and interviews

Data collection was impacted by ACFCs that declined to participate in the evaluation, had closed or were no longer funded under the ACFC program. Other ACFCs were significantly delayed in responding to requests to participate or were hesitant to take part in the evaluation.

Nikinpa (Toronto) declined the opportunity to participate in a site visit or discovery interviews. Ngallu Wal (Doonside) has been closed since December 2020. Bunjum (Ballina) is currently in negotiations for new funding arrangements.

Winanga-Li which is based in Gunnedah and also auspices the Lightning Ridge and Brewarrina ACFCs was significantly delayed in responding to requests for a site visit.

Overall, it appears that ACFCs have been hesitant to participate in the evaluation. It is the view of Inside Policy that this could have been due to competing time demands or lack of familiarity and comfort with external evaluation processes.

Virtual site visits and interviews

Due to the delays in ethics and the ongoing risks of COVID-19, virtual site visits were completed for Winanga-Li (Gunnedah), Maingriba (Brewarrina), Walanbaa Dhurralliu (Lightning Ridge), Cullunghutti (Nowra) and Yenu Allowah (Mt Druitt). Inside Policy applied best practice principles for virtual engagement throughout the consultations which provided the evaluation with data to make some interim findings. However, virtual consultations have their limitations and affected Inside Policy's ability to make thorough, in situ observations.

Despite multiple requests, and support from ACFCs, there was limited uptake by families to the virtual interviews resulting in two parents being interviewed.

Significant delays and gaps in data provided by ACFCs

There have been delays and gaps with the quantitative data provided by ACFCs.

Finance and activity data

Partial financial and activity data was provided by ACFCs for the 2018/19, 2019/20 and 2020/21 financial years for the purpose of the cost benefit analysis. This has limitations for the cost benefit analysis.

Program data

Yenu Allowah is the only ACFC to provide data specifying all programs provided at the ACFC. Winanga-Li, Cullunghutti, Yenu Allowah, Maingriba, Walanbaa Dhurralliu, Bunjum and Ngallu Wal have provided some data, while Nikinpa declined to participate in the evaluation.

The provided data included limited information regarding promotion of ACFC services and outreach with community and participating service providers.

Access data

Winanga-Li, Cullunghutti, Yenu Allowah, Maingriba, Walanbaa Dhurralliu, Bunjum and Ngallu Wal have provided some access data, however there are gaps, different reporting styles and inconsistencies in the data reported. Majority of the data has only been provided for the 2019-2020 financial years and does not directly correlate with evaluation measures. Winanga-Li and Maingriba did not provide data for the number of parents and children accessing their services and demand for services.

Outcomes data

Winanga-Li, Cullunghutti, Yenu Allowah, Maingriba, Walanbaa Dhurralliu, Bunjum and Ngallu Wal have provided limited outcomes data, that does not directly correlate with evaluation measures. Advice from ACFCs indicates the required outcomes data has not been collected and reported. The summary of data requests to ACFCs is included **Appendix D**.

The impact of design and implementation limitations on the findings for each question and measure are included in **Appendix E**.

Findings

Process findings

This section discusses the process findings, according to the evaluation objective to assess the effectiveness of the implementation process of the ACFCs across NSW.

It summarises findings for the two evaluation questions:

- How are ACFCs operating? What are the key activities and initiatives delivered by ACFCs?
- What governance arrangements, partnerships and relationships are in place to support ACFCs to achieve their objectives?

ACFC operations, key activities and initiatives

ACFC operations

ACFCs deliver and coordinate integrated, culturally appropriate, and needs-based services for Aboriginal families and children. ACFCs operate as community hubs that provide universal early childhood services that are targeted to Aboriginal children. Through the provision of early childhood services, ACFCs deliver and connect Aboriginal children and families to health and support services.³

The 2020 ACFCs Program Guidelines specify that ACFCs will deliver early childhood education and care and coordinate parent and family support, maternal and child health services and other relevant childhood support services. The guidelines also specify that ACFCs have the option of coordinating disability wrap-around services, family support advocacy and housing relating advocacy.⁴

Service delivery

Evidence from the site visits/interviews and the document review indicate that early childhood services are a core component of ACFCs. Other services are coordinated through a mixture of direct ACFC service delivery and service partners who operate both within and outside the ACFC.

ACFCs are place-based services. The services delivered in ACFCs respond to local community needs and are dependent on the availability of wrap-around services in the local area.

Referral

Referrals to services occurs through ACFCs identifying the needs of children and families enrolled in their early childhood services, and referrals from other community partners.

'And then also obviously, we have our community referrals that they come in, from other community organisations straight through to, to the family referral team, so it's important to have...our community engagement worker or local, local employees who have already built trust and engagement within the community.' – ACFC manager

ACFCs identify that working with children and families enrolled in their early childhood service is often more effective than community referrals, as there is already a level of trust and engagement.

³ Family and Community Services. (2019). Aboriginal Child and Family Centres Program: Current and Future state of the NSW ACFC Program.

⁴ Family and Community Services. (2020). Aboriginal Child and Family Centres: Program Guidelines.

'It's probably one of the main issues that I have is that initial engagement and retention of the clients. I would say, though, that most definitely, clients who's children already in the early learning centre of the preschool are a lot more engaged in services in clients who otherwise don't have anything to do with us.' – ACFC manager

Coordination and access

ACFCs play a core role in coordinating services for children and families. Referral officers will work with the child and family to identify needs, which is holistically discussed and coordinated in the ACFC.

'So I guess for us we see children come through the Early Learning Centre. And its our educators who will identify some developmental delays with our children, that pathway will then be referred over...our family referral officer. He'll then do an intake with those families, and do a bit of a child assessment there and see what the needs are of the families. And then we'll all come together and meet and discuss a plan for that journey for that family.' – ACFC early childhood worker

ACFCs also support access to services by providing transport.

Number, nature and availability of ACFC activities and initiatives, and changes over time

Childcare services

Establishing and maintaining a childcare service is a key element of the original ACFC service design. This element has been maintained and is variously described as early childhood or childcare centres in the ACFCs.

The early childhood centres:

- engage families and build trusting relationships between families, childcare and family services staff,
- provide opportunities for health and development assessments,
- give opportunities through ongoing contact for timely interventions across a range of family issues, at the time parents seek or will accept assistance,
- are a forum for developmental and health assessment and to implement actions to address needs identified in those assessments,
- give parents the time to engage with family workers and other services to work on needs like housing, health, education and employment,
- undertake early identification of disability and support diagnosis, and address disability needs in learning plans, and
- prepare children for school and furnish parents with guidance on preparing children for school.

'We are part of a multidisciplinary team with speech, OT and myself a psychologist, and we work in the classroom. So our role there is to work with the educators and parents and carers to identify any developmental concerns, make referrals as early as possible support those links, and also to run programmes in the classroom.' – ACFC early childhood worker

'And because we've been working in the childcare side for so long, most of family has already come to me see my face around. So

our engagement levels have been excellent.’ – ACFC family worker

ACFCs strive for a high quality of early childhood education. For the ACFCs assessed by the regulator, they are assessed as meeting or exceeding National Quality Standards (NQS). This is summarised in the table below.

| ACFC | Assessment |
|-----------------------|------------------|
| Waranwarin | Meeting NQS |
| Yenu Allowah | Exceeding NQS |
| Ngallu Wal | Closed down |
| Cullunghutti | Exceeding NQS |
| Walanbaa Dhurruli | Meeting NQS |
| Winanga-Li | Meeting NQS |
| Bunjum | Exceeding NQS |
| Maingriba (Maingirba) | Not yet assessed |

Early childhood is provided for the age brackets of 0-2, 2-3 and 3-5. The number of approved/licenced places per day and the total number of children enrolled for the 2019/20 and 2020/21 financial years are summarised in the table below.

The enrolment data indicates that ACFC are primarily servicing Aboriginal children. The data also indicates that enrolments in ACFC decreased in the 2020/21 financial years. It is likely this decrease in enrolment reflects the impacts of COVID-19 on carers and families ability to engage in early childhood services.

ACFC Enrolments

| | Age bracket | Children | Approved places ⁵ | Enrolments 2019/20 | Total number of enrolments 2020/21 |
|-----------------|---------------|------------|------------------------------|--------------------|------------------------------------|
| Lightning Ridge | 0-2 years | Total | 8 | 8 | 6 |
| | | Aboriginal | - | 5 | 5 |
| | 2-3 years | Total | 5 | 1 | 4 |
| | | Aboriginal | - | 1 | 3 |
| | 3-5 years | Total | 11 | 21 | 13 |
| | | Aboriginal | - | 13 | 8 |
| Yenu Allowah | 0-2 years old | Total | 49 | 23 | 9 |
| | | Aboriginal | - | 23 | 9 |
| | 2-3 years old | Total | 49 | 35 | 14 |
| | | Aboriginal | - | 33 | 13 |
| | 3-5 years old | Total | 49 | 49 | 35 |
| | | Aboriginal | - | 47 | 31 |

⁵ Please note, as ACFCs provide universal childhood services targeted to Aboriginal children, approved places are for total number of children, and do not specify an enrolment target for Aboriginal children.

| | | | | | |
|--------------|---------------|------------|-----|-----|----|
| Ballina | 0-2 years old | Total | 16 | 26 | 21 |
| | | Aboriginal | - | 26 | 21 |
| | 2-3 years old | Total | 20 | 28 | 23 |
| | | Aboriginal | - | 28 | 23 |
| | 3-5 years old | Total | 23 | 48 | 27 |
| | | Aboriginal | - | 48 | 27 |
| Ngallu Wal | 0-2 years old | Total | 8 | n/a | 6 |
| | | Aboriginal | - | 12 | 6 |
| | 2-3 years old | Total | 5 | n/a | 13 |
| | | Aboriginal | - | 14 | 11 |
| | 3-5 years old | Total | 26 | n/a | 31 |
| | | Aboriginal | n/a | 33 | 24 |
| Cullunghutti | 0-2 years old | Total | 40 | 20 | 17 |
| | | Aboriginal | - | 19 | 16 |
| | 2-3 years old | Total | 40 | 24 | 18 |
| | | Aboriginal | - | 22 | 17 |
| | 3-5 years old | Total | 40 | 44 | 31 |
| | | Aboriginal | - | 42 | 30 |

Other relevant childhood support services

Cullunghutti, Walanbaa Dhurruli and Maingriba further support childhood development through offering inclusion programs such as culturally appropriate disability support programs Early and Ability Links.

‘So say, if it's been identified that in the room, you know, pre literacy is what we need, we need support around attention, concentration, all those types of things we offer, and also working with the educators around any topics that you might be interested in.’ – ACFC manager

Primary and allied health

Primary health services include paediatricians, GPs and antenatal/prenatal nurses. Primary health services are mostly delivered by partnerships including Aboriginal Medical Services, Local Health Districts and Primary Health Networks.

Allied health services include occupational therapists, psychologists, dieticians, speech therapists, podiatrists and dental health. Allied health services are delivered by both ACFC employees and through partnerships with health providers. This can include partnerships with charitable organisations and tertiary education organisations offering student placements.

These health providers work with early childhood staff to identify and respond to developmental and health needs. This includes identifying trauma, providing trauma informed care, and providing professional development to early childhood staff. Counselling

is available by partnering with other providers, and the level of cultural appropriate service depends on the competency of the partner organisation.

Data indicates that ACFCs both deliver health services and partner with health providers in the centre and refer clients to external services.

‘We have our early childhood service, which then flows into our family centre where we have...partnerships with paediatricians, GPs, counsellors, and then we have our employees who then run our programmes like allied health, disability, engaging education, community support and referral.’ – ACFC manager

Cullunghutti serviced the most children and parents through their health services with 488 in 2019 to 2020 FY.⁶ Both Cullunghutti and Yenu Allowah provide a wide range of health services and health service providers.

Family services

Attached to each early childhood centre are family services that are designed to offer strength-based family interventions.

These family services:

- allow families to practice self-determination by identifying their own needs and priorities, and by working at their own pace,
- engage families by being child-focused,
- link families with external agencies to address needs and support their engagement with those services,
- partner with other providers to offer playgroups, parenting programs and other activities to build family capacity, and
- plan with parents to address needs and ‘walk with them’ as they carry out plans.

‘Then a lot of our families can go into parenting programs, we have a lot of children that need extra care. As the family connector they connect them to speech pathologist, the OT, the nurse, without that our kids wouldn’t get seen’ – ACFC family worker

The profile of family services offered at each site is slightly different because of:

- needs identified by families, ACFC staff and partners,
- budgetary constraints,
- availability of skilled, professional staff, and
- nature and focus of partner agencies.

The profile of these services changes depending on a range of variables, including:

- when new partnerships are formed,
- if new services enter the area,
- changed partner priorities, or
- if additional funding is obtained by ACFCs.

Data further indicates most ACFCs offer family and parental support services through playgroups and mothers and fathers’ groups. These programs are offered weekly to fortnightly. Regional and remote ACFCs have lower participation numbers for child education and care and parental support programs.

⁶ ACFC Performance Data. Provided by Cullunghutti. Given gaps, inconsistencies and different reporting styles with submitted data, these figures should only be considered as an indication of access.

Other initiatives

Data indicates that ACFCs offer more services than are specified in the program guides, to meet community need and effectively operate as community hubs. While all ACFCs operate additional services, remote ACFCs appear to offer a greater number of additional services, likely reflecting the smaller number of partners and other services in remote areas. ACFCs such as Maingriba and Walanbaa Dhurruli offer services including:

- income support referral and assistance,
- food supplies,
- community crisis assistance,
- cultural and youth programs, and
- vocational programs such as First Aid courses and driving courses.

In addition, families can improve their Indigenous literacy through Indigenous literacy services that are provided as part of early childhood education services.

The number of activities and initiative delivered by ACFCs is included in **Appendix F**.

Governance arrangements, partnership, and relationship

Nature of governance arrangements

ACFC boards are universally Aboriginal-led and the majority of board members are local Aboriginal people. This arrangement supports the ACFCs' links to the local community, increasing their ability to understand and respond to local need and contributing to Aboriginal self-determination.

All ACFCs are incorporated and governed by a board. Data from the Australian Charities and Not-for-profits Commission (ACNC) and Office of the Registrar of Indigenous Corporation indicate most ACFCs conduct Annual General Meetings and submit annual reports. Most ACFC boards include a Chairperson, Deputy Chairperson, Treasurer, and a secretary as the four main governance roles. These roles are further supported by directors and members of the board.

ACFCs can be stand-alone corporations that govern a single ACFC or be under the auspice of a larger Aboriginal corporation. At two ACFC sites, governance has been handed over to a larger Aboriginal Community Controlled Organisation and will be returned to local community control when the service is better established, and governance capacity has been built.

A common strength of the ACFC governance model cited was Aboriginal leadership and self-determination. Common opportunities for improvement were separation between governance and management and enhancing capability and capacity. These are explored in more detail below.

Aboriginal leadership and self determination

Participant interviews indicate that Aboriginal leadership is a key feature and strength of ACFCs governance arrangements. Interview data indicates that Aboriginal leaders and managers are commonly well respected local Aboriginal community members. Local connections within governance arrangements are perceived as contributing to levels of trust between the centres and families, greater understanding of the needs of the local community, and a sense of Aboriginal self-determination.

