### SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Legislative Assembly, Committee on Community Services, New South Wales By email to <u>communityservices@parliament.nsw.gov.au</u>

Dear Committee,

#### Inquiry into support for new parents and babies in New South Wales

We welcome the opportunity to provide a submission to the Committee on Community Services' inquiry into support for new parents and babies in New South Wales.

SNAICC works in partnership with its members across Australia. AbSec – the Aboriginal Child, Family and Community Care State Secretariat – is a strong New South Wales member of SNAICC and the peak state body providing child protection and out-of-home care policy advice on issues affecting Aboriginal children, young people, families, and carers.

# We support and endorse AbSec's submission, dated 17 November 2017, to this current inquiry and encourage your close consideration of the discussion, and adoption of the recommendations, set out in their submission.

Specifically, SNAICC supports AbSec's recommendations:

- that the New South Wales Government commits to genuine self-determination in the provision of Aboriginal child and family services, <u>establishing a statutory Aboriginal</u> <u>commissioning body to administer and oversee investment in holistic Aboriginal child</u> <u>and family services through community controlled mechanisms</u>, with funding aligned to identified need;
- that the New South Wales Government commits to the <u>First 1000 Days Australia</u> framework for Aboriginal children and families in NSW, establishing a New South Wales Aboriginal child and family governance mechanism made of existing Aboriginal community controlled organisations and peak bodies to drive this work in partnership with the First 1000 Days Australia Council;
- that the New South Wales Government continues to build on the current Aboriginal child and family community controlled infrastructure including <u>Aboriginal Child and</u> <u>Family Centres, providing additional investment to both broaden the scope of existing</u> <u>services as well as developing new services to provide a state-wide safety-net of</u> <u>holistic Aboriginal child and family supports;</u>
- that the New South Wales Government resources the development of an <u>Aboriginal</u> <u>Parenting Framework</u> within the Family and Community Service Targeted Earlier Intervention strategy for Aboriginal children, families, and communities, in order to <u>support Aboriginal communities to design and deliver culturally embedded parenting</u> <u>supports</u>, developing a robust evidence base to further strengthen community responses; and



 that the New South Wales <u>birth alerts systems</u> relating to prenatal risk of significant harm notifications be enhanced to provide Aboriginal mother's identified under this system with proactive Aboriginal child and family and advocacy supports, working intensively with expectant mothers and their families to address identified concerns prior to the birth of their child. This should include Aboriginal oversight of alerts and actions taken by services to proactively support families to address risk of significant harm concerns.

Our submission provides evidence, advice and recommendations in line with, and in support of, AbSec's submission, which we believe go to improving support for Aboriginal and Torres Strait Islander new parents and babies in New South Wales, and across Australia.

#### A new approach that promotes and empowers genuine self-determination

We believe that significant system improvements and reforms are required to better support Aboriginal and Torres Strait Islander new parents and babies in New South Wales. An approach that commits to genuine self-determination by recognising, valuing, and resourcing Aboriginal and Torres Strait Islander communities' ability to design, deliver, and oversee policy and programs is required.

It is clear that this 'new' approach is needed, with Aboriginal and Torres Strait Islander people significantly under-utilising core universal services including early childhood education and care, <sup>1</sup> and maternal health. <sup>2</sup> Tailoring universal services to meet the unique needs of Aboriginal and Torres Strait Islander people is recognised as effective in overcoming access barriers and enabling stronger community engagement with services.<sup>3</sup> Even more strongly, Australian and international evidence confirms the effectiveness of Indigenous-led service design and delivery that consistently produces better results,<sup>4</sup> and has linked Indigenous community empowerment to broadly positive social and emotional wellbeing outcomes for community members.<sup>5</sup>

#### The specific need for holistic Aboriginal and Torres Strait Islander early years services

As set out above, there is a clear need for an approach that promotes and empowers genuine self-determination for the effective delivery and use of supports by Aboriginal and Torres Strait Islander new parents and babies. Early years centre-based services – encompassing maternal and child health care, child care, early childhood education, and other wrap around supports – are a key site where this needs to be pursued.

