Connected Beginnings Mid-Term Evaluation: Final Report

Prepared by Inside Policy for the Department of Education and the Department of Health and Aged Care

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Acknowledgement

Inside Policy acknowledges the First Nations on which we live and work, as well as the First Nations on which Connected Beginnings sites are located. We pay our respects to the Elders of these First Nations, past and present. We also pay our respects to emerging leaders of these Nations. We thank them for their ongoing custodianship of land, waters, air, spirit and all aspects of Country and remind ourselves that it always was and always will be Aboriginal and Torres Strait Islander land.

Inside Policy acknowledges the contribution and insight of the 25 communities involved in the Connected Beginnings program (at the time of the evaluation) in the development and outcomes of this evaluation.

Table of Contents

Executive Summary

Context

Connected Beginnings is a place-based program working with community stakeholders to integrate and strengthen Aboriginal and Torres Strait Islander peoples' access to early childhood education, maternal and child health, and family services to support children's school readiness.

Established in 2016, the Connected Beginnings program is jointly funded by the Commonwealth Department of Education (Education) and the Department of Health and Aged Care (Health). Education provides funding to support the establishment of a 'backbone team' in participating communities, to lead the implementation of Connected Beginnings, and support service integration of early childhood, maternal and child health, and family support services. Health fund 'health partners' to deliver additional child and maternal health services (as required) in addition to standard primary health care, and to participate in the work of Connected Beginnings.

Education and Health have engaged the Secretariat of National Aboriginal and Islander Child Care – National Voice for our Children (SNAICC) and the National Aboriginal Community Controlled Health Organisation (NACCHO), respectively, in 2022 as Connected Beginnings' community partners. As community partners, SNAICC and NACCHO provide national leadership, advice and advocacy, and support the program with cultural authority, awareness, and safety.

At a policy level, Connected Beginnings has focused on Aboriginal and Torres Strait Islander children aged 0-5 years across health and educational outcomes, in line with the Priority Reforms and targets 1, 2, 3, and 4 of the National Agreement on Closing the Gap (Closing the Gap). Connected Beginnings is itself a measure in the Commonwealth's Closing the Gap Implementation Plan.[1]

In June 2022, Education and Health engaged Inside Policy to conduct a mid-term evaluation of the Connected Beginnings program. At that time, Connected Beginnings had been established in 25 diverse communities across Australia (see **Appendix A**). 'Mid-term evaluation' refers to evaluations which seek to identify lessons and inform ongoing improvement to implementation of a policy, program, or initiative to support the intervention to achieve its intended outcomes. The mid-term evaluation follows on from the first evaluation conducted by the Australian Healthcare Associates (AHA) in 2019.

Methodology

Incorporating the program's Understanding Measurement Evaluation and Learning (U-MEL) Strategy and the Connected Beginnings' Theory of Change (see **Appendix C**), Inside Policy engaged in a co-design process with backbone teams, health partners, Health, and Education to develop the evaluation framework.

The U-MEL Strategy sets out seven key evaluation questions to be answered by the evaluation, helping to assess how the program is tracking against its Theory of Change. The evaluation examines the programs foundations/inputs, enablers of change and systemic changes occurring, service system impacts, child well-being and family outcomes, and population-level impacts. The population level impacts of Connected Beginnings are:

- Aboriginal and Torres Strait Islander children aged 0-5 years are healthy, safe and ready to thrive at school, and

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[1] Department of Education (2023). Connected Beginnings, accessed 19 May 2023.

- Gap in educational outcomes for Indigenous and non-Indigenous children has been reduced.[2]

The evaluation was designed to have a dual purpose:

- to provide insight *to* the backbone teams and health partners at the site-level (referred to as the site-level evaluation), and

- to aggregate and analyse findings *across* sites (and from other data sources) at the program-level (referred to as the program-level evaluation). **This report focuses on the program-level.**

Inside Policy implemented a mixed-method evaluation using three main inputs:

- **views of program-level stakeholders** representing Education, Health, the Department of Social Services (DSS), SNAICC, NACCHO, the National Indigenous Australians Agency (NIAA), some state-based Departments, and implementation consultants.

- **views of site-level stakeholders** through 22 site visits, engaging with backbone team members, health partners, service providers and community members and observing Connected Beginnings events and activities, and

- **a desktop review of documents** created by the backbone teams and health partners (i.e., Community Action Plans, progress/performance reports, grant agreements and annual reports) as well as program-level documents (i.e., Program Guidelines). In addition, Education and Health provided Inside Policy with quantitative data – derived from the Australian Bureau of Statistics (ABS), (internal data from) Department of Health and Aged Care (Health), Department of Education (Education), and the Australian Early Development Census (AEDC) – through the Connected Beginnings Data Dashboard.

In total, Inside Policy gained insights from:

32 program-level stakeholders[3]	**411 community-level stakeholders across 22 sites**[4]	**738 site- and program-level documents**

Qualitative and quantitative data were analysed and synthesised across the 25 sites to inform responses to the seven key evaluation questions considered in this mid-term evaluation.

In addition, Inside Policy undertook a Contribution Analysis to understand how Connected Beginnings was contributing to specified impacts, and a Cost-Benefits Analysis to assess the potential value of the Connected Beginnings intervention.