A high Aboriginal workforce reinforces Aboriginal leadership and self-determination. At least 75% of employees across all nine ACFCs workforces identified as Aboriginal. Lightning

Ridge and Brewarrina ACFCs, under the auspice of under Winanga-li, have a 100% Aboriginal employee rate.⁷

'Being an Aboriginal community-controlled organisation, we actually know what we're doing. We know, we know our people in our community, and we don't always get it right. But because we live in a brave community, we know how to engage, how to build relationships, we know where the buck stops, and where it doesn't.' – ACFC manager.

'So, (ACFC manager) is probably leading the philosophy of the centre. Yeah, just making sure that, you know, everyone who needs help, is helped. So maybe, you know, starting also with that, that philosophy as a centre. – ACFC worker

Lack of separation between ACFC governance and management

Interview participants reported that due to a lack of staff and resources, governance and management roles often cross over, and there is sometimes a lack of clarity within ACFCs around the role, structure and responsibility of governance. This has anecdotally contributed to some limited oversight of operations and issues in reporting and communicating with DCJ in some ACFCs.

'I guess the flags were around, I guess, the relationship between the CEO and the board. And not having clear responsibilities and roles that we found out weren't really clear, there was a lack of communication, as well as a reporting that wasn't actually being completed. And there seem to be well, we found that there was actually a lack of knowledge from the Board of what their responsibilities were.' – ACFC manager

Governance and organisational administration capability and capacity

Some interview participants identified that board members sometimes lacked the governance and organisational administration skills and experience to fully conduct all aspects of their roles to a high standard. This suggests there are capability and capacity improvements that can be made in some ACFC governance arrangements. This gap in skills appears to be partly caused by structural factors, as board roles are often both voluntary and time-consuming. These factors can make it difficult to attract members skilled and experienced in governance. Attracting such board members appears to be particularly challenging in regional ACFCs, reflecting a broader skill and capacity gap within regional Indigenous communities.

'But I think where we fall down, we don't get the expertise that we need in the boardroom, the members of the board that come on, they don't have any (governance) skills. And you try to do a skills matrix, and you try to embed everything else into the governance structure. But people just don't have the time, like, they are voluntary positions.' – ACFC manager

Nature of partnerships/relationships with other services

⁷ Aboriginal Children Family Centres Data Collection for Financial Years between 2017/2018 to 2020/2021

ACFCs have developed a diverse range of stable and mutually beneficial relationships and partnerships with local services and NSW state departments.

Partnerships cited in interviews include:

- Aboriginal Medical Services,
- Aboriginal and community housing providers,
- parenting program providers,
- health providers such as Local Health Districts and Primary Health Networks,
- Aboriginal Lands Councils,
- Aboriginal cultural and language groups, and
- tertiary education providers.

These partnerships are often developed according to the availability of services and the needs of each community. ACFC staff engage these services to create partnerships that are mutually beneficial, facilitate wraparound services for clients and provide capability building for staff.

Health services

ACFCs have developed partnerships with health services to contribute to efficient and accessible health services for Aboriginal children and families. These include local Aboriginal Medical Services (AMS) or Aboriginal Health Services (AHS) that have established relationships with local communities and can build further trust between the local communities and ACFCs. Other health services partnerships include Local Health Districts and Primary Health Networks. The partnerships have enabled early intervention and wraparound services for a holistic approach to children's development.

'(Auspicing organisation) already had many partnerships and already in place with lots of different parties, government, and non-government. One of those is the Local Health District, which we have definitely enhanced what we serve, the service that we provide, and what families can access, and access in a place that is comfortable, welcoming, culturally appropriate' – ACFC worker

Family services

ACFCs have established partnerships with family support services that enable the centres to provide integrated services. These partnerships offer opportunities for ACFC staff to increase their capability. The partnerships are often mutually beneficial as ACFC staff provide these service providers with cultural knowledge and experience to support their service delivery.

ACFCs further benefit their partners, as a warm referrals can increase a family's trust in the partners' service and support better service engagement. ACFCs also provide case management and support through:

- providing transport,
- reminding or encouraging engagement with referral services,
- 'walking with' parents and families by providing warm referral and handover, and
- debriefing after appointments or treatments to monitor engagement.

These activities facilitate engagement and support service providers to meet their program or strategic objectives, strengthening the partnerships.

The case study below demonstrates how Waranwarin and Catholic Care partner to deliver parenting programs.

Case Study – Waranwarin and Catholic Care parenting programs

Catholic Care attend Waranwarin weekly to provide parenting groups with parents drawn from the early childhood centres, self-referred to Waranwarin or by referral to Catholic care. The partnership is mutually beneficial, allows for skills exchange between program staff and is based in both organisations' established understanding of local people and their needs.

Waranwarin and Catholic Care have ties going back to the establishment of the ACFC in Minto. Catholic Care staff members have had children in Waranwarin early childhood centre and Waranwarin has employed ex Catholic Care staff. In this sense the two organisations sit inside an extended envelope of trust established by employment of local people and consistent, committed service delivery to families.

'So we, we weren't always trained in all staff, we're not always trained to be facilitators of such programs, such as Triple P Circle Security, but having a relationship with them (Catholic Care), has actually given our staff the confidence, the skills, the aspiration to do more and to gain those important accreditations so that we can actually do what we do. So staff have trained in Triple P Circle Security, 123 Magic, and even though we can still self-deliver we still want to keep our relationship with Catholic Care. Because it's important, it's important to acknowledge the partnerships that we have and how we've grown' – ACFC manager

Other partnership types

ACFCs also have established partnerships with service providers, which include:

- vocational and tertiary education providers such as TAFE and universities, which provide mutually beneficial outcomes for student placement, training and employment,
- job providers,
- housing providers,
- disability assistance providers such as NDIS providers,
- financial assistance providers, and
- family and domestic violence service providers.

Nature of relationships with community

Relationships between ACFCs and local communities are well-established. ACFC staff and governance representatives are often from the community and are recognised as community leaders. This is due these individuals living and working within the community long-term and having a commitment to creating a positive impact for their communities.

ACFCs also have a community grassroots approach towards recruitment for staff. There is a focus towards encouraging Aboriginal community participation and outcomes for employment. This is pivotal in building further trust within the community and contributes to self-determination.

'It's definitely the community aspect, the family aspect of this place, like it doesn't matter where you're coming, from what situation you're

in now, we all have a common goal of looking after ourselves, our children, each other.’ – ACFC worker

‘And because we’ve been working in the childcare side for so long, most of the families are already familiar with me, and see my face around. So, our engagement levels have been excellent.’ – Health partner

Limitations of grassroots approach and individual commitment

However, grassroots approach and individual commitment has limitations due to the risk of key individuals moving on from the ACFC or suffering from burnout. This can create risk surrounding loss of knowledge and community trust. It also poses risks of ACFC employees becoming so embedded within the community that it contributes to conflicts of interest and potential conflicts between families.

‘I don’t have any affiliations, like no conflict of interest. But there’s a lot of conflict that comes through that governance structure. Yeah. And you’re trying to be honest and abide by all that code of conduct. And people on the board hate you for it’ – ACFC manager

‘If something was to happen, everybody is relying on that one person, you know, things might stop. Quite drastically. So, I think and that could be to their detriment. I mean, that top work arrangement could be a detriment.’ – DCJ worker

Winanga-Li’s governance arrangement of auspicing three ACFCs under a larger ACCO has enabled the opportunity to provide choice of ACFCs for clients and employees. This arrangement can reduce issues such as conflicts of interest or conflicts between employees and clients.

Outcome findings

This section discusses the outcome findings according to the evaluation objective to assess the early outcomes for Aboriginal children, families, and communities.

It summarises findings for the four evaluation questions:

- To what extent have ACFCs achieved their objectives and intended outcomes?
- Are ACFCs meeting the needs of the intended client group?
- What features, conditions and practices of ACFCs contribute to success in achieving objectives and outcomes?
- What are the aspirations, opportunities for improvement and key considerations for the future operation of ACFCs?

Achievement of objectives and outcomes

Outcomes

Interviews with ACFC staff, site visit observations and interviews with two families attending an ACFC, suggests that ACFCs are delivering early outcomes for Aboriginal children, families, and communities across the Human Services Outcomes Framework. In particular, outcomes are being achieved in the education, health, social and community and empowerment domain areas.

The evaluation was unable to substantially assess outcomes through performance, activity or quantitative outcome data, or a substantial number of interviews with families.

Education and skills

All ACFCs describe education and skill development for children prior to school entry as a central activity of their service. This includes offering high quality early childhood services and using assessment and early intervention to address issues that may impede children's development or capacity to engage with school. This focus on early childhood is likely to have an impact on later life outcomes.

Early childhood delivery is designed to improve school readiness, building child and family capacity for a successful transition to school. ACFC staff offer observations that children that have come through ACFCs have been better at attending and engaging with schooling.

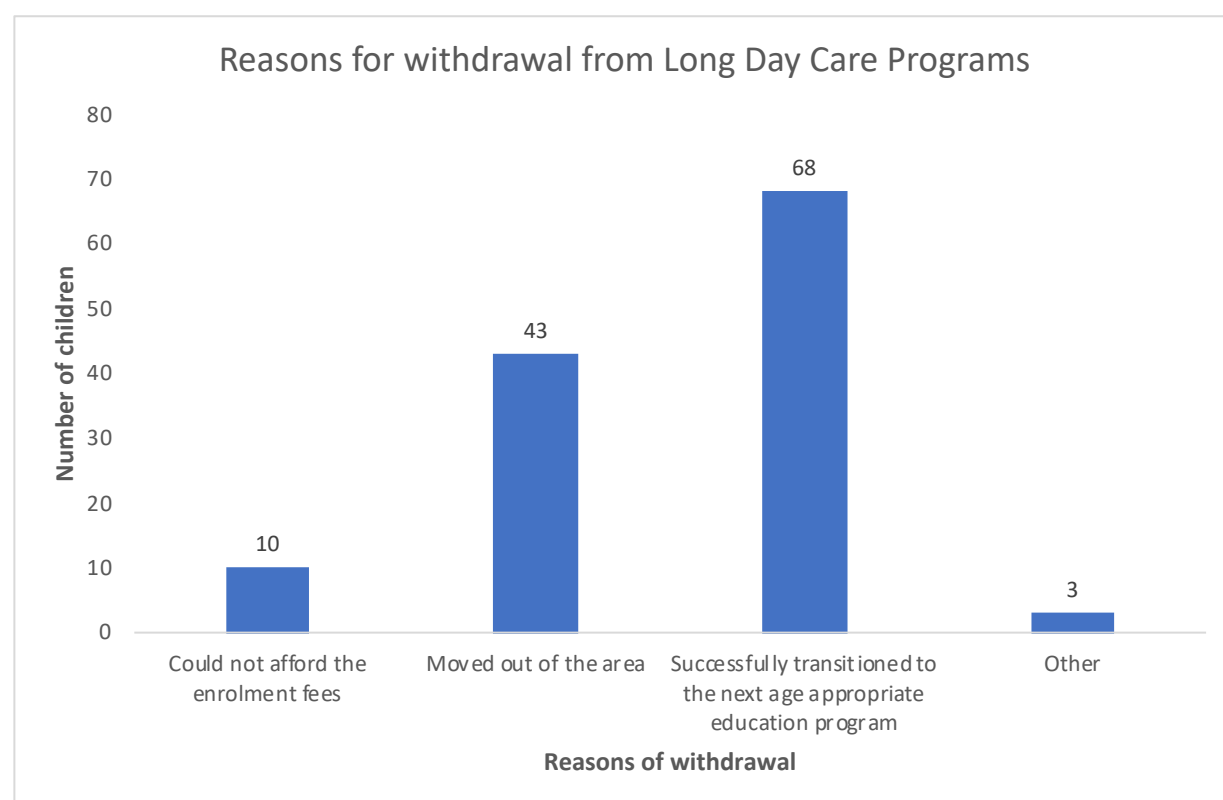
Early childhood staff across all ACFCs describe improved language and communication skills in children attending their centres. Some ACFCs also incorporate traditional language, which staff associate with improved confidence, strength in culture and better English skills for children.

'It's knowing that our children will walk to school prepared for school, but they will have an understanding, a willingness to learn and a desire for an education. Education is not something to be scared (of)' – ACFC worker

Available data for the 2019-20 financial year indicates that the most reported reason for a child withdrawing from an ACFC early childhood centre was due to the child transitioning or graduating to the next age-appropriate education program, likely primary school. This shows a success in the ability of the programs to prepare and transition children into further education. Out of the 124 withdrawals however, 10 were due to not being able to afford enrolment fees, indicating an accessibility or eligibility barrier for government childcare

subsidies.⁸ The only reason indicated by ACFC's for the small number of other withdrawals was COVID-19.⁹

Reasons for withdrawal from Long Day Care Programs¹⁰



Education for parents is a key element of ACFC provision. This can happen one-on-one with early childhood staff, partners such as allied health providers and family workers. Parents are also offered parenting programs such as 123 Magic or Positive Parenting Program to improve parenting, learning and behaviour management on the home. Allied health providers educate parents about how they might work to address identified developmental or health needs.

Health

Interviews with ACFC staff indicate that all children attending ACFC early childhood services have been assessed for a range of health and development needs. These include checks in relation to:

- primary health,
- hearing,
- vision, and
- occupational therapy.

These checks are followed up by clinics that provide:

⁸ ACFC Performance Data. Provided by the following ACFCs: Lightning Ridge, Yenu Allowah, Gunnedah/Winanga-Li, Ngallu Wal, Cullunghutti and Benjum.

⁹ Ibid.

¹⁰ ACFC Performance Data. Provided by the following ACFCs: Lightning Ridge, Yenu Allowah, Gunnedah/Winanga-Li, Ngallu Wal, Cullunghutti and Benjum. Given gaps, inconsistencies and different reporting styles with submitted data, these figures should only be considered as an indication of outcomes.

- immunisation,
- primary health referrals, and
- occupational therapy.

ACFCs also provide access to pre and post-natal information and intervention for parents engaged in early childhood or family services.

The range of health interventions offered at each site has been dictated by identified needs, advice of health professionals, access to allied health and willingness of partners to conduct the checks.

There is limited activity data available on the number of children that have received health checks and clinical interventions at each site, with ACFCs deferring to their health care partners in many cases to collect data related to their own organisation's activities and outcomes.

Where ACFCs were administratively connected to or have partnerships with Aboriginal Medical Services they describe an easier pathway for referred families to treatment.

'It's a one stop shop, you know, I guess being part of (AMS provider) is better for them, because they can tap into the doctors, they can tap into all those services that the AMSs have.' – ACFC manager

Demand for health services is high and services employ a range of clinic types to meet demand.

