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Indigenous families and children: coordination and provision of services

Stronger Families and Communities Strategy 2004–2009

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at the University of New South Wales, and the Australian Institute of Family Studies)

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Administrative Arrangements Orders

In January 2006, the Office of Indigenous Policy Coordination and the Australian Government Department of Family and Community Services (FaCS) merged to form the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA). In December 2007, Administrative Arrangements Orders were announced that created a new Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to replace the former FaCSIA.

The acronym FaHCSIA has been used in most instances to refer to the department.

National Evaluation Consortium

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Executive summary

This report, by the Social Policy Research Centre, is one of three themed studies undertaken for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs as part of the national evaluation 2004–2008 of the Stronger Families and Communities Strategy (SFCS) 2004–2009. The themed studies are part of a cross-strategy evaluation of SFCS 2004–2009 designed to explore particular issues in-depth, and to identify common themes across the Communities for Children (CfC), Local Answers (LA) and Invest to Grow (ItG) programs.

The Indigenous families and children themed study aims to identify the impact of LA, ItG and CfC on service provision and coordination in communities with high proportions of Indigenous children. Through understanding changes to service provision and coordination, the study also seeks to identify the impact of the programs on the lives of Indigenous families and children.

A literature review, telephone and face-to-face interviews, focus groups and document analysis were undertaken to reach these aims. While limited information was available on LA projects, this study has found a number of common themes between CfC and ItG. Many findings throughout this report may be relevant to other community-based Indigenous programs, including LA.

The report examines service provision, service coordination, Indigenous families and children in CfC sites, factors that facilitate or hinder service provision and outcomes, and sustainability. The findings are summarised below.

Service provision

Community development approach

- The CfC model enables communities to assess resources, service capacity and community needs, and to plan to address these needs. This is especially important for communities with high proportions of Indigenous families and children.
- Program delivery is enhanced by consultations and partnership relationships with Indigenous organisations and community members.
- Effective community engagement takes considerable time, so projects which allow time for building trust and relationships may be the most effective way to engage Indigenous families and children.
- The four-year CfC model does not allow sufficient time or resources to consult and engage with Indigenous communities, especially in rural and remote areas.

Service capacity and focus

- Most respondents believed that the number and scope of services available to Indigenous families and children had increased since the inception of SFCS 2004–2009.
- All remote Facilitating Partners (FP) reported some new services and programs which were made possible as a result of CfC funding.
- Some CfC respondents reported considerable increases in service capacity due to the program, but others felt that, while the program had served to increase the awareness of services, there was little if any increase in capacity.

- Many respondents reported improvements in the relevance and quality of service delivery as a direct result of SFCS 2004–2009 funding.
- Respondents were in favour of the FP model because it gave them greater control over the types of services they provided and the ways in which they delivered them.

Access and engagement by Indigenous families

- Increasing the number, scope and capacity of services did not necessarily mean Indigenous families accessed and engaged with these services.
- Most CfC participants reported anecdotal increases in the participation of Indigenous families and children in programs and activities, but the extent of reported participation varied.
- Several respondents in urban, regional and remote sites commented that mainstream models rarely fit Indigenous service users.
- It is challenging for service providers in large, diverse communities to identify and target Indigenous families.
- If Indigenous access is going to increase, it is important that both Indigenous-specific and mainstream services are safe, comfortable and culturally appropriate for Indigenous families and children.
- Financial and attitudinal barriers to families' access to services create a need for early intervention and prevention services for young children to:
 - educate Indigenous communities about the importance of the early years and the strengths-based nature of programs
 - encourage families to participate by using 'soft' engagement strategies
 - provide culturally appropriate and respectful services at low cost to families.

Service coordination

Referral system/coordination between services

- Referral and coordination between services are the most appropriate ways of meeting client needs and increasing service access.
- As an Indigenous family's engagement with a child care service may be the only connection they have with service networks, referrals between early childhood service providers and other support services are crucial.
- Informal services are important to introduce Indigenous families to more formalised, specialist services.

Service coordination within CfC sites

- CfC increased the networking, coordination and collaboration between services.
- Relationships were stronger and more effective where interagency cooperation predated CfC.
- Partnerships and collaboration:
 - fostered a culture where services were committed to a common cause—improved early childhood outcomes
 - increased organisational, service and individual capacity

- increased interagency support and referrals (which resulted in some mainstream services working with Indigenous families for the first time)
- resulted in the sharing of promising practices and problem solving.
- Developing service coordination and collaboration is very time consuming and requires individual commitment, significant communication and transparent problem solving.
- In most cases, a four-year program is too short for services to establish effective, strong relationships with each other (where there was no pre-existing relationship).
- Remote and rural sites were at a disadvantage within the CfC model because of the limited number of services to coordinate with and/or the limited number of pre-existing relationships, in comparison with urban locations.

Indigenous families and children

Perceptions of change for Indigenous families and children

- Many Community Partners (CP) and FPs reported limited numbers of outcomes for families, and attributed this to the short period of time the initiative lasted, and the extensive time required to consult and build trust with Indigenous families and communities.
- The greatest reported change was in increased access to services and in first-time Indigenous family engagement with services.
- Some respondents believed families and young children were benefiting from SFCS 2004–2009 in the areas of health, wellbeing, parenting skills and practices, and young children’s preparation for learning.
- Remote communities had substantial difficulties observing and collecting data to measure outcomes for children and families.

Indigenous family demographics and outcomes in CfC sites

- The average age of both Indigenous and non-Indigenous children who participated in the SFIA study and were living in a CfC site and eligible to receive services when the program commenced was 2.8 years at Wave 1 and 4.5 years at Wave 3.
- Almost half of the Indigenous children in the study were living in single-mother households, compared to only one in five non-Indigenous children at Wave 1. By Wave 3, the proportion of Indigenous and non-Indigenous children living in single-mother households had decreased slightly, although this change was not significant.
- During both waves, Indigenous children were less likely to be living with an employed parent. However, the proportion of Indigenous children living in households with an employed father increased between Wave 1 and 3 and remained constant for non-Indigenous children.
- Indigenous families had a lower income than non-Indigenous families at Waves 1 and 3, but both groups experienced a significant increase in income between 2006 and 2008.
- Indigenous parents were significantly more likely than non-Indigenous parents to have moved during their child’s life at Wave 1 and 3. By Wave 3 almost one in three Indigenous families (30.9 per cent) had moved three or more times since their child’s birth, compared to approximately one in five (19.1 per cent) non-Indigenous families.
- Indigenous parents’ self-reported general health improved slightly between Waves 1 and 3 and the gap between Indigenous and non-Indigenous parents decreased.

- Mental health improved for Indigenous and non-Indigenous parents between Wave 1 and Wave 3.
- Indigenous parents reported lower levels of parent efficacy than non-Indigenous parents at both waves.
- Indigenous and non-Indigenous families were more positive about their neighbourhood as a place to bring up children at Wave 3 than Wave 1.
- Indigenous families and non-Indigenous families reported significantly improved levels of support when they needed it between Waves 1 and 3. By Wave 3 there was no longer a significant difference between Indigenous and non-Indigenous families in this area.

Factors facilitating or hindering service provision and outcomes

Cultural appropriateness

- To be culturally competent, services need to consider both the organisation's structure, practices and strategies, and the level of cultural competency among individual staff members.
- Both the literature and the SFCS evaluation 2004–2008 suggest that culturally appropriate services are those which have structures that:
 - are non-threatening, informal and low cost
 - are flexible about where and how services are provided
 - offer access to services away from formal, institutional settings, for example, in a person's home
 - consult with and involve family and extended kin networks and community members in service delivery.
- Both the literature and the SFCS evaluation 2004–2008 suggest that culturally appropriate services are those which have practices and strategies that:
 - adapt the teaching and dissemination of information as needed
 - include cultural identity as a part of the curriculum
 - culturally tailor specific programs offered
 - use Indigenous cultural artefacts in everyday activities
 - teach Indigenous language(s)
 - invite Indigenous Elders to participate in service delivery
 - offer education and support to parents
 - offer incentives, like providing meals.
- Both the literature and the SFCS evaluation 2004–2008 suggest that culturally appropriate services are those which have individual staff who have appropriate knowledge, skills, values and a long-term commitment to building trusting relationships and engaging with families.

Staffing availability, skills, qualifications, background and enthusiasm

- Staffing availability, skills, qualifications, background and enthusiasm play an instrumental role in supporting or hindering service delivery.
- Generally, early childhood services, including Indigenous-specific ones, face staffing challenges in regard to pay, conditions, training, staff turnover and poor governance and management.

- The funding and flexibility of the CfC model may have helped to partially address some of these problems in urban areas.
- Workers with diverse skills, and skills specifically matched to the needs of the target population, were considered more important in early childhood service delivery than qualifications (when people with both skills and qualifications were not available).
- Recruitment and retention problems were addressed by employing, training and mentoring locals, offering flexible hours and secondments, creating Indigenous support roles, and offering traineeships.
- Employing Indigenous locals in SFCS 2004–2009 programs and providing training and mentoring support, helped to increase local capacity and skills, and improved staff retention rates and program sustainability.
- The CfC model was found to provide a supportive environment, and helped facilitate training, mentoring and staff development.
- Cultural knowledge, understanding local kin, having community networks, and knowing what other services are available, are all important in recruiting and engaging Indigenous families and delivering culturally appropriate services.
- Staff can be categorised as: ‘insiders’, ‘outsiders’, and ‘gatekeepers’. Staff from all these groups could work well with Indigenous families, if they had the appropriate knowledge, skills and values. But insiders and gatekeepers had distinct advantages in pre-existing connections, local knowledge and trusting relationships, which helped to engage Indigenous families.
- In practice, the combination of ‘insider’ cultural knowledge and ‘outsider’ perspective helped some SFCS 2004–2009 staff to effectively engage Indigenous families.
- Gatekeepers or cultural brokers can be very useful to service providers, but they can become overburdened with the management of communication and relationships between service providers and community members.

Community context

- Inappropriate venues and limited physical spaces within communities could affect service provision.
 - Changing venues and making council-owned venues available for services are simple, inexpensive interventions that could increase service use in SFCS 2004–2009 sites.
- Lack of transport hinders many Indigenous families’ access to SFCS 2004–2009 early childhood services. Services offering community transport (pick-up/drop-off services) and mobile services were successful in increasing access and engagement of Indigenous families.
 - Community asset mapping and planning should look at transport as well as service provision.
 - Services need flexibility in funding rules, so that funds can be used for needs as they arise, such as the purchasing of capital assets like motor vehicles.
- The CfC model is substantially hindered in remote sites because remoteness implications were not factored into the funding or the model.
- The remote issues could be partially addressed by:
 - ensuring that future programs have different funding formulas and timelines for remote areas
 - encouraging fly-in/fly-out service providers to share flights to remote areas (this decreases disruption to communities and offers savings and support networks for service providers)

- assisting providers to gain some understanding of the local languages
- engaging a trusted local to support the service provider.
- Severe socioeconomic disadvantage and social problems (poor living conditions, transient populations, family disputes, tenancy instability, mental illness, domestic violence and substance misuse) make it difficult for families to prioritise early intervention and prevention service use.
 - Social problems need to be addressed before early intervention and prevention initiatives (or in association with them) if these programs are to be successful.
- Service providers should be mindful of the time needed to develop trusting relationships and of the ways in which historical and contemporary policies and practices can jeopardise trust and service use.
- Projects need to incorporate some flexibility to adapt to community contexts.
- There is no 'one way' to adapt programs to Indigenous contexts. Each community is different, and programs need to be adapted to local needs.

Sustainability

- Services attempted to increase the sustainability of programs by seeking to attract, train and retain quality staff.
- In some cases, partnerships, service coordination and a focus on early childhood may be long-term outcomes of the SFCS 2004–2009 initiative.
- Unless funding continues for the employment of staff members and actual service delivery, SFCS 2004–2009 programs are not sustainable in Indigenous communities.
- Preliminary positive program outcomes will diminish if SFCS 2004–2009 programs are not refunded, and potential benefits will remain unrealised without sustained, long-term interventions.
- Short-term interventions, which do not include sustained follow-ups, could have a more detrimental effect on local Indigenous communities than no intervention at all, as they can fuel resentment and mistrust.
- Future, long-term funding for early childhood services in Indigenous communities is essential if Indigenous outcomes are going to improve.
- CfC, which has a four-year funding cycle, is not sufficient to result in long-term positive outcomes for young children and their families in disadvantaged Indigenous communities.
- Government funding is needed because corporate funding is difficult to attract for community development projects (because of the problems associated with measuring outcomes); and in remote areas there are limited or no options to attract corporate funding.

Despite considerable challenges, it appears many SFCS 2004–2009 programs made substantial progress in engaging and providing assistance to Indigenous families and children. The evaluators found that programs benefited from consultations and partnerships with Indigenous organisations and community members, but effective engagement takes a significant amount of time, especially in rural and remote areas. CfC increased the networking, coordination and collaboration between services but in many cases, the four-year SFCS 2004–2009 program was too short for services to establish effective partnerships in the absence of pre-existing relationships.

The greatest reported change was in increased access to services and first-time engagement by some Indigenous families. While many respondents believed SFCS 2004–2009 had increased the number, scope, quality and relevance of services available to Indigenous families and children in their areas, others felt the program had mainly raised Indigenous people's awareness of services in their communities.

1 Introduction

This report documents one of three themed studies undertaken for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) as part of the national evaluation (2004–2008) of the Stronger Families and Communities Strategy (SFCS) 2004–2009. As set out in the National Evaluation Framework, the themed studies are part of a cross-strategy evaluation designed to explore particular issues in depth, and to identify common themes across Communities for Children (CfC), Local Answers (LA) and Invest to Grow (ItG).¹ These studies aim to enhance understanding of what works and what does not work by exploring in more depth why and how some programs work. The other two themed studies investigated how SFCS 2004–2009 has addressed the needs of fathers, and how it has engaged hard-to-reach children and families. FaHCSIA selected these themes, in consultation with the national evaluation team.

1.1 Aims and research questions

Building on the experiences of other early childhood and early intervention programs engaging Aboriginal and Torres Strait Islander children and families, this study aims to identify the impact of CfC, LA and ItG on service provision and coordination in communities with high proportions of Indigenous children. Through understanding changes to service provision and coordination, the study also seeks to identify the impact of the programs on the lives of Indigenous families and children.

To explore these issues, the research considered the following questions:

- Is the Facilitating Partner (FP) model effective in developing and coordinating services for Indigenous children?
- How has the SFCS model changed service provision for services working with Indigenous families and children?
- What is the perceived impact of the SFCS model on Indigenous children and parents?
- What factors have facilitated or hindered the SFCS model having an impact on the lives of Indigenous families and children?
- How could the SFCS model be improved to better support Indigenous families and children?

This report examines changes to service provision for services working with Indigenous families and children by assessing the impact of SFCS 2004–2009 on changes to service availability, capacity and focus, and on access and engagement by Indigenous families. The report also explores the level and type of service coordination within CfC sites with high proportions of Indigenous families and children. It describes the ways in which services are coordinating, the benefits of coordination, and the role of the FPs in facilitating networking, coordination and collaboration.

The report examines the impact of SFCS 2004–2009 on Indigenous families and children through the Stronger Families in Australia (SFIA) study,² the perceptions of key stakeholders, and describes changes to service provision, engagement and coordination. The report also explores factors that have facilitated or hindered provision of services and outcomes within communities with high proportions of Indigenous families and children.

1.2 Concepts and terminology

The authors acknowledge the diversity of **Aboriginal and Torres Strait Islander peoples**, who have different languages, cultures, histories and perspectives. For ease of reference, this report refers to Aboriginal and Torres Strait Islander peoples collectively as Indigenous people.

Under **Communities for Children (CfC)**, non-government organisations were funded as Facilitating Partners in 45 community sites around Australia to develop and implement a strategic and sustainable whole-of-community approach to early childhood development, in consultation with local stakeholders (see Appendix A).

A **Community Partner (CP)** is a non-government organisation contracted by Facilitating Partners to deliver the activities identified in the local Community Strategic and Service Delivery Plans (see Appendix A).

A **Facilitating Partner (FP)** is a non-government organisation in each CfC community that was responsible for bringing pre-existing and new services together with community members to develop new ways of addressing the needs of children and families in the community. The FP coordinated a CfC Committee (CCC) and distributed the CfC funding within their community. The CCC was responsible for drawing up a Strategic Plan that identified the strengths and assets, and the needs and service gaps of children in the community. Once the plan had been approved, the FP was responsible for implementing and monitoring it (see Appendix A).

Hard-to-reach groups, other than Indigenous Australians, including people from culturally and linguistically diverse backgrounds, tend to be defined in three ways: populations ‘under-represented’ in service provision; service users (or potential service users) who may be ‘invisible’ or ‘overlooked’ by service providers; and service users (or potential service users) considered, for various reasons, to be ‘service-resistant’ (Doherty et al. 2003). This is considered in more detail in the SFCS Engaging hard-to-reach families and children (Cortis et al. forthcoming).

Invest to Grow (ItG) provided funding for early childhood programs and development of tools and resource materials to be used by families, professionals and communities supporting families and young children (see Appendix A).

Local Answers (LA) funded local, small-scale, time-limited projects that helped communities identify opportunities to develop skills, support children and families and foster proactive communities. LA was committed to listening to local communities and using local knowledge and experience to develop effective, practical solutions specific to individual communities and their needs (see Appendix A).

Mainstream refers to the greater number or majority. It is used as a general term to identify the most prevalent or widespread culture in a country; for example, the culture that is prevalent in the national government, health and education systems.

2 Methodology

The themed study methodology was designed to complement and align with other components of the national evaluation (2004–2008) of SFCS 2004–2009. The researchers obtained approval from the University of New South Wales Human Research Ethics Committee, consulted a reference group of Indigenous policy experts, conducted a review of relevant academic and policy literature, undertook case studies of 20 CfC sites, conducted focus groups with remote service providers, analysed ItG reports, and conducted telephone interviews with some LA project staff. These activities are described below.

2.1 Ethics

The University of New South Wales Human Ethics Committee approved the research. Researchers were familiar with and conformed to National Health and Medical Research Council, Aboriginal Health and Medical Research Council (Australia) and Australian Institute of Aboriginal and Torres Strait Islander Studies guidelines for conducting research with Indigenous peoples. The researchers will disseminate a summary of research findings in simple English to contributing communities.

2.2 Indigenous themed study reference group

The researchers consulted with a reference group, which included representatives from the Secretariat of National Aboriginal and Islander Child Care, the FaHCSIA SFCS 2004–2009 Program Review and Longitudinal Survey of Indigenous Children, the Australian Institute of Family Studies, the Social Policy Research Centre (SPRC), and an independent consultant with considerable knowledge and experience of issues concerning Indigenous families and children (see Appendix B).