Aboriginal and Torres Strait Islander early years services have a different purpose to many mainstream early childhood education and care services in that they:

- support the development, safety, and wellbeing of our most vulnerable children and families in community, not just families' work choices;
- prioritise access for Aboriginal and Torres Strait Islander children not accessing, or are unlikely to access, mainstream services, and through their unique features overcome many of the identified service access barriers our families experience;



- are holistic and responsive to child and family needs, including integrated language development, speech and hearing supports, as well as broader health, family support, capacity building, and early intervention; and
- are Aboriginal and Torres Strait Islander-led and support local employment and upskilling of community.

The strengths of our services are:

- <u>as trusted community owned and run services, they are seen as part of community</u> they know the families and their culture, they know how to get the best out of them and they are able to outreach to those who are not accessing early learning or who would not otherwise access it through a mainstream service;
- they are not just about quality early learning they offer a range of wrap around services including nutrition, health, transition to school, language development, and speech and hearing supports – they are a key access point for engaging in supports for our children to thrive;
- they engage with our families they run parenting programs, drug and alcohol programs, housing support, deadly dads programs, and cooking and health programs – they are a key access point for our families, particularly vulnerable and high risk families, strengthening support for parents;
- they access children that haven't accessed early years services previously by offering culturally safe, strong cultural programs, outreach to families, and building up local community members to work in the centres – they are seen as owned by the community;
- they are strong local employers and by offering employment and training opportunities to community members they contribute to building the strength and capacity of our families and communities; and
- <u>they are driven by the passion and commitment of community</u> the sector has grown organically to support our children where the mainstream system has failed.

Ultimately, our services reflect all the evidence that shows us that what works is community engagement, ownership, and control over programs.

## Current early years services in New South Wales – Aboriginal Child and Family Centres and Multifunctional Aboriginal Children's Services

We do not propose to address in detail the adequacy of current services and structures for new parents and babies in New South Wales. However, we do take this opportunity to highlight the important role of Aboriginal community controlled Aboriginal Child and Family Centres (ACFCs) and Multifunctional Aboriginal Children's Services MACS) in providing culturally safe and accessible holistic supports.

#### Aboriginal Child and Family Centres

The New South Wales Department of Family and Community Services (FACS) currently funds nine ACFCs, which provide a mix of culturally safe services and supports for children aged 0-8 years and their families. Services delivered through ACFCs include early childhood



education and care, parent and family support, maternal and child health, and adult education opportunities. In New South Wales, ACFCs are located at Brewarrina, Lightning Ridge, Gunnedah, Mount Druitt, Nowra, Toronto, Minto, Doonside, and Ballina. The New South Wales Government has committed to continuing to support ACFCs and their transition to community controlled management.

As an example of the essential and effective work of ACFCs in New South Wales, we highlight the work of Cullunghutti Aboriginal Child and Family Centre in Nowra. The following case study was developed by SNAICC and Cullunghutti in 2015.

At Cullunghutti ACFC each year, about 400 children and adults participate in allied health and family support programs, in addition to which there are about 70 children enrolled in the early childhood program. These high numbers can be largely attributed to the fact that Cullunghutti delivers a culturally centred, holistic response to the needs of Aboriginal families.

Child and family health is supported through an extensive range of freely available on-site allied health services delivered through strong partnerships with other service providers. These include speech and occupational therapy, psychology, pediatric services such as child hearing assessments, *blue book* health checks, and coordination of GP assessments for allied health plans, and antenatal maternal health assessments.

Families are encouraged to drop-in to the centre when they need – for advice, support, or just a friendly yarn and cuppa.

A comprehensive case management approach ensures that families receive wrap around services including behavioural management support and early links inclusion support service, drop-in housing support, parenting programs such as a supported playgroup that sees regular attendance from around 15 adults and 20 children, cultural and arts programs as well as separate men's and women's groups, a catering and nutrition program, and support for kinship carers.