Limitations

Inside Policy notes that Connected Beginnings sites have been established on a rolling basis since 2016 and that the Connected Beginnings model has evolved over time. As a result, the 25 sites included in this evaluation are at differing levels of maturity. There have also been considerable shifts in government's approach to the program, particularly around the interpretation and implementation of the Collective Impact approach and its guidance to

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[2] Clear Horizon (2021) *Connected Beginnings Understanding, Measurement, Evaluation and Learning (U-MEL) Strategy*

[3] Inside Policy spoke with 32 people across 21 activities during three focus groups and 18 interviews.

[4] To minimise over-consultation, three Connected Beginnings sites in Western Australia were evaluated at the site-level by Telethon Kids Institute who shared their insights with Inside Policy emerging from documentation.

sites. As a result, evaluation across the sites and on a program-level has proven difficult in some respects.

The nature of Connected Beginnings, acting as a complement to existing service provision, also frequently made it difficult to attribute particular findings or impact to the program.

While qualitative evidence from community suggests that Connected Beginnings is positively affecting individual children and family members, uniform data across sites regarding child well-being and family outcomes is not available. During the evaluation, Education moved away from suggested ARACY indicators toward self-identified 'flagship indicators'. Inside Policy have therefore focused on qualitative site-level stories of impact.

Due to the early stage of the program, inconsistent data collection, and barriers to data sharing (such as confidentiality and data sovereignty), it is not fully understood the extent to which the program is contributing to its ultimate population-level impacts of supporting Aboriginal and Torres Strait Islander children to be 'healthy, safe and ready to thrive at school', and relevant Closing the Gap outcomes and Priority Reforms.

COVID-19 Impact and workforce issues

The COVID-19 pandemic impacted sites, service providers and community in a multitude of ways. Workforce issues were prevalent in most sites, specifically recruitment. Progress in establishing Connected Beginnings sites, collaboration and community engagement were all greatly impeded by COVID-19 and the associated restrictions.[5] Sites worked innovatively to support communities during this period, including through the provision of online health and education services.[6]

For limitations regarding the evaluation and program design, data collection, quantitative analysis, Contribution Analysis, and Cost Benefit Analysis, see limitations section.

Key Mid-Term Evaluation Findings

Inside Policy found that early educational and well-being outcomes for Aboriginal and Torres Strait Islander children are being supported. There are qualitative examples of increased school readiness in Connected Beginnings communities, supported children's and mothers' health and wellbeing, children's increased exposure to culture, parents feeling empowered to support child health, development and early learning, and families being holistically supported.

While more time and data is required to measure the population-level impact of the program and determine whether Aboriginal and Torres Strait Islander children aged 0-5 years participating in the program are healthy, safe and ready to thrive at school, emerging data suggests that Connected Beginnings is positively contributing to the four Priority Reforms under Closing the Gap.

Closing the Gap Priority Reforms

1. **Formal partnerships and shared decision making.** Connected Beginnings supports this Priority Reform by empowering communities to flexibly design the program in each location, engaging local ACCOs and ACCHOs to deliver the program, and promoting community governance within the program in each community. This will be strengthened over time as backbone teams transition to ACCOs and governance forums are established.

2. **Building the community-controlled sector.** Connected Beginnings is contributing to this Priority Reform through focusing on ACCOs to deliver the program as

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[5] Annual Report 5, Annual Report 1, HP12, HP13. Narrative 7. Progress Report 31.
[6] Supporting Evidence 7, Performance Report 15

> backbone and health partners, through the employment of local Aboriginal people in the programs and supporting employment in the early years sectors, and engaging SNAICC and NACCHO as Community Partners.
>
> 3. **Transforming government organisations.** Connected Beginnings has partnered with SNAICC and NACCHO to uphold cultural safety and responsiveness to the needs of Aboriginal and Torres Strait Islander people. To ensure accountability, SNAICC is the co-chair of the Connected Beginnings Advisory Group which aims to strengthen how the Priority Reforms are embedded within the program.[7]
>
> 4. **Shared access to data and information at a regional level.** On the program-level the Departments have provided data to the backbone teams and health partners through the Connected Beginnings Data Dashboard and provided frameworks such as the Understanding - Measurement, Evaluation, and Learning (U-MEL) Strategy to support data conversations. Additional support is required to remove barriers to access of data and information on the site-level.

A Cost-Benefit Analysis applying the methods promulgated by the Office of Impact Analysis (OIA), previously the Office of Best Practice Regulation,[8] was undertaken as part of the mid-term evaluation. Current analyses, based on benefits identified through a literature review of analogous programs, has shown that there is a potential impact amounting to positive return on Commonwealth investment into Connected Beginnings, with a Benefit-Cost Ratio of between 2.12 and 4.24. This means that for every dollar invested, potential positive outcomes and impact amounting to between $2.12 and $4.24 is likely returned.