'(in one year) we'd had 77 referrals for a one day a week clinic and our numbers are great. And we do a flexible model of care in terms of telehealth phone appointments, face to face, just making sure we don't miss anyone.' – ACFC manager

Available data submitted by the ACFCs indicates that 6% of children were diagnosed with a disability though the coordination of services at an ACFC. Submitted data also indicates that 2% of children were diagnosed with a disability prior to commencing childcare and 25% of children have high needs.¹¹ This data demonstrates ACFCs play an important role in coordinating diagnoses and support for children.

Social and Community

ACFCs support family needs by building engagement, developing trust, and offering a range of positive social and community/cultural activities. Delivering a culturally safe environment is central to ACFCs, which is delivered through Aboriginal leadership and strategy.

Community and cultural activities and initiatives include:

- community advisories and relationships with Elders,
- cultural events and activities,
- cultural sensitivities to ceremony, including Sorry Business (which is important for both families and the safety and retention of Aboriginal staff), and
- men's and women's groups.

As a result of engagement, ACFCs can facilitate warm referrals for families to a range of social and community support needs for families. Areas for referral include:

¹¹ ACFC Performance Data. Provided by the following ACFCs: Lightning Ridge, Yenu Allowah, Gunnedah/Winanga-Li, Ngallu Wal, Cullunghutti and Bunjum. Given gaps, inconsistencies and different reporting styles with submitted data, these figures should only be considered as an indication of outcomes.

- health and mental health,
- housing,
- NDIS, and
- family and domestic violence services.

Families are engaged at ACFC sites through cultural, recreational and learning activities that take place at the centres or are based in the community with ACFC support. These include cultural events for NAIDOC and other culturally significant dates. It also consists of contact with Elders and other knowledge holders in language, making cultural items and knowledge of country.

These activities serve to increase families' connection to their Elders, country and communities. ACFC staff and partners suggest these connections serve to increase families' capacity to make positive decisions, engage with services and sustain themselves emotionally and spiritually as they undertake positive change.

Activities serve to build familiarity and trust with ACFC and partner staff, increasing engagement with family and early childhood interventions.

Empowerment

ACFC staff and DCJ stakeholders perceive parents and families to be more empowered to seek support through the ACFC, than through alternative services. These include:

- The high levels of Aboriginal staffing that indicate the ACFC is self-determining, will understand and focus on family need, helping them make decisions that they understand will be supported by ACFC staff.
- Building trust and asking families to extend that trust to partners and referral agencies, building networks for families to draw on.
- Intervening with families when they are contemplating change, making successful engagement more likely.
- Engaging family members in decision making related to the services and programs offered to their children.
- At a number of ACFC sites, when a child protection matter must be reported, ACFC staff make these reports transparent to the family. This makes positive outcomes more likely by offering solutions to families and child protection authorities.

'...we're right here in the middle and all families get to choose. And they just seem so much more relaxed about it. And the power is with them, which I think is really, really appropriate' – ACFC manager

Safety

ACFC services are described by staff, partners and DCJ staff as being culturally safe. ACFCs consider respecting safety and building trust with families key to their success.

Delivering culturally safe outcomes has a range of meanings but includes:

- ACFCs being administered as Aboriginal organisations with ties to the community,
- majority local, Aboriginal staff at all sites,
- Aboriginal boards and cultural advisories,
- engagement and endorsement of community Elders,
- active use of culture to engage with and teach children such as using Aboriginal languages in early childhood settings,
- cultural events, workshops and activities,
- cultural artefacts and artworks in ACFC sites, and
- an 'all of community' approach that doesn't draw distinctions between boards, staff, families and community members.

'They're not a family who needs this or needs that or whatever, they're families that are part of (service name), and get whatever support they need. I think that, yeah, and people just feel safe there. And they can raise things without fear, that makes such a big difference' – ACFC worker

ACFCs are also a safe place for family members that may be experiencing unsafe home or community settings, for example due to family violence. ACFCs serve both as respite from difficult situations and a safe and understanding place to seek help to address unsafe experiences.

ACFCs consider addressing and reducing family and domestic violence as an inherent component of family work. They have strong referral partnerships, partnerships with counsellors or family and domestic violence organisations, or address family and domestic violence through their family work.

ACFCs appear to be actively managing the safety needs of children. Performance data indicates that 5% of children are in out of home care, 9% of children are believed to be at risk of harm (without the involvement of DCJ) and 10% of children are being monitored as at risk of harm by DCJ.¹²

Economic

While some ACFC sites have engaged with employment services through referrals, this has not been the focus of ACFC service provision. This relates to the original intent of the ACFC program as well as current capacity within ACFCs, and the prioritisation of family needs, where employment may be less of a priority compared with primary health, family violence, housing or child development issues. ACFCs make referrals to employment agencies as required, after undertaking a needs assessment that considers the family's priorities.

Employment within ACFCs

There are a number of tangible and intangible economic benefits from employing local Aboriginal people at ACFCs. Aboriginal ACFC staff describe:

- the importance of their income to family wellbeing and the local economy,
- increases in their own skills and employability, and
- becoming role models for ACFC clients and their own family members, which builds confidence in the local community to apply for jobs within the ACFCs.

Some ACFC staff provide examples of how provision of services addressing primary needs such as housing and health has given parents and carers time and confidence to engage with learning or employment. This was observed and provided as anecdotal evidence. Currently, there is no quantitative data available to indicate an increase in numbers of client parents/carers engaging in education and employment.

Home

Most ACFCs have a relationship with housing providers and indicated a preference for Aboriginal and community housing organisations to solve immediate or local housing needs. Where possible, ACFCs work in partnership with providers to find crisis housing and support families, making a breakdown in housing less likely.

¹² ACFC Performance Data. Provided by the following ACFCs: Lightning Ridge, Yenu Allowah, Gunnedah/Winanga-Li, Ngallu Wal, Cullunghutti and Benjum. Given gaps, inconsistencies and different reporting styles with submitted data, these figures should only be considered as an indication of outcomes.

While no data is available to determine any increase in numbers of people housed as a result of ACFC activity, staff described families that have been placed in secure housing, which has led to increased capacity to engage in further work.

Integration of services

ACFC family workers undertake some case management roles and support families to attend appointments and carry through with actions agreed between families and referral partners. Case management is not funded under the ACFC program, however this function is undertaken because of the lack of case management services in areas where most ACFCs operate. It is also part of the ACFC 'whatever it takes' approach to service delivery. Some ACFCs identify developing a plan for families through a referral, which is collectively coordinated by the relevant ACFC staff.

ACFCs work closely with the NDIS and disability providers to:

- respond to children's needs in the early childhood setting,
- coordinate ACFC supports with NDIS service providers, and
- contextualise disability for parents and build their capacity to support children with disability.

'You've got to have a relationship with the other Aboriginal organisations and the people in community or you're not going to be able to do anything as a family support worker in a Aboriginal community' – ACFC worker

The following story illustrates the capacity of ACFCs to engage Aboriginal clients and coordinate services resulting in a positive outcome for the family's health and safety:

'These guys found a grandmother with their granddaughter living in a car under a tree October last year. And the work they've done with that grandmother and that grandchild is amazing. She's so thankful for it. You know, she thanks us every day... well its been like nearly six, eight months and they're in a much better place right now. They've got their own place, grandma's found a job and the little girl's enrolled every day here... They didn't have any paperwork for a little girl to start with but we did not deny her an education because of those reasons.

No-one really knew that she existed. But now, the grandma's receiving payments for her and she has a birth certificate and her immunisation is up to date. So she's gone from having nothing to living in now in a camp and having all those processes and education and job. And the smile on the kid's face is probably the biggest reward you get, you know, that's all you need.' – ACFC manager

Detailed findings will be included in **Appendix G– ACFC Outcomes**

Meeting needs of the intended client group

ACFCs are broadly meeting the needs of parents and carers and the community.

Parents and carers

Interviews with ACFC and DCJ staff indicate that ACFCs are broadly meeting the needs of parents and carers. From the ACFC and DCJ perspective, ACFCs employ a needs-based model that enables parents and carers to choose their health and support workers. Families typically present to the ACFC with a single issue, and by building trust, ACFC staff are able

to address other needs that are not immediately presented to staff on initial contact with the service.

‘Being able to talk to the grandparents, to talk to their parents, to be able to have that connection, because without that, we probably would not run at capacity’ – ACFC manager.

‘So, it's about letting families feel like they are in control. And they're not just being dictated and told what to do, they have that choice, they have that freedom of it, it makes them engage better, because they have choices. And you know, you choose better yourself, you're more comfortable, you're more confident. And you know, you've got that choice.’ – ACFC health partner.

The following case studies¹³ demonstrates how ACFCs are meeting the needs of parents and carers.

Case study – Mary

Mary is a single Indigenous woman who lives with her two children. The children have been attending the ACFC since they moved into the area. She found out about the ACFC through a relative that also has a child at the centre.

Mary was first attracted to the service by the low cost of childcare offered. She works part-time and sees childcare as an opportunity to work, carry out family and personal tasks and provide a positive, learning experience for her children.

Since enrolling with the ACFC Mary has developed a good relationship with the education, administrative and support staff. Mary has engaged with the family service for assistance with income support and housing. She also attends the parenting group from time to time and sees this as a valued social activity.

Mary talks daily with the family worker as she drops off or collects her children and says that the contact is organic and not overwhelming. The relationship is seen to be collaborative with a focus on the needs and development of Mary's children.

The ACFC conducts cultural activities both within the childcare setting and in broader community social events. Mary is appreciative of the focus on culture and in particular the inclusion of language from her language group in her children's learning plans. The inclusion of language has also increased her literacy in her cultural language. She says she values the increased role of culture in her children's and her own life.

¹³ The two case studies are based on two interviews with ACFC families and observations and informal contact during site visits. The case studies uses pseudonyms and identifying features have been removed.

Case study – Darryl and Sarah

Darryl and Sarah are a young Indigenous couple with a 2-year-old son and a newborn daughter. Daryl is studying construction at TAFE and Sarah is the primary carer for her elderly mother, who lives with the family.

Sarah sought childcare after her daughter was born to get respite from her sometimes taxing role caring for her mother and extended family. Sarah has previously been treated for depression.

Daryl and Sarah both developed relationships with ACFC staff by dropping off and collecting their children. As a result of this engagement, Daryl has received a referral to a job provider that helped him get boots and high-vis shirts for construction work experience. Sarah has attended social events, but until recently she has not wanted any other type of support.

The ACFC carried out a health check and identified that Daryl and Sarah's son's language development was not at his developmental stage. The education workers met with Daryl and Sarah, and they agreed that their child would benefit from speech therapy. The ACFC was able to provide the speech therapy through an agreement with a charity that sponsors allied health services to provide services to regional communities. The education staff worked with the speech therapist and embedded the recommended activity in the child's learning plan.

Since then, Sarah has been more forthcoming about her mental health and has agreed to work with a counsellor from the local hospital that attends the ACFC weekly. Daryl has joined some sessions to address some specific concerns about their relationship.

Daryl and Sarah are involved in local cultural activity and volunteered to help put on the ACFC's annual NAIDOC celebration. They are proud of their culture and happy that their children can attend a childcare that incorporates culture. They feel safer knowing that a lot of the staff at the ACFC are local Aboriginal people.

Community

ACFC staff indicate that the centres also meet the needs of the community through a targeted approach of employing and upskilling Aboriginal community members. This link to the community encourages Aboriginal workforce participation and creates a pipeline of local recruits that are willing to engage with employment in the sector. Interviews highlight that ACFCs are entrepreneurial in their communities, by activating opportunities for younger people through traineeships and encouraging female workforce participation:

'That's part of who we are. It's part of what we've set out to achieve. Because it's not just about providing, you know, education, in a Learning Centre, it's not about family welfare. It is about empowerment, and it's about Aboriginal people having opportunities and access, just getting that Aboriginal participation, Aboriginal employment.' – Interview participant.

'It's about upskilling people in the community and changing that cycle. And that's why we now have traineeships to our younger kids over in our family. And on this side, you know, I think that, and we

do offer employment opportunities for older Aboriginal women that are now coming back into the workforce.’ – Interview participant.

ACFC features, conditions and practices contributing to success

ACFC staff, DCJ and partner perceptions of internal and external factors

The following internal and external factors influence effective service delivery and contribute to achieving outcomes:

- integrated, flexible and child-focused services,
- hiring for community connection,
- the commitment and dedication of individual staff members,
- creating a culturally appropriate environment, and
- service competition.

These are set out in more detail below.

Integrated, flexible and child-focused services

The delivery of integrated and flexible services through a child-focused and strength-based lens, is perceived as an effective feature of the ACFC. Interview participants indicated that this approach to service delivery is contributing to Aboriginal children acquiring the skills for life and learning, as well as having access to relevant services and support. ACFCs engage families with supports to address multiple issues including health, mental health, housing, education, employment and family violence. The family’s engagement with these supports is achieved though focusing on the needs and strengths of the child.

The ‘family connector’ role is an identified position in some ACFCs and carried out by family workers and others. This connecting function extends the trust built between ACFC staff and families to ACFC partners and other service providers. This leveraging of established relationships is a key feature of delivering integrated, responsive and child-focused services, as the role connects both child and family to health and support services.

‘Then a lot of our families can go into parenting programs, we have a lot of children that need extra care. As the family connector they connect them to speech pathologist, the OT, the nurse, without that our kids wouldn’t get seen’ – ACFC worker

The integration of services also enables flexible delivery, which is more effective in engaging families with complex needs. For example, ACFCs can accommodate health and support services around childcare drop-offs to better meet families’ availability and time demands.

‘Because it’s a clinic in partnership with (ACFC), we can be as flexible as we need to be. So it doesn’t have to be as set as maybe other settings need to be. So if a parent wants to have the appointment just before they pick up or drop off, or whatever it might be, we can accommodate pretty much anything’ – ACFC manager

‘...but everything is really open and coordinated and connected. And I don’t know of anywhere that does it better to be really honest’ – ACFC Partner

Hiring for community connection

ACFCs prioritise community connection when recruiting staff members and describe this as central to success. Many ACFC workers then undertake training in early childhood or family work to support service delivery, in order to meet early childhood accreditation standards and build skills to effectively intervene with families.

Community connection and knowledge are considered by ACFC managers to be integral to understanding the needs of children and families, working from a baseline of established trust, facilitating connection to services and resolving conflict should it arise. Staff familiarity with the community is also perceived as contributing to their commitment to the child's development and outcomes.

'Being an Aboriginal Community-Controlled Organisation, we actually know what we're doing. We know, we know our people in our community, and we don't always get it right. But because we live in brave community, we know how to engage how to build relationships, we know where the buck stops, and where it doesn't.' – ACFC manager

Commitment and dedication of individual staff members

The commitment and dedication of individual staff members are critical to effective service delivery. In each site, specific individuals were often identified as ensuring children and families can access and participate in ACFC services or feel comfortable in connecting with mainstream services. While the commitment and dedication of staff members is a strength of the services, it also raises concerns for the ability of the service to provide continuity of care, should critical staff members leave.