The very real differences brought about in the lives of Nowra's children as a direct result of the service are staggering – there has been a significant increase in early childhood diagnosis of additional needs and learning delay; a minimum of 80-85% of the children and families accessing the early learning and supported playgroup did not previously access any early learning service; and numerous children who previously experienced limited access to health professionals have no received health checks, visited health professionals, and are receiving additional support.

Cullunghutti ACFC delivers vital service to the Nowra region – with numerous benefits for children, families, and the community as a whole. $^{6}$ 

An evaluation report of New South Wales ACFCs completed in 2014 found that all centres had recorded significant achievements and delivered positive outcomes for Aboriginal



children, families, and communities. Some of the key achievements discussed in the report include:

- increased participation in licensed early childhood education and increased rates of age-appropriate health checks and immunisation;
- success in reaching Aboriginal families who were not previously accessing services it is estimated that an average of 78 per cent of children attending the child care had not accessed this service previously; and
- service integration that enabled centres to meet a broad range of needs for Aboriginal children and families and to provide holistic and coordinated care.<sup>7</sup>

Significantly, the report found that community engagement and involvement were key strengths and facilitated a sense of community ownership across centres, enabling services to respond to community needs.<sup>8</sup> This evidence supports our arguments about the need for Aboriginal and Torres Strait Islander early years services, designed and delivered by Aboriginal and Torres Strait Islander community controlled organisations. It also backs the transition of all ACFCs to community controlled management, emphasising the need to hold government to account in this regard.

#### Multifunctional Aboriginal Children's Services

As part of the Commonwealth government's budget based funding program (to be discontinued from June 2018), MACS are funded to deliver long day care for Aboriginal and Torres Strait Islander children not yet attending formal schooling and at least one other form of child care and early learning session or activity. This activity may include outside school hours care, playgroups, nutrition programs, or parenting programs.

There are several MACS in New South Wales delivering important services for Aboriginal children, including Allira MACS in Dubbo, Birrelee MACS in Tamworth, Awabakal MACS in Newcastle, Gujaga MACS in La Perouse, Oorunga Wandarrah MACS in Airds, Towri MACS in Bathurst, and Noogaleek MACS in Wollongong.

The following extract from a 2012 SNAICC profile of Birrellee MACS in Tamworth describes the vital role that the service plays to support young children and families using the childcare service who experience vulnerability to access a range of additional necessary programs and supports:

Birrelee is a Multifunctional Aboriginal Children's Service (MACS) in Tamworth, NSW. It originally started in the 1980s as a home-based, informal child care service run by local women from the community... The service was originally established to provide a holistic, multifunctional approach to care, but due to almost no increase in funding over the last 24 years, they have struggled to consistently maintain the variety of services needed by the community.

The service is licensed for 39 children a day, but generally take about 32 children as staff feel that the lower ratio means that they are able to provide better care for the children attending. Approximately 70 per cent of the children and families using the



service are Aboriginal...Many of the children at Birrelee come from lowsocioeconomic and disadvantaged backgrounds, and so to ensure that staff are able to provide a high level of care in catering to children's wellbeing the service operates at a lower child to staff ratio than normal.

Louise [the service manager] explains that this focus on cultural identity shows children how valued and rich their culture is, expressing how 'our culture is so respected and honoured and there are so many positive things about our culture that are represented on a daily basis from 8.30am to 5.30pm. So it's not a weekly event, it is celebrated daily here.' This strong and supportive environment helps to foster children's personal and cultural identity, their self-esteem and their sense of being and belonging in a community.

Louise expresses that 'our funding model definitely doesn't reflect the work that we should be doing, and that we are doing.' Given the paucity of funding and scant funding increases, a key strength of the service has been its approach to building relationships with other organisations that can help them to meet children's wellbeing needs. This has been an ongoing process at Birrelee, Louise expresses that 'we've spent lots of years building those good relationships.' The extra services that Birrelee engages with depends on the needs of the community and the families that are enrolled at Birrelee each year. Improved health care has always been a key community need, and so Birrelee has built up a strong relationship with NSW Community Health. Through this relationship they are able to access services such as eye and ear screening, occupational therapy, four year old health checks, and nutrition services. Birrelee also has a wound clinic that is open and free to anyone, with support provided to educate people about how to clean wounds and what type of wounds should be treated. By focusing on educating adults in this way, Birrelee ensures that children can also receive improved health care...