2.3 Methods

Literature review

After obtaining ethics approval from the University of New South Wales Human Research Ethics Committee and consulting with the Indigenous Themed Study Reference Group, the researchers conducted a literature review to inform the research and contextualise the results. Academic and policy literature was examined and analysed to ascertain what is already known about coordination and provision of early childhood services in Indigenous communities. The literature review helped identify gaps that might be addressed by the national evaluation and inform subsequent components of the themed study.

Case studies

Case studies were undertaken in 20 CfC sites, and a number of LA projects were also analysed for this component of the study.

Case studies comprised four components:

- 25 telephone interviews with CfC (n=23) and LA (n=2) stakeholders in communities with high proportions of Indigenous families and children
- two focus groups with FPs and CPs working in remote CfC communities in the Northern Territory and Queensland

- CfC fieldwork in 10 SFIA sites
- document analysis of 23 ItG project reports.

Case studies were undertaken at all SFIA sites, and additional interviews and focus groups were conducted with key informants at CfC sites with a high proportion of Indigenous children. Sites were chosen based on their high ranking in terms of proportion of Indigenous children, with at least one site from each state. Telephone interviews were conducted with project managers from LA projects working with Indigenous families. Table 1 shows which case study methods were used at each CfC site, and the proportion of Indigenous children in each area in the sample. More up-to-date data have recently become available, and revised population estimates for Indigenous children in CfC sites (based on 2006 Census data) can be found in Appendix C.

Table 1: Case study methods used in CfC sites with a high proportion of Indigenous children

CfC site	2001	Case study method		
	% ^(a)	Telephone consultations	Focus groups	CfC fieldwork
Cairns	19.4		✓	✓
Dubbo–Narromine	20.4	✓		
East Arnhem	65.7	✓	✓	
East Kimberley	39.4	✓		
Katherine	53.6		✓	
Mt Isa	22.9	✓		
Palmerston–Tiwi Islands	25.0		✓	✓
Port Augusta	24.5	✓		
South East Tasmania	9.8	✓		
Swan Hill	7.3	✓		
Taree	10.1	✓		
West Pilbara	14.2	✓		
Sub-total: case study sample	22.4			
Total: all 45 CfC sites	8.5			

(a) Indigenous children in CfC site as a percentage of all children aged 0 to 5 years, based on CfC site aggregated areas. Data is enumerated (includes visitors).

Source: ABS data available on request, 2001 Census of Population and Housing.

Analysis of evaluation data relating to Indigenous families and children

Data from the various aspects of the CfC National Evaluation (site visits, coordination survey, SFIA, service mapping, local evaluations, reports to FaHCSIA) were analysed to describe Indigenous implementation issues and outcomes. The main source for this part of the study was analysis of SFIA data.

The methods used for this themed study are described in more detail in Appendix C. These components yielded a significant amount of information about how CfC, LA and ItG have affected service provision. While the research aimed to measure perceived outcomes for Indigenous families in the areas where fieldwork was undertaken, the availability of such information was minimal.

2.4 Limitations of the study

This study draws on interview data from key people involved in either a paid or a voluntary capacity with CfC or LA. It also draws on ItG local evaluation reports. However, as already noted, the majority of the evaluation focuses on CfC. Consequently, many sections of this report only refer to CfC. Where CfC, ItG and LA are referred to collectively, the report will state SFCS or SFCS 2004–2009. In other sections of the report, only CfC or CfC and ItG are discussed because of the limited data available from LA.

Moreover, many of the CfC contacts were drawn from lists provided by the FPs in each area. Individuals were then invited to volunteer to participate in an interview. Consequently, those interviewed cannot be regarded as a representative sample of key stakeholders.

Local evaluation reports on ItG projects were used to understand provision of service to, and engagement of, Indigenous families and children. While substantial information was collected from the reports, and while ItG and CfC share some similarities (focus on the early years, service coordination and capacity), they are inherently different models. Another reason for CfC-related finding being presented without reference to ItG is that ItG does not have a place-based approach or an FP model.³

For the LA component, only two project managers implementing Indigenous programs volunteered to be interviewed, although FaHCSIA recommended five. As already mentioned, the study findings are not specifically applicable to LA projects; nor can they be used to directly compare the three streams (CfC, ItG and LA). However, many of the findings throughout this report may be relevant to other community-based Indigenous programs (including LA).

Only three respondents openly identified as Indigenous. Others identified as non-Indigenous, but some respondents did not state their Indigenous status. Therefore, while Indigenous people's perceptions are represented throughout the report, the researchers cannot accurately identify the exact number of respondents who were of Aboriginal and/or Torres Strait Islander descent. Furthermore, this study did not conduct qualitative interviews with Indigenous families and children across Australia. This was not feasible within the resources and timeframe available for this research. While there is a small section of the report on outcomes for Indigenous families and children, the research remains focused on the original aim of investigating the provision and coordination of services.

Nonetheless, the impact of SFCS 2004–2009 on the lives of Indigenous families and children is of significant interest. This report uses SFIA data to track community-based outcomes for Indigenous families living in 10 CfC sites, in comparison with Indigenous families living in control sites, and with non-Indigenous people in SFIA and control areas. A significant limitation of this study is that all information (other than that collected by SFIA) was gathered from service providers. The timing and resources for this study did not allow for interviews with community members or service users. The most serious implication of this is that the voice of the Indigenous population is not directly reported. The reliance on one group of stakeholders limits the extent to which these findings can be expected to reflect the true complexity of the issues raised in the report. While many participants had very good knowledge of the Indigenous members of their community, they were still reporting from a service provider's perspective.

3 Service provision

3.1 Community development approach

The CfC initiative is based on a community development approach, which aims to increase community capacity through community-based consultation, planning and implementation around a community's needs. Considering and planning around local issues—such as community boundaries, networks, existing services and resources, demography and geography—is an important component of community development. Theoretically, this approach enables communities to tailor CfC programs, activities and services around the local community's capacity and needs. This aspect is crucial to Indigenous communities.

Many participants noted that a community development approach led to increased local ownership of the CfC program and ultimately made projects more sustainable. It allowed for flexible and innovative service delivery and provided opportunities for organisations to work collaboratively. Community-specific issues can, however, present challenges in service implementation (see Section 6.3).

Asset mapping and community consultation

Asset mapping and community consultation are important steps in the community development process and in CfC. Asset mapping helps communities understand the local demographics and resources in order to inform planning. While asset mapping did help communities understand services and resources, the CfC model with its four-year funding arrangement was not sufficiently flexible for communities that had limited existing services or resources.

CfC sites consulted community leaders, organisations and Indigenous service users in the planning, implementation and sustainability stages. For example, after consulting with Indigenous community members, a women's educational health program incorporated a local ceremony and traditional birthing story into their education package. In other programs, Indigenous Elders translated English materials into the local Indigenous language. Local evaluators tailored their research to the local Indigenous community by consulting the community about the methodology and then adopting appropriate and relevant methods, using Indigenous or familiar non-Indigenous researchers.

Several respondents noted the benefit of obtaining community approval and of involving Indigenous Elders, service providers and service users in consultations. These consultations helped identify the needs of the community, inform service provision and funding allocation and, in turn, helped engage Indigenous families and children. According to participants, community consultation was beneficial, not only in increasing people's awareness of programs, but also in designing and developing programs appropriate to community needs.

The consultation process was more effective in urban and regional areas than in rural and remote locations because stakeholders were readily available and accessible. Limited resources and tight timeframes meant some remote communities were not consulted in the establishment and implementation phases of the CfC model. Consequently, funded programs and services in remote Indigenous communities sometimes only reflected the perceptions of service providers, not of service users, and were not necessarily sanctioned by the local community.

Despite this criticism, community consultations in remote locations were still important. A CP working in a remote area described the benefits of consultation:

We find that traditional Elders are the ones people go to with issues. Particularly in our consultation process prior to running [the program]. Once it's up, the community owns it. [If] we get a strong community who wants to do it then we don't have to worry about selling it which is great. At the early stage of [the program], we got a few locals to capture what it's about and they sell it.

Many organisations might have actively engaged with stakeholders regardless of CfC. However, structures embedded within CfC ensured this was done rigorously. These structures included the CfC Committee, asset mapping and the community consultation process, which to some extent ensured a broad cross-section of stakeholders was consulted.

While consultation was a key component of the CfC model, the four-year funding period meant the initial time allocated to consultation was limited. This proved problematic in areas with high proportions of Indigenous families and children. CfC sites that succeeded in building trust and rapport with Indigenous people spent considerable time consulting the community, although this slowed the implementation of projects. However, if consultation periods were short, service providers had difficulty engaging Indigenous families. It was clear, therefore, that a four-year funding period is insufficient for conducting widespread, time-intensive community consultation, which allows for input by a diversity of community members and establishes trust and community sanction for programs and services.

Summary

- Through asset mapping and community consultation, the CfC model enables communities to assess resources, service capacity and community needs and plan to address these needs. This is especially important for communities with high proportions of Indigenous families and children.
- Program delivery is enhanced by consultations and partnership relationships with Indigenous organisations and community members.
- Program delivery benefits from consultations and partnership relationships with Indigenous organisations and community members.
- Projects that allocate time for trust and relationship building are the most effective way of engaging Indigenous families and children. Effective community engagement takes considerable time.
- The four-year CfC model does not allow sufficient time or resources to consult and engage with Indigenous communities, especially in rural and remote areas.

3.2 Service capacity and focus

SFCS 2004–2009 increased the number and scope of services available to Indigenous families and children and improved the capacity of some services in a number of communities. Almost all those interviewed in the telephone consultations, focus groups and CfC fieldwork (approximately 80 per cent) believed that the availability of services in their communities had increased since the inception of CfC or LA. Many respondents reported that both the number and scope of services were noticeably greater, and they praised the strategy for this change. One CP, from an urban site with a moderate proportion of Indigenous children aged 0 to 5 years, reported that SFCS 2004–2009 had introduced ‘new’ programs and services to her community, which previously had ‘nothing’ for Indigenous families with 0 to 5 year-old children.

A number of CfC, ItG and LA programs funded by SFCS 2004–2009 were either developed or expanded specifically for Indigenous families and children. For example, preschool programs, antenatal fathering sessions, children’s therapy programs, a camping program for families, playgroups, health promotion resources and parenting skills programs were offered in different locations.

In remote sites, CfC FPs varied in their reporting of changes to the number and scope of services for Indigenous families. One FP reported considerable increase in service capacity in his community. Others felt that CfC had mainly served to increase people’s awareness of the services available. This is an important first step, given the time it can take to build awareness and trust. Another respondent, based in a remote location, reported that there had been no increase in specialist services in the area, despite an assessed need for specialist teaching and medical personnel.

Despite these reservations, all remote FPs reported some new services and programs that were made possible by CfC funding and were not available before the initiative. Some of the increases in services were the result of re-establishment of services that had run out of funding and been disbanded before CfC. In other cases, programs were not so much new as complementary to existing programs. For example, CfC funding enabled a parenting and life skills program to be used by other organisations to support their own activities. This example shows that all sites experienced increases in service provision as a result of CfC. While some increases were a result of newly developed services, others were related to an increased rollout of existing programs or services.

Many CfC respondents reported improvements in the relevance and quality of service delivery as a direct result of CfC funding. This was because it enabled services to collaborate, implement cultural change, and listen to and focus on community needs. Services were reportedly more aware of and focused on the early years, more child-friendly and strengths-based, and increasingly proactive and holistic.

FPs believed that the greater flexibility in terms of service delivery was one of the key benefits of the CfC model. They reported that the model gave them and the CPs with whom they worked greater control over what services were delivered and the manner in which this was done. They also saw a greater opportunity to negotiate more meaningfully with communities because they had a better understanding of the local context than did governments. A CP described a situation where deaths in a community prevented them from meeting anticipated outcomes. Because the project manager lived in the area and understood the situation within the local context, there was no need to explain why the program was behind schedule. The relationship between the FPs and CPs also protected CP organisations. Many FPs considered themselves a buffer between the requirements of the government and the operational constraints of smaller CPs. Further, FPs felt they mitigated the potential risks of CPs by providing administrative support and adding to their skills and capabilities.

Because of insufficient knowledge and/or evaluation, a few of those interviewed across all fieldwork methods (about 10 per cent) were unsure whether the number and scope of services had increased since SFCS 2004–2009.

Summary

- Most respondents believed the number and scope of services available to Indigenous families and children had increased since the inception of SFCS 2004–2009.
- All remote FPs reported some new services and programs made possible as a result of CfC funding. However, there was variation in the scope of the increases reported by FPs in remote sites.
- Some CfC respondents reported considerable increases in service capacity due to the program, but others felt the program had mainly served to increase the awareness of services available to Indigenous people in their communities.
- Many respondents reported improvements in the relevance and quality of service delivery as a direct result of SFCS 2004–2009 funding.
- Respondents praised the FP model for providing them with greater control over the types of services they provided and the ways in which they were delivered.

3.3 Access and engagement by Indigenous families

Increasing the number, scope and capacity of services did not necessarily mean Indigenous families accessed and engaged with these services. The literature clearly states that accessibility is a key factor in encouraging use of support services by Indigenous families and children (FaCSIA 2007b; OATSIHS 1998; Penman 2006a; SNAICC 2004; Turner, Richards & Sanders 2007). Access and engagement is critical if policies and programs are to improve the status of Indigenous children, families and communities with the highest needs.

Government records indicate that access to early childhood services by Indigenous families and children is poor. According to the Australian Government Census of Child Care, non-Indigenous children used Australian Government-supported child care services at more than twice the rate of Indigenous children (8 per cent of Indigenous children compared to 19 per cent of non-Indigenous children—ABS & AIHW 2005).

Most CfC participants gave anecdotal reports of increases in the participation of Indigenous families and children in programs and activities.⁴ However, a number of respondents reported that SFCS 2004–2009 did not increase the access and engagement of Indigenous families and children. In general, it appeared that the type of service affected the participation of Indigenous families.

Mainstream and Indigenous-specific services

Several respondents noted that Indigenous families and children are generally more likely to access Indigenous-specific services than mainstream ones. This is supported by the literature, which finds that many Indigenous Australians are not accessing mainstream human services (ATSISJC 2007). Indigenous children were underrepresented in most early childhood service categories and comprised 1.8 per cent of all children engaged in all forms of child care in 2004, despite the 2001 Census of Population and Housing estimate that 4 per cent of children aged 0 to 4 years were Indigenous (FaCS 2005).

Community demand for Indigenous-specific services for young children resulted in establishment of numerous playgroups or activity centres throughout Australia that have been well used. For example, Aboriginal Playgroups and Enrichment Services and Multifunctional Aboriginal Children's Services (MACS) attract very high proportions of Indigenous children (88 per cent and 79 per cent respectively) to their preschool, long day care, playgroup, out of school hours, and holiday care services (FaCSIA 2007b).

While Indigenous-specific services like MACS are clearly popular with Indigenous parents, 6 per cent of children using mainstream multifunction centres are also Indigenous, indicating a demand for both Indigenous-specific and mainstream services that cater to the needs of Indigenous children.

Although data are available about the range of services individual MACS provide, the Australian Census of Child Care Services does not itemise the uptake of specific services provided by MACS. Consequently it is difficult to directly compare Indigenous families' use of specific MACS services with their use of the same services offered by mainstream providers. However, the proportion of Indigenous children attending mainstream vacation care and occasional care services was comparatively low (1 per cent and 2 per cent respectively). Indigenous children were more likely to use Mobile Toy Library Services; 10 per cent of children using these services were Indigenous (FaCS 2005).

While these figures may indicate that Indigenous Australians are unaware of the mainstream services available to them or are not motivated to use them, their service-use patterns may also reflect the fact that they are more likely to live in remote areas and come from lower socioeconomic backgrounds than other Australians.

The SFCS 2004–2009 increased the number and scope of mainstream and Indigenous-specific services that aimed to support children and families generally or specific-needs groups (such as teenage mothers). Consistent with the literature (FaCSIA 2007b), while some mainstream CfC, ItG and LA programs appear to be engaging Indigenous families and children, several identified particularly low Indigenous participation rates. In some sites, CfC respondents reported that despite an increase in the number and scope of available services, there was no corresponding increase in Indigenous families or children accessing services. This was apparent when mainstream programs did not develop strategies for including Indigenous people or communities. Service providers commented that although Indigenous families were aware of new programs, many did not believe these services were accessible or welcoming.

The uptake of mainstream services by Indigenous families was particularly poor in sites with lower proportions of Indigenous children than the CfC average (8.5 per cent). However, even where the proportion of Indigenous children was higher than the average, Indigenous families could still be hesitant to access new mainstream

services. A CP in a regional site with a moderate number of Indigenous children described the contradiction between service scope and uptake:

There are new buildings, [and] ever increasing services. The [available] support has changed and improved, but I'm not sure whether Aboriginal families are comfortable using them [services].

Several respondents in urban, regional and remote sites commented that mainstream models do not always fit Indigenous service users. It is not surprising, therefore, that service providers who did little or nothing to specifically target Indigenous families and children typically reported difficulties engaging Indigenous clients. A number of respondents spoke about the barriers that existed between mainstream services and Indigenous people and the courage required for many Indigenous families to access services. This was especially noted in particular subgroups, such as engaging Indigenous men in mainstream preschools, and engaging Indigenous teenage mothers in prenatal health services.

A report published by the Human Rights and Equal Opportunities Commission (ATSISJC 2007) notes that 'there is a tendency to substitute rather than to complement and supplement programs within portfolios' and that Indigenous-specific programs often bear the sole responsibility for delivering services to Indigenous families and individuals. The report goes on to say that improving access to mainstream services in urban locations is particularly challenging: this conclusion was confirmed by the evaluation findings.

Respondents noted that it was challenging for service providers in large, diverse urban and regional areas to identify and target Indigenous families. Indeed, a number of mainstream service providers interviewed did not know the ethnic background of the families they supported. This suggests that Indigenous families were either participating in services and service providers were unaware of their backgrounds, or that they were largely not attending mainstream services in ethnically diverse areas. The second explanation seems more likely as findings from the literature and SFCS evaluation 2004–2008 show that Indigenous families are less likely to engage with a service that is not culturally tailored.

Respondents generally agreed that Indigenous-specific services offer Indigenous families a safe, comfortable, culturally appropriate environment that is easier to access and engage with. However, this is not always the case. An ItG project found that Indigenous clients in suburban areas did not necessarily prefer to participate in Indigenous-only programs. Consequently, the service provider adapted the mainstream program to be more culturally appropriate (by engaging with Indigenous people and liaising and working with Indigenous services) to attract a mix of Indigenous and non-Indigenous participants. This option was perceived to offer a less stigmatising and more culturally appropriate environment.

