

Happy, healthy and thriving children

Enhancing the impact of our Integrated Child and Family Centres in Australia

Summary brief | May 2023



This brief is based on the discussion paper released in March 2023 by Social Ventures Australia.

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

In Australia, Integrated Child and Family Centres (ICFCs) play an important role. They are a service and social hub where children and families can access key services and connect with other families. Usually taking the form of a centre that provides a range of child and family services, they provide crucial programs – such as early learning programs, maternal and child health (MCH) and family support programs intended to improve child development and wellbeing. ICFCs provide access to a range of tiered services to support families with broader challenges they may be facing and also serve as a “navigator” function. They provide a space where families can come together to socialise and build social networks.

“Children and families benefit most from ICFCs where the staff come from multiple disciplines and have a clear understanding of, and commitment to, transdisciplinary, wrap around support along the whole service model continuum, from universal support to targeted support.”

– Cassidy Bishop, Cairns & Gordonvale Early Years Centres

Starting Better: A Guarantee for Young Children and Families¹ explores what a world class universal early childhood development system in Australia could look like. ICFCs serve as an important vehicle to deliver on the core elements of the guarantee (except parental leave), and in particular the wrap around navigator service and seamless support for children.

Although integrated early years models could benefit all children and families, the evidence around the impact of disadvantage on children's development and wellbeing suggests ICFC prioritisation for families experiencing disadvantage. ICFCs tend to be located in communities with high levels of disadvantage that demonstrate readiness and need for the service. The impact of ICFCs can be strengthened when they are situated within a broader place-based initiative and are able to leverage existing networks and community engagement.

The discussion paper closely examines a sample of our Integrated Children and Family Centres in Australia to understand how to best equip them to support young children and their families. It aims to inform strategies to both strengthen their impact and scale their operations to ensure the children who would most benefit are able to access them.

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

¹ Centre for Policy Development (CPD), [Starting better: a guarantee for young children and families](#), CPD, 2021, accessed 14 March 2023.

Key findings

The current Integrated Children and Families Centres (ICFCs) landscape in Australia is patchy. Diverse models of variable scale and capacity exist. There are major gaps in coverage. There is no national approach to delivery; there is also no overall leadership or responsibility for outcomes. And while quality is essential for ICFC outcomes, there is currently no overarching approach to measuring or assessing quality.

There are approximately 209 ICFCs across the country, leaving a significant proportion of children and families who would benefit from an ICFC unable to access one. Many others also do not experience the full potential that ICFCs can provide. Modelling undertaken by Deloitte Access Economics identified at least 100,000 children aged birth to six who are experiencing significant hardship and living in communities with high levels of disadvantage.²

State and territory governments play a significant role in delivering ICFC models and are actively involved in supporting these centres to achieve outcomes that enable children and families to thrive. However, the level of unmet need across the country requires a significant investment and overarching leadership beyond what any individual state can deliver on its own.