Birrelee operates within a framework of providing holistic care to all families who walk in the door. This is done through the provision of a range of services that meet children's wellbeing needs... The Aboriginal staff are key to being able to provide this holistic care because they understand each child's context. Louise explains that 'if we didn't have the Aboriginal staff here, we wouldn't have the strong community links, or the understanding from the community of the children's and families' issues. And that's why our service can respond so well and appropriately to different things that go on.' Louise illustrates this with a recent example of a new family who presented at the service requiring complex support in various different areas. Birrelee supported the family to get the children into the local school by approaching the school principals so that they older children could be enrolled into school. They then enrolled the younger children at the MACS, and then supported the family to fill out forms so that they could access housing. All of this was done because the staff understand that catering for a child's wellbeing necessitates providing holistic support to their entire family.<sup>9</sup>



#### Models of support from other jurisdictions

The following sections describe models of support, and promising commitments and initiatives, in other jurisdictions for the Committee's consideration.

#### Northern Territory

The Royal Commission into the Protection and Detention of Children in the Northern Territory recently published its final report and amongst numerous other matters has recommended the establishment of a network of centres similar to Aboriginal Child/ren and Families Centres as they were first designed.

Aboriginal Children and Families Centres (ACFCs) were designed to provide integrated early years focused supports to children and families in a culturally safe and responsive way. However, federal government funding was discontinued in 2014 despite evidence demonstrating that integrated support services provided early in life have the greatest impacts for vulnerable families, providing long-term wellbeing, productivity, and cost benefits for society.

The Royal Commission describes ACFCs as:

an example of integrated service hubs within local communities, which provide a significant opportunity to develop and deliver holistic, place-based early childhood and family support services, supported by infrastructure ... The vision behind the Centres was for a community-run, integrated services hub where families obtaining child support could also obtain other, related supports. The intention was to take an early support approach with capacity building for families and early identification of problems.<sup>10</sup>

The Royal Commission goes on to state 'in effect, establishing a network of centres along these lines is the approach which the Commission is recommending'.<sup>11</sup>

Building on the Royal Commission's recommendation and suggested model of Family Support Centres, we recommend that ACFCs in New South Wales, operating through a local Aboriginal community controlled model, be properly resourced to provide holistic, integrated, and culturally safe services for children and families, and expanded in number to increase their coverage across the state. We refer to the above discussion regarding current ACFCs in New South Wales and the case study of Cullunghutti ACFC and its strong practice.

#### Queensland

While the New South Wales state government has continued to fund its ACFCs at a significantly reduced level following the discontinuation of federal funding, the Queensland government has commendably recognised the early success of and maintained the level of funding for its ACFCs. The appropriate level of funding and security of funding is important for ACFCs to sustain outcomes and continue to provide integrated service delivery and culturally-appropriate early childhood services. The evaluation report on New South Wales ACFCs highlighted the risk of reduced funding to the extent and quality of holistic, integrated, and culturally-appropriate service.<sup>12</sup>



The Queensland government has provided approximately \$38.8 million over four years for its 10 ACFCs.<sup>13</sup> In contrast, the New South Wales government has committed \$15.2 million over four years from 2016-2017 for its 9 centres<sup>14</sup> that are funded at less than half the amount despite highly positive evaluation findings. We urge the New South Wales government to review the funding of New South Wales ACFCs with a view to increasing funding to an appropriate level in line with the Queensland model.

More broadly, the Queensland Government recently worked with Family Matters Queensland, the jurisdictional working group that is part of the national Aboriginal and Torres Strait Islander-led Family Matters campaign, to develop the *Our Way – A Generational Strategy for Aboriginal and Torres Strait Islander Children and Families 2017-2037* and its first Action Plan, *Changing Tracks: An Action Plan for Aboriginal and Torres Strait Islander Children and Families 2017-2019.* 

The Strategy seeks to eliminate the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system by 2037. Its approach focuses on participation of, control by, and self-determination of Aboriginal and Torres Strait Islander peoples and organisations.