Connected Beginnings is supporting service system impacts in many communities. Backbone teams do not provide direct service provision, rather they act as a 'conduit' or 'glue' to facilitate greater collaboration within the early years sector in their communities. Connected Beginnings is helping services to deliver culturally safe and integrated early childhood and family services. In particular, this has resulted from the employment of local Aboriginal and Torres Strait Islander staff within the Connected Beginnings program, facilitating access to services through culturally safe spaces, events, and activities (i.e. playgroups), and supporting other services to increase their own cultural safety.

In most communities, the program has been a positive force in enabling communities and service providers to work collectively, shifting service delivery patterns from being siloed and reactive to collaborative in their approach, and ensuring families are feeling heard, better supported and connected. Connected Beginnings' unique positioning allows backbone teams to address underlying barriers to access for families, complementing – rather than duplicating or displacing – existing services in communities.

In some communities, Connected Beginnings is supporting communities to build their capacity and skills in the early childhood sector, but also encouraging government to work differently. A Collective Impact consultant working on the program referred to 'two-way' learning,[9] reflecting a reciprocal process between all parties including community (parents, children and families), service providers, the backbone teams and health partners and the government. Backbone teams, health partners and particularly the community are benefiting from the opportunity to lead change, while Education and Health have learnt from the communities about how to work most effectively and respectfully with them to support community-led change.

Inside Policy found that communities and government are committed to working in partnership to deliver the program. Connected Beginnings teams are using a wide range of activities to engage broadly within communities, with most teams embedding community

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[7] Department of Education (2023). Connected Beginnings, accessed 19 May 2023.
[8] Department of Prime Minister and Cabinet (2020). *Cost-benefit analysis Guidance Note (pmc.gov.au)*
[9] ILI32.

voice in efforts to support Aboriginal and Torres Strait Islander children and families. Collective ways of working are familiar to Aboriginal and Torres Strait Islander communities and each community is unique, locally specific, with their own cultural structures and norms. There is, therefore, an inherent readiness for a place-based Collective Impact program such as Connected Beginnings. Communities have particularly welcomed the opportunity for aspects of the program to be Aboriginal and Torres Strait Islander-led.

Lessons for ongoing implementation

Inside Policy identified the following lessons for ongoing implementation of the Connected Beginnings program:

- **Clear understanding of roles and responsibilities.** Health, Education, backbone teams, and health partners must all understand their roles in the program.

- **Exploring opportunities to collaborate.** Backbone teams and health partners should be aligned with a clear purpose which guides their work and shared activities.

- **Ongoing communication.** Backbone team and health partner relationships require open lines of communication and regular meetings and opportunities for collaboration.

- **Co-representation in governance groups.** Collaboration of backbone team and health partner is supported by representation in governance or working groups.

- **Data sharing.** Backbone teams and health partners need to be supported to overcome barriers to data sharing, including privacy, confidentiality, and data sovereignty.

- **Locating services in a culturally safe space.** Operating out of culturally safe spaces supported Connected Beginnings' positive engagement with community.

- **Supporting the flexible, place-based nature of the program.** The ability for communities to lead and shape Connected Beginnings, including directing funding, activities, and resources, was critical for success.

While Connected Beginnings is supporting systems change, large-scale changes have not yet been achieved. This is to be expected at this relatively early stage of a Collective Impact project, which by its nature seeks long-term system change. Inside Policy particularly identified challenges around data sharing in most communities, often stemming from organisational policies, privacy, confidentiality, and data sovereignty concerns. However, the program's focus on community leadership, and its collaborative ethos, has undoubtably supported and driven new ways of working and thinking in communities. As the program matures there is potential for systems change (service integration, data sharing, community leadership driving improvement, changes in mindset, flows of data and funding etc) to occur at the community, service system and government levels.

Inside Policy found that there was a shared focus across the Departments and community towards services working together to deliver culturally safe, wrap-around support to Aboriginal and Torres Strait Islander children and families so that children are healthy and are ready to start school in a position to thrive. The foundational elements of Connected Beginnings are generally being upheld with Education and Health adapting the program over time to support a community-led Collective Impact approach. However, relationships between many health partners and backbone teams could be supported and improved.

It was noted that the application of the Collective Impact model has created complexity and confusion in the program framework and support structures at both the program and site levels. As the program evolved with the Priority Reforms, in consultation with Education's Community Partner a decision was made to adopt a less academic approach. This was done to allow time for communities to establish their own ways of working and to ensure authentic engagement.

Staffing attrition also contributed to the loss of knowledge and understanding around Collective Impact. Education has been committed to the Collective Impact framework from program inception and has provided foundational support by ways of the Community Partner and tailored support through the flexibility of engaging local consultants to aid in this work on the ground.

Inside Policy also found that the current funding, resource, partnership and grant management arrangements are presenting some challenges for backbone teams and health partners and that some improvements should be made to strengthen the program's operation and ongoing implementation.

As noted in the limitations above, data collection has been inconsistent across sites. Greater clarity and support may be required to collect data and build a clearer picture of how Connected Beginnings is achieving its population-level impacts, including supporting the Closing the Gap targets.