A number of respondents reinforced the importance of multiple entry points to access both Indigenous-specific and mainstream services. Participants mentioned that family feuds, local issues or personal preferences prevented some families accessing specific Indigenous-run or mainstream services. As a consequence, the choice between multiple services improved access to families that might otherwise be disengaged. A regionally-based service provider believed that the existence of both mainstream and Indigenous-specific services in the area facilitated access for a larger number of Indigenous families than either service would have done in isolation. Furthermore, research has found that while Indigenous parents want services and education that reinforces cultural identity, they also want their children to participate in mainstream educational services (FaCSIA 2007b).

If Indigenous access is going to increase, it is important that both Indigenous-specific and mainstream services are safe, comfortable and culturally appropriate for Indigenous families and children.

Family constraints

Families were also hesitant to access services for attitudinal and financial reasons (see also Section 6).⁵ Participants in different communities reported that a widespread lack of understanding of the importance of early childhood hindered service access and outcomes. Another respondent believed that despite the strengths-based approach of CfC programs, they were perceived as too negative and interventionist and only

for children with explicit problems. Others said that Indigenous families were often shy and ashamed to ask for help (see Wingard & Lester, cited in Briskman 2007).

Financial constraints also hindered some families' participation. This is consistent with the literature, which has found that even 'token' fees of \$20 per week or \$10 per day are too much for many Indigenous families (SNAICC 2004, p. 12). Financial constraints are further exacerbated in some families where parents are unaware of government benefits to which they are entitled, such as the Child Care Benefit and Grandparent Child Care Benefit (FaCSIA 2007b). Many Indigenous families' reluctance to use services could also indicate that some might not place a high value on early childhood services. However, as many Indigenous families have had little contact with early childhood service providers, it is important to remove any possible barriers to service uptake in order to introduce as many families as possible to services and demonstrate their value.

These constraints highlight a need for early intervention and prevention services for young children to educate Indigenous communities about the importance of the early years and the strengths-based nature of programs, to actively encourage families to participate by using 'soft' engagement strategies, and to provide culturally appropriate and respectful services at a low cost for families.

Summary

- Increasing the number, scope and capacity of services did not necessarily mean Indigenous families accessed and engaged with these services.
- Access and engagement is critical if policies and programs are going to improve the status of Indigenous children, families and communities with the highest needs.
- Most CfC participants reported increases in the participation of Indigenous families and children in programs and activities, but the extent of reported participation varied.
- Several respondents in urban, regional and remote sites commented that mainstream models rarely fit Indigenous service users.
- Indigenous families' uptake of mainstream services was poorer in sites with a comparatively smaller number of Indigenous children.
- Family feuds, local issues or personal preferences prevented some families from accessing specific Indigenous-run services.
- It is challenging for service providers in large, diverse communities to identify and target Indigenous families.
- The more promising projects use combinations of strategies for improving outcomes for Indigenous families and children; for example, engaging them in both mainstream and in targeted services.
- If Indigenous access is to increase, it is important that both Indigenous-specific and mainstream services are safe, comfortable and culturally appropriate for Indigenous families and children.
- Financial and attitudinal barriers to families' access to services create a need for early intervention and prevention services for young children to:
 - educate Indigenous communities about the importance of the early years and the strengths-based nature of the programs
 - actively encourage families to participate by using 'soft' engagement strategies
 - provide culturally appropriate and respectful services at low cost to families.

4 Service coordination

4.1 Referral system/coordination between services

The literature on good service delivery practice for Indigenous people recommends that individual services be integrated and holistic, and also that they coordinate, share knowledge and refer clients between services (Higgins & Butler 2007; OATSIHS 1998; SNAICC 2004). It is particularly important for services operating in more remote locations to operate in a holistic manner. Generally, more populous areas have a greater number of services and those services are consequently more specialised. While holistic service provision should be encouraged in both urban and rural contexts, service providers may encounter issues with which they are unable or unqualified to deal. Referral and coordination between services should be encouraged to ensure the most appropriate provider supports client needs, and to give more widespread service access.

This is particularly important among Indigenous people, since many Indigenous families and children are largely disengaged from the service network. In many cases, a family's engagement with a child care service is the only connection they have to service networks and for this reason, referrals between early childhood service providers and other support services are crucial. Informal services are also important to introduce families to more formal, specialist services (FaCSIA 2007b). Indigenous-specific services may also be an entry point for Indigenous clients into mainstream services.

Summary

- Referral and coordination between services most appropriately meets client needs and increases service access.
- As an Indigenous family's engagement with a child care service may be the only connection they have to service networks, referrals between early childhood service providers and other support services are crucial.
- Informal services are important to introduce Indigenous families to more formal, specialist services.

4.2 Service coordination within CfC sites

A major focus of CfC was to increase the coordination and collaboration between services within each of the 45-sites, and increased collaboration was one of the most significant achievements of the initiative. The following observations are made with Indigenous contexts in mind even though the issues raised may not be specifically Indigenous issues, since the benefits of coordination and collaboration were experienced across the initiative.

Almost all respondents in this study noted that networking had increased considerably since the introduction of CfC. While a number of those interviewed noted that CfC in particular had established strong new interagency partnerships where none existed before, many stated that some interagency cooperation had predated CfC, but that the program had strengthened and enhanced existing partnerships.

A number of respondents described the increase in coordination and collaboration as a 'cultural change'. The partnerships and collaboration fostered by the initiative had created a culture where services were committed to a common cause. The response of one CP in a regional centre was typical:

Cultural change is taking place ... The community is more cohesive [since the introduction of CfC], not as segmented. We're all working together, coordinated. [Service providers in the area] are all working towards a common purpose.

Numerous FPs and service providers reported the benefits of increased networking and collaboration. These included increases in organisational, service and individual capacity as a result of cooperation, resource sharing and brokering. Services shared skills, administrative capability, resources and service-delivery strategies.

Most respondents reported an increase in interagency support and referrals since the introduction of CfC and improvements in coherence and coordination. One CP noted:

Coordination has definitely increased. [Our] programs unite services ... Services come together and plan. That wouldn't have had happened before [CfC] ... We celebrate each other's successes and promote each other ... There's a holistic point of view [now], the whole community is getting involved.

Importantly, referrals between Indigenous organisations and mainstream services increased, which meant mainstream services were able to work with some Indigenous families for the first time:

The [CfC] funding has strengthened linkage and developed partnerships with Aboriginal organisations. I can see it working. The fact that there can be crossover [between Indigenous and mainstream organisations] opens it up a lot. Indigenous families are becoming more comfortable using mainstream services. Aboriginal families are comfortable as long as it's a partnership.

Another CP in a remote site described the increased service capacity that arose from working with another CfC partner organisation:

I work directly with another interesting project. It's more time-efficient. We're [relatively close to] each other and we [both] get resources [from CfC]. We're an early childhood organisation and they're a parenting program. They don't have much time and all that sort of stuff so [the other program manager] calls out to me. She has much more experience working in communities with Aboriginal adults.

As illustrated in this example, enhanced partnerships can be mutually beneficial and lead to increased efficiency through resource and information sharing. Partnerships reduce service duplication, and increase organisational and community capacity by enhancing the skills, knowledge and confidence of program workers.

The coordination that occurred as a result of CfC changed the nature of the relationships between the local and the fly-in/fly-out services from a 'colonial' to collaborative and supportive approach. As one CP in a remote site said:

[Now] they come out to [visit] us, saying 'What do you need?', rather than 'Why aren't you ...?'.

In remote areas, coordinating visits from fly-in/fly-out service providers has minimised disruption to service users, saved services money on transport and provided service providers with other contacts and resources while in the remote community:

If I hadn't connected with her [another CP], I'd be flying in by myself each time. [There is] safety in partnership and resources. We both have connections and different resources and networks (CP).

While coordinated fly-in/fly-out service visits have increased as a result of CfC in some remote sites, there is still considerable scope to expand this practice.

Other sites also shared promising practices with services in their communities. A CP in a regional site explained how the organisation had worked hard to increase service access to difficult-to-engage groups for some time. They partially solved this problem by providing community transport pick-up and drop-off services. Since the increased collaboration in the area and the sharing of promising practices like these, other CPs had begun to employ similar techniques.

ItG projects have also sought to engage and support Indigenous families and children through service collaboration, particularly by establishing and strengthening networks with Indigenous services. A fathers' support group, for example, established relationships with the local Aboriginal Corporation to provide support and referrals where appropriate, and attended Indigenous cultural events. Another collaborated

with Indigenous Elders, performance groups and organisations to increase their reach and their cultural appropriateness and strengthen their service capacity. A health promotion ItG project collaborated with Indigenous community members to develop locally appropriate resources, training and programs. Finally, a child nutrition program was grounded in Indigenous community-controlled organisations.

In general, respondents agreed that referrals, and information and resource sharing went both ways, and that colleagues in other agencies gave them at least as much support as they themselves gave to others. However, a few participants noted that, despite considerable progress in many areas, there was not enough networking taking place in their sites and others generally expected them to initiate collaboration. One noted dejectedly:

There's still lots of bunkering down. It's very hard work. [Other service provider agencies] often don't make the effort. The initiative always comes from me.

This reinforces the finding that substantial time is required for the CfC model. Time is needed, not only to consult with community members, but to also build working relationships between service providers. It also demonstrates that one party may have to invest more time and energy before all parties commit to the relationship and are convinced that it is of benefit to them. This was further reinforced in another area, where there was a striking contradiction between the level and extent of coordination and networking reported between different CPs.

The time limitations and effort required to develop strong working relationships meant that areas with pre-existing connections were likely to be more successful in collaborating within the relatively short CfC time period. This was recognised as a difficulty within the CfC model and therefore a number of participants gave priority to strengthening existing partnerships, rather than trying to establish entirely new collaborations. This may put remote and rural sites at a distinct disadvantage because of the limited number of services to coordinate with and/or the limited number of pre-existing relationships.

It is important to point out that, irrespective of geographic location, relationships took considerable time to establish and partnerships were not always conflict free. They required a significant investment of time and resources and a commitment to formal and informal communication processes. One service provider in a regional centre described the partnership that her organisation had formed with a local Indigenous organisation as 'difficult and time-consuming' with a need to 'negotiate and compromise'. Yet once the relationship was established, it was perceived as 'very worthwhile'.

FPs played a key role in facilitating service coordination. A CP believed that the assistance of the FP had enabled the organisation to work with the Indigenous community it was targeting:

Our Facilitating Partners, they have a history of working in this community. It was our Facilitating Partner who took us out and introduced us to the people in the community. That was really great because if we had gone in there ourselves it just wouldn't have worked.

By virtue of their position as lead agencies, FPs operated as brokers, accessing and providing skills and resources in a way that added to the shared capacity of the organisations within their sites:

Recently in conjunction with one of our community partners, we had a grant writing workshop. [Organisations were invited] from inside the site and outside the site. We had 36 calls of interest and 35 turned up (FP).

Another comment by the same FP reinforces the idea of brokering. The respondent described their role in terms of being a 'translator':

One of the roles that we came across was as a translator of government business. We're now being seen as a resource to the community. People come to us, to our committee meetings [and] mix with other people. You've got that cross-fertilisation which wasn't happening in the informal sense.

These responses demonstrate a degree of cooperation between FPs and CPs. However, the extent to which this is a direct result of the FP-CP model is difficult to gauge. There were a few instances, for example, where CPs felt that the 'middle man' role the FP played was an unnecessary layer of bureaucracy. This may have reflected

the relationship between the CP and FP, a lack of understanding of the model, or the capacity of either the FP or the CP.

Overall, however, respondents described the way they worked together positively in terms of cooperation, resource sharing, building relationships and brokering. It is clear the mutual benefit of improved coordination and cooperation has a positive impact on service delivery.

Summary

- CfC increased the networking, coordination and collaboration between services.
- Relationships were stronger and more effective where interagency cooperation predated CfC.
- Partnerships and collaboration:
 - fostered a culture where services were committed to a common cause—improved early childhood outcomes
 - increased organisational, service and individual capacity
 - increased interagency support and referrals (which resulted in some mainstream services working with Indigenous families for the first time)
 - resulted in shared promising practices and problem solving.
- Developing service coordination and collaboration is very time consuming and requires individual commitment, significant communication and transparent problem solving.
- In most cases, a four-year program is too short for services to establish effective, strong relationships among themselves (where there are no pre-existing relationships).
- Remote and rural sites were at a disadvantage because of the limited number of services to coordinate with and/or the limited number of pre-existing relationships.
- FPs played a key role in facilitating service coordination.
- Service coordination and cooperation can be mutually beneficial for providers.

5 Indigenous families and children

The main aim of this themed study was to focus on service provision and coordination, but it also investigated preliminary outcomes for Indigenous families and children (within time and financial resource constraints). This section provides socio-demographic characteristics of Indigenous families compared to non-Indigenous families, in 10 CfC sites across Waves 1 and 3 of the SFIA study. Preliminary outcomes for Indigenous families engaged in SFCS 2004–2009 are also based on the perceptions of key informants involved with SFCS 2004–2009 and ItG evaluation reports.

5.1 Indigenous family demographics and outcomes in CfC sites

The SFIA data provide an insight into the community-level changes experienced by Indigenous families living in 10 of the CfC sites between 2006 and 2008 that participated in the SFIA study. The findings outlined below illustrate the changes experienced within Indigenous families and non-Indigenous families between Wave 1 (2006) and Wave 3 (2008). The changes for Indigenous families cannot be directly attributed to the CfC intervention, as they could not be compared to changes experienced by Indigenous families in the five control sites (because of the small sample size).

In Wave 1, 8.3 per cent of families in the SFIA sample identified as being of Aboriginal and/or Torres Strait Islander origin. The representation of Indigenous families remained high throughout the study and 7.6 per cent of families in the study in Wave 3 were Indigenous. Of the 6,051 interviews conducted for the SFIA study, 479 (7.9 per cent) were with Indigenous families. The demographic characteristics and outcomes for Indigenous and non-Indigenous families who participated in all three waves of the study are described below (Indigenous $n=134$; non-Indigenous $n=1,690$). Table D1 (Appendix D) compares the repeat participants with all Indigenous and non-Indigenous families involved in SFIA. The outcomes described below cannot be attributed to CfC because the sample size of Indigenous families living in non-CfC control sites was too small.

Demographics

Age and sex distribution of children

The mean age of both Indigenous and non-Indigenous children in the SFIA sample was 2.8 years in Wave 1 and 4.5 years in Wave 3. Half of the children were male and half female in both the Indigenous and non-Indigenous groups (Table D1).

Sole parent households

Almost half of the Indigenous participants in SFIA were living in a single-mother household in Wave 1 (47.8 per cent), compared to around one in five (19.5 per cent) non-Indigenous participants ($p<0.001$). Indigenous families experienced a 3.8 per cent decrease in single-mother households by Wave 3 (this was not a significant change), while the proportion of non-Indigenous single-mother households remained constant (20.0 per cent; Table D1).

Education

There was a significant difference between the proportion of Indigenous and non-Indigenous mothers who had completed Year 10 or a lower level of schooling. In Wave 1, one in three Indigenous mothers in the study (33.6 per cent) had completed Year 10 or lower, compared to 16 per cent of non-Indigenous mothers ($p<0.001$; Table D1).

By Wave 3, education rates had improved for Indigenous and non-Indigenous mothers (27.6 per cent of Indigenous mothers had completed Year 10 or lower, $p<0.01$, and 14.3 per cent of non-Indigenous mothers, $p<0.001$; Table D1). These increases can be accounted for by small numbers of mothers continuing to participate in education during the study (Indigenous mothers $n=8$; non-Indigenous mothers $n=30$).

Employment

Indigenous children were significantly less likely to be living with an employed parent. Just over one in three (35.1 per cent) Indigenous children were living with an employed father (35.1 per cent), compared to almost three in four (72.2 per cent) non-Indigenous children in Wave 1 ($p<0.001$). While the gap between Indigenous and non-Indigenous children remained significant at Wave 3 ($p<0.001$), more Indigenous children were living with an employed father at Wave 3 than Wave 1 (41.0 per cent; the proportion of non-Indigenous children living with an employed father remained consistent at 72.6 per cent; Table D1). Therefore paternal employment increased by almost 6 per cent for Indigenous families.

Non-Indigenous mothers were also more likely to be employed than Indigenous mothers at Wave 1 and Wave 3 (41.9 per cent of non-Indigenous and 31.1 per cent of Indigenous mothers were employed in Wave 1, $p<0.05$, and 49.9 per cent and 38.5 per cent were employed in Wave 3, $p<0.05$). While the gap between the employment of Indigenous and non-Indigenous mothers remained significant, Indigenous mothers were more likely to be employed, more likely to have entered the labour force and less likely to be unemployed at Wave 3, compared to Wave 1 (Table D1).

Income

Indigenous and non-Indigenous households' incomes improved between Wave 1 and Wave 3. While the gap between Indigenous and non-Indigenous household income was significant at both Wave 1 and Wave 3, it had started to close at Wave 3. Almost one in three Indigenous households (32.8 per cent) were earning \$500 or less per week, compared to just over one in seven non-Indigenous households (14.9 per cent; $p<0.0001$). By Wave 3, one in four Indigenous households were earning \$500 or less per week, compared to just over one in eight non-Indigenous households ($p<0.0001$). Therefore, Indigenous households experienced a 7.4 per cent decrease in the proportion earning \$500 or less a week, compared to a 2.2 per cent decrease for non-Indigenous households (Table D1).

Number of times moved

Indigenous parents were significantly more likely than non-Indigenous parents to have moved during their child's life ($p<0.001$) at Wave 1 and Wave 3. At Wave 1 (when their children were an average age of 2.8 years) Indigenous families had moved an average of 1.7 times, compared to 0.9 times for non-Indigenous families. By Wave 3 (when the average age of children was 4.5 years) Indigenous families had moved an average of 2.0 times, compared to 1.3 times for non-Indigenous families.

By Wave 3 almost one in three Indigenous families (30.9 per cent) had moved three or more times since their child's birth, compared to approximately one in five (19.1 per cent) non-Indigenous families (Table D1). The higher mobility of Indigenous families should be considered in the provision of place-based initiatives. For example, this could involve referrals between service providers in different geographic areas.

Outcomes

Health: self-reported parental health

Indigenous parents' self-reported general health improved slightly between Wave 1 and Wave 3 and the gap between Indigenous and non-Indigenous parents decreased (although it remained significant at both waves; $p<0.0001$ and $p<0.01$ respectively). In a score from 1 to 5 (with 1 representing very poor health and 5 excellent

health), Indigenous parents reported a mean of score of 3.4 in Wave 1 and 3.5 in Wave 3, compared to 3.7 for non-Indigenous parents in both waves (Table D2).