The first Action Plan features the key priority area:

meeting the needs of Aboriginal and Torres Strait Islander young women under 25 years, and their partners, before and during pregnancy and parenting, especially during the first 1,000 days.<sup>15</sup>

The Action Plan recognises that 'key to supporting young parents is providing access to culturally safe services that understand the importance of culture and connection for Aboriginal and Torres Strait Islander children to grow up safe and cared for with family and community'.<sup>16</sup> The Plan commits to action to implement the First 1000 Days program, as described below.

#### First 1000 Days

The First 1000 Days Australia program is the Australian model of the international First 1,000 Days movement. It aims to provide a coordinated, comprehensive strategy to strengthen Aboriginal and Torres Strait Islander families so they can address their children's needs from pre-conception to two years of age, thereby laying the best foundation for their future health and wellbeing.

First 1000 Days is premised on the family remaining the primary and preferred site for developing and protecting culture and identity in Aboriginal and Torres Strait Islander children.<sup>17</sup>

An important foundational aspect and set of ideas and principles of the program is the *Charter of rights for children yet to be conceived*.



The charter states that every child can rightfully expect to be born into families who:

- 1. choose to become parents at a time when they are resourced and supported to provide optimum care for the child who will be born to them;
- 2. seek appropriate preventative and early intervention medical and cultural supports prior to, during and after the First 1000 Days;
- 3. can nourish them in the mother's womb with good quality nutrition, free from alcohol, smoke and the experience of violence;
- 4. have loving expectations of them, are hopeful about their future and help them to achieve their life aspirations in powerful and tender ways;
- 5. participate in their education from birth to ensure that personal aspirations are nurtured and aligned with our people's cultural values, responsibilities and entrepreneurial spirit;
- 6. provide an appropriately stimulating environment, age-appropriate games, and the ability to grow with siblings and family members who themselves are capable of experienced and knowledgeable caring and parenting;
- know who they are, where they come from, who they are connected to, who loves them, who advocates for them, who listens to them, and who is responsible for them – culturally, morally, physically, spiritually and emotionally;
- 8. are part of a healthy, vibrant society shaped by strong kinship relationships and a resilient culture, in which all members thrive, flourish and enjoy the same opportunities as other Australians without being made the same;
- 9. have healed and broken free from trans- generational trauma, and are able to transform harmful experiences into a positive future for their children and grandchildren; and
- 10. have the capacity to celebrate their children and offer them ceremonies, rituals, language, songs, stories and environments that strengthen their resilience, encourage their growth and support their choice of identity.<sup>18</sup>

#### Victoria

A key finding in the landmark Taskforce 1000 investigation conducted in Victoria by the Commissioner for Aboriginal Children and Young People Andrew Jackomos identified that:

the present service system, particularly the Aboriginal community controlled sector, lacks sufficient resources for, and emphasis on, early years programs to support families and reduce the growing number of Aboriginal children entering the child protection and out-of-home care systems. Furthermore, there is concern that many mainstream services do not provide culturally responsive services to Aboriginal children.<sup>19</sup>

A 2015 case study of Yappera Multifunctional Aboriginal Children's Service (MACS) in Melbourne offers some insight into the value of an Aboriginal community controlled service, and evidence of its effectiveness. We note again, as briefly set out above, the nature and role of MACS as services that provide long day care and at least one other form of child care or activity to meet the needs of Aboriginal children and families.



About 74 children, all Aboriginal and/or Torres Strait Islander are enrolled at Yappera. There are 12 Aboriginal staff, with one quarter new to the workforce or returning to the workforce.

Yappera runs a range of childcare programs, including long day care, early start (family grouping), early start and preschool kindergartens, and two school holiday programs. The kindergarten programs have a pick up and drop off service. Nutrition, physical activity, drama, science, cultural, traditional dance, and parenting/carer programs and workshops are also offered at no additional cost.