'We're lucky we've got (ACFC worker), so if we didn't have (worker), getting the parents into mainstream organisations, they wouldn't go. Obviously ACFCs can't service everybody so she's that link that makes them really comfortable, if (worker) thinks it's okay and we're going on this journey together. And it must be okay.' – ACFC manager

Culturally safe environment

The culturally safe environment of ACFCs is central to ensuring parents, carers and families feel safe and comfortable when accessing services and supports. Evaluation participants reported the presence of Aboriginal staff as contributing to a culturally safe environment.

Service competition

ACFCs identify that it is important to have more than one Aboriginal service available in each location, to ensure Aboriginal families can be empowered in choosing and selecting services.

Availability of broader health and support services

The availability of broader health and support services affect the ability of ACFCs to build partnerships or provide suitable referral pathways. ACFCs in regional areas, for instance, can experience limited access to service partners and may have difficulty establishing long-term relationships as contact with partner service providers can be sporadic.

Features, conditions and practices that have contributed to differences in operation and outcomes across each ACFC site

Data collected indicates that location of the ACFC and the demographics of the local Aboriginal community creates differences in the operation of the ACFC sites. It is unclear if operational differences lead to differences in outcomes.

Location of the ACFC

The location of the ACFC impacts the service's ability to partner with health and support services. The location of the ACFC will also impact the availability of health and support services located within the centre. ACFCs in metropolitan areas are often able to integrate

health and support services in their service offering. Integration is more difficult to achieve in a regional setting.

Demographics of local Aboriginal community

ACFCs tailor their services to the needs of local Aboriginal communities. As a result, the demographics of the local Aboriginal community influences the type of services offered and the approach to engaging in culture and community.

Aspirations, opportunities for improvement and key considerations for ACFCs' future operations

Lessons learnt

The interview/data collection process showed a number of ACFCs have achieved positive results in the areas of local employment, developing culturally safe services and access to early childhood services. When asked about lessons learned, ACFC staff highlighted the following:

- further improving staff capability,
- addressing staff turnover in the context of maintaining culturally safe and inclusive centres, and
- ensuring children and families have access to transport to attend early childhood services, parenting groups and external referrals.

ACFCs identified that staff are required to have appropriate qualifications to be able to support children with complex needs. This places pressure on staff to upskill and attend work at the same time, which requires additional support and resourcing for those staff.

A number of families rely on the provision of transport for children to attend ACFC early childhood services. This sort of brokerage activity is undertaken by a number of ACFC sites and is not acknowledged in ACFC funding.

'If we didn't have transport our children wouldn't come, we've got a couple of very needy families that do need that transport. Otherwise, those kids won't access any childcare. Our bus driver was off sick. So those kids didn't come until we worked our way of getting the small bus on the route to go pick up the kids' – ACFC worker

The tendency of ACFCs to employ committed, trusted local workers carries a risk that staff turnover or burnout can lead to decreased community trust and erosion of relationships. This is particularly perceived to be a problem when community trust and organisational knowledge is personified in specific workers, often the ACFC manager.

'If something was to happen, everybody is relying on that one person, you know, things might stop. Quite drastically. So, I think and that could be to their detriment. - ACFC worker

In addition, the current ACFC funding cycle does not provide employee security, and limits ACFC capacity to plan for the future.

Aspirations for future operation of ACFCs

Overall, interview participants aspire to continue to grow the reach of ACFCs, to meet the broader needs of Aboriginal communities. Participants identified the need for a co-design process with ACFCs and community to develop future models and/or refine the current models as best practice.

'I think there is nothing I would change about this place, except more of it. In the complexity of the work that we do, to have no trouble, no miscommunication, no problems, I think it's quite an achievement.

Yeah. And it's because of that, because of the staff, because of the team. Because of the facilities, because of the place in the community.'
– Health partner

ACFCs also identified that managing business components of the ACFCs, such as financial management and budgeting can be difficult within current capacity constraints. There would be benefits in outsourcing financial management activities and related tasks to alleviate capacity constraints within the governance and management teams.

Some ACFC managers proposed a state-based team to build ACFC capacity to support better governance.

Changes to the program objectives and/or activities

One of the key gaps identified by participants was cultural planning in the early childhood education context. This includes resources to address trauma and complex needs of children in out of home care (OOHC) who are enrolled in ACFCs early childhood education. It also includes funding to provide a range of cultural activities, including Welcome to Country and Elder transport. It was suggested that these could be improved by making changes to the program objectives and/or activities. Integrating cultural plans for children in OOHC was seen as particularly relevant, as it would enable ACFC programs to access funding for cultural activities and improve cultural outcomes.

'Because we do get a lot of out of homecare kids, and they come with a multiple range of trauma and complex issues. So there's a process that needs to happen in the background before you even get to that next conversation. Yeah, but we're not funded for that. And again, we keep talking about gaps. That's that gap' – ACFC worker

'Culture, we need more culture, like more experiences, bringing things in bringing people in taking kids out. Culture like that. Four walls in a room with, you know, some things with pictures, it's not enough, especially with the type of clients we've got, it's not going to do anything.' – ACFC worker

Opportunities for improvement

Opportunities for improvement focused on resourcing and refining program budgets, strengthening the relationship between DCJ and the ACFCs and improving outcome reporting.

Participants identified that current ACFC model works well but requires more funding to:

- improve access to resources, including staffing and increased physical space to account for growth,
- provide brokerage for transport,
- government fees for processes such as obtaining a birth certificate, and
- provide cultural services such as language and cultural events.

Alternative funding models were also identified, including better coordinating funding from the three most relevant departments.

'It should be a coordinated effort from the three big departments, you know, education, health, and DCJ, to fund, as (DCJ worker) is saying recurring funding, because we need to make sure that they are that they feel reassured that they've got long term employment, you know,

*and can provide outcomes for the families on a long-term bases' – DCJ
Commissioning Officer*

Participants also identified improving the relationship between DCJ and ACFCs, with the aim of improving access to services and funding. Suggested improvements include:

- an Indigenous member of the government ACFC team that understands the cultural needs of the centres and communities,
- a regular, formal forum for the ACFCs to share experiences and knowledge,
- an Indigenous reference group to inform the government ACFC team, and
- a reporting framework that incorporates qualitative data and feedback to add nuance to outcome reporting.

Economic findings

This section discusses the economic findings according to the evaluation objective to review the service delivery cost.

It summarises findings for the two evaluation questions:

- What are the costs and benefits of the ACFC program?
- What are the funding options to support ACFCs future operation and growth?

Detailed findings are included in **Appendices H (attached)– Financial and Economic Impact Analysis**.

Costs of the ACFC program

Income

The main source of income for ACFCs is government funding, including funding from DCJ, the NSW Department of Education and NSW Health. ACFCs can also receive funding for additional services, such as Ability Links and Early Links and can receive specific grant funding. In addition, ACFCs receive some income from childcare fees, the CCB and CCR, and other sources such as hiring of ACFC facilities.

Costs

As is characteristic of the early childhood education sector, staff wages are the largest expense for ACFCs. Other costs include:

- advertisement and promotion,
- costs associated with the physical centres, including rent, cleaning, repairs and maintenance, utilities and security,
- other infrastructure costs such as telephone and telecommunications, courier and freight and motor vehicle expenses,
- travel and accommodation, and
- training and staff development.

Overall, the early childhood education sector is not required to maintain high levels of capital, rather the sector is defined by a high degree of staff interaction with children and parents. ACFCs, like all early childhood education centres, are required to comply with government regulations that mandate staff-to-child ratios, leading to high staff salary costs. Sector wide, wages accounted for 54.6% of industry revenue in the 2020-21 financial year.¹⁴

As a result of mandated staff-to-child ratios and high staff interactions with children and partners, it is difficult for early childhood education centres to deliver efficiencies that reduce expenditure. As ACFCs grow, so do the staff requirements. Expenditure has steadily increased in all centres since their inception and gross operating profit is decreasing in all but one ACFC.

COVID-19 also has implications for ACFCs, as early childhood education post COVID-19 is likely to be characterised by more volatile demand for long day and pre-school care and an increasingly unstable workforce.

Forecast surplus/shortfall of funds

The evaluation modelled the future income and expenditure of the ACFCs each year until 2029/30 to determine the forecast surplus/shortfall of funds with ongoing government funding.

Modelling is based on the following assumptions:

¹⁴ IBIS World – Child Care Services in Australia, published May 2021.

- ACFCs operate for 48 weeks a year,
- inflation rate of 0.5%, as per current rate published by the Reserve Bank of Australia,
- population growth of 1.62% per annum across all regions, and
- long day care fees of \$89 per day and pre-school fees of \$69 per day, which are growing at 2% over the forecast horizon.

The modelling indicated that four of the nine ACFCs will experience some form of short fall from 2020/21 to 2029/30.

However, when key income sources of funding are removed - being funding from DCJ, the NSW Department of Education and other grants - the financial position of all ACFCs deteriorates across six of the nine centres.

This is demonstrated in the following two tables.

Forecast Surplus/Shortfall of funds with ongoing government funding

| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|
| Cullunghutti (Nowra) | 1,097,591 | 1,097,534 | 1,102,375 | 1,070,129 | 1,037,800 | 1,003,566 | 967,341 | 929,035 | 888,556 | 845,806 | 800,684 |
| Bunjum (Ballina) | 766,177 | 474,631 | 432,413 | 387,807 | 340,706 | 290,999 | 238,570 | 183,297 | 125,056 | 63,715 | -864 |
| Maingriba (Brewarrina) | 291,399 | 407,128 | 414,627 | 422,211 | 429,876 | 437,621 | 445,443 | 453,340 | 461,308 | 469,344 | 477,445 |
| Ngallu Wal Aboriginal (Doonside) | 165,594 | 147,401 | 155,457 | 163,700 | 172,130 | 180,750 | 189,561 | 198,564 | 207,760 | 217,151 | 226,737 |
| Nikinpa (Toronto) | -34,283 | -249,582 | -285,715 | -323,438 | -361,067 | -400,411 | -441,541 | -484,531 | -529,459 | -576,403 | -625,448 |
| Walanbaa Dhurrali (Lightning Ridge) | 29,100 | -231,389 | 285,163 | 265,900 | 248,466 | 230,162 | 210,953 | 190,801 | 169,668 | 147,512 | 124,291 |
| Waranwarin (Minto) | 496,727 | 493,845 | 1,025,005 | 1,020,146 | 830,952 | 825,616 | 819,067 | 811,231 | 802,030 | 791,382 | 779,201 |
| Winanga-Li (Gunnedah) | 207,790 | 147,409 | 253,155 | 186,909 | 120,221 | 50,299 | -22,992 | -99,791 | -180,246 | -264,508 | -352,737 |
| Yenu Allowah (Mount Druitt) | 203,040 | 291,539 | 273,731 | 254,984 | 235,256 | 214,508 | 192,695 | 169,773 | 145,695 | 120,413 | 93,876 |

Forecast Surplus/Shortfall of funds without ongoing government funding

| | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | 2026/27 | 2027/28 | 2028/29 | 2029/30 |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Cullunghutti (Nowra) | \$1,097,591 | \$445,141 | \$448,013 | \$488,012 | \$879,881 | \$923,704 | \$969,565 | \$1,017,555 | \$1,067,768 | \$1,120,299 | \$1,175,251 |
| Bunjum (Ballina) | \$766,177 | \$1,056,940 | \$1,106,816 | \$1,159,118 | \$1,213,953 | \$1,271,434 | \$1,331,675 | \$1,394,799 | \$1,460,930 | \$1,530,202 | \$1,602,750 |
| Maingriba (Brewarrina) | \$291,399 | \$407,128 | \$46,797 | \$52,542 | \$58,358 | \$64,246 | \$70,201 | \$76,222 | \$82,304 | \$88,446 | \$94,642 |
| Ngallu Wal Aboriginal (Doonside) | \$165,594 | \$147,401 | \$155,457 | \$163,700 | \$172,130 | \$180,750 | \$189,561 | \$198,564 | \$207,760 | \$217,151 | \$226,737 |
| Nikinpa (Toronto) | \$34,283 | \$249,582 | \$285,715 | \$323,438 | \$712,817 | \$753,919 | \$796,817 | \$841,584 | \$888,297 | \$937,035 | \$987,883 |
| Walanbaa Dhurralli (Lightning Ridge) | \$29,100 | \$231,389 | \$285,163 | \$265,900 | \$289,209 | \$310,202 | \$332,112 | \$354,979 | \$378,842 | \$403,740 | \$429,717 |
| Waranwarin (Minto) | \$496,727 | \$493,845 | \$1,025,005 | \$1,020,146 | \$479,202 | \$472,108 | \$463,791 | \$454,178 | \$443,192 | \$430,750 | \$416,766 |
| Winanga-Li (Gunnedah) | \$207,790 | \$147,409 | \$253,155 | \$186,909 | \$417,454 | \$490,065 | \$566,057 | \$645,572 | \$728,755 | \$815,760 | \$906,745 |
| Yenu Allowah (Mount Druitt) | \$203,040 | \$247,907 | \$268,412 | \$289,871 | \$312,322 | \$335,809 | \$360,373 | \$386,060 | \$412,917 | \$440,993 | \$470,337 |

Funding options to support ACFCs future operation and growth

Future funding options

The forecast of surplus/shortfall funds indicates that ACFCs are dependent on government funding and income from childcare fees, CCS and other sources will not be sufficient to cover the expenditure of ACFCs. Also, current government funding is not sufficient to cover the expenditure of all ACFCs.

The evaluation modelled five funding scenarios to test the commercial viability of the ACFCs. These scenarios were:

1. 25% increase in all years from 2020/21 – 2029/30
2. 50% increase in all years from 2020/21 – 2029/30
3. 100% increase in all years from 2020/21 – 2029/30
4. \$700,000 allocation in funding in all years from 2020/21 – 2029/30
5. \$1,000,000 allocation in funding in all years from 2020/21 – 2029/30.

The modelling indicated that Option 5 provided the greatest opportunity for ACFCs to maintain financial security and address future challenges. This was followed by option 3, which enabled financial security for all but one ACFC (Nikinpa/Toronto), which would continue to experience a net shortfall over 2020/21 – 2029/30.

Economic benefits of ACFCs

ACFCs lead to direct and indirect economic impacts. Increasing the funding available to ACFCs increases the economic impacts of ACFCs to the Regional (Aggregate Economy). This is summarised in the tables below.

Economic impact of ACFCs to the Regional (Aggregate) Economy – Scenario 3 100% increase in funding (2020/21 – 2029/30)

| Impact | Direct (\$ millions) | Indirect and induced (\$ millions) | Total (\$ millions) |
|---------------------------------|----------------------|------------------------------------|---------------------|
| Output | 36.1 | 15.9 | 52.0 |
| Gross Regional Value ADD (GRVA) | 12.6 | 8.7 | 21.3 |

Economic impact of ACFCs to the Regional (Aggregate) Economy – Scenario 5 \$1m increase in funding each year over the period 2020/21 – 2029/30

| Impact | Direct (\$ millions) | Indirect and induced (\$ millions) | Total (\$ millions) |
|---------------------------------|----------------------|------------------------------------|---------------------|
| Output | 54.7 | 23.2 | 81.1 |
| Gross Regional Value ADD (GRVA) | 20.2 | 12.4 | 32.6 |

Social benefits of ACFC

Most importantly, ACFCs provide early childhood education services to young Aboriginal and Torres Strait Islander children. In addition, building relationships with the children and families, ACFCs are able to provide and coordinate other service for children and families. These services prepare children for school and enable children and families to experience a range of outcomes. This delivers an indirect benefit, particularly as the children and families engaged in ACFCs are unlikely to engage services elsewhere.