Mental health improved for Indigenous and non-Indigenous parents between Wave 1 and Wave 3 (based on the Kessler-6 instrument of self-reported psychological distress). On a scale of 1 to 5 (with 1 representing very poor mental health and 5 very good mental health) Indigenous parents' reported mental health improved significantly from a mean of 4.16 to 4.28 ($p < 0.0001$). Similarly, non-Indigenous parents reported mental health improvements (the mean increased from 4.34 to 4.41; $p < 0.0001$). The gap between Indigenous and non-Indigenous parents remained significant at Wave 1 and Wave 3, but had decreased slightly by Wave 3 ($p < 0.001$ at Wave 1 and $p < 0.05$ at Wave 3; Table D3).

Self-reported parenting skills (parental self-efficacy)

On average, Indigenous parents reported a significant decrease in their parenting skills between Wave 1 and Wave 3 (a mean of 3.84 and 3.74 respectively, with 1 representing 'a very good parent' and 5 representing 'not a good parent', $p < 0.05$). Indigenous parents had lower levels of self-efficacy than non-Indigenous parents at Wave 1 (not significant) and at Wave 3 ($p < 0.05$). Therefore, the gap between Indigenous and non-Indigenous parenting skills increased between Waves 1 and 3. Non-Indigenous parents' self-reported parenting also declined over time, but not significantly (3.90 in Wave 1 to 3.87 in Wave 3; Table D4).

Hostile parenting

Hostile parenting was measured based on parent self-ratings on the frequency of irritable and hostile behaviour directed at their child. Parent self-reporting was validated by the researchers' observations during the interviews. Scores range from 1 to 10 (with 1 representing no hostile parenting and 10 representing hostile parenting all the time). There were no significant changes or differences between Indigenous and non-Indigenous parents or between Waves 1 and 3 in relation to hostile parenting. Indigenous parents scored a mean of 3.41 in Wave 1 and 3.47 in Wave 3, compared to 3.34 in Wave 1 and 3.33 in Wave 3 for non-Indigenous parents (Table D5).

Home learning environment

The home learning environments significantly declined for Indigenous and non-Indigenous households. On average, parents from both groups reported conducting fewer home learning-based activities, such as reading books, drawing and/or art and craft throughout the week. On a scale of 1 (no learning activities) to 4 (activities every day), Indigenous parents scored 2.83 in Wave 1 and 2.64 in Wave 3 ($p < 0.0001$) and non-Indigenous parents scored 3.05 in Wave 1 and 2.87 in Wave 3 ($p < 0.0001$). The gap in the home learning environment in Indigenous compared to non-Indigenous households remained significant at both waves ($p < 0.0001$; Table D6).

Support in child rearing

Both Indigenous and non-Indigenous parents reported significant decreases in the amount of support they generally receive from their partner/spouse, families, friends, neighbours and communities to raise their children ($p < 0.0001$). Although Indigenous families reported receiving slightly less support than non-Indigenous families, the gap was not significant at Wave 1 or Wave 3 and had almost closed by Wave 3 (Table D7).

Despite the general decreases in support, Indigenous families and non-Indigenous families reported significantly improved levels of support when they most needed it between Waves 1 and 3 ($p < 0.01$ and $p < 0.1$ respectively). While 15.7 per cent of Indigenous families reported not having support available when they needed it in Wave 1, this had decreased to 7.5 per cent by Wave 3. Non-Indigenous families experienced a smaller decrease. Consequently, by Wave 3 there was no longer a significant difference between Indigenous and non-Indigenous families in the availability of support when they needed it (Table D10).

Neighbourhood social cohesion

A composite neighbourhood social cohesion indicator was created using combined scores based on a number of indicators. An index was created based on participants' levels of agreement with the following statements:

- 'People around here are willing to help neighbours.'
- 'This is a close-knit neighbourhood.'
- 'People in this neighbourhood can be trusted.'
- 'People in this neighbourhood generally don't get along with each other.'
- 'People in this neighbourhood do not share the same values.'

Responses to these statements were combined and the mean scores were ranked on a scale from 1 (very low perceived social cohesion) to 5 (very high perceived social cohesion): the higher the score, the higher the perceived level of social cohesion in respondents' local communities.

There was a significant increase in perceived neighbourhood social cohesion for Indigenous and non-Indigenous families ($p < 0.0001$). Non-Indigenous families were significantly more likely to report higher levels of social cohesion in Wave 1 (3.35) and Wave 3 (3.42) than Indigenous families (3.12 and 3.15; Table D8).

Neighbourhood as a place to bring up children

Both Indigenous and non-Indigenous families were more positive about their neighbourhood as a place to bring up children in Wave 3 than in Wave 1 of the study. On a five-point Likert scale, with 1 representing 'very poor' and 5 representing 'very good', significant increases occurred for Indigenous (Wave 1=3.67; Wave 3=3.75) and non-Indigenous (Wave 1=3.92; Wave 3=3.99) children. The gap between Indigenous and non-Indigenous families decreased slightly by Wave 3, but remained significant ($p < 0.01$; Table D9).

Summary

The SFIA data provide an insight into the community-level changes experienced by Indigenous and non-Indigenous families who participated in the SFIA study, were living in one of 10 CfC sites and were eligible to receive CfC services between 2006 and 2008.

Demographic details

- The average age of both Indigenous and non-Indigenous children in the study was 2.8 years at Wave 1 and 4.5 years at Wave 3.
- Half of the children in the study were male and half were female.
- Almost half the Indigenous children in the study were living in single-mother households, compared to only one in five non-Indigenous children at Wave 1. By Wave 3, the proportion of Indigenous children living in single-mother households had decreased slightly.
- During both waves, Indigenous children were less likely to be living with an employed parent. However, the proportion of Indigenous children living in households with an employed father increased between Wave 1 and Wave 3 and remained constant for non-Indigenous children.
- Indigenous families had a lower income than non-Indigenous families at Wave 1 and Wave 3, but both groups experienced a significant increase in income between 2006 and 2008.
- Indigenous parents were significantly more likely than non-Indigenous parents to have moved during their child's life at Wave 1 and Wave 3. By Wave 3 almost one in three Indigenous families (30.9 per cent) had moved three or more times since their child's birth, compared to approximately one in five (19.1 per cent)

non-Indigenous families. The higher mobility of Indigenous families should be considered in the provision of place-based initiatives.

Outcomes

- Indigenous parents' self-reported general health improved slightly between Wave 1 and Wave 3 and the gap between Indigenous and non-Indigenous parents decreased.
- Mental health improved for Indigenous and non-Indigenous parents between Wave 1 and Wave 3.
- Indigenous parents reported lower levels of parent efficacy than non-Indigenous parents at both waves.
- Neither Indigenous nor non-Indigenous families experienced significant changes in levels of hostile parenting between Waves 1 and 3.
- Home learning environments significantly declined for Indigenous and non-Indigenous households and the gap between the groups remained significant.
- Indigenous and non-Indigenous families reported receiving less support to raise their children at Wave 3, compared to Wave 1. The difference between the groups was not significant.
- There were significant increases in perceived neighbourhood social cohesion for Indigenous and non-Indigenous families between Wave 1 and Wave 3.
- Indigenous and non-Indigenous families were more positive about their neighbourhood as a place to bring up children at Wave 3 than at Wave 1.
- Indigenous families and non-Indigenous families reported significantly improved levels of support when they needed it between Wave 1 and Wave 3. By Wave 3 there was no longer a significant difference between Indigenous and non-Indigenous families.

5.2 Perceptions of change for Indigenous families and children

Many CPs and FPs reported a limited number of large-scale program outcomes, mostly due to the relatively short period of time since the establishment of SFCS 2004–2009 in many areas. Some of the projects had only recently been set up and many respondents noted the considerable time needed to establish program momentum and gain community trust. In some cases, entirely new programs had been established where no services of their kind had previously existed, and many of the changes observed in remote communities were related to increased participation and first-time access rather than to program content.

Other respondents postulated that first-time participation was the reason that young children experienced positive outcomes in the key areas of SFCS 2004–2009: health, wellbeing and nutrition; parenting skills; and preparation for early learning. For example, 15 young children attending a CfC-funded playgroup in a remote location were learning how to interact in a structured early learning environment for the first time; and parents and carers were able to access information and learn basic parenting skills. While it is too early to assess the results of these interactions, SFCS 2004–2009 programs have the potential to have a profound impact if support is sustained.

In areas where outcomes were not yet evident, respondents believed contact was an important achievement. Many families and children who had been engaged by CfC programs in remote areas had had no previous contact with any health or social service professionals and so the establishment of contact constituted significant progress:

[Some] families are seeing health professionals for the first time. It's made a big change. Developmental screening is happening now. Developmental delays and disabilities are being getting picked up where they weren't before.

Respondents suggested that while mainstream programs in urban and regional centres could be expected to yield outcomes such as increased participation in preschool education, improved health outcomes and improvements in social and organisational networks, the changes observed in remote communities were not about ‘improvement’. Rather they were about first-time participation, first-time access and first-time opportunity. This reflects the context within which CfC is delivered, where there are few services for Indigenous families.

Although the change in service capacity or uptake in some areas may appear fairly insubstantial, the impact of small changes can nevertheless be significant. One respondent in a remote site noted that children’s awareness of child protection and abuse had increased significantly since the inception of a CfC program. Several others described the growing awareness of preventative health and increased understanding of child health and nutrition that had been created by CfC program participation.

Many conceded that increased awareness would not necessarily produce long-term behavioural change, but noted that the initial outcomes were promising. Increased nutrition and preventative health had already caused some participants to change their eating habits. A number of respondents said they had observed improved parenting practices among Indigenous clients as a result of program participation and education. Respondents reported increased parent–child interaction and more frequent parent–child play in a number of families. One CP noted:

I’ve seen improved parenting among Indigenous parents [I work with]. [I’ve observed] more playing with children ... There’s more awareness of early engagement ... [Parents are] having conversations with children now. [That was] not traditionally a thing to do.

At a local level, observing and measuring outcomes for families and children posed a challenge for program staff and local evaluators. The isolation of many communities and the lack of permanent staff on the ground made data collection difficult in a number of areas. In many cases, there was no one else to run programs when service providers took time to collect data, and seasonal variations and low literacy and numeracy of program staff could also affect data collection. In addition, data collected by traditional methods like psychological tests did not effectively translate into local languages and alternative evaluation tools were needed.

Summary

- Many CPs and FPs reported that outcomes for families were limited because of the short period of time since the establishment of the initiative and the extensive time needed to consult and build up trust with Indigenous families and communities.
- The greatest reported change was in increased access to services and first-time Indigenous family engagement with services.
- Some respondents believed families and young children were benefiting from SFCS 2004–2009 in the areas of health, wellbeing, parenting skills and practices, and young children’s preparation for learning.
- Remote communities had substantial difficulties observing and collecting data to measure outcomes for families and children.

6 Factors facilitating or hindering service provision and outcomes

A number of practical issues can facilitate or pose challenges to the effective engagement of Indigenous families. These include cultural appropriateness; staffing availability, skills, qualifications, background and enthusiasm; and community context.

6.1 Cultural appropriateness

The importance of culturally competent and appropriate services features prominently in the literature; most sources agree that services catering to Indigenous families need to be ‘culturally competent’ and provide services that are sensitive and appropriate to the culture of their clients (FaCS 2005; FaCSIA 2007b; OATSIS 1998; Penman 2006b; SNAICC 2004; Turner, Richards & Sanders 2007; Weaver 1999). Cultural appropriateness and cultural competency are well-used phrases, but what does this actually mean for services? To be culturally competent, services need to consider both the organisation’s processes and policies, and the level of cultural competency among individual staff members.

Broadly, culturally competent services consult with and involve family, extended kin, Elders and community members in service delivery, and include structures which are flexible, non-threatening, informal and low cost. These services also embrace strategies that are culturally tailored, incorporate Indigenous cultural artefacts, teach Indigenous language(s) and offer education and support to parents. These elements are discussed in more detail below.

Organisations

At the organisational level, service delivery should consider the structure, practices and strategies used. Concerning structure, the Secretariat of National Aboriginal and Islander Child Care (SNAICC) suggests services should be low cost, non-threatening and informal. Services also need to be flexible in their location and in the manner in which they are provided. SNAICC maintains that service engagement would increase if service providers offered access to services away from formal, institutional settings, such as in a person’s home (even initially), and adapted the teaching and dissemination of information accordingly (SNAICC 2004). These principles are not exclusive to engaging with Indigenous families and children, and can equally be applied to other hard-to-reach groups (Cortis et al. forthcoming).

The practices and strategies an organisation or service uses can also affect the level of cultural appropriateness. For example, a child care centre could include cultural identity as a part of its curriculum (FaCS 2005),⁶ or culturally tailor specific programs offered by the services (FaCSIA 2007b). FaCSIA (2007b) has also suggested that children’s services incorporate Indigenous cultural artefacts into both Indigenous-specific and mainstream child care centres. For this strategy to be effective, however, it is necessary for services to not only budget for and acquire these artefacts, but also to use them and integrate them into everyday activities so they are part of teaching and learning practice. Teaching Indigenous language(s) is another strategy used by some early childhood services, even if the proportion of Indigenous children is low (FaCS 2005). Some CFC playgroups, for example, teach children’s songs in the local Indigenous language. Respondents reported that these activities made Indigenous families feel more comfortable and were also popular with non-Indigenous families. Blagg (2008) talks about the interface between mainstream and Indigenous programs and describes a ‘liminal’ space at the threshold between Indigenous and non-Indigenous domains, where change and transfer can occur.

As family and extended kin networks and community play an important role in Indigenous children's lives, it is important that services consult and involve these groups in service delivery. Several sources stress the importance of family involvement in services, and advise the extension of childhood services to include the education and support of parents as well (Health Canada 2000; Penman 2006a; SNAICC 2004; Turner, Richards & Sanders 2007).

Community engagement with, or ownership of, early childhood services is also emphasised in the literature (Health Canada 2000; Higgins & Butler 2007; OATSIHS 1998; Penman 2006a; SNAICC 2004). Research suggests that successful non-Indigenous service providers meaningfully engage Indigenous families by consulting with community members and involving them in service operation. This could be informal, or involve formal governing, reference group or advisory roles or inviting Indigenous Elders or community members to the service.⁷ Involving community members not only helps to make services more culturally appropriate, but also creates employment and training opportunities for local people and improves the chances of sustainability (SNAICC 2004).

An additional incentive, which is commonly used to engage people of all cultures and from all different backgrounds in services, is providing meals as part of the service delivery (Engeler 1998; SNAICC 2004).⁸ This not only helps increase attendance and facilitate engagement, but is also a way to promote healthy food consumption (Engeler 1998).

Many respondents stressed the importance of working with Indigenous communities in culturally appropriate ways, and most of their examples involved organisational factors. Participants felt strongly about the importance of flexibility, and of organisations being there for 'the long haul', allowing for traditional ways of doing things, and building local ownership into programs.

CfC, ItG and LA CPs and services used a number of the strategies and practices listed in the literature to facilitate cultural appropriateness. They also elaborated on a number of strategies that had not been well documented in the literature. A number of respondents in regional and remote settings described the importance of flexibility in delivering services to Indigenous families and children based on both their individual needs and those of their communities. The inherent flexibility of the CfC model, therefore, was perceived as a key strength of the initiative:

[The model] allows us to be flexible and creative in being allowed to deliver the program the way that we want to. (CP)

Intrinsic to flexible service provision is ensuring that services are readily accessible to service users. This means, not only the ways in which services are provided, but also where they occur. In one CfC site an organisation successfully engaged Indigenous families because it provided families with access to professionals in informal settings. Professionals attended informal playgroups on a weekly basis to build rapport with local Indigenous families; by taking services and supports to the community they were able to engage families they had not previously accessed. Other respondents had considerable success engaging Indigenous families by providing transport:

You have to be proactive. Going to [clients'] houses, giving them transport, that's what made the program what it is. It wouldn't have been nearly as successful without it.

A number of ItG programs specifically developed for engaging Indigenous families identified and responded to specific needs within the Indigenous communities in which they were based. A child nutrition program employed Indigenous staff, consulted with the community and used what they described as a culturally appropriate action research service model, based on the local needs of the community. This included thinking, listening, deliberating, looking, watching, making and doing. It treated culture as both an asset and a context for intervention, was guided by senior Indigenous women, and ensured responses to protecting children were grounded in the community. As well as advocacy and coalition building, the project helped community members try new foods, provided cooking sessions, picnics combined with bush tucker collection, and free age-specific travel packs (nappies, food, disposable hygiene and feeding aids) to overcome shortages of stock

in stores for travelling families. It also developed a culturally appropriate nutrition manual for mothers and children, and a music video.

Consistent with the literature, many participants described cultural appropriateness as sensitivity to language and culture. Those in remote areas especially emphasised the importance of delivering support services ‘in language’ (in the first language of local people), or failing that, having translators or people who could speak Aboriginal or Torres Strait Creoles or plain accessible English. This was seen as important, not only to engage Indigenous families to participate in services, but also to show respect by placing the responsibility for adaptation onto the service providers rather than the Indigenous families.

A CP described the impact of addressing Indigenous people respectfully and in their own language as ‘profound’. For many Indigenous community members, the CP’s public health DVD presentations were the first examples of professional presentations in their own language. An ItG program manager reported success in engaging Aboriginal families by developing and providing information about a range of services in Aboriginal English and with culturally appropriate visual guides. Other CfC services personnel discussed the benefit of using Indigenous artefacts as part of their service delivery. Staff from an ItG program described how they amended their program and communication materials to be more culturally appropriate for Indigenous families.

SFCS 2004–2009 service providers also reinforced local Indigenous knowledge and culture. One CP aimed to reinforce the strong role that parents have in passing on information in traditional Indigenous culture:

We [the service provider organisation] are intentionally trying to restate and reinforce the importance of traditional ways, like the advantages of eating bush tucker and seafood ... It’s about restating cultural pride and cultural identity.

Another respondent used existing Indigenous knowledge and examples in service delivery. Her service not only translated Western words into local Indigenous language, but also attempted to take Indigenous world views into account to ensure the examples they used were culturally appropriate and resonated with respondents. The respondent described this as a process of ‘removing stumbling blocks’ to understanding and ‘providing an evidence base’ based on culturally relevant examples and analogies.

Several respondents described learnings that they felt were important to enable them to deliver services in a way that encouraged cultural awareness. For example, one FP described differences in parenting styles and behaviours she had observed. She commented that:

An Indigenous child is quite autonomous and can turn around to its parent and say you’re not the boss of me. A 5 year old can say that to their parent and their parent can’t do anything about it. A child can be in an authoritative relationship over their parent and that’s often not known by educators. Teachers in schools make some huge blunders in how they teach Aboriginal kids. This is why Indigenous-specific programs are really important.