Lessons for the broader ecosystem

Inside Policy derived the following lessons from Connected Beginnings which may be useful for other services and collective impact initiatives for creating and sustaining positive change for First Nations families and children:

- **Building trust** is central to working with First Nations children and families.
- **Provide clarity on the role of Collective Impact** to complement and support, rather than to duplicate or replace existing services.
- **Understand the service environment** in the early phases of implementing the program to help identify areas for collaboration, minimise duplication, and fill gaps.
- **Share spaces and resources** to build the capacity of the service system and foster greater collaboration between services and engagement with community.
- **Bring community voice into programs** to ensure activities are relevant and responsive to community's needs and aspirations.
- **Data sharing** supports strategic conversations and decision making.
- **Forums for collaboration** support and guide the work and ensure services and community members have ownership of the changes they want to see.
- **Engage local First Nations organisations and staff** to uphold self-determination and support cultural safety.
- **Focus on cultural safety** through increasing mainstream services' understanding of the needs of First Nations families, supporting services to engage with families in appropriate and holistic ways, and ensuring families engage comfortably with services.
- **Support families holistically** through working collaboratively with services and using a strength-based approach to empower families to be the drivers of change.
- **Address barriers,** such as distrust of services, lack of transport, and stigma and shame **to increase access to services**.

Implications and Recommendations

The following section outlines the implications and recommendations for the program and for future program roll out.

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1. **Connected Beginnings is working well and should be continued and expanded to other Aboriginal and Torres Strait Islander communities**

Implication

The evaluation concludes that the Connected Beginnings program is generally working well from the perspective of participating communities and the Australian Government.

From the perspective of the Connected Beginnings' communities, the program is aiding development of a strong and integrated early years sector which is culturally appropriate and is reflective of the needs of each community. The flexibility of the program's design, utilising a Collective Impact and place-based approach, allows for the program to be led by the community to ensure that it appropriately suits their needs.

From the Australian Government's perspective, the program is likely on track to supporting the policy objectives of increasing Aboriginal and Torres Strait Islander children's school readiness and health outcomes and aligning with the National Agreement on Closing the Gap, in particular the Priority Reform Areas. Cost-Benefit Analysis suggests the program is likely to provide value for money with a potential Benefit-Cost Ratio of between 2.12 and 4.24.[10]

The following implications and recommendation provide suggestions for how the program can be further improved and strengthened.

Recommendation

Inside Policy recommends that Education and Health continue with the overall Connected Beginnings program approach and funding. The evaluation supports the continued roll out of the program to 50 sites by 2025 and beyond.

However, Inside Policy suggests that some improvements should be made to strengthen the program's operation and ongoing implementation (see below recommendations).

The below implications and recommendations provide guidance on how the program may be strengthened in future.

2. **Connected Beginnings activities align with the priority reforms and outcome areas of Closing the Gap, suggesting Connected Beginnings is on track to contribute toward Closing the Gap in the long term. The focus of the program on Closing the Gap should continue and consider strengthening data collection around the priority reforms and outcome areas.**

Implication

Education, Health, Community Partners, and program-funded communities are actively engaging in actions to further the Closing the Gap priority reforms and targets 1, 2, 3, and 4 which have been embedded within the program. Early evidence suggests that Connected Beginnings is on track to contribute towards these objectives in the long-term as the program

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[10] The CBA draws on the available literature of analogous programs to quantify all potential benefits of Connected Beginnings, and program documents to identify funding committed to the program (as a proxy for costs).

becomes more established in communities and more ACCOs are engaged in delivering the program.

However, the full extent to which communities are contributing towards the Closing the Gap targets is not well understood at this stage. Additional support may be required to collect data and build a clearer picture of how Connected Beginnings is aligning with the Closing the Gap targets.

Connected Beginnings activities are also supporting the Aboriginal and Torres Strait Islander Community Controlled sector. While this comes under Priority Reform Area 2, the program may benefit from collecting data around employment and upskilling of Aboriginal and Torres Strait Islander people (Targets 6, 7 and 8) to understand the wider impacts of Connected Beginnings across communities. This data is not currently collected uniformly across sites.

Recommendation

Connected Beginnings should continue to align with and implement actions to further the Closing the Gap Priority Reforms and Targets 1, 2, 3 and 4. This should include continuing the transition of non-Indigenous backbone teams to ACCOs.

The Departments should support backbone teams and health partners to collect and share data around the priority reforms and targets supported by the program, as well as collection of data around targets which may be inadvertently supported by the program including:

- Outcome area 6 – Students reach their full potential through further education pathways.
- Outcome area 7 – Aboriginal and Torres Strait Islander youth are engaged in employment or education.
- Outcome area 8 – Strong economic participation and development of Aboriginal and Torres Strait Islander communities.

3. Collective ways of working are a strength of Aboriginal and Torres Strait Islander communities, but the Collective Impact framework is relatively new for a government program. Clarify and support the application of the Collective Impact framework in the Connected Beginnings communities.

Implication

It is acknowledged that collective ways of working for Aboriginal and Torres Strait Islander people are not new. However, the Collective Impact framework and the Connected Beginnings model is a relatively new way of working for a government program. It is acknowledged that Education have genuinely embraced this way of working that is innovative, holistic, flexible, and collaborative to support an Aboriginal and Torres Strait Islander-led program, and this approach is having many significant positive impacts.