Children participate in health checks, including audiology, optometry, paediatric assessments, dental, immunisations, and general health checks. Specialist health services were sourced for children, namely speech therapy, occupational therapy and cognitive/developmental support. Several children with additional needs, including language/speech delays, cognitive delays, social/emotional delays and Autism spectrum disorder, received additional support. Some children were identified as requiring further assessment, and some referrals were made for families to services including specialist children's services, counselling, family violence support, maternal care and health. Some children had child protection involvement and were in an out-of-home care placement.

Aboriginal and Torres Strait Islander culture underpins all program planning, delivery and learning at Yappera, in recognition that children learn best with a strong connection to culture and robust support network of family and community.

Family are considered to be the primary educators of children and with 50% of staff being local Aboriginal community members, a sense of trust between families and the service underpins its strong outcomes.<sup>20</sup>

Victoria offers other examples of promising initiatives to support new parents and babies, including a trial of the Aboriginal Maternal and Child Health Initiative Service Model that is currently running until September 2018. This initiative is part of the Victorian Government's *Roadmap for Reform: Strong Families, Safe Children* reform agenda and has received specific resourcing. It involves the co-design of a maternal and child health service delivery model aiming to deliver more culturally responsive, accessible, and high-quality services through both Aboriginal community controlled organisations and current service providers. It encompasses the provision of the universal maternal and child health service, which delivers a free, universal accessible, state-wide service for all families with children aged from birth to school age.<sup>21</sup>

A separate and more long-running service is the Cradle to Kinder, specifically Aboriginal Cradle to Kinder, program. Cradle to Kinder is an early intervention ante and post-natal program run by the Victorian Aboriginal Child Care Agency (VACCA), an Aboriginal community controlled organisation. The program offers intensive, longer-term family and early parenting support for vulnerable, young expectant mothers, and their families. It is available



to families from pre-birth until children reach 4 years of age.<sup>22</sup> An evaluation of the Aboriginal Cradle to Kinder program, as part of the wider evaluation, by the Australian Institute of Family Studies found several reported benefits of the program, including facilitated access to other culturally appropriate services, improved opportunities for information sharing and collaboration because of co-location, and recognition of strong kinship connections and networks in supporting families and strengthening ties to culture.<sup>23</sup>

We urge the Committee to consider these, and other, models of support for new parents and babies in New South Wales, noting the need and importance of Aboriginal and Torres Strait Islander community control in design and delivery of services. We also urge the Committee to further engage with, and recommend engagement with, the New South Wales Aboriginal community controlled sector, including AbSec, in considering the appropriateness of models of support from other jurisdictions in New South Wales.

Thank you again for the opportunity to provide a submission to this current inquiry and we look forward to continued engagement in the reform process.

Regards,



Dr Peter Lewis Acting Deputy CEO SNAICC – National Voice for our Children

**SNAICC – National Voice for our Children** (Aboriginal and Torres Strait Islander Corporation) is the national non-governmental peak body for Aboriginal and Torres Strait Islander children.

SNAICC works for the fulfilment of the rights of our children, in particular to ensure their safety, development and wellbeing. The SNAICC vision is an Australian society in which the rights of Aboriginal and Torres Strait Islander children, young people and families are protected; our communities are empowered to determine their own futures; and our cultural identity is valued.

SNAICC was formally established in 1981 and today represents a core membership of Aboriginal and Torres Strait Islander community-controlled organisations providing child and family welfare and early childhood education and care services.

SNAICC advocates for the rights and needs of Aboriginal and Torres Strait Islander children and families, and provides resources and training to support the capacity of communities and organisations working with our families.



<sup>1</sup> Productivity Commission. (2014). *Childcare and early childhood learning: Overview*, Inquiry Report No 73, Canberra. <sup>2</sup> Steering Committee for the Review of Government Services. (2014). *Overcoming Indigenous disadvantage* 2014, 6.3. <sup>3</sup> Flaxman, S., Muir, K., and Oprea, I. (2009). In*digenous families and children: Coordination and provision of services*, Occasional Paper No 23, Canberra, p23; Denato, R., and Segal, L. (2013). 'Does Australia have the appropriate health reform agenda to close the gap in Indigenous health?', *Australian Health Review*, 37(2), May, 232, p235.