This explanation demonstrates that without an understanding of the cultural norms and values within Indigenous society, mainstream programs may completely miss the mark simply because the intended audience does not connect with the values being expressed in the program. Further, the idea of adapting a mainstream program to an Indigenous context may well fall short of the potential that could be derived from building a program from the ground up. This was not an isolated example. A number of respondents noted the need to ensure cultural appropriateness and sensitivity to service users’ and committee members’ cultural norms to ensure that organisations or individuals did not cause offence. To be completely culturally sensitive, some suggested that merely understanding Indigenous community cultural norms and values was insufficient, but that these values needed to be internalised and integrated into service practice.

CfC has changed service delivery to Indigenous communities by enhancing the flexibility of service provision, by using local knowledge in decision making about programs, and by embedding community engagement and consultative processes into structures. This is not to suggest that the organisations involved would not have incorporated these elements into their service delivery practice without CfC. Rather, respondents indicated that CfC improved the opportunity for flexibility and community engagement to be included as a standard part of the process of service delivery.

Individuals

Even if services implement many of the strategies discussed above, services are also reliant on individual staff members to act in a culturally appropriate manner. Weaver (1999) identified a combination of knowledge, skills and values as prerequisites for culturally competent practice by individual staff members. To be culturally competent, Weaver argued, service providers must have:

- knowledge (of the diversity among and within Indigenous populations, history, culture and contemporary realities)
- skills (communication, problem-solving and ‘containment’ skills—refraining from speaking where appropriate, patience, listening and tolerance of silence)
- values (‘helper wellness’ and self-awareness of biases, humility and willingness to learn, respect, open-mindedness, non-judgemental attitude, social justice values).

Weaver’s categories are especially applicable to service provision in remote Indigenous communities where child care services often perform a range of services beyond narrowly defined, traditional ‘child care’ (FaCSIA 2007b).

Almost all respondents stressed the importance of individual qualities and competencies in providing culturally appropriate services and effectively engaging Indigenous families and children. As well as the knowledge, skills and values noted by Weaver, these included making a commitment and taking time to develop relationships. While many individual qualities are important attributes for service providers—whomever they are working with—there are key dimensions, such as taking substantial time to develop relationships and build trust, in which Indigenous cultural paradigms differ from non-Indigenous paradigms.

To develop trust and relationships with Indigenous families, service providers spoke about the extensive time this could take and the need for patience. One service provider described how her persistence and patience paid off in eventually engaging Indigenous families:

I don’t just go ‘OK, you don’t want to be involved’ ... I’ll keep encouraging them [service users]. Eventually they’ll come along to groups, and really kick themselves for resisting [initially]. It really works ... I get most clients [eventually], but it can take up to eight [attempts].

The different concept of time in Indigenous culture and the need for patience was especially emphasised by a few respondents working in remote locations. Respondents acclaimed the virtues of adapting to ‘local time’ and listening intently when engaging Indigenous communities. To achieve positive outcomes and engage Indigenous families effectively, they contended that service providers needed to take the time to get to know people at their own pace:

[The way to effectively engage Indigenous families is] not coming in [to communities] with an expectant, big city attitude of ‘I’m here to talk to you, so see me now’.

Service providers also discussed the importance of demonstrating a personal interest in families and respect for them. When asked what factors helped her engage Indigenous families, one service provider in a regional centre replied:

Making it personal; personalised visits, making time for them [service users].

Another respondent reiterated the need to demonstrate commitment to families and described the flexibility necessary to engage them effectively:

You’ve got to be flexible ... All of those things that show the client that you are taking a personal interest in them. You have to show them that you actually care about them and their children, because when they see those sorts of things, they can see that you genuinely want to help them.

Sincerity and respect was a fundamental principle of effective engagement espoused by several service providers. One CP working in a remote community described it as being transparent in what she was trying

to do and explaining her agenda to the families using her service. A number of other service providers talked about demonstrating through actions and words how they value the people using their services.

Other participants reinforced the importance of sincere engagement. One respondent noted that ‘community members watch the actions and body language of service providers carefully as well as their words’, and said that they would not engage with services that did not demonstrate sincerity and respect. This service provider highlighted the importance of subtle, non-verbal cues in demonstrating sincerity and respect and noted that these characteristics are difficult to simulate.

The knowledge, skills, values and traits of service providers all contributed to building the key success factor—trust between individuals, communities and organisations. A number of respondents noted that the reputation of their organisation and the rapport and trust they had built up with local communities were fundamental to their success in engaging Indigenous families.

Almost all participants took a significant length of time to gain the trust of local people, and to ‘embed’ programs in communities. Respondents noted that this is true in any community, but that the length of time needed to develop trust and foster relationships is greater in Indigenous communities than in the mainstream. One respondent in a regional centre reported that it had taken six years to establish rapport with the community; another organisation reported it had taken three years (since the establishment of CfC):

It’s taken this long [for the program] to take off and get big numbers [of participants] ... Things are improving, but the lesson is that it takes a lot of time to gain the trust of a community.

Many service providers described periods of mistrust, but noted that trust levels were improving. This comment from a CP in a regional area was typical of the responses:

There was lots of animosity and resentment [when the service began], but things are changing ... It’s taken a long time but things are getting easier.

This further reinforces the limitations of a four-year funded program, if initiatives like SFCS 2004–2009 are to engage and improve outcomes for Indigenous families and children.

Summary

- To be culturally competent, services need to consider the organisation’s structure, practices and strategies, and the level of cultural competency among individual staff members.
- The literature and the SFCS evaluation 2004–2008 suggest that culturally appropriate services have **structures** that:
 - are non-threatening, informal and low cost
 - are flexible in where and how services are provided
 - offer access to services away from formal, institutional settings, such as a person’s home
 - consult and involve family and extended kin networks and community members in service delivery.
- The literature and the SFCS evaluation 2004–2008 suggest that culturally appropriate services have **practices and strategies** that:
 - adapt the teaching and dissemination of information, as needed
 - include cultural identity as a part of the curriculum
 - culturally tailor specific programs offered
 - use Indigenous cultural artefacts in everyday activities
 - teach Indigenous language(s)

- invite Indigenous Elders to participate in some service delivery
 - offer education and support to parents
 - offer incentives, like providing meals.
- The literature and the SFCS evaluation 2004–2008 suggest that culturally appropriate services have **individual staff** who have:
- appropriate knowledge
 - appropriate skills
 - appropriate values
 - a long-term commitment to building trusting relationships and engaging families.

6.2 Staffing availability, skills, qualifications, background and enthusiasm

Staffing availability, skills, qualifications, background and enthusiasm play an instrumental role in supporting, or alternatively hindering, any human service delivery. The literature shows that early childhood services face particular staffing challenges in regard to pay and conditions, training, the cost of paying qualified workers, high staff turnover, and poor governance and management.

In some cases, these issues have a more significant impact on Indigenous-specific early childhood service providers than on mainstream services. FaHCSIA found that staff in Indigenous-specific child care services are commonly promoted beyond their capabilities and given too much responsibility without sufficient training or experience (FaCSIA 2007b). In general, Indigenous child care workers are not as highly qualified as non-Indigenous ones, and many staff in rural and remote areas do not have formal qualifications. This problem is further compounded because, once in employment, Indigenous child care workers are less likely to have access to formal training or ongoing on-the-job support from mentors (FaCSIA 2007b). In other cases, people have formal training, but may lack the skills and traits that are important in working with young children: empathy, enjoyment of children and strong connections to the community. FaHCSIA recommended that these skills and traits are as valuable as formal qualifications in the recruitment process (FaCSIA 2007b, p. 15). If this were followed, services should provide opportunities for formal training.

Training of Indigenous early childhood providers also faces challenges, as current training packages and programs are limited and they are not tailored to Indigenous-specific providers. Even where staff are appropriately skilled and qualified, services are often insufficiently resourced to pay qualified workers (FaCSIA 2007b), which means that after workers are trained, some employers cannot afford to keep them.

Recruiting and retaining staff

Most CfC and ItG service providers consulted in this research found recruiting and retaining good staff difficult. They reported difficulties recruiting and retaining appropriate Indigenous workers, with positions being left vacant for periods of time, having to readvertise and high staff turnover. While a number of these issues were structural, the funding and flexibility of the CfC model assisted urban-based CfC service providers (none of whom reported problems with poor pay or working conditions, finding qualified workers and paying these workers, poor governance or management). This does not mean these challenges were not experienced, but that these problems were not perceived as significant factors hindering CfC service delivery in urban areas.

Services in remote locations, however, experience significant challenges. The number of people with the necessary skills and qualifications was more limited than in areas with higher populations. There was intense competition for qualified and skilled staff between industries. This was more problematic in areas with

large-scale, high-paying industries, such as mining. Service providers in this situation called for additional funding to compete with companies for qualified, high calibre staff. Even where mining companies were not luring skilled Indigenous workers away from the early childhood sector, there were other human services with which to compete. Thus, while remote locations had funding to hire staff, it was not always sufficient to attract skilled workers.

Enticing people from other areas to apply for and accept positions in remote locations did not increase the small staffing pool. There was little incentive for people from other areas to work for remote service providers. To do so, they would have to move away from family and friends. Moreover, remote locations lack the ‘excitement’ of urban environments, and workers face challenging conditions, among them limited and poor accommodation (some CPs reported extreme difficulty finding housing for staff living in remote areas); the need to work long hours with little support because of limited staffing and high staff turnover; and the need for self-reliance. One respondent who worked in a remote site described his need to be self-reliant:

The living is very bare. There’s no accommodation or bedding available [for visiting fly-in/fly-out service providers]. The food in shops is really expensive and limited anyway, so you often have to bring your own supplies.

Even when staff had been successfully engaged, it was far from certain that they would remain in their positions. Respondents reported that staff turnover was extremely high, and that workers in remote areas were notoriously transient and ‘whitefellas usually only do it [work in remote locations] for one or one-and-a-half years’. Another respondent noted:

[Service workers generally last] two years if you’re lucky.

Service providers had more success recruiting and retaining local Indigenous workers than non-Indigenous workers from other locations.

As finding and retaining staff was extremely challenging for a number of services, organisations often had to operate with inexperienced and unqualified staff. Understaffing also meant that service providers were unable to complete both the administrative requirements of the initiative and run programs.

Although many respondents described difficulties recruiting and retaining staff, once they found key staff members, their presence was critical to the success of projects. Service providers were willing to take a long time to fill vacant positions if that meant getting not just any staff, but the right staff.

One respondent described the ‘right’ staff as ‘people who want to be there’. A CP in a remote site described the experience of attracting the ‘right’ staff:

My staff are fabulous, really great ... It’s taken me ages to find them, though ... I had 14 other staff members before I found the right ones ... They [the previous staff members] realised that it’s really hard work [and left]. I had one that only lasted one day, one a week ... Now I’ve got good staff; they motivate families [who use the service].

A number of respondents reported that finding workers with diverse skills and the specific skills appropriate for early childhood service delivery was more important than qualifications. One respondent in a remote site described how she looked for ‘strong women’ who, of their own accord, are taking in children to care for:

Knowing the community and finding people who take on the role naturally makes it much easier [to engage them as service providers].

A number of respondents, particularly those in remote areas, also stressed the importance of employing local people and providing opportunities for families. Many called attention to the importance of recruiting and training Indigenous staff members, and of providing mentoring and support, which increased skills, local capacity and motivation.

Mentoring was commonly used to train local Indigenous workers and therefore make service more sustainable. One service provider used formal training and mentoring to support a local Indigenous worker to eventually run the service alone. The CfC funding provided the opportunity for this to occur over the four years, by which time the trainer wanted to make herself ‘redundant’. This mentoring process was used in a number of

locations. Numerous respondents saw their roles as short to medium-term, and they aimed to provide local people with the skills and confidence to manage the services themselves.

While mentoring took place in a number of locations, formalised training was not always readily available. This meant that informal on-the-job training could take a substantial time (several months to a year) to get workers 'up to speed'. For example, local women in one remote area were informally trained over time to identify children with developmental delay. The CfC model was important in providing a supportive environment from the FP and other CPs to assist with training, mentoring and staff development.

The difficulty in recruiting and retaining Indigenous workers was also addressed by offering a range of roles under different conditions; for example, employing a number of people part-time rather than full-time, seconding Indigenous workers from other sectors, training Indigenous people to increase their capacity as mentors in the community, creating Indigenous support roles (such as family support workers and Aboriginal Support Assistants to work with employees with professional qualifications, like health workers), and offering traineeships.

Understanding the community

Respondents working in urban, rural and remote Indigenous communities emphasised the importance of taking the local context into account when delivering services to Indigenous clients. Cultural knowledge, understanding local kin, having community networks and knowing what other services were available were perceived as important in recruiting and engaging Indigenous families and delivering culturally appropriate services.

Experienced staff who have long-term knowledge of working in their communities, and have gained the trust of the local people, were frequently cited as a crucial factor in effectively engaging Indigenous communities and in the ultimate success of early intervention programs. This is unsurprising as it is consistent with the literature on employing culturally appropriate staff who are knowledgeable, skilled and hold certain values (Weaver 1999). This research also found that connections with local people were critical.

Participants described these experienced, appropriate staff as either 'insiders'—Indigenous people from the local community; 'outsiders'—Indigenous or non-Indigenous people from outside the community; or 'gatekeepers'—local Indigenous people who provide a communication pathway between service providers and potential or current Indigenous service users. People from all three of these groups could potentially have the required knowledge, skills and values, and in some circumstances members of any of the groups, including the 'insiders', could potentially hinder service delivery. Outsiders had more difficulty establishing connections, but this could be achieved given enough time.

Local knowledge and connections with local people were advantageous and most likely to be found among insiders and gatekeepers. One CP in a regional centre described how her local knowledge and connections were important in gaining the trust of families:

[They] know you aren't a threat.

A number of CfC stakeholders stipulated employment of 'insider' Indigenous liaison workers as a condition for effectively engaging and supporting Indigenous families. Yet a number of respondents reported that being too closely connected to a community could present challenges for service providers. This was the case where community and/or family conflict occurred.

A number of respondents identified community conflict as a problem, claiming internal strife and power struggles hampered service provision in a number of areas. One respondent in a regional centre explained:

If [community members] are engaged in conflict with [the area's Indigenous organisation], they won't get any service. They're complex local issues ... [that] aren't easily resolved.

Although internal family and community conflicts are not unique to Indigenous communities, they were reported as a source of problems in some CfC communities. For example, while an Indigenous liaison worker in

one site provided an excellent link to Indigenous families because she had grown up in the area, she also faced considerable challenges. She not only faced antagonism from one particular Aboriginal service provider in the area (that may have perceived her work as a threat to its own), she was also under pressure from family for preferential treatment to services and resources. This placed her in a difficult position because she could not agree to unreasonable requests, but in refusing them she could cause extreme offence to her family members and potentially harm her relationship with the community more broadly. This situation jeopardised her position and, at the time of interview, it was uncertain whether she would continue working for the service provider organisation.

A few other respondents also reported that some ‘insider’ service providers gave preferential treatment to their own families and excluded those with whom they were engaged in conflict. The respondents described instances where family members had made inappropriate requests, asking Indigenous service provider workers to borrow vehicles and equipment for personal use. In these situations, it was often easier for the Indigenous workers to blame the non-Indigenous supervisors for their inability to give preferential treatment or share resources, than to refuse family members’ requests themselves. In these instances, it seems that having some non-Indigenous staff was useful.

Having this ‘little bit of distance’ as an ‘outsider’ could help service providers ensure transparent and equitable distribution of services without conflict. One respondent came from an organisation that employed Indigenous staff without any long-term relationship with the community in which they worked. This person said that the staff being slightly outside the community was a positive factor because they were not involved in family or community politics or conflicts.

The ‘outsider’ therefore can successfully provide services, but to engage families and offer culturally appropriate services, they still need cultural knowledge and a deep understanding of local issues. It appears that, in practice, it was the combination of ‘insider’ cultural knowledge and ‘outsider’ perspective that helped staff effectively engage Indigenous families. A non-Indigenous respondent, who provided services in the community in which she grew up, believed her understanding of local issues and connections with Indigenous families was as much an advantage as her ‘outsider’ qualities—a non-Indigenous background, tertiary education and early childhood service provider occupation. The combination of ‘insider’ and ‘outsider’ qualities, rather than either one in isolation, seems to effectively facilitate engagement with Indigenous families. Conversely, being too close to the group can be as much of a problem in providing services as being too distant or disconnected.

Gatekeepers or ‘cultural brokers’, who act as a bridge between services and local Indigenous families, also reinforced the benefit of services using ‘insiders’ and ‘outsiders’ to engage and support families. They had the advantage of local knowledge and connections to local families, but were not necessarily undertaking direct service delivery and therefore were one step removed from possible tensions regarding conflicts and service provision.

One non-Indigenous respondent who had spent considerable time with Indigenous men in his community, and had built rapport with local people, described the gatekeeper function he had adopted. He saw his role as an intermediary, providing a viable point for Indigenous men to access family services, and correspondingly introducing mainstream service providers to Indigenous men who might otherwise be difficult to engage. ‘I see myself as a “bridge”, as a way of giving other services an “in”’, he explained.

Other participants cited Indigenous workers with family connections as the most viable way to access ‘grassroots people’ in local communities. This was especially important in remote locations when communication was challenging. As few Indigenous families in some remote locations have their own telephones, fax machines and/or email accounts, messages have to be relayed by an individual in the community who has access to communication devices. The ‘gatekeeper’ also needs to have sound English and (sometimes) literacy to ensure messages are relayed.

The difficulty for gatekeepers in some communities is that they often work in isolation. This means assuming the burden of managing substantial communication between service providers and community members.

Relying on a single person to be sole point of contact may also create problems if the contact person is unreliable or reluctant to share information. There is a danger that gatekeepers can filter information rather than facilitate communication. While this was not found to be a widespread problem, a non-Indigenous respondent in one remote community did report it.

The respondent described the challenges of obtaining genuine community representation when a gatekeeper was reluctant to involve other community members:

Gatekeepers can get in way ... [When we were setting up the CCC in the area] there was a white man in one community who wanted to be on the committee and didn't want any Indigenous women from [his community] to be involved.

Regardless of individual gatekeepers' efficacy, it seems that it is extremely important for services to take time to build rapport with gatekeepers to gain their trust and eventually establish additional relationships with other community members. Those with both 'insider' and 'outsider' qualities appear to be successful in engaging and supporting Indigenous families. Some 'outsiders' were reported to have benefited from cultural awareness training and from spending substantial time building relationships and trust with locals (called 'professional loitering' by one non-Indigenous respondent). At the same time, many SFCS 2004–2009 respondents maintained the importance of employing experienced people who understand local issues and have connections with local people.