Further, Education have been proactive, rather than reactive, in their approach. This has included continuously identifying challenges and solutions, listening to community, and reflecting around how to best adapt the program to suit the needs of community. Education have implemented a flexible application for the Collective Impact framework to enable Aboriginal and Torres Strait Islander self-determination and ways of working to prevail over a strict application of Collective Impact.

While there is benefit in this flexible approach, Inside Policy has found that the non-prescriptive application of the Collective Impact model is creating complexity and confusion in the implementation of the program. Consideration should be given as to how best to maintain an appropriate level of flexibility for the program, and ensuring it continues to be community-led, while also supporting sites to navigate the complexities of the Collective Impact framework to achieve the greatest level of impact for Aboriginal and Torres Strait Islander children and families.

Such an approach can support the program to maintain a genuine partnership between the program-level and the site-level. Further, it may help to minimise the burden on sites, and minimise the risk of giving too much flexibility and non-prescription to sites who then do not achieve the expected outcomes because they have not been appropriately supported.

Recommendation

Education should clarify the underpinning Collective Impact framework and support its application in the Connected Beginnings communities. This could include support from community partners, sharing best practice (see Recommendation 8), and reviewing and updating program guidelines and reporting documentation to reflect and provide guidance to sites around the parameters of the Collective Impact framework.

4. Issues experienced by Aboriginal and Torres Strait Islander children and families often fall outside of the scope of the education and health systems and what communities can address on the ground. Greater cross-sector and cross-jurisdictional collaboration is required across Commonwealth, State and Territory, and local levels to support the work in communities.

Implication

Connected Beginnings' communities experience issues which must be addressed to fully support Aboriginal and Torres Strait Islander children aged 0-5 years but fall outside the health and education systems. Many Connected Beginnings teams took a wide view of their objective and offered holistic support outside of these systems including support with family violence, housing, transport, and crisis support. While Connected Beginnings was able to provide some support to families and children, these issues cannot be addressed solely at a community level and require support from governments at all levels to overcome.

Recommendation

Education should consider greater collaborative arrangements across sectors, jurisdictions, and government agencies at all levels to facilitate processes to support the broader roll out of Connected Beginnings. Health should support and participate in this work. These arrangements could include partnerships with other Commonwealth agencies, State and Territory Governments, and Local Governments, a cross-departmental leadership group to help overcome barriers experienced by Connected Beginnings sites and drive systemic change, data sharing arrangements and agreements. It could also encompass greater avenues for discussion between the program and at the site-level to address structural barriers in community (i.e., housing, transport, service ecosystem funding).

5. The roles and responsibilities within Connected Beginnings, on the community and program level, require clarification and support. Clarify the roles and responsibilities of all partners and improve communication at the community and program level to support the work of Connected Beginnings.

Implication

Roles and responsibilities are not widely understood across Connected Beginnings and require clarification and support.

In communities, there was a lack of clarity around whether the health partner is supposed to be an equal partner with the backbone team and therefore expected to deliver similar activities, or whether the health partner was there to support the health components of the program only and was not responsible for furthering the Collective Impact framework (i.e., just participating as a service provider). On the program-level, it was understood the backbone and health partner are not equal partners in the program, and their roles, responsibilities and funding arrangements are substantively different.

The lack of clarity and communication regarding roles and responsibilities has led to some unintended consequences across the program including:

- feelings of inadequacy,
- confusion about what each partner is responsible for,
- assumptions that organisations are not upholding their end of the partnership,
- health partners going beyond their intended, funded role in order to meet community needs, and
- a lack of understanding of how their partnership on the ground should work.

The evaluation identified a need to clarify the primary role of the health partner in the Connected Beginnings program and its relationship to the backbone team to help address these issues.

This lack of clarity was also mirrored on the Departmental level. Education is responsible for leading the program while Health is responsible for funding health sites to participate in the program. The Departments are not intended to be equal partners in the program and the program model. However, there is an expectation of equal partnership that leads to dissatisfaction and misunderstandings among partners.

Funding arrangements of the health partner are fixed, with each site receiving $250,000 per annum. This does not enable a tailored health response based on locational needs, particularly considering the higher needs in remote contexts. The current approach of providing an equal flat funding amount to every site should be reviewed to better enable tailored activities on the ground.

The current grant management arrangements sit with the Department of Social Services, Community Grants Hub Funding Arrangement Managers (FAMs). Outsourced contract management limits the ability for Health to form relationships and communicate effectively with health partners to support and guide the program.

Recommendation

Inside Policy suggests the Departments reflect on and clarify the roles of Health and the health partner in the Connected Beginnings model. Health and Education may wish to determine whether the role of Health / health partner is as a *supporting* partner (as per current guidelines) or an *equal* partner to Education / backbone team (and is supported and funded as such).

Inside Policy recommends that Education and Health work together to clarify the primary roles of the backbone team and the health partner, create documentation to clearly describe the roles and responsibilities of the health partner and backbone team in relation to each other, and provide guidance and support to communities at the earliest possible time to implement these roles.

Inside Policy acknowledges that Education and Health are aware of this issue and are already seeking to identify solutions, including conducting an internal review and clarifying roles and responsibilities. SNAICC and NACCHO have also partnered with the Departments to provide support to backbone organisations and health sites. This support, along with the clarification of roles and responsibilities, will enable sites to fully understand and perform their roles in the program.