ACFCs also contribute to future cost savings by preparing young Aboriginal and Torres Strait Islander children for school and addressing the developmental impacts of early stresses that Aboriginal and Torres Strait Islander children may experience through early childhood education. Economic modelling estimates that every dollar invested in ACFCs operations, particularly when geared towards quality early care and education, saves the taxpayer between \$7.50 and \$9.75 in future costs.

Implications

This section discusses the implications and recommendations of the evaluation, as per the evaluation objective to establish a clear evidence base to inform future implementation and possible expansion of the ACFC program.

The evaluation findings indicates that ACFCs are providing high quality and cost-effective early childhood education to Aboriginal children in a trusted, culturally safe environment. Aboriginal children and families are also able to access or be referred to additional services through ACFCs, supporting health and wellbeing outcomes for Aboriginal children and families.

Implications of the evaluation focus on:

- delivering improvements to the program logic and providing an evidence base for future evaluation,
- providing a secure and stable income source for ACFCs,
- continuous improvement of service delivery and governance, and
- mitigating the impacts of the COVID-19 health pandemic on child and family outcomes.

Program logic and building an evidence base for future evaluation

The current ACFC program logic identifies a high number of outputs and outcomes across the seven domains of the Human Services Outcomes Framework. These domains are education and skills, health, social and community, empowerment, safety, economic and home.

Evaluation challenges

The evaluation experienced a number of challenges in assessing outcomes across the seven domains of the Human Services Outcomes Framework. These challenges are summarised below:

Performance data

ACFC performance data does not report on client progress towards outcomes, or report on the outputs delivered across the seven domains specified in the program logic. Reporting across the seven domains would also be burdensome for ACFCs, and any future performance reporting regime should comply with principles of data sovereignty.

Service design

ACFCs are required to deliver early childhood education and coordinate other services for children and families. As a result, ACFCs are not funded to deliver outputs or outcomes in all the domains or outcomes identified in the program logic. For example, ACFCs are not funded to deliver outputs or outcomes under the home domain in the program logic. The home domain output and outcome specified in the program logic is 'families access housing support' and 'increased number of families in secure housing / increased housing stability'.

ACFC and DCJ stakeholders found it difficult to anecdotally report against the high number of outputs and outcomes specified in the program logic.

Client voice

Due to the initial delays in securing AIATSIS ethics approval, the COVID-19 Delta outbreak from June 2021 that led to stay-at-home orders, and the reluctance of ACFCs to undertake virtual consultation, the evaluators were unable to interview the target number of ACFC families. While these challenges were specific to the COVID-19 Delta outbreak, engaging Aboriginal families in evaluation data collection is a time-consuming process.

In addition, it was difficult to engage all the ACFCs in the evaluation, and some ACFCs explicitly opted out of the evaluation.

Assessing impact

In addition to the above challenges, economic modelling for future cost savings focuses on assessing the impact of direct service delivery. As a result, the future cost savings identified in this evaluation focused on the early education component of ACFC service delivery and did not consider the future cost savings of ACFCs coordinating or referring children and families to other services.

Recommendations

1. Redesign the program logic and the evaluation framework through a co-design process with ACFCs, to provide a stronger line of sight between program outputs and outcomes, impact assessment and evaluation data collection activities. The co-design process should consider:
 - Identifying a targeted number of outcomes and outputs, with flexibility for ACFCs to focus on Human Services Outcomes Framework domain areas that directly relate to community need and service delivery.
 - Developing an evaluation framework that includes:
 - Data collection tools that enable ACFCs to report progress against outcomes and outputs throughout service delivery, for example through quarterly and annually reporting.
 - Data collection tools that allow ACFCs to collect data from parents and families throughout service delivery. For example, entrance and exit surveys and developing case studies. This will ensure future evaluations will be able to assess the outcomes for parents and families, in addition to interview data.
2. Develop a performance reporting regime that enables ACFCs to report on client outcomes and/or outputs relating to outcome areas and supports principles of data sovereignty.
3. Consider options to enable and incentivise ongoing performance reporting and data collection in ACFCs and supports principles of data sovereignty.
4. Incorporate expectations that ACFCs will participate in future evaluations in program guidelines and funding agreements.

Providing a secure and stable income source

The evaluation found that ACFC expenditure has increased, and gross operating profit has decreased, since ACFCs were first implemented. The evaluation modelled five funding scenarios to test the commercial viability of the ACFCs. The modelling indicated the final option to provide \$1 million allocation in funding in all years from 2020/21 to 2029/30, provides the opportunity for ACFCs to maintain financial security, address future challenges and prevent a net shortfall for all ACFC centres.

This funding will deliver direct and indirect economic impacts, including \$81.1 million total output and \$32.6 million Gross Regional Value. Future cost savings are also estimated to be \$7.50 to \$9.75 for every dollar invested in ACFCs operation, particularly in early care and education.

Recommendation

5. Allocate \$1 million funding to each ACFC in all years from 2020/21 to 2029/30.

Continuous improvement of service delivery

The evaluation found that the internal and external factors influencing effective service delivery and contributing to achieving outcomes are:

- integrated, flexible and child-focus services,
- hiring for community connection,
- the commitment and dedication of individual staff members,
- creating a culturally appropriate environment, and
- service competition.

Challenges, lessons learnt, and opportunities for improvement for service delivery focused on:

- Further improving staff capacity and addressing staff turnover, particularly as staff can find it difficult to attend work and undertake training to upskill and gain the appropriate qualifications.
- Increasing ACFC access to resources, including staffing and physical staff.
- Increasing the role of the DCJ ACFC team to support ACFCs with trouble shooting and capacity building.
- Costs associated with facilitating transport for children and families to attend early childhood services, parenting groups and external referrals.
- Costs associated with planning and delivering culture to children and families, such as cultural planning for children in OOH and providing transport for elders.
- Coordinating funding across the three relevant department, DCJ, NSW Health and NSW Education.

Continuous improvement should consider the internal and external factors influencing effective service delivery and contributing to outcomes, and the challenges, lessons learnt, and opportunities for improvement identified by stakeholders.

Recommendations

6. Continue to foster integrated, flexible, and child-focused services; hiring for community connection; the commitment and dedication of individual staff members; creating a culturally appropriate environment; and service competition in ACFCs.
7. Consider options and opportunities to deliver staff capability building, such as a training program.
8. Consider options to provide funding for transport brokerage and planning and delivering culture to children and families.
9. Consider options to coordinate funding across DCJ, NSW Health and NSW Education.

Governance

The evaluation found that universally, Aboriginal-led boards were a key strength of ACFC governance arrangements. Boards were usually made up of well-respected local Aboriginal community members, which facilitated culturally appropriate and responsive services.

However, evaluation findings indicate that some areas of governance can be strengthened, including separating governance and management functions, and developing capability in specific governance skill sets.

In addition, the evaluation participants identified that broader governance arrangements could be improved by implementing:

- an Indigenous member of the state ACFC team that understands the cultural needs of the centres and communities,
- a regular, formal forum for the ACFCs to share experiences and knowledge, and

- an Indigenous reference group to inform the government ACFC team in a reporting framework that incorporates qualitative data and feedback to add nuance to outcome reporting.

Recommendations

10. Mandatory engagement with capacity-building training for ACFC CEOs and boards, delivered by the Department and focusing on separating governance and management functions and ensuring boards can deliver all the required functions.
11. Develop a formal forum where ACFCs can share experiences and knowledge.
12. Develop an identified Aboriginal position in the DCJ ACFC team, who understands the cultural needs of the centres and communities.
13. Develop an Indigenous reference group to advise the government ACFC team on a reporting framework that incorporates qualitative data and feedback.

Responding to COVID-19

Performance data indicates that enrolments in ACFC early childhood services decreased during the first wave of the COVID-19 health pandemic in 2020. Given the long-term benefits of early childhood education and targeted intervention, Aboriginal children and families should be reengaged in ACFCs.

Recommendation

14. Develop strategies for re-engaging families in ACFCs who may have disengaged during the COVID-19 health pandemic, to deliver outcomes to Aboriginal children and families

Appendix A - Program Logic

| PROBLEM | 2. OBJECTIVE | 3. EVIDENCE | 4. PROGRAM: core component & flexible activities | 5. MECHANISM OF CHANGE | 6. OUTPUTS & OUTCOMES | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|
| | | | | | Immediate outputs (within 1 st yr) | Short term outputs/outcomes (within first 3 yrs) | Medium-term outcomes (3-5 yrs) | Long-term outcomes (6+ yrs) | |
| Early childhood inequalities between Indigenous and non-indigenous people in Australia are well documented. These inequities set in motion the beginning of significant lifelong discrepancies – in health, educational achievement and wellbeing – between these groups Parents are not using mainstream health and well-being services. As Parents cannot access specialist medical | Aboriginal children have the same health outcomes as non-Aboriginal children | High-quality early intervention/ education improves children’s lifelong outcomes across all areas – education, health (mental and physical) and wellbeing | Core: | Centre (and services provided at the centre) is a trusted, comfortable, culturally safe community hub | EDUCATION & SKILLS | | | | |
| | Aboriginal children acquire the skills for life and learning (Increase in proportion of Aboriginal children participating in quality early childhood education and care) | Early intervention/ education is more effective, particularly for vulnerable families, when it is holistic – i.e addresses children’s and families’ learning needs taking into account the contexts in which they live | Culturally safe environment for children and families | Quality early childhood education and care and parent support services are provided to support development and health and wellbeing of the children | Quality early childhood education and care provided | Improved development and cognitive outcomes in early years | Successful transition to school | Increase in academic achievement | |
| | | | | | Children 0-3 attend ECEC | Improved language and communication skills | Regular school attendance | | |
| | | | | | | Children 3-5 attend 15 hrs per week | Improved school readiness | | Improved parental/carer engagement in child learning |
| | | | | | | | Families feel early learning is important, and confident in their role in parenting and early learning | | |
| | Aboriginal families have access to relevant services and support (Increase number of Aboriginal people accessing parent and family | Services are more effective for Indigenous children and families when they are aware of and address cultural | Integrated service model, including access to range of maternal and child health services | Person centred service delivery | Aboriginal-led organisations | Parents/carers engage with parenting support services | Improved parenting skills and techniques | | |
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| <p>services for themselves and their children due to high costs and lack of transport.</p> <p>Parents do not have the support to find affordable, safe housing.</p> <p>Parents cannot work if their children are not in care. Additionally, parents may not have the confidence or support needed to obtain employment or commence further education and training.</p> <p>Mainstream local services often ignore the cultural and personal needs of their Aboriginal clients, sometimes taking a deficit approach rather</p> | <p>support services; Increase integration of services through the ACFC by partner organisations; ensuring that a range of maternal and child health services are delivered to Aboriginal families)</p> <p>Service providers are culturally capable (Aboriginal families have ready access to suitable and culturally inclusive and early childhood family support services)</p> <p>Build the social capital of the Aboriginal communities.</p> | <p>competence/cultural safety in their service delivery</p> <p>Honest engagement, building trust, working with community members is essential</p> <p>A focus on empowerment and working from strengths makes a difference</p> | <p>improvement (developed by DCJ)</p> <p>Flexible: Services provided responsive to local community needs and priorities</p> <p>.. Wide range of support and services available such as employment, housing, money management, legal services, transport, play groups, cultural activities, community events, mental health, disability support, supervised child protection contact visits, parenting skills, etc</p> <p>"</p> | <p>addressed (cost, lack of trust, transport, complexity of navigating service systems, etc.)</p> <p>Holistic and flexible support for children and families</p> | <p>and child health checks)</p> <p>Increase in health services received by children</p> <p>Families engage with maternal health services</p> | | | | |
| SOCIAL & COMMUNITY | | | | | | | | | |
| ACFC links parents/carers to range of services and support | | Families have increased connections to social networks/identity/land/culture | | Feelings of belonging | | | | | |
| Families participate in social/community activities | | (feel culturally and socially connected) | | | | | | | |
| EMPOWERMENT | | | | | | | | | |
| Access to services facilitated by trusted networks | | Parents/carers have sense of ownership and control over services received | | Increased choice and control over life decisions | | Improved self-efficacy and self-esteem | | | |
| ACFC provides opportunities for parents to contribute to decision-making | | The ACFC contributes to decision-making at the community and sector level | | Development of strong Aboriginal- led organisation | | | | | |

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| than strengths-based. | | | | | Families contribute to decision making within the ACFC | | |
| Children and their families who are at risk of harm require safe environments. | | | | | ACFC employs Aboriginal staff | | |
| | | | | | ACFC participates in inter-agency meetings | | |
| | | | | | SAFETY | | |
| | | | | | Culturally safe services and support provided Families who have been personally involved in ROSH & OOHHC access support from the ACFC (e.g. accredited to deliver OOHHC services, facilitating parent contact, kinship care, etc) | Families perceive that the ACFC provides a culturally safe place where they can go for services and support | Improved perceptions of safety |
| | | | | | | Families who have been personally involved in ROSH and OOHHC feel the ACFC has enhanced parenting skills and helped strengthen family relationships | Reduced likelihood of children entering the child protection system (preservation & restoration) |
| | | | | | ECONOMIC | | |

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| | | | | | Parents/Carers engage with training and employment services through ACFC | Increase in work ready skills Increased number of parents/carers enrolled in education and/or employed | Improved employment/capacity for employment |
| | | | | | HOME | | |
| | | | | | Families access housing support | Increased number of families in secure housing / Increased housing stability | |
| <div>Feeds into Process Evaluation: Reach, acceptability, service delivery & referrals & Cost Monitoring For economic evaluations</div> | | | | <div><div>HUMAN SERVICES OUTCOMES FRAMEWORK</div><div><div><div>SOCIAL & COMMUNITY</div><div>EDUCATION & SKILLS</div><div>ECONOMIC</div><div>HEALTH</div><div>HOME</div><div>SAFETY</div><div>EMPOWERMENT</div></div><div><div>Primary Impacts (DIRECT Client-level outcomes)</div><div>Secondary Ripples (Related individual/family-level outcomes)</div><div>Tertiary Ripples (Broader community-level outcomes)</div></div></div></div> | | | |

Appendix B: Data collection methods, evaluation methods and measures, and data collection tools