<sup>4</sup> Australian National Audit Office. (2012). *Capacity development for Indigenous service delivery*, No 26, Canberra, p17; Cornell, S., and Taylor J. (2000). *Sovereignty, devolution, and the future of tribal-state relations*, Cambridge: Harvard University, pp6-7 retrieved on 29 September 2016 from: <u>http://hpaied.org/sites/default/files/publications/PRS00-4.pdf</u>; Denato, R., and Segal, L. (2013). 'Does Australia have the appropriate health reform agenda to close the gap in Indigenous health?', *Australian Health Review*, 37(2), May, 232.

<sup>5</sup> Chandler, M., and Lalonde, C. (1998). *Cultural continuity as a hedge against suicide in Canada's First Nations*; Lavoie, J. et al. (2010). 'Have investments in on-reserve health services and initiatives promoting community control improved First Nations' health in Manitoba?', *Social Science and Medicine*, 71(4), August, 717.

2015.pdf <sup>8</sup> CIRCA (December 2014). Evaluation of NSW Aboriginal Child and Family Centres – Final Report, available at http://www.circaresearch.com.au/wp-content/uploads/CIRCA-Final-Evaluation-Full-report-Final-for-publication-14-Oct-2015.pdf

<sup>9</sup> SNAICC (2012). Learning from good practice: Implementing the Early Years Learning Framework for Aboriginal and Torres Strait Islander children: Good Practice Service Profiles. Melbourne: Author.

<sup>10</sup> Royal Commission into the Protection and Detention of Children in the Northern Territory, Vol 3B, p203.

<sup>11</sup> Royal Commission into the Protection and Detention of Children in the Northern Territory, Vol 3B, p203.

<sup>12</sup> CIRCA (December 2014). Evaluation of NSW Aboriginal Child and Family Centres – Final Report, available at

http://www.circaresearch.com.au/wp-content/uploads/CIRCA-Final-Evaluation-Full-report-Final-for-publication-14-Oct-2015.pdf

 <sup>13</sup> See https://www.communities.qld.gov.au/campaign/supporting-families/implementing-reforms/meeting-needsrequirements-aboriginal-torres-strait-islander-children-families-communities
<sup>14</sup> SNAICC (2017) The Family Matters Report 2017: Measuring trends to turn the tide on the over-representation of

<sup>14</sup> SNAICC (2017) The Family Matters Report 2017: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care. Melbourne: Author, p34.

<sup>15</sup> Department of Communities, Child Safety and Disability Services, Queensland Government (2017). Changing Tracks – An Action Plan for Aboriginal and Torres Strait Islander Children and Families 2017-2019, available at <u>https://www.communities.gld.gov.au/resources/campaign/supporting-families/changing-tracks.pdf</u>

<sup>16</sup> Department of Communities, Child Safety and Disability Services, Queensland Government (2017). *Changing Tracks* – An Action Plan for Aboriginal and Torres Strait Islander Children and Families 2017-2019, available at

https://www.communities.qld.gov.au/resources/campaign/supporting-families/changing-tracks.pdf

<sup>17</sup> See http://www.first1000daysaustralia.org.au/first-1000-days-australia

<sup>18</sup> See http://www.first1000daysaustralia.org.au/charter-rights-children-yet-be-conceived

<sup>19</sup> Victorian Commission for Children and Young People (2016). *Always Was, Always Will Be Koori Children*. Melbourne: Author.

<sup>20</sup> See <u>http://www.snaicc.org.au/wp-content/uploads/2015/12/03240.pdf</u>

<sup>21</sup> See http://www.education.vic.gov.au/childhood/providers/funding/Pages/amchigrants.aspx

<sup>22</sup> See http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-andfamily-services/cradle-to-kinder-program <sup>23</sup> Department of Health and Limon Carriere Minterio Carriere Minterio

<sup>23</sup> Department of Health and Human Services, Victoria State Government, Cradle to Kinder – Evaluation Summary. (2017), available at <u>https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-11/Cradle-to-kinder-evaluation-summary.docx</u>