Inside Policy recommends that the funding for the health partner should be determined on a case-by-case basis taking into account regional and remote classifications.

Health should work closely with NACCHO to ensure health partners receive timely support and communication to ensure they understand their role in Connected Beginnings and how they can best fulfil their contractual obligations while meeting the needs of their community.

6. Aboriginal and Torres Strait Islander employees are crucial to ensuring the Connected Beginnings program is culturally safe and appropriate. Aboriginal and Torres Strait Islander people need to be represented at all levels of the program.

Implication

The embedding of community voice within the program is critical to Connected Beginnings being community-led. A core aspect of this is the employment of local Aboriginal and Torres Strait Islander staff within the program and the engagement of local ACCOs to deliver the program. Connected Beginnings teams in communities and the Departments should preference the employment of Aboriginal and Torres Strait Islander staff at all levels to ensure cultural appropriateness and safety.

The Departments have acknowledged the need for Connected Beginnings to be community-led throughout all aspects of the program. The engagement of Aboriginal peak bodies, SNAICC and NACCHO, as community partners demonstrates this understanding.

Recommendation

Connected Beginnings program guidelines should strongly encourage the employment of Aboriginal and Torres Strait Islander people at all levels in each community.

Inside Policy also recommends that Education and Health continue to preference the Aboriginal and Torres Strait Islander Community Controlled sector, through funding of ACCOs and transition of non-Indigenous backbone teams to ACCOs. This preference should be embedded in program documentation and site selection criteria.

7. Connected Beginnings is a catalyst for positive change within communities, bringing together community members, services and families around supporting Aboriginal and Torres Strait Islander children aged 0-5 years. The program should continue this focus while also allowing communities the flexibility to respond to their community's needs.

Implication

Connected Beginnings' specific focus on Aboriginal and Torres Strait Islander children aged 0-5 years was seen by stakeholders as addressing a need within their communities. The groups, forums and collaborations assembled around this purpose allowed families, community members, and services to come together to drive change for this cohort. Many stakeholders appreciated that the program was providing a focal point and shared commitment to supporting this cohort in their community which was not previously present.

The focus on pregnant women was reflected in less than half of the sites evaluated, suggesting that sites may need to be made aware that the Connected Beginnings program can be used to support his cohort, in line with Outcome 2 of the National Agreement (Aboriginal and Torres Strait Islander children are born healthy and strong).

Recommendation

Inside Policy recommends that the program's focus on Aboriginal and Torres Strait Islander children aged 0-5 years and pregnant women continues while also providing communities with flexibility to change this focus in line with their community's need.

Inside Policy also recommends that the Departments communicate and underscore that the remit of the program extends to prenatal care for pregnant women. For example, this could include facilitating conversations across sites regarding how they are supporting pregnant women to learn from each other's activities and practices.

8. Connected Beginnings is creating evidence around best practice in implementing place-based Collective Impact programs. These insights should be incorporated into the further roll-out of the program and other place-based initiatives.

Implication

Some sites, especially when they were first becoming established, found it difficult to understand Collective Impact, the jargon around this framework, and how to implement the Connected Beginnings model in their communities. While supports have been put in place to aid this transition (such as support from SNAICC and NACCHO, implementation consultants and communities of practice), learnings from previous sites' implementation may be beneficial to new sites coming online, especially as the program expands to 50 sites.

Additionally, sites are building upon their successes over time and are implementing activities which are embedding collaborative ways of working into their program and the broader service ecosystem. A key takeaway from the evaluation is that Connected Beginnings (and place-based, Collective Impact frameworks) take time to establish due to the need to build relationships and capacity within communities to work collaboratively.

Recommendation

Departments, in partnership with community partners, should consider developing Connected Beginnings materials to support the early implementation of the program as it expands to include more communities. These materials could include guidance around good practice and what is working well in other communities (including establishment of governance and service provider forums, identifying community need, building relationships and engagement), how sites are structuring the funding and activities (including guidance on what activities can be funded by the program), and understanding Collective Impact from Aboriginal and Torres Strait Islanders' perspectives and being guided by community.

Education should consider distributing these materials with other place-based and Collective Impact approaches to share these learnings.

Terminology, Definitions, and Acronyms

This section outlines the terminology, definitions, and acronyms found in this report.

Terminology

Closing the Gap refers to the **National Agreement on Closing the Gap**

Education refers to the **Australian Government Department of Education**.

Health refers to the **Australian Government Department of Health and Aged Care**.

First Nations, Indigenous, and **Aboriginal and Torres Strait Islander people(s)** are used interchangeably within this report.

The program refers to the **Connected Beginnings program**.

Projects refers to the **projects implemented in each location at the site level**.