Data collection methods

| Method | Type | Details |
|------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Site visits | Qualitative | <ul style="list-style-type: none"> • Site visits to 9 ACFCs • Observations of each ACFC site including physical layout, measures to facilitate service integration etc. • Site visit to include interviews with ACFC staff, service providers, clients and other stakeholders |
| Case studies | Qualitative | <ul style="list-style-type: none"> • Case studies highlighting child/family journeys through ACFC services • Template created to facilitate case study collection |
| Stakeholder interviews | Qualitative | <ul style="list-style-type: none"> • Understand experiences of ACFCs and perceived benefits and outcomes • DCJ Staff: Up to 9, 1-hour interviews • ACFC Staff: Up to 2, 1-hour interviews/small groups per location (18 in total) • Service providers (that ACFCs work with): 1 x 1-hour interview/small group per location (9 total) • Clients: Up to 2 to 4, 1-hour interviews per location (36 max in total) • Other ACFC Stakeholders at each site: 1 x 1-hour interview/small group per location (9 total) • Other ACFC program stakeholders: NSW Children's Guardian |
| Service data | Quantitative | <ul style="list-style-type: none"> • Relevant quantitative service data e.g. number of people receiving services |
| Secondary qualitative data | Qualitative | <ul style="list-style-type: none"> • Qualitative data collected by ACFCs from 2014 to date e.g. satisfaction surveys, feedback on services |
| Financial data | Quantitative | <ul style="list-style-type: none"> • ACFC financial data including annual financial reports and budgets |
| Academic studies and government sources | Quantitative | <ul style="list-style-type: none"> • Relevant academic studies and government sources to inform the cost benefit analysis |

Data Collection: measures and data sources table

The evaluation questions will be answered by collection and analysis of qualitative and quantitative data against the following measures:

Process

| Evaluation Question | Measures | Data Source/s |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. How are ACFCs operating? What are the key activities and initiatives delivered by ACFCs? | <p>Nature of activities and initiatives delivered by ACFCs including:</p> <ul style="list-style-type: none"> • Co-ordination of parent and family support • Co-ordination of maternal and child health • Early childhood education and care • Relevant early childhood support services • Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines • Promotion of services and outreach/engagement with community <p>Differences between activities and initiatives across each ACFC site</p> <p>Changes in activities and initiatives over time</p> <p>Number of activities/initiatives delivered (program outputs) including:</p> <ul style="list-style-type: none"> • Number of parents and children who have received a service at or through the Centre • Number of parents and children who have received a service at or through the Centre by activity type • Number of initiatives by initiative type delivered at or through the Centre • Number of occasions of delivery by activity type Number and type of service providers participating in the Centre integrated service system | <ul style="list-style-type: none"> • Document review • Site visits • Stakeholder interviews • Service data |

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| 2. What governance arrangements, partnerships and relationships are in place to support ACFCs to achieve their objectives? | Nature of governance arrangements | <ul style="list-style-type: none"> • Document review |
| | Nature of partnerships/relationships with other services | <ul style="list-style-type: none"> • Site visits • Stakeholder interviews |
| | Nature of relationships with community, including: <ul style="list-style-type: none"> • activities to attract Aboriginal children and families to access ACFC services • involvement of community in decision-making about ACFCs • changes in community involvement in ACFCs over time | |

Outcome

| Evaluation Question | Measures | Data Source/s |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. To what extent have ACFCs achieved their objectives and intended outcomes? | Extent to which the following objectives and outcomes have been achieved: | <ul style="list-style-type: none"> • Document review • Site visits • Case studies • Stakeholder interviews • Service data • Secondary qualitative data |
| | <u>Education and skills</u> <ul style="list-style-type: none"> • Improved development and cognitive outcomes in early years • Improved language and communication skills • Improved school readiness • Families feel early learning is important and confident in their role in parenting and early learning • Parents/carers engage with parenting support services • Improved parenting skills and techniques • Improved parental/carer engagement in child learning • Successful transition to school • Regular school attendance | |
| | <u>Health</u> <ul style="list-style-type: none"> • More children have timely, age appropriate immunisation and receive child health checks | |

- Improved maternal health and wellbeing
- Improved physical, psychological and emotional wellbeing of children (and carers)
- Health needs of children are identified and access to health services facilitated by the ACFC (including immunisation and child health checks)
- Increase in health services received by children
- Families engage with maternal health services

Social and community

- ACFC links parents/carers to range of services and support
- Families participate in social/community activities
- Families have increased connections to social networks/identity/land/culture (feel culturally and socially connected)
- Feelings of belonging

Empowerment

- Access to services facilitated by trusted networks
- ACFC provides opportunities for parents to contribute to decision-making
- Families contribute to decision making within the ACFC
- ACFC employs Aboriginal staff
- ACFC participates in inter-agency meetings
- Parents/carers have sense of ownership and control over services received
- The ACFC contributes to decision-making at the community and sector level
- Increased choice and control over life decisions
- Development of strong Aboriginal-led organisation

Safety

- Culturally safe services and support provided

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| | <ul style="list-style-type: none"> Families who have been personally involved in ROSH & OOHC access support from the ACFC (e.g. accredited to deliver OOHC services, facilitating parent contact, kinship care, etc) Families perceive that the ACFC provides a culturally safe place where they can go for services and support Families who have been personally involved in ROSH and OOHC feel the ACFC has enhanced parenting skills and helped strengthen family relationships Improved perceptions of safety | |
| | <u>Economic</u> <ul style="list-style-type: none"> Parents/Carers engage with training and employment services through ACFCs Increase in work ready skills Increased number of parents/carers enrolled in education and/or employment Improved employment/capacity for employment | |
| | <u>Home</u> <ul style="list-style-type: none"> Families access housing support Increased number of families in secure housing/increased housing stability | |
| | <u>Other</u> <ul style="list-style-type: none"> Increased integration of services delivered through the centre by partner organisations Aboriginal and Torres Strait Islander people with disability have access to appropriate co-ordinated wrap around services, well designed programs that are fully inclusive of all participants. Other unexpected outcomes, positive or negative | |
| | | |
| 3. Are ACFCs meeting the needs of the intended client group? | Level of parent/carers satisfaction with ACFC services | <ul style="list-style-type: none"> Document review Site visits |
| | Parent/carers perceptions of most beneficial features of ACFCs | <ul style="list-style-type: none"> Case studies |

| | | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Other stakeholder perceptions of most beneficial features of ACFCs</p> <p>Number of parents/carers reporting they have accessed a service at or through the ACFC that they have not previously accessed</p> <p>Perceptions of gaps in ACFC service delivery</p> <p>Differences in perceived beneficial features and gaps in ACFC service delivery across each ACFC site</p> | <ul style="list-style-type: none"> • Stakeholder interviews • Service data • Secondary qualitative data |
| 4. What features, conditions and practices of ACFCs contribute to success in achieving objectives and outcomes? | <p>Perceptions of internal and external factors that have influenced effective service delivery by ACFCs, including:</p> <ul style="list-style-type: none"> • any barriers to accessing or delivering ACFC services • the impact of inconsistent and uncertain funding arrangements for the program <p>Features, conditions and practices that have contributed to differences in operation and outcomes across each ACFC site</p> | <ul style="list-style-type: none"> • Document review • Site visits • Stakeholder interviews |
| 5. What are the aspirations, opportunities for improvement and key considerations for the future operation of ACFCs? | <p>Lessons learnt from operation of ACFCs to date</p> <p>Perceptions of aspirations for future operation of ACFCs</p> <p>Perceptions of changes to the program objectives and/or activities that may be required</p> <p>Perceptions of opportunities for improvement for ACFCs</p> <p>Key considerations of future operation and expansion of ACFCs</p> | <ul style="list-style-type: none"> • Site visits • Stakeholder interviews |

Economic

| Evaluation Question | Measures | Data Source/s |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. What are the costs and benefits of the ACFC program? | Costs associated with the ACFC program | <ul style="list-style-type: none"> • Service data • Financial data |
| | Benefits associated with the ACFC program | <ul style="list-style-type: none"> • Stakeholder interviews • Academic studies and government sources |
| 7. What are the funding options to support ACFCs future operation and growth? | Funding options to support future operation and growth of ACFCs | <ul style="list-style-type: none"> • Service data • Financial data • Stakeholder interviews • Academic studies and government sources |

Data Collection - interview guides

Interview guide for ACFC staff

Interviews will be conducted by the Inside Policy team with ACFC staff during site visits.

Questions

1. Please describe your role in delivering the ACFC.
2. What activities and initiatives are delivered at the ACFC? Have these changed over time? Why?

Prompts:

- Co-ordination of parent and family support
 - Co-ordination of maternal and child health
 - Early childhood education and care
 - Relevant early childhood support services
 - Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines
 - Promotion of services and outreach/engagement with community
3. What relationships and partnerships are in place to support and promote the activities and initiatives delivered at the ACFC?

Prompts:

- Governance arrangements
 - Integration of services by partner organisations
 - Relationships with other services
 - Relationships with community
 - Activities to attract Aboriginal children and families to access ACFC services
4. What outcomes has the ACFC achieved for Aboriginal children and their families?

Prompts:

Education and skills

- Improved development and cognitive outcomes in early years
- Improved language and communication skills
- Improved school readiness
- Families feel early learning is important and confident in their role in parenting and early learning
- Improved parenting skills and techniques
- Families who have been personally involved in ROSH and OOHC feel the ACFC has enhanced parenting skills and help strengthen family relationships
- Increase in work ready skills
- Increased number of parents/carers enrolled in education and/or employment

Health

- More children have timely, age appropriate immunisation and receive child health checks
- Improved maternal health and wellbeing
- Improved physical, psychological and emotional wellbeing of children (and carers)

Empowerment

- Families have increased connections to social networks/identity/land/culture (feel culturally and socially connected)
- Parents/carers have sense of ownership and control over services received

- The ACFC contributes to decision-making at the community and sector level
- Feelings of belonging
- Development of strong Aboriginal-led organisation
- Families perceive that the ACFC provides a culturally safe place where they can go for services and support
- Increased choice and control over life decisions
- Access for Aboriginal and Torres Strait Islander people with disability, including wrap around services and inclusivity

Safety

- Increased number of families in secure housing/increased housing stability

Other

- Increased integration of services

5. Is the ACFC meeting the needs of Aboriginal children and their families?

Prompts:

- What are the most beneficial features of the ACFC?
- Are there any gaps in service delivery?

6. What factors have affected the success of the ACFC to date?

Prompts:

- Internal factors – staffing, governance arrangements, range of services offered
- External factors – inconsistent funding, challenges in engaging community, barriers to accessing ACFC services

7. What is the ACFC doing well? What could it do better?

Prompts:

- Lessons learnt from operation to date
- Opportunities for improvement

8. What are your hopes for the future of the ACFC?

Prompts:

- Are there any services you think the ACFC is not currently delivering that it should deliver?
- Are the ACFC objectives still relevant? Are there any other objectives ACFCs should pursue?
- What needs to change to ensure the ACFC achieves its objectives?

9. Is there anything else you would like to tell us about the ACFC, its impact or your hopes for its future?

Interview guide for DCJ District staff

Interviews will be conducted by the Inside Policy team with DCJ staff by video conference or during site visits to ACFCs.

Questions

1. Please describe your role in supporting the ACFC.
2. What activities and initiatives are delivered at the ACFC? Have these changed over time? Why?

Prompts:

- Co-ordination of parent and family support
 - Co-ordination of maternal and child health
 - Early childhood education and care
 - Relevant early childhood support services
 - Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines
 - Promotion of services and outreach/engagement with community
3. What relationships and partnerships are in place to support and promote the activities and initiatives delivered at the ACFC?

Prompts:

- Governance arrangements
 - Integration of services by partner organisations
 - Relationships with other services
 - Relationships with community
 - Activities to attract Aboriginal children and families to access ACFC services
4. What outcomes has the ACFC achieved for Aboriginal children and their families?

Prompts:

Education and skills

- Improved development and cognitive outcomes in early years
- Improved language and communication skills
- Improved school readiness
- Families feel early learning is important and confident in their role in parenting and early learning
- Improved parenting skills and techniques
- Families who have been personally involved in ROSH and OOHC feel the ACFC has enhanced parenting skills and help strengthen family relationships
- Increase in work ready skills
- Increased number of parents/carers enrolled in education and/or employment

Health

- More children have timely, age appropriate immunisation and receive child health checks
- Improved maternal health and wellbeing
- Improved physical, psychological and emotional wellbeing of children (and carers)

Empowerment

- Families have increased connections to social networks/identity/land/culture (feel culturally and socially connected)
- Parents/carers have sense of ownership and control over services received
- The ACFC contributes to decision-making at the community and sector level

- Feelings of belonging
- Development of strong Aboriginal-led organisation
- Families perceive that the ACFC provides a culturally safe place where they can go for services and support
- Increased choice and control over life decisions
- Access for Aboriginal and Torres Strait Islander people with disability, including wrap around services and inclusivity

Safety

- Increased number of families in secure housing/increased housing stability

Other

- Increased integration of services

5. Is the ACFC meeting the needs of Aboriginal children and their families?

Prompts:

- What are the most beneficial features of the ACFC?
- Are there any gaps in service delivery?

6. What factors have affected the success of the ACFC to date?

- Prompts:
- Internal factors – staffing, governance arrangements, range of services offered
- External factors – inconsistent funding, challenges in engaging community, barriers to accessing ACFC services

7. What is the ACFC doing well? What could it do better?

Prompts:

- Lessons learnt from operation to date
- Opportunities for improvement

8. What are your hopes for the future of the ACFC?

Prompts:

- Are there any services you think the ACFC is not currently delivering that it should deliver?
- Are the ACFC objectives still relevant? Are there any other objectives ACFCs should pursue?
- What needs to change to ensure the ACFC achieves its objectives?

9. Is there anything else you would like to tell us about the ACFC, its impact or your hopes for its future?

Interview guide for service providers

Interviews will be conducted by the Inside Policy team with service provider staff during site visits to ACFCs or by video conference.

Questions

1. Please describe your connection to the ACFC.
2. What activities and initiatives are delivered at the ACFC? Have these changed over time? Why?

Prompts:

- Co-ordination of parent and family support
- Co-ordination of maternal and child health
- Early childhood education and care
- Relevant early childhood support services
- Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines
- Promotion of services and outreach/engagement with community

3. Please describe the relationship between your organisation and the ACFC

Prompts:

- How has the relationship changed over time?
- How do you work together?
- Are there any practices/documentation that underpin your relationship and the way you work together?

4. What outcomes has the ACFC achieved for Aboriginal children and their families?

Prompts:

Education and skills

- Improved development and cognitive outcomes in early years
- Improved language and communication skills
- Improved school readiness
- Families feel early learning is important and confident in their role in parenting and early learning
- Improved parenting skills and techniques
- Families who have been personally involved in ROSH and OOHC feel the ACFC has enhanced parenting skills and help strengthen family relationships
- Increase in work ready skills
- Increased number of parents/carers enrolled in education and/or employment

Health

- More children have timely, age appropriate immunisation and receive child health checks
- Improved maternal health and wellbeing
- Improved physical, psychological and emotional wellbeing of children (and carers)

Empowerment

- Families have increased connections to social networks/identity/land/culture (feel culturally and socially connected)
- Parents/carers have sense of ownership and control over services received
- The ACFC contributes to decision-making at the community and sector level
- Feelings of belonging
- Development of strong Aboriginal-led organisation
- Families perceive that the ACFC provides a culturally safe place where they can go for services and support
- Increased choice and control over life decisions
- Access for Aboriginal and Torres Strait Islander people with disability, including wrap around services and inclusivity

Safety

- Increased number of families in secure housing/increased housing stability

Other

- Increased integration of services

5. Is the ACFC meeting the needs of Aboriginal children and their families?

Prompts:

- What are the most beneficial features of the ACFC?
- What has been the impact of having the ACFC in the service system?
- Are there any gaps in service delivery?