Summary

- Staffing availability, skills, qualifications and enthusiasm play an instrumental role in supporting or hindering service delivery.
- Generally, early childhood services, including Indigenous-specific ones, face staffing challenges such as pay, conditions, training, staff turnover, and poor governance and management.
- The funding and flexibility of the CfC model may have helped partially address some of these problems in urban areas. For example, CfC funding could be used to develop Indigenous-specific training programs for Indigenous early childhood providers.
- Most SFCS 2004–2009 services found recruiting and retaining good staff difficult. This was especially acute in remote locations, which meant some services were operating with inexperienced and unqualified staff.
- Workers with diverse skills, and skills specifically matched to the needs of the target population, were considered more important in early childhood service delivery than qualifications (when people with both skills and qualifications were not available).
- Recruitment and retention problems were addressed by employing, training and mentoring locals; offering flexible hours and secondments; creating Indigenous support roles; and offering traineeships.
- Employing Indigenous locals in SFCS 2004–2009 programs and providing formal and/or informal training and mentoring support helped increase local capacity and skills, and improved staff retention rates and program sustainability.
- The CfC model was found to provide a supportive environment, and helped facilitate training, mentoring and staff development.
- Cultural knowledge, understanding local kin, having community networks and trust, and knowing what other services are available are all important in recruiting and engaging Indigenous families and delivering culturally appropriate services.
- Staff can be categorised as:
 - insiders—Indigenous people from inside the community and, sometimes, non-Indigenous people from inside the community

- outsiders—Indigenous people from outside the community and, sometimes, non-Indigenous people from inside the community
- gatekeepers—local Indigenous people who provide a communication pathway between service providers and potential/current Indigenous service users—sometimes also known as ‘cultural brokers’.
- Staff from all these groups could work well with Indigenous families, if they had the appropriate knowledge, skills and values. But insiders and gatekeepers had a distinct advantage in having pre-existing connections, local knowledge and trusting relationships, which helped engage Indigenous families in service provision.
- While outsiders took considerable time to establish trusting relationships, unlike insiders and gatekeepers, they were not potentially hindered by community or family conflict.
- In practice, the combination of ‘insider’ cultural knowledge and ‘outsider’ perspective helped some SFCS 2004–2009 staff to effectively engage Indigenous families.
- Gatekeepers can be very useful to service providers, but they are at risk of becoming overburdened with managing communication and relationships between service providers and community members.

6.3 Community context

Within the community context it is important to consider the physical space available in communities to run programs as well as transport constraints, remoteness, community distress and past and current government policies.

Physical space

According to some participants, flawed venues and limited physical space within communities affected service provision. A number of CfC-funded services (mostly small, volunteer-run initiatives) did not have a dedicated space to deliver their services, or were located in venues with layouts inappropriate for young children, or both. Some respondents claimed an increased commitment from some local councils would address these problems. Place is important; the simple, inexpensive intervention of changing the venue at which a service takes place was reported to dramatically increase service use in a number of sites.

Physical space was also challenged in cases where patterns of Indigenous family life conflicted with mainstream service provision. In some communities, many parents brought several children to services, as well as spouses and extended family, making groups larger than anticipated. This was problematic for services where attendance was usually limited to individual children attending with one or both parents. Challenges such as this reflect the need for project flexibility and responsiveness to context, to ensure appropriateness in a range of settings.

Transport

The literature commonly cites a lack of private, public or community transport as a hindrance to families’ access to early childhood services (FaCSIA 2007a, 2007b; SNAICC 2004). This is especially problematic for Indigenous families since they are more likely to live in geographically isolated areas (ABS & AIHW 2008).

Transport problems were commonly reported by SFCS 2004–2009 respondents. Several respondents stated that many parents were unable to access services because they did not own a car or have a drivers licence, or they did not have adequate public transport in their community.

Several service providers overcame this problem to some extent by providing community transport (pick-up/drop-off services) and mobile services. This proved to be highly effective and many respondents reported that providing transport to clients greatly enhanced their services’ accessibility and increased the use of services.

Despite the clear benefits of providing community transport, many service providers were unable to do this, usually due to budgetary restrictions. A number of providers complained that, although transport is a huge issue, most current funding arrangements do not allow for purchase of capital assets, such as motor vehicles. Respondents noted that at present no state/territory or federal funding schemes allow for purchase of capital assets, and highlighted what they saw as an urgent need for community-wide planning.⁹

Another respondent in a regional area described a program that her service had initiated to support parents to get drivers licences as a way of improving service access.¹⁰ But this did not address the problem of poor public transport, nor did it improve the situation of families who did not have a car.

Transport problems were most acute in remote areas where it was not always viable to provide community transport to local services (FaCSIA 2007b). Where people living in remote areas needed to visit larger communities for services, service providers not only had to ensure access to flights, but also transport to get people to the planes. Hence, transport was not only a challenge for Indigenous families in remote communities, but also for service providers.

Remoteness

Remoteness poses significant challenges for service providers working in four of the five sites with the highest proportions of Indigenous children aged 0 to 5 years. Many areas in these sites are only accessible by air, with minimal, if any, on-site service providers. Consulting with communities, delivering services and collecting evaluation data, are all logistically complex and expensive.

Transport

Transport was identified as a major challenge for service providers working in remote communities. Respondents reported that travel was time consuming and expensive, and this was compounded by the unavailability of scheduled flights in many areas and so flights had to be chartered. The combination of inflated travel expenses and scheduling challenges could be frustrating for service providers:

Often, you'll arrange to visit a community and spend \$600 on a charter flight [to get there], and when you arrive, people are not there.

This may also reflect the cynicism and disillusionment that Indigenous families may have with the service system and the relatively low value they may place on early childhood services.

A number of respondents providing fly-in/fly-out services in remote sites reported occasionally sharing flights with other service providers. This had a number of positive outcomes, as coordinated visits by service providers caused less disruption to communities and achieved major savings on transport costs. However, despite the considerable benefits of service coordination in remote communities, this practice was not particularly widespread. Many respondents servicing these areas cited logistical complications as the reason, saying that it was not always convenient to coordinate service visits. There is considerable scope to expand this practice, and it is recommended that coordinated visits and shared flights be encouraged and written into service agreements as far as possible.

Besides organising flights to remote communities, ground transport could also be difficult to access. This was especially the case in areas where large-scale mining was taking place and mining employees were using the limited number of rental cars available.

Resourcing

A number of respondents in remote communities complained that the high costs involved in providing services to these communities were not factored into CfC funding. Remote sites face not only increased living costs for accommodation and food, but also the expense of transport and service delivery for small numbers of people. The problems caused by these high costs were compounded by the inability to compete financially with the

salaries offered by mining industries. Some respondents claimed that the high costs affected provision of effective services.

Weather

Weather created a number of problems for service providers working in Northern Australia, and sometimes contributed to cancellation of meetings and events. The weather changes dramatically between the dry and the wet seasons, and major climatic events, such as tropical storms and cyclones, commonly disrupt service provision:

Things often have to be cancelled. You have to book months in advance and then there's a cyclone and the whole thing is off.

In addition, the seasonal variation in population distribution (moving south in the wet season and back to coastal and tropical areas in the dry season) made service delivery and planning difficult.

Scheduling

The time it took to develop a rapport with Indigenous communities was exacerbated in remote areas where contact and consultation was difficult, time consuming and costly. Trust was also difficult to establish when the program was short-term. One respondent noted that:

... the community has seen providers come and go [in the past] without lasting change. Why should they think that this time will be any different?

Remote sites often had great difficulty planning and scheduling services. Although urban and regional sites also had problems with erratic and unpredictable service-user attendance, planning and scheduling in remote sites was more problematic because service providers often did not have a permanent presence in communities to provide services, and they were facing communication, distance, transport and weather challenges. These external factors were coupled with the likelihood that people would not necessarily access the service, even when the service providers were able to get into communities:

You can plan things as much as you like, but things don't work out the way you want them to ... Often you do a lot of planning and when you get there something has happened, such as a death, and everyone is at the funeral.

Communication

Aboriginal languages are spoken in most of the communities with high proportions of Indigenous children, and many families in these areas speak little or no English. In 2002 just under 40 per cent of Indigenous people living in remote areas reported speaking an Indigenous language at home, compared with 2 per cent of Indigenous people living in non-remote areas (ABS 2004, cited in ABS & AIHW 2008). Use of multiple Indigenous languages was also common in many of the remote areas where CfC was being delivered. One respondent reported 14 different language groups and clans within her site and said service users commonly spoke four or five languages. Other communities had a single dominant language.

Despite the predominance of Indigenous languages in remote communities, most service providers working in these areas communicated only in English. A number of respondents bemoaned the fact that many service providers did not speak 'in language' and continued to communicate with Indigenous people in a manner that was not culturally appropriate. One respondent referred to an 'ignorance of how to adequately communicate', and went on to say that Australians have a particular reluctance to learn Indigenous languages and culture. She felt that Australians were usually willing to accept that foreign cultures were different from their own and to adapt their language and behaviour accordingly, but that they seldom made the same effort to understand and accommodate traditional Indigenous culture. It is difficult for service providers to learn languages when different languages are spoken in the areas in which they travel and deliver services. Where possible, some understanding of the local language would certainly aid service delivery, but the communication difficulties reinforce the importance of working with trusted local people.

The challenge of effective communication was further exacerbated when service providers did not have a permanent presence in remote communities. Many people in remote locations did not have their own telephones or access to email. Consequently, telephone, fax and (occasionally) email messages have to be relayed by the person/people in the community with access to communication devices and a fluent command of English (often staff at the local store, post office or other workplaces).

Community distress

A number of respondents said that some of the communities they worked in suffered considerable distress, and this made it difficult for service providers to convince families to prioritise early intervention and prevention service use. Typical sources of distress in a number of communities were poor living conditions, transient populations, family disputes, tenancy instability, mental illness, domestic violence, substance abuse and gambling. These social stresses also made it difficult for the families who did access services to sustain their participation. These problems are compounded in remote areas by the scarcity of services and resources.

Funerals (or ‘sorry business’) also had an enormous effect on Indigenous communities and, in turn, service provision:

The entire community attends funerals. Kids are pulled in and out of services ... [Service providers] can’t do any work when funerals are taking place.

Funerals made it difficult for service providers to maintain momentum in service delivery. When momentum was interrupted, service providers reported a decline in positive outcomes because services were disrupted by absent staff, children had disjointed participation in programs, and there was a need to continually rebuild relationships with families:

It can go through stages ... [Sometimes] you maintain a high level of contact, then a few people will die and there’s a series of funerals and it’s like you have to start all over again!

This sentiment was reiterated by a number of people working in communities with high proportions of Indigenous families.

Service providers have to expect breaks in service provision as a result of funerals, but the prevalence of other areas of community distress pose significant challenges for the success of early intervention and prevention models. Families cannot be expected to prioritise early intervention services if basic needs, such as stable, secure housing and adequate living conditions, are not met. If early intervention and prevention initiatives, like SFCS 2004–2009, are to be successful in communities under distress, social issues must also be addressed.

Past/current policies

Past policies

A number of respondents spoke of the legacy of history and of how past policies and practices, such as the forced removal of members of the Stolen Generations, shaped current opinions and behaviours of families, and of how this affected service use; for example, two of the most common barriers to using services were fear that the children would be taken away, and fear of disease and death. This was particularly the case with health services, which ‘were traditionally places to die or places that removed kids’. The fear of child removal presents a particular challenge to engaging Indigenous people in early intervention and prevention services, including those provided by SFCS 2004–2009. Indigenous families may be reluctant to take up offers of individual home visiting, parenting support, counselling or educational or health services. This further reinforces the need to develop and build trust slowly. As one respondent put it:

Lots of things that have happened that can’t be changed overnight ... It takes time to build people’s trust again.

Current policies

SFCS 2004–2009 services faced additional challenges in building and maintaining trust with Indigenous families in the Northern Territory after June 2007 and the introduction of the Australian Government's Northern Territory Emergency Response (NTER).¹¹ During the focus groups and telephone consultations undertaken in early 2008, respondents noted that the NTER had at times strained the relationships between SFCS 2004–2009 service providers and community members, and complicated delivery of early childhood services, especially when the NTER was in its initial phases.

Many CfC stakeholders said community members found it difficult to differentiate between CfC service providers and NTER taskforce staff. Despite the CfC's community development approach, in contrast to the NTER's 'top-down' approach, both were perceived as 'the authorities' or 'the government representatives'. Many community members were sceptical of service providers' sincerity after the intervention began, which made it difficult to build and maintain community trust. This was evidenced by the decrease in CfC service attendance, the absconding of community members who were 'running to the bush scared' or avoiding service contact, and the difficulty in recruiting staff (because of competition from the taskforce).

After the election of the new Federal Government in November 2007, despite the continuation of the NTER until a review is completed (FaHCSIA 2008), the negative impact of the NTER on SFCS 2004–2009 service provision declined and community members became less reluctant to engage with SFCS 2004–2009 services.¹² It is unclear whether this decline was due to the election itself and the consequent change of government, or whether it was due to the communities' increased familiarity with the NTER's presence.

Summary

- Inappropriate venues and limited physical spaces within communities could affect service provision.
 - Changing venues and making council-owned venues available for services are simple, inexpensive actions that could increase service use in SFCS 2004–2009 sites.
- Lack of private, public or community transport hinders many Indigenous families' access to SFCS 2004–2009 early childhood services. Services offering community transport (pick-up/drop-off services) and mobile services were successful in increasing access and engagement of Indigenous families.
 - Community asset mapping and planning should examine transport as well as service provision.
 - Services need flexibility in funding rules, such as purchasing of capital assets, for example, motor vehicles, to help facilitate transport and mobile services.
- The CfC model is substantially hindered in remote sites because remoteness implications were not factored into the funding or modelling:
 - poor accessibility to people with some places only accessible by air
 - the expense and scarcity of transport (limited flights and the unavailability of rental cars)
 - high living costs
 - high service delivery costs because of smaller and more geographically dispersed population
 - inability to compete with mining industry's high pay for skilled staff
 - difficulties of scheduling meetings, events and appointments in tumultuous weather and wet seasons
 - use of multiple Indigenous languages and limited levels of English.

- The remote area issues could be partially addressed by:
 - ensuring future national or state and territory-based programs have different funding formulas and timelines for remote areas
 - encouraging fly-in/fly-out service providers to share flights to remote areas to decrease disruption to communities and offer savings and support networks for service providers
 - helping providers gain some understanding of the local languages
 - engaging a trusted local to support the service provider.
- Severe socioeconomic disadvantage and social problems (poor living conditions, transient populations, family disputes, tenancy instability, mental illness, domestic violence and substance abuse) make it difficult for families to prioritise early intervention and prevention service use:
 - Social problems need to be addressed before early intervention and prevention initiatives (or in association with them) if these programs are to be successful.
- Service providers should be mindful of the time needed to develop trusting relationships, and of how policies and practices, both historical and contemporary, can jeopardise trust and service use.
- Projects need to incorporate some flexibility to adapt to community context.
- There is no 'one way' to adapt programs to Indigenous contexts. Each community is different, and programs need to be adapted to local needs.

7 Sustainability

Most respondents were extremely positive about SFCS 2004–2009, but they did not believe the level of service provided (at the time the interviews took place) could be sustained without continued funding. There was a conscious effort to increase the sustainability of services by increasing the likelihood of long-term quality staff; and some respondents believed that some partnerships and service coordination would continue. However, participants were emphatic that unless funding continued, both for employing staff and for delivering services, SFCS 2004–2009 programs were not sustainable in Indigenous communities. Administrative and management support was also considered vital to further ongoing development and strengthening of services.

Most maintained that many of the preliminary positive program outcomes would diminish if SFCS 2004–2009 programs did not receive ongoing funding, and that many of the potential benefits would remain unrealised without sustained, long-term interventions. It was felt that short-term interventions, which do not include sustained follow-up, could have a more detrimental effect on local Indigenous communities, than no intervention at all:

Once you take services away, what's going to happen? It's like giving someone a lolly and taking it away. [Interventions] need to be sustained ... [for] a generation at least. That's the only way that you're going to get general change ... To start something without finishing it is setting people up for failure.

Several participants argued that consistency and sustainability was more important for Indigenous service users than for others, given the history of short-term or incomplete programs that had characterised many Indigenous policies. The cycle of aborted programs and 'unfinished promises' had damaged the sustainability of successive initiatives, including SFCS 2004–2009, and fuelled resentment and mistrust.

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

An opportunity has been given, an avenue presented [by CfC], but people need long-term, consistent support. It's not straightforward [whether or not the outcomes for service users are sustainable]. We are competing against generations of broken family structure, drug abuse and addiction ... If [CfC programs] were to be successful, [they] would need longer-term, sustained funding.

The source of future funding for many Indigenous communities would need to be government-based, since many of these communities are located in remote areas with limited corporations to offer finance through social responsibility funding streams. Even in communities where a number of large corporations are operating, attracting funding to community development and early intervention programs is difficult because measuring outcomes is problematic.

Summary

- Services attempted to increase the sustainability of programs by seeking to attract, train and retain quality staff.
- In some cases, partnerships, service coordination and a focus on early childhood may be long-term outcomes of the SFCS 2004–2009 initiative.
- Unless funding continues for employing staff members and delivering services, SFCS 2004–2009 programs are not sustainable in Indigenous communities.
- Preliminary positive program outcomes will diminish if SFCS 2004–2009 programs do not receive ongoing funding, and potential benefits will remain unrealised without sustained, long-term interventions.

- Short-term interventions that do not include sustained follow-up could have a more detrimental effect on local Indigenous communities than no intervention at all, as they can fuel resentment and mistrust.
- Future, long-term funding for early childhood services in Indigenous communities is essential if Indigenous outcomes are to improve.
- CfC, with its four-year funding cycle, is not sufficient to result in long-term positive outcomes for young children and their families in disadvantaged Indigenous communities.
- Government funding is needed; corporate funding is difficult to attract for community development projects because there are usually limited or no corporate options in remote areas and it is difficult to measure outcomes.

8 Conclusion

Service provision and coordination

Many research participants compared the SFCS 2004–2009 model favourably with other funding models noting that it gave service providers considerable control over the types of services they could provide and the way they could deliver them. Programs benefited greatly from consultations and partnerships with Indigenous organisations and community members, but effective community engagement takes considerable time, especially in rural and remote areas.

Partnerships, better coordinated services, and a focus on early childhood may be long-term outcomes of the SFCS 2004–2009 initiative in some areas. However, without ongoing funding, it is unlikely that SFCS 2004–2009 programs will be sustainable. Short-term interventions can fuel resentment and mistrust. Furthermore, preliminary positive program outcomes may diminish, and potential benefits remain unrealised without sustained funding.

Many respondents believed that SFCS 2004–2009 had increased the number, scope, quality and relevance of services available to Indigenous families and children in their areas. However, others felt that the main impact of the program had been simply to raise Indigenous people's awareness of services and that not enough time had passed to expect Indigenous families to have engaged with or benefited from those services over a sustained period.