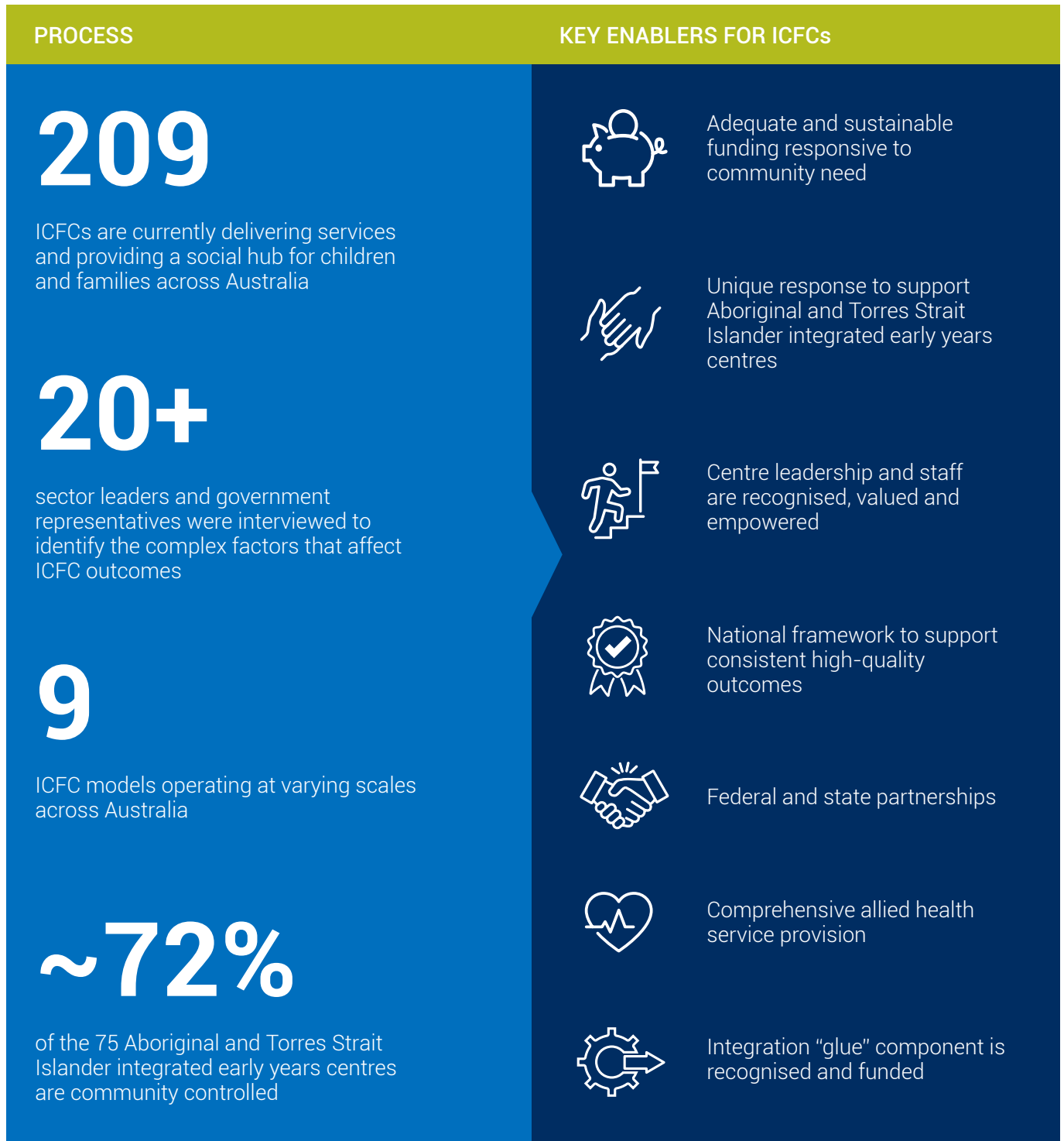
There is a critical national leadership role for the federal government in providing an umbrella for ICFCs to be recognised, defined and supported as a sector, and potentially a greater role in funding and outcome measurement. A tripartite approach is recommended to bring together the federal and state and territory governments, and the sector, to develop a collective approach to drive the necessary reforms.



² Deloitte Access Economics, Exploring need and funding for integrated child and family centres, February 2023. Prepared for Social Ventures Australia and the Centre for Community Child Health. For access, contact SVA.

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Key enablers for ICFCs

There is a significant opportunity to improve Integrated Child and Family Centres (ICFCs) in Australia. In our report, we outline the key enablers that strengthen ICFCs' impact: supporting children and families to thrive.



Effective funding for a holistic, child-centred approach

An **effective funding model** is a central enabler for ICFCs to be able to operate efficiently, effectively and flexibly to meet the needs of children and families. This requires secure, long-term funding for provision of core services. This also requires flexible funding for diverse child and family related services responsive to community needs.

"Centres need long-term funding that supports the breadth of their mission. The needs of the community should drive funding for the centres, rather than funding being directed by the complex responsibilities of state and federal governments."