6. What factors have affected the success of the ACFC to date?

Prompts:

- Internal factors – staffing, governance arrangements, range of services offered
- External factors –barriers to accessing ACFC services

7. What is the ACFC doing well? What could it do better?

Prompts:

- Opportunities for improvement

8. What are your hopes for the future of the ACFC?

Prompts:

- Are there any services you think the ACFC is not currently delivering that it should deliver?
- Are the ACFC objectives still relevant? Are there any other objectives ACFCs should pursue?
- What needs to change to ensure the ACFC achieves its objectives?

9. Is there anything else you would like to tell us about the ACFC, its impact or your hopes for its future?

Interview guide for other ACFC stakeholders

Interviews will be conducted by the Inside Policy team with other ACFC stakeholders (including community members) during site visits to ACFCs.

Questions

1. Please describe your relationship with the ACFC.
2. Please describe your understanding of the ACFC.
3. What activities and initiatives are delivered at the ACFC? Has this changed over time? Why?

Prompts:

- Co-ordination of parent and family support
 - Co-ordination of maternal and child health
 - Early childhood education and care
 - Relevant early childhood support services
 - Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines
 - Promotion of services and outreach/engagement with community
4. What outcomes has the ACFC achieved for Aboriginal children and their families?

Prompts:

Education and skills

- Improved development and cognitive outcomes in early years
- Improved language and communication skills
- Improved school readiness
- Families feel early learning is important and confident in their role in parenting and early learning
- Improved parenting skills and techniques
- Families who have been personally involved in ROSH and OOHC feel the ACFC has enhanced parenting skills and help strengthen family relationships
- Increase in work ready skills
- Increased number of parents/carers enrolled in education and/or employment

Health

- More children have timely, age appropriate immunisation and receive child health checks
- Improved maternal health and wellbeing
- Improved physical, psychological and emotional wellbeing of children (and carers)

Empowerment

- Families have increased connections to social networks/identity/land/culture (feel culturally and socially connected)
- Parents/carers have sense of ownership and control over services received
- The ACFC contributes to decision-making at the community and sector level
- Feelings of belonging
- Development of strong Aboriginal-led organisation
- Families perceive that the ACFC provides a culturally safe place where they can go for services and support
- Increased choice and control over life decisions
- Access for Aboriginal and Torres Strait Islander people with disability, including wrap around services and inclusivity

Safety

- *Increased number of families in secure housing/increased housing stability*

Other

- Increased integration of services

5. Is the ACFC meeting the needs of Aboriginal children and their families?

Prompts:

- What are the most beneficial features of the ACFC?
- What has been the impact of having the ACFC in the service system?
- Are there any gaps in service delivery?

6. What factors have affected the success of the ACFC to date?

Prompts:

- Internal factors –range of services offered
- External factors –barriers to accessing ACFC services

7. What is the ACFC doing well? What could it do better?

Prompts:

- Opportunities for improvement

8. What are your hopes for the future of the ACFC?

Prompts:

- Are there any services you think the ACFC is not currently delivering that it should deliver?
- Are the ACFC objectives still relevant? Are there any other objectives ACFCs should pursue?
- What needs to change to ensure the ACFC achieves its objectives?

9. Is there anything else you would like to tell us about the ACFC, its impact or your hopes for its future?

Appendix C: Interviews completed

| Site | Role/s |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cullunghutti | All staff - CEO, community engagement worker, family referral officer, admin, disability support worker, engagement education officer, occupational therapist (partner) |
| Yenu Allowah | Manager Commissioning and Planning |
| Yenu Allowah | Chair of board and ACFC early childhood manager |
| Yenu Allowah | Family Worker |
| Yenu partner – Northcott NDIS | Disability support worker |
| Lightning Ridge | ACFC manager and family worker |
| Brewarrina | ACFC manager |
| Winanga-Li | Winanga-Li manager and ACFC manager |
| Nowra DCJ | CPOs and Manager Commissioning and Planning |
| Waranwarin | ACFC manager |
| Waranwarin Health Partner | Child psychologist |
| Waranwarin | Family support worker |
| Waranwarin | Early childhood manager |
| Waranwarin DCJ | CPO and Manager Commissioning and Planning |
| N/A | Two participant interviews were also completed at one ACFC. The ACFC has been admitted to protect the privacy of the participants. |

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Appendix D: Additional data requests

Following site visits the following data and information has been requested from ACFCs.

Note - request for financial reports for Gunnedah, Lightning Ridge and Brewarrina sites was made to Winanga-Li as auspice organisation.

| ACFC | Data / information requested | Data / information supplied |
|-------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Waranwarin (Airds) | Full list of programs | Not supplied |
| | 1 x partner contact details | Not supplied |
| Winanga-Li (Gunnedah) | Full list of programs | Not supplied |
| | Financial report 2019 - 20 | Not supplied |
| | 2 x partner contact details | Not supplied |
| Walanbaa Dhurruli (Lightning Ridge) | Full list of programs | Not supplied |
| | Financial report 2019 - 20 | Not supplied |
| | 2 x partner contact details | Not supplied |
| Maingriba (Brewarrina) | Full list of programs | Not supplied |
| | Financial report 2019 - 20 | Not supplied |
| | 2 x partner contact details | Not supplied |
| Cullunghutti (Nowra) | Full list of programs | Not supplied |
| | Financial report 2019 - 20 | Not supplied |
| | 2 x partner contact details | Not supplied |
| Yenu Allowah | Service data 2018 – 19 and 2019 – 20 | Not supplied |
| | Full list of programs | Provided <ul style="list-style-type: none"> • Transition to school group for out of home care children going to school in 2022 • Healthy cooking class run in partnership with aboriginal health • Sensory group for children and adults with additional needs • Mum and Bub business which incorporates art therapy classes • Speech therapy • NDIS assessments • 715 health checks • K10 • Martial arts group for out of home care children after school (primary school children) • Pop up group at a park which is in partnership with 2 organisations - where we run fitness (boot camp) followed with a well being yarn circle with our clinical nurse/social worker. • Men's business • STEPS- vision screening • Hearing tests twice a year • WDO's |

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| | <ul style="list-style-type: none"> • Dental check up twice a year • Cultural dance group every Thursday -rotates from dancing, art therapy, TIGS • Second bite for all families and community • Counselling service weekly for children and community |
| 2 x partner contact details | 1 x details supplied Bobbie-Jo Young – NDIS Northcott |

Appendix E: Limitations by question and measure

| Question | Measure | Limitation |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. How are ACFCs operating? What are the key activities and initiatives delivered by ACFCs? | Process component | |
| | Nature of activities and initiatives delivered by ACFCs including: <ul style="list-style-type: none"> • Co-ordination of parent and family support • Co-ordination of maternal and child health • Early childhood education and care • Relevant early childhood support services • Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines • Promotion of services and outreach/engagement with community | <ul style="list-style-type: none"> • Limited ACFC program documentation and service data has been provided • Observational data could not be completed for all participating sites due to delays in ethics and COVID-19 restrictions • Two interviews with families were completed |
| | Differences between activities and initiatives across each ACFC site | <ul style="list-style-type: none"> • Limited ACFC program documentation and service data has been provided • As a result, comparisons rely on interview data, and Inside Policy is unable to identify definitive differences in activities and initiatives across ACFC sites |
| | Changes in activities and initiatives over time | <ul style="list-style-type: none"> • Limited ACFC program documentation and service data has been provided • Most provided data relates to 2019-2020 financial years, resulting in minimal analysis around the change in activities and initiatives over time • |
| | Number of activities/initiatives delivered (program outputs) including: <ul style="list-style-type: none"> • Number of parents and children who have received a service at or through the Centre • Number of parents and children who have received a service at or through the Centre by activity type • Number of initiatives by initiative type delivered at or through the Centre • Number of occasions of delivery by activity type • Number and type of service providers participating in the Centre integrated service system | <ul style="list-style-type: none"> • Limited ACFC program documentation and service data has been provided • Most provided data relates to 2019-2020 financial years |

| | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. What governance arrangements, partnerships and relationships are in place to support ACFCs to achieve their objectives? | Nature of governance arrangements | <ul style="list-style-type: none"> Limited ACFC program documentation and service data has been provided, including around governance arrangements Findings and analysis are based on interview data, and supplemented with publicly available information |
| | Nature of partnerships/relationships with other services | <ul style="list-style-type: none"> Limited ACFC program documentation and service data was provided, including around partnerships/relationships with other services Findings and analysis are based on interview data |
| | Nature of relationships with community, including: <ul style="list-style-type: none"> activities to attract Aboriginal children and families to access ACFC services involvement of community in decision-making about ACFCs changes in community involvement in ACFCs over time | <ul style="list-style-type: none"> Limited ACFC program documentation and service data has been provided, including around relationships with the community Two interviews with families were completed |
| Outcomes component | | |
| 3. To what extent have ACFCs achieved their objectives and intended outcomes? | <u>Education and skills</u> <ul style="list-style-type: none"> Improved development and cognitive outcomes in early years Improved language and communication skills Improved school readiness Families feel early learning is important and confident in their role in parenting and early learning Parents/carers engage with parenting support services Improved parenting skills and techniques Improved parental/carers engagement in child learning Successful transition to school Regular school attendance | <ul style="list-style-type: none"> Limited outcomes data has been reported, and in most cases appears not be collected Two interviews with families were completed |
| | <u>Health</u> <ul style="list-style-type: none"> More children have timely, age appropriate immunisation and receive child health checks Improved maternal health and wellbeing Improved physical, psychological and emotional wellbeing of children (and carers) Health needs of children are identified and access to health services facilitated by the ACFC (including immunisation and child health checks) | <ul style="list-style-type: none"> Limited outcomes data has been reported, and in most cases appears not be collected Two interviews with families were completed |

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|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> • Increase in health services received by children • Families engage with maternal health services | |
| | <u>Social and community</u> <ul style="list-style-type: none"> • ACFC links parents/carers to range of services and support • Families participate in social/community activities • Families have increased connections to social networks/identity/land/culture (feel culturally and socially connected) • Feelings of belonging | <ul style="list-style-type: none"> • Limited outcomes data has been reported, and in most cases appears not be collected • Two interviews with families were completed |
| | <u>Empowerment</u> <ul style="list-style-type: none"> • Access to services facilitated by trusted networks • ACFC provides opportunities for parents to contribute to decision- making • Families contribute to decision making within the ACFC • ACFC employs Aboriginal staff • ACFC participates in inter-agency meetings • Parents/carers have sense of ownership and control over services received • The ACFC contributes to decision-making at the community and sector level • Increased choice and control over life decisions • Development of strong Aboriginal- led organisation | <ul style="list-style-type: none"> • Limited outcomes data has been reported, and in most cases appears not be collected • Two interviews with families were completed |
| | <u>Safety</u> <ul style="list-style-type: none"> • Culturally safe services and support provided • Families who have been personally involved in ROSH & OOHC access support from the ACFC (e.g. accredited to deliver OOHC services, facilitating parent contact, kinship care, etc) • Families perceive that the ACFC provides a culturally safe place where they can go for services and support • Families who have been personally involved in ROSH and OOHC feel the ACFC has enhanced parenting skills and helped strengthen family relationships • Improved perceptions of safety | <ul style="list-style-type: none"> • Limited outcomes data has been reported, and in most cases appears not be collected • Two interviews with families were completed |
| | <u>Economic</u> <ul style="list-style-type: none"> • Parents/Carers engage with training and employment services through ACFCs • Increase in work ready skills | <ul style="list-style-type: none"> • Limited outcomes data has been reported, and in most cases appears not be collected • Two interviews with families were completed |

| | | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> Increased number of parents/carers enrolled in education and/or employment Improved employment/capacity for employment | |
| | <u>Home</u> <ul style="list-style-type: none"> Families access housing support Increased number of families in secure housing/increased housing stability | <ul style="list-style-type: none"> Limited outcomes data has been reported, and in most cases appears not be collected Two interviews with families were completed |
| | <u>Other</u> <ul style="list-style-type: none"> Increased integration of services delivered through the centre by partner organisations Aboriginal and Torres Strait Islander people with disability have access to appropriate co-ordinated wrap around services, well designed programs that are fully inclusive of all participants. Other unexpected outcomes, positive or negative | <ul style="list-style-type: none"> Limited outcomes data has been reported, and in most cases appears not be collected Two interviews with families were completed |
| Are ACFCs meeting the needs of the intended client group? | Level of parent/carer satisfaction with ACFC services | <ul style="list-style-type: none"> Two interviews with families were completed |
| | Parent/carer perceptions of most beneficial features of ACFCs | <ul style="list-style-type: none"> Two interviews with families were completed |
| | Other stakeholder perceptions of most beneficial features of ACFCs | <ul style="list-style-type: none"> Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details Two interviews with families were completed |
| | Number of parents/carers reporting they have accessed a service at or through the ACFC that they have not previously accessed | <ul style="list-style-type: none"> Two interviews with families were completed |
| | Perceptions of gaps in ACFC service delivery Differences in perceived beneficial features and gaps in ACFC service delivery across each ACFC site | <ul style="list-style-type: none"> Two interviews with families were completed Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details |
| What features, conditions and practices of ACFCs contribute to success in achieving | Perceptions of internal and external factors that have influenced effective service delivery by ACFCs, including: <ul style="list-style-type: none"> any barriers to accessing or delivering ACFC services the impact of inconsistent and uncertain funding arrangements for the program | <ul style="list-style-type: none"> Two interviews with families were completed Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details |

| | | |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| objectives and outcomes? | Features, conditions and practices that have contributed to differences in operation and outcomes across each ACFC site | <ul style="list-style-type: none"> • Two interviews with families were completed • Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details • Limited ACFC program documentation and service data has been provided |
| | Lessons learnt from operation of ACFCs to date | <ul style="list-style-type: none"> • Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details |
| | Perceptions of aspirations for future operation of ACFCs | <ul style="list-style-type: none"> • Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details |
| | Perceptions of changes to the program objectives and/or activities that may be required | <ul style="list-style-type: none"> • Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details |
| | Perceptions of opportunities for improvement for ACFCs | <ul style="list-style-type: none"> • Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details |
| What are the aspirations, opportunities for improvement and key considerations for the future operation of ACFCs? | Key considerations of future operation and expansion of ACFCs | <ul style="list-style-type: none"> • Limited interviews with service partners were completed for all ACFC sites, due to ACFCs not providing service partner contact details |
| | Economic component | |
| | Costs associated with the ACFC program | <ul style="list-style-type: none"> • Limited activity and financial data provided by ACFCs |
| | Benefits associated with the ACFC program | <ul style="list-style-type: none"> • Limited activity and financial data provided by ACFCs |
| | Funding options to support future operation and growth of ACFCs | <ul style="list-style-type: none"> • Limited activity and financial data provided by ACFCs |
| What are the costs and benefits of the ACFC program? | | |
| What are the funding options to support ACFCs future operation and growth? | | |