CfC increased the networking, coordination and collaboration between services but relationships were stronger and more effective where interagency cooperation predated CfC. Remote and rural sites were at a disadvantage because of the limited options for service coordination and partnerships compared with metropolitan locations. In most cases, a four-year program was too short for services to establish effective partnerships in the absence of pre-existing relationships.

The particular issues affecting remote sites could be partially addressed by ensuring that future national or state and territory-based programs have different funding formulas and timelines for remote areas; by encouraging fly-in/fly-out service providers to share flights to remote areas; by helping providers gain some understanding of local Indigenous languages; and by engaging trusted locals to support service providers.

Factors facilitating or hindering service provision and outcomes

The relatively short life of the initiative limited the number of reported outcomes for families. The greatest reported change was in increased access to services and first-time engagement by some Indigenous families. Some respondents believed families and young children were benefiting from SFCS 2004–2009 in the areas of health, wellbeing, parenting skills and young children's preparation for learning.

Indigenous families did not necessarily engage with services unless they were accessible and tailored to their specific needs. It is important that both Indigenous-specific and mainstream services are safe, comfortable and culturally appropriate in order to improve their accessibility for Indigenous families and children. Strengths-based programs that used 'soft' engagement strategies providing non-threatening, informal and respectful services at a low cost to families were the most effective.

Effective services were also those that adapted information for Indigenous clients, included cultural identity as part of their curricula, and used Indigenous cultural artefacts in everyday activities. Programs relating to nutrition and those providing meals were also successful in encouraging attendance. It is recommended that, where possible, services are provided in Indigenous languages, community Elders are invited to participate in some service delivery, and parents are offered education and support.

Staff availability, skills, qualifications and enthusiasm are instrumental in supporting or hindering service delivery. The CfC model helped provide a supportive environment, and helped enable training, mentoring and staff development, and create Indigenous support roles and traineeships. These initiatives also improved staff recruitment and retention rates and made programs more sustainable. The model may have helped to partially address challenges in urban areas regarding pay, conditions, training and staff turnover and poor governance and management. In rural and remote locations, however, greater flexibility and longer-term funding may be necessary to address these issues.

Workers with skills specifically matched to the needs of the target population were considered more important in early childhood service delivery than were those with qualifications, in cases where both skills and qualifications were not available. Relevant skills for workers in Indigenous communities included cultural knowledge and knowledge of local kin, community and service networks. The combination of insider cultural knowledge and connections with an outsider perspective helped some SFCS 2004–2009 staff engage Indigenous families effectively. Gatekeepers or cultural brokers were also useful to service providers, but this is a challenging role and there is a risk that the task of facilitating communication can overburden gatekeepers.

Community context

Inappropriate venues within communities can adversely affect service provision, and simple interventions like making local council-owned properties available could increase service use in SFCS 2004–2009 sites. Community asset mapping and planning should consider transport as well as service provision. In addition, flexibility is needed in funding rules, such as permitting the purchase of capital assets like motor vehicles, to help facilitate transport and mobile services. If these programs are to be successful a number of social problems within Indigenous communities need to be addressed before (or in association with) implementation of early intervention and prevention initiatives. Service providers and funders should be mindful of the time needed to consult and develop trusting relationships, and of how historical and contemporary policies and practices can challenge trust and service use.

Despite considerable challenges, it appears many SFCS 2004–2009 programs made considerable progress in engaging and providing assistance to Indigenous families and children. The recommendations arising relate to funding models, set-up time, recruitment and retention of staff, and consultation and engagement. They include the need for effective community consultation and for sustained, long-term interventions that do not focus exclusively on early intervention, but address social problems in Indigenous communities holistically.

Appendix A: Stronger Families and Communities Strategy 2004–2009 model

Description

Stronger Families and Communities Strategy (SFCS) 2004–2009 was an initiative of the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The SFCS 2004–2009 aimed to help families and communities build better futures for children, build family and community capacity, support relationships between families and the communities they live in, and improve communities' ability to help themselves. It contained:

- Communities for Children (CfC)
- Invest to Grow (ItG)
- Local Answers (LA).

Communities for Children

Implementation of CfC was delegated to non-government organisations (NGOs), unlike most other government programs, which are funded and implemented directly by government agencies. Under the CfC initiative, NGOs were funded as Facilitating Partners (FPs) in 45 community sites around Australia to develop and implement a strategic and sustainable whole-of-community approach to early childhood development, in consultation with local stakeholders.

In each site, a FP established a Communities for Children Committee (CCC) with representation from a broad range of stakeholders in the community. Each FP, together with their CCC, oversaw development of a four-year Community Strategic Plan and annual Service Delivery Plans. The FPs also managed the overall funding allocation in their communities. Most of the funding was allocated to other local service providers called Community Partners (CPs) to deliver the activities identified in the local Community Strategic and Service Delivery Plans. CP agencies varied widely in size and organisational capacity; the spectrum included state government departments, large and small NGOs, and volunteer-run community groups.

The funding model—whereby an FP organisation was engaged to manage and distribute funds within each particular site, and foster service coordination and cooperation—was based on the logic that service effectiveness is dependent not only on the nature and number of services, but also on the degree to which service delivery is integrated and seamless. Consequently, the CfC program had a strong focus on service coordination and cooperation and a considerable amount of effort was devoted to 'joining up' existing services in addition to providing new services in CfC sites.

Invest to Grow

ItG—another discrete component of the SFCS 2004–2009 program—provided funding for early childhood programs and development of tools and resource materials to be used by families, professionals and communities supporting families and young children. Like CfC, ItG had a prevention and early intervention focus. The program aimed to develop an Australian evidence base around these issues and to support expansion of successful program models. ItG funding supported establishment of resources such as the Parenting Information Website, the National Indigenous Child and Family Resource Centre, and the Australian Early Development Instrument.

Local Answers

The third strand of the SFCS 2004–2009 program—LA—funded local, small-scale, time-limited projects that aimed to help communities identify opportunities to develop skills, support families and children, and foster proactive communities. LA also aimed to listen to local communities and use local knowledge and experience to develop effective, practical solutions that met their particular needs. LA aimed to build community capacity and develop initiatives that communities could create for themselves in partnership with local government, business and community organisations. The initiative funded a diverse range of projects, some of which focused on early childhood, parenting and family relationships, while others concentrated on mentoring, leadership, volunteering and community building.

Focus of Indigenous themed study

In evaluating the SFCS 2004–2009 initiative, this report focuses mainly on CfC and the FP model. The reasons for this emphasis were numerous. Most existing evaluation data about service use by Indigenous families and children related to CfC. The mainstream evaluation aimed to measure the effectiveness of the FP model for mainstream service users, and so it was important to compare the model's effectiveness and outcomes for mainstream service users with outcomes for Indigenous service users.

The ItG initiative shared many characteristics of CfC. Both programs were aimed at children in their early years and their families. Hence, many of the ItG interventions were similar to those funded by CfC, and so the impact on children, families and (to a lesser extent) communities should be similar. The ItG framework did not include the dimension of services working together, but a number of ItG projects were focused on improved service coordination and/or community capacity building.

Despite these similarities, ItG was structured and targeted differently to CfC in a number of respects: ItG did not operate an FP model and was (generally) not a place-based program (that is, interventions were not targeted towards specific communities). ItG interventions were generally much more structured and larger in scale than CfC initiatives and there was more emphasis on direct service provision under ItG and less emphasis on joining-up different services.

Importantly, the suitability of ItG initiatives for broader application was a key criterion for the ItG evaluation, and ItG projects had a greater proportion of their budgets (up to 10 per cent) set aside for local evaluation. Bearing these differences in mind, local evaluators undertook most of the assessment of ItG, and so the national evaluation analysed and summarised local reports for this component of the evaluation.

Appendix B: SFCS 2004–2009 National Evaluation Indigenous Themed Study Reference Group

Ms Helen Cheney	Manager, Communities and Families Clearinghouse Australia, Australian Institute of Family Studies
Ms Rosemary Cox	Children and Parenting Support Branch, Department of Families, Housing, Community Services and Indigenous Affairs
Dr Melisah Feeney	Section Manager, Longitudinal Survey of Indigenous Children Section, Department of Families, Housing, Community Services and Indigenous Affairs
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Dr Kristy Muir	Evaluations Manager/Senior Research Fellow, Social Policy Research Centre
Ms Liz Orr	Resource Service Evaluation Manager, Secretariat for National Aboriginal and Islander Child Care
Dr Margaret Valadian, AO, MBE, FACE	Independent consultant

Appendix C: Themed study methodology

Case study sample

The case study sample was based on the proportion of Indigenous children in CfC sites. The sample was drawn from customised data from the 2001 Census of Population and Housing. Data from the 2006 Census became available in 2008 and revised population estimates for Indigenous children in CfC sites are shown in Table C1.

All figures in Table C1 are based on customised Australian Bureau of Statistics data. The sites chosen were those that ranked high in terms of proportion of children who were Indigenous, with at least one site from each state and territory (except the ACT). The estimates provided here are based on more recent data than that available when the original estimates provided in the Indigenous themed study proposal were made. The original estimates were for children aged 0 to 5 years in Indigenous families as a proportion of all children aged 0 to 5 years, and excluded Indigenous children in non-Indigenous families (that is, adopted children) and visitors (original family data were not enumerated).

Alternative sites might have included West Townsville and Mirrabooka instead of Swan Hill and South Eastern Tasmania in 2001. However, the requirement of having at least one site in each state necessitated including Swan Hill (Victoria) and South East Tasmania in 2001.

Table C1: Proportion of Indigenous children in CfC sites (revised population estimates)

CfC site	Indigenous children aged 0–5 years	
	2001 %(a)	2006 %(a)
Cairns	19.4	24.1
Dubbo–Narromine	20.4	21.4
East Arnhem	65.7	62.8
East Kimberley	39.4	40.0
Katherine	53.6	60.4
Mt Isa	22.9	25.2
Palmerston–Tiwi Islands	25.0	23.8
Port Augusta	24.5	29.0
South East Tasmania	9.8	8.2
Swan Hill	7.3	6.0
Taree	10.1	9.6
West Pilbara	14.2	12.3
Sub-total: case study sample	22.4	23.7
Total: all 45 CfC sites	8.5	9.0

(a) Indigenous children aged 0 to 5 as a percentage of all children aged 0 to 5. Data is enumerated and includes visitors.
Source: ABS data available on request, 2001, 2006 Census of Population and Housing.

Telephone consultations

Target program: CfC and LA

Timeframe: February–March 2008

Sites: Dubbo–Narromine, East Arnhem, East Kimberley, Port Augusta, Mt Isa, South East Tasmania, Swan Hill, Taree, West Pilbara and LA programs

Key informants working in nine CfC sites, and staff from two LA projects, were interviewed by telephone in February and March 2008. Service providers in relevant Indigenous organisations, FPs, relevant CPs, and LA project workers and coordinators were interviewed.

Interviews were conducted with selected LA stakeholders and key informants in CfC sites with high proportions of Indigenous children aged 0 to 5 years. Sites included in the telephone consultations sample all had a higher proportion of Indigenous children than the CfC average (see Table 1).

FaHCSIA state and territory offices and FPs were asked to identify three contacts in each of the nine CfC sites in the telephone consultations sample (see Table 1). These contacts could be categorised as:

- mainstream services with high proportions of Indigenous clients
- mainstream services in areas with high proportions of Indigenous families (may or may not have high proportion of Indigenous clients)
- services specifically for Indigenous families run by Indigenous community-controlled organisations
- services specifically for Indigenous families run by mainstream organisations.

State and territory offices and FPs contacted potential respondents to inform them about the research and invite them to participate in interviews, and provided their contact details to SPRC staff. SPRC researchers selected possible CfC and LA respondents from the lists provided and set up telephone interviews at times convenient to respondents.

Due to budget restrictions, it was necessary to conduct these consultations by telephone. Therefore, consultation was possible only with respondents who had access to a telephone and who spoke English with sufficient fluency to be able to participate in such an interview.

The researchers were able to interview respondents from all CfC sites in the target sample. The researchers ensured that respondents from the Mt Isa, East Kimberley and West Pilbara CfC sites were well represented, as these areas had the highest proportions of Indigenous children and were not represented in focus groups of CfC fieldwork.

The researchers were supplied with the contact details of five LA service providers and were able to conduct interviews with two LA service providers in this component of the research.

In total, 25 telephone consultations took place; most interviews took between 45 and 60 minutes.

Focus groups

Target program: CfC

Timeframe: November 2007

Sites: Palmerston–Tiwi Islands, Katherine, East Arnhem and Cairns

In November 2007, two focus groups were conducted with FPs and CPs from CfC sites in the Northern Territory and Queensland, which included remote Indigenous communities. FPs and CPs from Palmerston–Tiwi Islands, East Arnhem and Katherine took part in the focus groups, which were conducted as part of a broader evaluation workshop for Northern Australian sites at Charles Darwin University in Darwin. SPRC staff designed the focus group questionnaire to ensure it was consistent with other evaluation components (see Appendix E).

John Gunther, the local evaluator for the Palmerston–Tiwi Islands, East Arnhem, South East Tasmania and Burnie sites conducted the focus groups and drafted a report based on the findings of the consultations.

To ensure the themed study sample was representative, CfC program delivery staff from remote CfC sites that were not represented in focus groups or CfC fieldwork (Mt Isa, East Kimberley and West Pilbara) were represented in the telephone consultations conducted in February–March 2008.

CfC fieldwork

Target: CfC

Timeframe: October–November 2007

Sites: Stronger Families in Australia (SFIA) sites: Bendigo, Cairns, Frankston, Inala, Launceston, Miller, Mirrabooka, Palmerston–Tiwi Islands, Salisbury, Shellharbour

The CfC fieldwork component of the case studies formed part of the second round of intensive fieldwork that took place in October–November 2007 in the 10 SFIA sites (Bendigo, Cairns, Frankston, Inala, Launceston, Miller, Mirrabooka, Palmerston–Tiwi Islands, Salisbury, Shellharbour).

The questionnaire used in the Round 1 SFIA fieldwork in 2006 was modified in 2007 to include prompts relating to service provision to Indigenous families and children (see Appendix F). All 125 respondents interviewed for this fieldwork were asked questions about what impact they believed CfC was having on families and children from specific groups, including those from Indigenous backgrounds; whether they had contact with specialist providers, including Indigenous services; and whether they believed the program would deliver long-term outcomes for families and children from specific groups, including those from Indigenous backgrounds.

In addition, the sampling of the CfC fieldwork was modified in 2007 so that Indigenous service providers could be identified.¹³ Respondents who identified as Indigenous were interviewed using the interview schedule for Indigenous service providers (see Appendix G).

Document analysis

Target: ItG

Timeframe: June–November 2007

FaHCSIA provided ItG interim reports to the SPRC and these were analysed between June and November 2007.

ItG funds 23 established and developing early intervention programs, and a number of resources to help families, professionals and communities improve outcomes for young children. In addition, ItG aimed to build the Australian evidence base about what works in early intervention and prevention, and to this end, projects are funded to engage local evaluators who help draft the interim reports. This component of the research assessed the scale and scope of ItG providers' support for Indigenous families and children.

Document analysis included assessment of the details of services Indigenous families engaged in, and activity types; documented success factors and case studies; staffing and volunteerism; program promotion strategies; and client satisfaction.

Although the bulk of local evaluation reports were available only as draft interim reports, they provided an opportunity for the national evaluators to identify the main themes and lessons emerging for project design and implementation. Additional final ItG local evaluation reports became available after the evaluation was completed.

Analysis of evaluation data that relates to Indigenous peoples

Data from the various aspects of the CfC National Evaluation (site visits, coordination survey, SFIA, service mapping, local evaluations, reports to FaHCSIA) were specifically analysed to describe Indigenous issues in implementation and outcomes by Indigenous status in CfC.

The data analyses explore:

- findings for Indigenous families and children relative to non-Indigenous peoples
- findings in the context of diversity within Indigenous peoples especially in relation to location (remote/rural/urban location).

SFIA dataset review

The researchers undertook a quantitative analysis of the SFIA Service Users Study dataset, which contains data about children and families using the CfC services in the 10 SFIA sites. Indigenous children in the sample were compared to non-Indigenous children on a number of domains.

Appendix D: Stronger Families in Australia tables

Table D1: Demographic characteristics of Indigenous and non-Indigenous families in SFIA sites

Characteristics by wave	Balanced panel (W1, W3)						Cross-sectional (W1, W3)					
	Total	Indigenous		Non-Indigenous		Statistical significance (p-value) ^(a)	Total	Indigenous		Non-Indigenous		Statistical significance (p-value) ^(a)
		n	%	n	%			n	%	n	%	
Father's employment												
Wave 1												
Employed	1,824	134	35.1	1,690	72.2	0.000***	2,202	182	31.9	2,020	68.6	0.000
Unemployed	–	–	17.2	–	8.0	0.001**	–	–	17	–	8.8	0.001
No father	–	–	47.8	–	19.7	0.000***	–	–	51	–	22.6	0.000
Wave 3												
Employed	1,823	134	41.0	1,689	72.6	0.000***	1,834	139	41.7	1,695	72.6	0.000
Unemployed	–	–	14.9	–	7.4	0.004**	–	–	15.1	–	7.4	0.000
No father	–	–	44.0	–	20.0	0.000***	–	–	43.2	–	20	0.000
Parent's (either mother or father) place of birth												
Wave 1												
Overseas	1,824	134	7.5	1,690	32.9	0.000***	2,202	182	7.7	2,020	35.3	0.000
Australia	–	–	92.5	–	67.1	–	–	–	92.3	–	64.7	0.000
Wave 3												
Overseas	1,824	134	6.0	1,690	32.8	0.000***	1,831	136	6.6	1,695	32.9	0.000
Australia	–	–	94.0	–	67.2	–	–	–	93.4	–	67.1	0.000
Mother's education												
Wave 1												
Year 10 or less	316	45	33.6	271	16	0.000***	433	65	35.7	368	18.2	0.000
Above Year 10	1,508	89	66.4	1,419	84	–	280	117	64.3	1,652	81.8	–
Wave 3												
Year 10 or less	278	37	27.6	241	14.3	0.000***	1,769	38	27.3	242	14.3	0.000
Above Year 10	1,546	97	72.4	1,449	85.7	–	1,555	101	72.7	1,454	85.7	–
Mother's employment												
Wave 1												
Employed	1,812	132	31.1	1,680	41.9	0.017	2,183	178	28.7	2,005	40.6	0.002**
Unemployed	–	–	11.4	–	4.9	0.004**	–	–	12.4	–	5	0.000***
Out of labour force	–	–	57.6	–	53.2	0.365	–	–	59.0	–	54.4	0.240
Wave 3												
Employed	1,804	130	38.5	1,674	49.9	0.014*	1,815	135	39.3	1,680	49.9	0.020**
Unemployed	–	–	6.2	–	4.8	0.525	–	–	6.7	–	4.8	0.001**
Out of labour force	–	–	55.4	–	45.3	0.028*	–	–	54.1	–	45.2	0.001**

Characteristics by wave	Balanced panel (W1, W3)						Cross-sectional (W1, W3)					
	Total			Indigenous			Non-Indigenous			Statistical significance (p-value) ^(a)		
	n	n	%	n	%	(mean)	n	%	(mean)	n	%	Statistical significance (p-value) ^(a)
Child's gender												
Wave 1	1,824	134	50	1,690	49.9	1.000	2,202	182	51.1	2,020	50.3	0.887
Female	–	–	50	–	50.1	–	–	–	48.9	–	49.7	–
Wave 3	1,824	134	50	1,690	49.9	1.000	1,835	139	49.6	1,696	50.1	0.930
Female	–	–	50	–	50.1	–	–	–	50.4	–	49.9	–
Child's age in months												
Mean age Wave 1	1,824	134	33.5	1,690	33.3	0.417	2,202	182	33.5	2,020	33.3	0.317
Mean age Wave 3	1,824	134	54.1	1,690	53.6	0.076*	1,835	139	54.1	1,696	53.6	0.096*
Parental income (\$/week)												
Wave 1	1,824	134	32.8	1,690	14.9	0.000***	2,182	181	34.8	2,001	17.4	0.000***
Over \$500	–	–	67.2	–	85.1	–	–	–	65.2	–	82.6	–
Wave 3	1,824	134	25.4	1,690	12.7	0.000***	1,815	138	26.1	1,677	12.9	0.000***
Over \$500	–	–	74.6	–	87.3	–	–	–	73.9	–	87.1	–
Number times moved in child's life												
Wave 1	1,824	134	1.7	1,690	0.9	0.000***	2,202	182	1.7	2,020	0.9	0.000***
Wave 3	1,824	134	2.0	1,690	1.3	0.005**	2,202	182	2.0	2,020	1.3	0.005**

(a) Chi-square test, with the exception of mean age of children, which uses an independent t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates no cases.