Definitions

Table 1: List of terms and their definitions

Term	Definition
Collective Impact	Collective Impact is a model or approach to addressing complex social issues.[11] Centring on collaboration, there are five general conditions for Collective Impact: a common agenda; continuous communication; mutually reinforcing activities; backbone support; and shared measurement.[12] Collective Impact underpins the foundations of Connected Beginnings.[13]
Backbone (team)	The backbone is the lead agency in the implementation of integration activities in each location. Overseen by Education, the backbone is responsible for establishing and facilitating governance arrangements, strategic direction, data collection and community engagement.[14]
Health partner	The health partner is a health service, primarily Aboriginal Community Controlled Health Services (ACCHS), located in community providing primary health services. The health partner is funded by Health to collaborate with the backbone agency, participate in local Connected Beginnings governance arrangements and to deliver culturally appropriate health and specialist services necessary to address the health and development issues impacting children's school readiness in the community.
Mid-term evaluation	'Mid-term' evaluation refers to evaluations which seek to identify lessons and inform ongoing improvement to implementation of a policy, program, or initiative to support the intervention to achieve its intended outcomes. Mid-term does not necessarily mean 'mid-point' or 'mid-way', rather referring to evaluation occurring during implementation of an intervention.[15]

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[11] Australian Institute of Family Studies, (2017) *Collective impact: Evidence and implications for practice*, , accessed 26 July 2022.

[12] Australian Institute of Family Studies, (2017) *Collective impact: Evidence and implications for practice*, , accessed 26 July 2022.

[13] Australian Government Department of Education and Clear Horizon. (2020) *Connected Beginnings Understanding, Measurement and Learning (U-MEL) Strategy.*

[14] Australian Government Department of Health (2018) *Indigenous Australians' Health Programme Connected Beginnings Grant Opportunity Guidelines.*

[15] Better Evaluation (2022). Decide the timing of the evaluation [website] accessed 3 July 2023.

Place-based initiative	Place-based initiatives are location-specific approaches to addressing community need where the community is the primary driver of change.[16] Collaboration, flexibility, longevity, shared accountability, and utilisation of community strength are considered elements of this approach.[17]
Systemic change	As defined in the U-MEL, "systemic changes refer to the many interconnected changes that need to occur in the community and across the numerous scales affecting the place-based approach context (e.g., changes in community agency, changes in how resources flow, changes in services, norms etc.) Closely linked with the notion of 'systems change', systemic change emphasises the interconnectedness and multiplicity of changes needed across systems and at different scales".'[18]
Service integration	Connected Beginnings aims to enhance service integration to improve education and health outcomes for Aboriginal and Torres Strait Islander children.[19] Children and families are considered central to all activities, with a focus on collaboration between services to improve service delivery and reduce duplication of services and families having to tell their story repeatedly.[20]

Acronyms

Table 2: List of acronyms

ABS	Australian Bureau of Statistics
ACCHS	Aboriginal Community Controlled Health Service
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
ACT	Australian Capital Territory
AEDC	Australian Early Development Census
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIFS	Australian Institute of Family Studies
AHA	Australian Healthcare Associates
ARACY	Australian Research Alliance for Children and Youth
ASQ TRAK	Ages and Stages Questionnaire (a culturally and linguistically adapted developmental screening tool for Aboriginal and Torres Strait Islander children)
BB	Backbone team
BCR	Benefit-Cost Ratio
BDCS	Bourke & District Children's Services

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[16] Australian Government Department of Social Services (2022) *National Centre for Place-Based Collaboration (Nexus Centre)*, accessed 27 July 2022.
[17] Australian Government Department of Social Services (2022) *National Centre for Place-Based Collaboration (Nexus Centre)*, accessed 27 July 2022.
[18] Australian Government Department of Education and Clear Horizon. (2020) *Connected Beginnings Understanding, Measurement and Learning (U-MEL) Strategy.*
[19] Australian Government Department of Education and Clear Horizon. (2020) *Connected Beginnings Understanding, Measurement and Learning (U-MEL) Strategy.*
[20] Australian Government Department of Education and Clear Horizon. (2020) *Connected Beginnings Understanding, Measurement and Learning (U-MEL) Strategy.*

CBA	Cost-Benefit Analysis
CB	Connected Beginnings
CI	Collective Impact
DSS	Department of Social Services
ENT	Ear, Nose and Throat Specialists
FaFT	Families as First Teachers
FY	Financial Year
GWAHS	Greater Western Aboriginal Health Service
HP	Health partner
KEQ	Key evaluation question
KPI	Key Performance Indicators
MBS	Medicare Benefit Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NIAA	National Indigenous Australians Agency
nKPI	National Key Performance Indicators
NPV	Net Present Value
NSW	New South Wales
NT	Northern Territory
OIA	Office of Impact Analysis
Qld	Queensland
SA	South Australia
SNAICC	Secretariat of National Aboriginal and Islander Child Care - National Voice for Our Children
SPSP	Stronger Places, Stronger People initiative
TAC	Tasmanian Aboriginal Centre
Tas	Tasmania
TKI	Telethon Kids Institute
U-MEL Strategy	Understanding - Monitoring, Evaluation and Learning Strategy
Vic	Victoria
WA	Western Australia
YBFS	Year Before Fulltime Schooling

Introduction

Connected Beginnings is a place-based program, comprised of a backbone team that works with community stakeholders to integrate and strengthen access to early childhood education, maternal and child health, and family services to support Aboriginal and Torres Strait Islander children's school readiness, and a health partner who participates and provides maternal / child health services as identified by the community. The Connected Beginnings program is funded by the Commonwealth Department of Education (Education) and the Department of Health and Aged Care (Health), who respectively fund the backbone teams and health partners.