Appendix F– Number of activities/initiatives delivered by ACFCs

| Winanga-Li | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|
| Initiative/activity type | Number of parents and children who have received a service at or through the Centre by activity type | Number of initiatives by initiative type delivered at or through the Centre | Number of occasions of delivery by activity type | Number and type of service providers participating in the Centre integrated service system |
| Co-ordination of parent and family support | ? | ? | ? | ? |
| Co-ordination of maternal and child health | ? | ? | ? | ? |
| Early childhood education and care | 147 | Long day care Pre-school | Daily | ? |
| Relevant early childhood support services | ? | ? | ? | ? |
| Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines | ? | ? | ? | ? |
| Promotion of services and outreach/engagement with community | ? | ? | ? | ? |

| Cullunghutti | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Initiative/activity type | Number of parents and children who have received a service at or through the Centre by activity type | Number of initiatives by initiative type delivered at or through the Centre | Number of occasions of delivery by activity type | Number and type of service providers participating in the Centre integrated service system |
| Co-ordination of parent and family support | 84 | Supported playgroup Family support Parenting program | ? | 0 |
| Co-ordination of maternal and child health | 488 | Speech OT Allied health Paediatrician GP Child counselling | ? | Waminda health clinic Anglicare counselling Grand pacific health dietician Paediatrician Hearing Eyesight |
| Early childhood education and care | 88 | Long day care | Daily | 0 |
| Relevant early childhood support services | 0 | Early links | 0 | 0 |
| Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines | 12 | Elder's group | ? | 0 |
| Promotion of services and outreach/engagement with community | ? | ? | ? | ? |

| Yenu Allowah | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|
| Initiative/activity type | Number of parents and children who have received a service at or through the Centre by activity type | Number of initiatives by initiative type delivered at or through the Centre | Number of occasions of delivery by activity type | Number and type of service providers participating in the Centre integrated service system |
| Co-ordination of parent and family support | ? | Supported playgroup Family support Mother's program Father's program | ? | 0 |
| Co-ordination of maternal and child health | ? | Speech OTI Allied health Other medical Child counselling | ? | 0 |
| Early childhood education and care | 8845 | Pre-school | Daily | 0 |
| Relevant early childhood support services | 0 | 0 | 0 | 0 |
| Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines | ? | Adult counselling Domestic violence support | ? | 0 |
| Promotion of services and outreach/engagement with community | ? | ? | ? | ? |

| Dhirraway Dharrun Bawu | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Initiative/activity type | Number of parents and children who have received a service at or through the Centre by activity type | Number of initiatives by initiative type delivered at or through the Centre | Number of occasions of delivery by activity type | Number and type of service providers participating in the Centre integrated service system |
| Co-ordination of parent and family support | 30 | Supported playgroup Parenting program | Fortnightly As needed | 0 |
| Co-ordination of maternal and child health | 0 | 0 | 0 | 0 |
| Early childhood education and care | ? | ? | ? | ? |
| Relevant early childhood support services | 290 | Ability Links Early Links | ? | 0 |
| Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines | 517 | Driver's license course Suicide prevention Cultural programs Music program for children Grandparents day First Aid course Women's pamper day Drought assistance Domestic violence program Youth programs | Suicide and cultural - weekly Rest are annually as needed | 0 |
| Promotion of services and outreach/engagement with community | 210 | Father's program | Annual | 0 |

| Walanbaa Dhurralli | | | | |
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| Initiative/activity type | Number of parents and children who have received a service at or through the Centre by activity type | Number of initiatives by initiative type delivered at or through the Centre | Number of occasions of delivery by activity type | Number and type of service providers participating in the Centre integrated service system |
| Co-ordination of parent and family support | 20 | Mother's Group Father's Group | As needed | ? |
| Co-ordination of maternal and child health | 40 | Child Counselling | Weekly and Fortnightly | 0 |
| Early childhood education and care | Preschool - 15 Long day care - ? | Preschool Long day care | Daily | 0 |
| Relevant early childhood support services | 128 | Early Links Youth program Cultural program Vacation program | Weekly School Holidays | 0 |
| Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines | 270 | Legal Aid Foodbank Happy boxes Resource packs Welfare checks on families Cooked meal deliveries | Fortnightly Fortnightly Bi-monthly Fortnightly Fortnightly Weekly | 0 |
| Promotion of services and outreach/engagement with community | 200 | Community gather place | Quartley | 0 |

| Bunjum | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|
| Initiative/activity type | Number of parents and children who have received a service at or through the Centre by activity type | Number of initiatives by initiative type delivered at or through the Centre | Number of occasions of delivery by activity type | Number and type of service providers participating in the Centre integrated service system |
| Co-ordination of parent and family support | 8 | Supported playgroup Family support Parenting program | Weekly and fortnightly | 0 |
| Co-ordination of maternal and child health | ? | ? | ? | ? |
| Early childhood education and care | 150 | Long day care Pre- school Before/after school care Vacation care | Daily and as needed | 0 |
| Relevant early childhood support services | 4 | Literacy support Early links | 0 | 0 |
| Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines | ? | Adult counselling Relationship counselling Domestic violence support | ? | Bunjum |
| Promotion of services and outreach/engagement with community | ? | ? | ? | ? |

| Ngallu Wal | | | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------|
| Initiative/activity type | Number of parents and children who have received a service at or through the Centre by activity type | Number of initiatives by initiative type delivered at or through the Centre | Number of occasions of delivery by activity type | Number and type of service providers participating in the Centre integrated service system |
| Co-ordination of parent and family support | 38 | Supported playgroup Family support | Weekly | 0 |
| Co-ordination of maternal and child health | 268 | Vaccination Speech OT Other allied health Other medical Child counselling | Fortnightly | Kildare Road Medical Service |
| Early childhood education and care | 74 | Long day care | Daily | 0 |
| Relevant early childhood support services | 96 | Literacy | Fortnightly | 0 |
| Other activities/initiatives, including any activities/initiatives not reflected in the program guidelines | 216 | OzHarvest SecondBite Drumbeat | Weekly and fortnightly | Housing Centrelink Mission Australia Financial Counselling |
| Promotion of services and outreach/engagement with community | ? | ? | ? | ? |

Appendix G– ACFC outcomes

| Outcomes | Extent outcome has been achieved | Data source |
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| Improved development and cognitive outcomes in early years | Early childhood staff and ACFC managers describe improved development and cognitive outcomes achieved through health assessment, programming at early childhood centres and education of parents | Interviews Site visits |
| Improved language and communication skills Improved school readiness | ACFC staff and managers describe improved language and communication skills and school readiness. This includes: <ul style="list-style-type: none"> • Aboriginal languages in early childhood settings • High quality early childhood programs • Access to allied health such as hearing and speech therapy | Interviews Site visits |
| Families feel early learning is important and confident in their role in parenting and early learning | ACFC staff report families engaging with early learning, parenting programs and plans developed with early learning staff and allied health, such as speech or behavioural plans | Interviews Site visits |
| Parents/carers engage with parenting support services | The transfer of parents and carers' engagement with early childhood services to family and parenting support is described as key to ACFC success and is reported to be positive and common at each site | Interviews Site visits |
| Improved parenting skills and techniques | ACFC staff describe improvements in parenting skills and techniques in parents/carers | Interviews Site visits |
| Improved parental/carer engagement in child learning | ACFC staff describe improvements in parents/carers' engagement with early learning | Interviews Site visits |
| Successful transition to school | ACFC staff describe improved transition to school for early childhood centre users, including <ul style="list-style-type: none"> • improved language skills • improved help seeking skills • socialisation and relationships | Interviews Site visits |
| Regular school attendance | There is no data available on school attendance by children that attended an ACFC for early childhood or family work | |

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| More children have timely, age appropriate immunisation and receive child health checks | All ACFC sites offer regular child health checks and work with health partners to ensure children are fully immunised. ACFC staff report that the majority of children in early childhood centres have received this service | Interviews Site visits |
| Improved maternal health and wellbeing | ACFC staff and partners provide clinics and referrals for maternal health and mental health. Some ACFCs provide wellbeing programs for mothers as part of their family services | Interviews Site visits |
| Improved physical, psychological and emotional wellbeing of children (and carers) | ACFC staff report improved health and wellbeing for children and carers | Interviews Site visits |
| Health needs of children are identified and access to health services facilitated by the ACFC (including immunisation and child health checks) | All ACFC sites offer regular child health checks and work with health partners to ensure children are fully immunised. ACFC staff report that the majority of children in early childhood centres have received this service All ACFC sites partner with allied health services to assess and work with children in early childhood centres | Interviews Site visits |
| Increase in health services received by children | There is no baseline for increases in health services for children, however ACFC staff report that children who otherwise would not have access to health services have benefited from ACFC's health partnerships, assessments and clinics | Interviews Site visits |
| Families engage with maternal health services | ACFC staff report that families engage readily across the range of services offered at ACFCs, including maternal health | Interviews Site visits |
| ACFC links parents/carers to range of services and support | Parents and carers are linked with services and supports based on need and availability of services and support. This includes: <ul style="list-style-type: none"> • health services • disability • mental health • housing • income support • cultural support • education • employment | Interviews Site visits |
| Families participate in social/community activities | ACFCs hold cultural and community events regularly and contribute to all of community activity. ACFC staff describe helping parents and children engage in sport, gender based social groups such as men's and women's groups and other community based activities | Interviews Site visits |

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| Families have increased connections to social networks/identity/land/culture (feel culturally and socially connected) | ACFC staff describe parents and carers engaging with staff and other parents as members of the community, building strong relationships that extend beyond the ACFC site and staff working hours | Interviews Site visits |
| Feelings of belonging | Building trust with parents is central to successful ACFC operation and a sense of ownership of ACFCs by parents and the community is reported at all sites. ACFC staff link feelings of belonging with self-determination both for individuals and of the organisation | Interviews Site visits |
| Access to services facilitated by trusted networks | ACFCs have successfully built a range of partnerships and referral relationships that cover the full range of identified needs. Trust for ACFCs built through ongoing contact, culturally safe service delivery and community engagement is extended to the ACFC network, providing better uptake of referrals, warm referral and engagement with providers | Interviews Site visits |
| ACFC provides opportunities for parents to contribute to decision-making | | Interviews Site visits |
| Families contribute to decision making within the ACFC | Some parents and extended family members at ACFC sites are board members or provide cultural advice for programs and events. Families are considered part of the fabric of the ACFC and contribute to the values and culture of the centre. | Interviews Site visits |
| ACFC employs Aboriginal staff | The majority of staff at all ACFC sites are Aboriginal, and further are drawn from the local community | Interviews Site visits |
| ACFC participates in inter-agency meetings | Where interagency networks are functioning ACFCs report participating in them. For remote sites ACFCs often act as the central hub for coordinated activity | Interviews Site visits |
| Parents/carers have sense of ownership and control over services received | | |
| The ACFC contributes to decision-making at the community and sector level | ACFCs are part of local networks and contribute to decision making related to coordinated activity. ACFC managers report being connected to other ACFC sites but would prefer more formal opportunities to share practice, problem solve and contribute to sector level discussions. | Interviews Site visits |
| Increased choice and control over life decisions | ACFC staff report that parents and carers have increased control in relation to: <ul style="list-style-type: none"> when they seek help | Interviews Site visits |

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| | <ul style="list-style-type: none"> • what they prioritise in addressing needs • who they will work or engage with • the pace of change they will engage with | |
| Development of strong Aboriginal- led organisation | ACFCs are governed by community led, majority Aboriginal boards. ACFC staff describe the need for more skills-based board members. ACFCs have worked to improve governance where the board has lacked the skills and knowledge to properly carry out their duties. This includes working with regulatory bodies to improve governance structures. | Interviews Site visits |
| Culturally safe services and support provided | <p>All ACFC sites report culturally safe services and supports on the basis of:</p> <ul style="list-style-type: none"> • majority local Aboriginal staff and board members • Cultural advisors drawn from community • Connection to culturally safe partners such as Lands Councils • Cultural art and artefacts displayed at ACFC sites • Educating mainstream partners on cultural safety and competence | Interviews Site visits |
| Families who have been personally involved in ROSH & OOHHC access support from the ACFC (e.g. accredited to deliver OOHHC services, facilitating parent contact, kinship care, etc) | ACFCs report that parents and carers often have experience with OOHHC, either having been part of the OOHHC system or at risk of entering the system. ACFC staff report that OOHHC reports are made differently at ACFC sites by being transparent with parents and carers about the report and offering both the families and OOHHC workers solutions that will reduce the need for children to be removed from families | Interviews Site visits |
| Families perceive that the ACFC provides a culturally safe place where they can go for services and support | Parents/carers have not been interviewed on their response due to ethics approval delays | |
| Families who have been personally involved in ROSH and OOHHC feel the ACFC has enhanced parenting skills and helped strengthen family relationships | Parents/carers have not been interviewed on their response due to ethics approval delays | |
| Improved perceptions of safety | Parents/carers have not been interviewed on their response due to ethics approval delays | |

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| Parents/Carers engage with training and employment services through ACFCs | While ACFCs make referrals and support parents and carers to participate in education and employment their priorities are often driven by more pressing needs such as housing, income support, primary health, mental health or family violence. | Interviews Site visits |
| Increase in work ready skills | The chief contribution of ACFCs to work readiness is through the employment and training of local Aboriginal workers. ACFCs report that parents have been empowered to engage in education and employment by successful provision of child care, health interventions and improved housing | Interviews Site visits |
| Increased number of parents/carers enrolled in education and/or employment | There is no data to suggest an increased number of parents and carers entering education and employment | Interviews Site visits |
| Improved employment/capacity for employment | ACFCs report that parents have been empowered to engage in education and employment by successful provision of child care, health interventions and improved housing | Interviews Site visits |
| Families access housing support | ACFCs report that parents and carers have accessed housing support through the family service. ACFCs work closely with community housing providers on a needs basis but describe less close connections with housing at a government level. They nominate housing as a key issue in sites where demand outstrips availability. | Interviews Site visits |
| Increased number of families in secure housing/increased housing stability | There is no data to suggest an increased number of parents and carers in secure or stable housing. ACFCs report that support provided to families that have housing improves housing stability and reduces the risk that this housing will break down. Ongoing contact with parents and carers allows for early intervention on issues that may otherwise lead to negative housing outcomes. | Interviews Site visits |
| Increased integration of services delivered through the centre by partner organisations | ACFC family workers often undertake case management activities such as warm referral, 'walking with' families as they engage in with services, providing transport, debriefing with parents and carers and checking in on family progress with partners and families. SACFCs report that services are sometimes not available despite need, especially in remote locations. | Interviews Site visits |
| Aboriginal and Torres Strait Islander people with disability have access to appropriate co-ordinated wrap around services, | ACFCs have strong relationships with NDIS providers and often arrange assessments at the ACFC site. Early childhood programs are child-centred, and specifically focus on disability where required, in consultation with disability providers and allied health workers | Interviews Site visits |

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| well designed programs that are fully inclusive of all participants | | |
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