Table D2: Parental general health (mean)

	n	Wave 1	Wave 3	Significance
Indigenous	134	3.44	3.51	0.98 ^(a)
Non-Indigenous	1,690	3.74	3.73	0.76 ^(a)
Significance	–	0.00 ^{***^(b)}	0.009 ^{**^(b)}	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.**Table D3: Parental mental health (mean)**

	n	Wave 1	Wave 3	Significance
Indigenous	134	4.16	4.28	0 ^{***^(a)}
Non-Indigenous	1,690	4.34	4.41	0 ^{***^(a)}
Significance	–	0.001 ^{**^(b)}	0.013 ^{**^(b)}	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.**Table D4: Self-reported parenting skills by Indigenous status (mean)**

	n	Wave 1	Wave 3	Significance
Indigenous	134	3.84	3.74	0.017 ^{**^(a)}
Non-Indigenous	1,690	3.90	3.87	0.057 ^{*^(a)}
Significance	–	0.27 ^(b)	0.012 ^{**^(b)}	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.**Table D5: Hostile parenting by Indigenous status (mean)**

	n	Wave 1	Wave 3	Significance
Indigenous	134	3.41	3.47	0.906 ^(a)
Non-Indigenous	1,690	3.34	3.33	0.778 ^(a)
Significance	–	0.58 ^(b)	0.25 ^(b)	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.**Table D6: Home learning environment (mean)**

	n	Wave 1	Wave 3	Significance
Indigenous	134	2.83	2.64	0 ^{***^(a)}
Non-Indigenous	1,690	3.05	2.87	0 ^{***^(a)}
Significance	–	0 ^{***^(b)}	0 ^{***^(b)}	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.

Table D7: Support in child rearing (mean)

	n	Wave 1	Wave 3	Significance
Indigenous	133	2.72	2.60	0*** ^(a)
Non-Indigenous	1,682	2.84	2.65	0*** ^(a)
Significance	–	0.09 ^(b)	0.47 ^(b)	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.**Table D8: Neighbourhood social cohesion index by Indigenous status (mean)**

	n	Wave 1	Wave 3	Significance
Indigenous	125	3.12	3.15	0*** ^(a)
Non-Indigenous	1,568	3.35	3.42	0*** ^(a)
Significance	–	0*** ^(b)	0*** ^(b)	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.**Table D9: Neighbourhood as a place to bring up children (mean)**

	n	Wave 1	Wave 3	Significance
Indigenous	134	3.67	3.75	0.003** ^(a)
Non-Indigenous	1,686	3.92	3.99	0.004** ^(a)
Significance	–	0.005** ^(b)	0.007** ^(b)	–

(a) Paired sample t-test.

(b) Independent sample t-test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.**Table D10: No support available when needed (per cent)**

	n	Wave 1	Wave 3	Significance
Indigenous	134	15.67	7.46	0.027** ^(a)
Non-Indigenous	1,690	9.59	8.05	0.073* ^(a)
Significance	–	0.035** ^(b)	1.00 ^(b)	–

(a) McNemar test.

(b) Chi-Square test.

Notes: ***Results significant at $p < 0.001$; **results significant at $p < 0.05$; *results significant at $p < 0.1$; – indicates not applicable.

Appendix E: Indigenous themed study focus group guide

SFCS Indigenous themed study focus group guide, November 2007

Aims

1. Understand the impact of CfC on **service provision and coordination** in communities (remote and other) with a high proportion of Aboriginal and Torres Strait Islander children.
2. Understand the impact of CfC **on the lives of Aboriginal and Torres Strait Islander children and families** (who live in remote and other) communities.

Background information

Please collect the following background information on the people participating in the focus group:

- role
- organisation
- location (metro, rural/regional, remote)
- geographic areas they support (metro, rural/regional, remote)
- proportion of Indigenous clients (per cent) and proportion of families in their area who are Indigenous (per cent, if known).

Question guide

Service provision

How has CfC changed the number and type of services provided to Aboriginal and Torres Strait Islander children and families in your area?

How has CfC changed the way services are provided to Aboriginal and Torres Strait Islander children and families in your area (for example, access, content, and so on)?

Service coordination

To what extent do services work together to support Indigenous families in your area? How do they work together?

Prompts: planning (joint, coordinated, common goals), service delivery (referral, joint monitoring, joint case management, shared information or resources), professional development, interagency meetings

What impact has CfC had on the way services work together to support Indigenous families and children?

What factors do you think help these services to work well together in delivering services to Indigenous families?

Prompts: respect, understanding, role clarity, leadership, common goal/vision, experience in Indigenous communities (general), history in this Indigenous community, Indigenous staff

What factors do you think obstruct services from working well together?

Prompts: differences between services, different goals/vision, different levels of government, staff problems, geographic distances, resources, territoriality, competitive funding, non-Indigenous staff

Aboriginal and Torres Strait Islander families and children

What impact do you think CfC has had on Aboriginal and Torres Strait Islander families and children in your area?

Prompts: awareness of importance of children, use of services, parent knowledge and/or skills, child outcomes, increased self-efficacy

What impact do you think CFC has had on the community that is relevant to Indigenous families?

Appendix F: Indigenous themed study phone consultation and Indigenous-specific CfC interviews questionnaire

SFCS service coordination study interview schedule for Indigenous service providers

1. What is your role here/what type of work do you do?
2. Can you tell me a bit about your organisation?
3. Can you describe the sort of support that Indigenous families and children get in this area?
4. Has the support available to Indigenous children changed/improved in [area] over the past two years?
5. What kind of involvement do you have with [CfC/ItG/LA]?
6. In what ways has [CfC/ItG/LA] made a difference to services in [area]?
7. In what ways has [CfC/ItG/LA] made a difference to Indigenous families and children in [area]?
8. What factors stop your service from effectively supporting Indigenous families and children?
9. What factors help your service effectively support Indigenous families and children?
10. What do you think the long-term impact of [CfC/ItG/LA] will be on services that support Indigenous families and children and/or the outcomes for these families and children?
11. If you were implementing [CfC/ItG/LA], what would you do differently to give better support to Indigenous families and children?
12. Do you have any other comments?

Appendix G: Interview schedule for CfC fieldwork sites

Interviewer version, includes prompts

SFCS service coordination study interview schedule for fieldwork in family study sites

Key: *underlined = key points that need to be covered

1. **What is your role here/what type of work do you do? AND/OR What kind of involvement do you have with Communities for Children?**
 - FP, CCC member, funded organisation, other contact
2. **Have the activities funded through Communities for Children changed since last year? What brought these changes?**
 - new services funded in the last year
 - services discontinued in the last year
 - *priority needs being met/changed
3. **What impact do you think Communities for Children is having here?**
 - has it changed the way you think about or work with the community
 - impact on how services work together
 - on individual services (service quality, access and reach)
 - on the community as a whole
 - *on children and families
 - *on children and families from specific groups (Indigenous, culturally and linguistically disadvantaged, disabled, other hard-to-reach people, fathers)
4. **In what ways is Communities for Children working well in this site?**
 - a) **service provision**
 - service quality and access
 - *identifying and engaging hard-to-reach families (who do you define as hard-to-reach?)
 - *supporting particular client groups: Indigenous, culturally and linguistically disadvantaged, disabled, other hard-to-reach people, fathers
 - b) **service coordination**
 - *coordination among local services
 - does CfC complement other local early years networks?
 - dynamics between NGOs and the FP agency
 - collaboration across government levels
 - *collaboration between governments, NGOs and the community

- *coordination between specialist services (for example, Indigenous services)

c) integration with other government programs

- federal/state programs (refer to service mapping)
- *are they complementary or competing?
- any documentation?

d) community partnership outcomes

- *new partnerships/ways of working with the community
- new infrastructure

e) why? What helps it work well?

- external factors, for example, cooperative spirit, understanding of community needs
- the FP model (explain FP model if necessary), good leadership by the FP agency, skills of individuals
- the CCC working well (for example, represents all relevant sectors and groups, effectively commissions services, helps services to cooperate better, little internal tension, is the key decision-making body for CfC, makes appropriate funding decisions, complements other initiatives)
- *[Look at facilitating factors they identified last time] Have these factors continued to assist CfC in your area or have different factors become more important over time?

5. What aspects of Communities for Children do you think are not working as well as they could?

a) service provision

- service types, quality and access
- engaging hard-to-reach families
- servicing particular client groups (culturally and linguistically disadvantaged, disabled, Indigenous, other hard-to-reach people, fathers)

b) service coordination

- coordination among local services
- does CfC compete with other local early years networks?
- dynamics between NGOs and the FP agency
- collaboration across government levels
- collaboration between governments, NGOs and the community

c) integration with other government programs

- federal/state programs (refer to service mapping)

d) community outcomes

- ways of working with the community
- partnerships, service agreements
- Why? What prevents it from working well?

-
- external barriers, for example, lack of cooperation, long distances, lack of resources
 - the FP model, the FP agency
 - staff problems (for example, lack of staff, high staff turnover)
 - lack of leadership
 - CCC problems (for example, not representative, ineffective at commissioning services and at facilitating cooperation, internal tensions, only rubber-stamp decisions, makes inappropriate funding decisions, competes with other initiatives)
 - [Look at barriers they identified last time] Did you manage to overcome [x,y,z] problems/barriers during the last 12 months? How? Have any new barriers arisen? What resources would you need to address these? (staff, training resources and so on)
- 6. How well does the FP model work compared to other funding models (direct funding, collaborative arrangements)?**
- is practical experience with the model different to expectations?
 - *What changes to the model would strengthen
 - a. service delivery and coordination
 - b. *outcomes for families and children from specific groups (Indigenous, culturally and linguistically disadvantaged, disability, other hard-to-reach people, fathers)?
- 7. What is the likely longer-term impact of CfC on this site?**
- service coordination, quality and reach
 - impact on services not involved in CfC
 - *sustainability (sustainability of networks without CfC?)
 - impact on community cohesiveness and 'child friendliness'
 - *outcomes for children and families
- 8. If you were implementing CfC, what would you do differently?**
- For example, the FP model, the FP agency, composition or work of the CCC, boundaries of the CfC site

Any other comments?

List of shortened forms

ABS	Australian Bureau of Statistics
AHMRC	Aboriginal Health & Medical Research Council
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ATSIJC	Aboriginal and Torres Strait Islander Social Justice Commissioner
CCB	Child Care Benefit
CCC	Communities for Children Committee
CfC	Communities for Children
CP	Community Partner—non-government organisations contracted by FPs to deliver the activities identified in the local Community Strategic and Service Delivery Plans
FaCS	Australian Government Department of Family and Community Services (now FaHCSIA)
FaCSIA	Australian Government Department of Families, Community Services and Indigenous Affairs (now FaHCSIA)
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
FP	Facilitating Partner
ItG	Invest to Grow
LA	Local Answers
LSIC	Longitudinal Study of Indigenous Children
MACS	Multifunctional Aboriginal Children's Services
NACCHO	National Aboriginal Community Controlled Health Organisation
NHMRC	National Health and Medical Research Council
NTER	Northern Territory Emergency Response
OATSIHS	Office for Aboriginal and Torres Strait Islander Health Services
SCRGSP	Steering Committee for the Review of Government Service Provision
SFCS 2004–2009	Stronger Families and Communities Strategy 2004–2009
SFIA	Stronger Families in Australia
SNAICC	Secretariat for National Aboriginal and Islander Child Care
SPRC	Social Policy Research Centre

Endnotes

1. CfC is the largest component of the SFCS evaluation 2004–2008 and many sections of this report only refer to CfC. Where CfC, ItG and LA are referred to collectively, it will state ‘SFCS’ or SFCS 2004–2009. In other sections of the report, only CfC or CfC and ItG are discussed because of the limited data available from LA. For a full description of the SFCS 2004–2009 model, see Appendix A.
2. SFIA is a longitudinal study of families and children in CfC sites, which was undertaken as a part of the SFCS national evaluation (see Edwards et al. forthcoming).
3. An FP model is a CfC funding model, whereby a non-government organisation (or FP) is engaged to manage and distribute funds within each particular site in an effort to foster service coordination and cooperation.
4. Self-completed progress report data collected by FaHCSIA were insufficient to determine the proportion of Indigenous families and children engaged in SFCS 2004–2009 initiatives.
5. Families may be reluctant to access services for a number of reasons, and may be distrustful or fearful of service providers, or ashamed to ask for help.
6. In 2005, FaCS reported that cultural identity was poorly or insufficiently dealt with in many child care settings, and service providers in general were unlikely to include cultural identity as a measure for quality service delivery.
7. In 2007, FaCSIA suggested the latter. It recommended that all people invited to child services receive police clearances and Working With Children Checks. But this could cause problems in some communities, because the attendance of Indigenous Elders may be limited because of past criminal records, even if these were minor offences (FaCSIA 2007b).
8. The use of food as an incentive was common in most CfC sites (see also Cortis et al. forthcoming).
9. A small number of FaHCSIA funded programs, such as the Family Violence Regional Activities Program and the Family Violence Partnership Program, do provide funding for car leasing and capital purchases, but the practice is not widespread.
10. The service provider also helped families obtain other forms of identification to decrease their isolation and further improve their access to services. Children cannot enrol in school without birth certificates; the respondent had helped families obtain birth certificates for unregistered children.
11. The NTER was presented as a response to the *Little Children are Sacred* report from the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007).
12. The NTER commenced before the case studies were undertaken. The change of government occurred shortly after the CfC interview component took place, and before telephone consultations began, so the results span the reference period before and after the federal election.
13. Indigenous service providers were defined in the telephone consultation sample, to include both Indigenous-specific services and mainstream services with Indigenous clients. They included: mainstream services with high proportions of Indigenous clients; services specifically for Indigenous families run by Indigenous community-controlled organisations; and services specifically for Indigenous families run by mainstream organisations.

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Occasional Papers

1. *Income support and related statistics: a ten-year compendium, 1989–99*
Kim Bond and Jie Wang (January 2001)
2. *Low fertility: a discussion paper*
Alison Barnes (February 2001)
3. *The identification and analysis of indicators of community strength and outcomes*
Alan Black and Phillip Hughes (June 2001)
4. *Hardship in Australia: an analysis of financial stress indicators in the 1998–99 Australian Bureau of Statistics Household Expenditure Survey*
J Rob Bray (December 2001)
5. *Welfare Reform Pilots: characteristics and participation patterns of three disadvantaged groups*
Chris Carlile, Michael Fuery, Carole Heyworth, Mary Ivec, Kerry Marshall and Marie Newey (June 2002)
6. *The Australian system of social protection—an overview (second edition)*
Peter Whiteford and Gregory Angenent (June 2002)
7. *Income support customers: a statistical overview 2001*
Corporate Information and Mapping Services, Strategic Policy and Knowledge Branch, Family and Community Services (March 2003)
8. *Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years*
Commonwealth Department of Family and Community Services submission to the 2003 House of Representatives Standing Committee on Ageing (October 2003)
9. *Inquiry into poverty and financial hardship*
Commonwealth Department of Family and Community Services submission to the Senate Community Affairs References Committee (October 2003)
10. *Families of prisoners: literature review on issues and difficulties*
Rosemary Woodward (September 2003)
11. *Inquiries into retirement and superannuation*
Australian Government Department of Family and Community Services submissions to the Senate Select Committee on Superannuation (December 2003)
12. *A compendium of legislative changes in social security 1908–1982*
(June 2006)
13. *A compendium of legislative changes in social security 1983–2000*
Part 1 1983–1993, Part 2 1994–2000
Bob Daprè (June 2006)
14. *Evaluation of Fixing Houses for Better Health Projects 2, 3 and 4*
SGS Economics & Planning in conjunction with Tallegalla Consultants Pty Ltd (August 2006)
15. *The ‘growing up’ of Aboriginal and Torres Strait Islander children: a literature review*
Professor Robyn Penman (November 2006)

16. *Aboriginal and Torres Strait Islander views on research in their communities*
Professor Robyn Penman (November 2006)
17. *Growing up in the Torres Strait Islands: a report from the Footprints in Time trials*
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Community Services and Indigenous Affairs (November 2006)
18. *Costs of children: research commissioned by the Ministerial Taskforce on Child Support*
Paul Henman; Richard Percival and Ann Harding; Matthew Gray (July 2007)
19. *Lessons learnt about strengthening Indigenous families and communities: what's working and what's not?*
John Scougall (July 2007)
20. *Stories on 'growing up' from Indigenous people in the ACT metro/Queanbeyan region*
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Housing, Community Services and Indigenous Affairs (April 2008)
21. *Inquiry into the cost of living pressures on older Australians*
Australian Government Department of Families, Housing, Community Services and Indigenous Affairs submissions to the Senate Standing Committee on Community Affairs (August 2008)
22. *Engaging fathers in child and family services: participation, perception and good practice*
Claire Berlyn, Sarah Wise and Grace Soriano (December 2008)