– Caitlin Graham, Social Ventures Australia

The integration 'glue' component is core to the ICFC operating model. It describes the leadership, structures, practices and infrastructure that brings all the individual services and staff together to create an integrated, holistic service model. The glue function needs to be valued and recognised in the funding centres receive.



A unique response to support Aboriginal and Torres Strait Islander integrated early years centres

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

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

– Lisa Thorpe, Bubup Wilam Aboriginal Child and Family Centre



Centre leadership and workforce

Centres are staffed by **committed and dedicated leaders and staff members** who understand their communities and what is needed to have impact. However, structural and funding limitations often limit centre leaders' ability to implement this vision. They face significant burdens and often operate with little support or control.

Adequate remuneration and professional support for centre leaders and the workforce are fundamental for impact. This includes better pay and conditions. Equally important, this also includes professional supports that recognise the challenging and often psychologically demanding nature of their job.

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



Structures and processes that support consistent high-quality outcomes

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



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

ICFC staff needs to be supported to work in a way that is **child-centred and relational**. It is important that all staff members feel they are contributing collectively to the child and family outcomes.

ICFCs can assist families both through formal service delivery and as a social hub. As a **social hub**, ICFCs assist families with young children to connect with other families and build their social support networks. For this to occur, ICFCs require a **drop in, open space** where families can come outside of formal service provision. They also need to ensure staff members are available to connect with families outside of formal service provision. They can do this through informal activities: cooking sessions, cultural activities or simply having the time and capacity to listen and support families with their concerns. These informal activities need to be valued and adequately resourced.

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

– Emma Beckett, Nikinpa Aboriginal Child and Family Centre

Integration is required throughout all levels of the model, not just at the point of service delivery. Currently, ICFCs have to navigate government siloes to deliver an integrated centre. State government departments need to consider how they can provide integrated funding, overcome data sharing barriers and fully incorporate all services, including maternal and child health (MCH) and allied health, into the model. Better integration is needed across state and federal government departments to ensure centres are supported to deliver a broad range of services, including childcare. Better integration is also needed to ensure ICFCs do not have to report separately on multiple funding streams.

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

– David Ansell, Thrive by Five

Comprehensive **allied health** service provision is a systemic gap across ICFC models. Although all interviewees stressed the importance of allied health for early intervention and child development, access to allied health services is limited or absent and usually does not include therapeutic support. There is currently no systemic way to provide these critical services. Individual centres and families take on the responsibility for finding, accessing and funding allied health services.

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

– Emma Beckett, Nikinpa Aboriginal Child and Family Centre



Governments and funders

Effective leadership from government and funders and a supportive authorising environment are important to ensure models are adequately resourced and enabled.

It is important that ICFCs are **recognised and valued** by governments and funders as a key vehicle to meet the needs of young children and families experiencing disadvantage.

Collaboration and partnerships are required between federal and state governments, and between state government departments. These are critical to facilitate data sharing, enable childcare provision, and streamline procurement and funding processes.

Key recommendations

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

Conclusion

ICFCs have made a significant contribution to individual families, children and communities in Australia over the past 20 or 30 years. With adequate funding and support, ICFCs could have far more impact for the young children and families across Australia experiencing disadvantage today.

Our research shows that ensuring current ICFCs can implement the key enablers provides a significant opportunity to increase their impact on outcomes for children and their families. The deeper understanding of enablers and barriers presented in the discussion paper also assists in framing a national approach to ICFCs and identifying critical systemic reforms that could see significantly more children in Australia thriving in the early years.

"A national approach to ICFCs is needed to support consistency and quality across centres and to identify critical systemic reforms that could see significantly more children in Australia thriving in the early years."

– **Caitlin Graham, Social Ventures Australia**

10 Recommendations



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



2. Design and operationalise an ICFC specific funding model



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



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



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



6. Better remunerate and support ICFC leadership and workforce



7. Enhance ICFC outreach services



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



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



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

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