Progressively rolled out nationally since 2016, the objective of the Connected Beginnings program is to draw upon the strength and knowledge of community to increase Aboriginal and Torres Strait Islander children and families' engagement with education, health and early childhood care. Connected Beginnings is underpinned by a Collective Impact approach to service integration. The program aims to improve access to services so Aboriginal and Torres Strait Islander children can be supported to be healthy and developmentally ready to thrive at school and to reduce the disparity of developmental and educational outcomes between Aboriginal and Torres Strait Islander children and their non-Indigenous peers.

In June 2022, Education and Health engaged Inside Policy to conduct a mid-term evaluation of the Connected Beginnings program. At that time, Connected Beginnings had been established in 25 communities across Australia. Inside Policy aimed to evaluate how these Connected Beginnings programs were functioning at site-specific levels in communities, while also establishing key findings across communities at the program-level.

When designing the evaluation, Inside Policy understood the importance of creating an evaluation that addressed what was important for government, backbone and health partners, and for community. The evaluation framework was based on key evaluation questions documented in the Connected Beginnings' Understanding Measurement Evaluation and Learning (U-MEL) Strategy, as refined during a co-design process (see Evaluation Design, below). The evaluation aimed to capture learnings relevant for all partners to inform the ongoing improvement and implementation of the program. In addition, the evaluation covered issues such as accountability within government agencies, to sites, communities, and governance groups. The evaluation also contributes to the evidence base about Connected Beginnings practice and impact. Inside Policy's mid-term evaluation is the second evaluation of Connected Beginnings, following the AHA 2019 evaluation.[21] The evaluation focused on process and implementation outcomes and early instances of impact. It also considered the contribution of Connected Beginnings programs to outcomes and took into account service provision occurring outside the program, including additional inputs such as other government initiatives.

The mid-term evaluation provides insights into what is working and what is not, and identifies learnings at the program level, focusing on lessons for the establishment and ongoing implementation of Connected Beginnings sites and lessons for creating and sustaining positive change for families through service integration and collaboration.

Purpose of the Mid-Term Evaluation Report

Inside Policy focused on assessing how the Connected Beginnings program is making progress toward supporting Aboriginal and/or Torres Strait Islander children to be healthy, safe and ready to thrive at school and reducing the gap between Indigenous and non-Indigenous children's educational outcomes. This evaluation report documents the findings and insights generated from this process.

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[21] Australian Healthcare Associates (2019) *Evaluation of the Connected Beginnings Program: Final Report,* (online content) accessed 13 October 2022.

Specifically, it details the following:

- background and policy context of Connected Beginnings at the time of the evaluation,
- all methodological tools used throughout the evaluation,
- key evaluation questions,
- key overarching evaluation findings, and
- implications for the future of the Connected Beginnings program for all stakeholders.

Structure of the Mid-Term Evaluation Report

Inside Policy designed the evaluation to explicitly address the program-level key evaluation questions, sub-questions and measures. For readability and concision, the findings in this mid-term evaluation report have been restructured into three sections:

Section 1: Starting conditions and foundational elements of Connected Beginnings
Section 2: System enablers, changes, and service impacts
Section 3: Outcomes and impacts for children, families, and communities, and lessons

For a detailed view of findings by each key evaluation question and sub-questions, see **Appendix D**.

The following table provides an overview of the report structure.

Table 3. Structure of Connected Beginnings Mid-Term Evaluation Report

Section	Contents
Background and Policy Context	This section provides an overview of the origins of Connected Beginnings program, its evaluations, and the Connected Beginnings model.
Methodology	This section provides an overview of the evaluation parameters, design, its methodology (as guided by the evaluation framework), and limitations.
Detailed Evaluation Findings	Detailed findings from the evaluation.
Appendices	A. Connected Beginnings sites under the scope of the evaluation B. Detailed background and policy context C. Detailed methodology D. Key evaluation questions, sub-questions, measures and report alignment E. Table of AEDC starting conditions F. Site processes to embed First Nations voices G. Contribution analysis – strengths rubrics H. Cost-Benefit Analysis

Background

This section provides an overview of the establishment of the Connected Beginnings program, the policy context and the key features of the Connected Beginnings model. For further detail, please see **Appendix B**.

Establishment of Connected Beginnings

Connected Beginnings was established in response to recommendations made in the 2014 Forrest Review, *Creating Parity,* which sought to address disparities between Aboriginal and Torres Strait Islander and non-Indigenous peoples and communities. The review recommended that Australian governments prioritise investment in early childhood for Aboriginal and Torres Strait Islander peoples, with a specific focus on health, education and collaboration.[22]

In the May 2015 Federal Budget, the Australian government allocated $20 million under the *Community Child Care Fund* for the integration of childcare, maternal and child health, and family support services in a number of disadvantaged Indigenous communities.[23] This reflected a recommendation in the Forrest Review.

A reference group was established to provide advice in the initial stages of program design. The reference group included representation SNAICC, the Australian Institute of Family Studies (AIFS), Minderoo Foundation, and child and wellbeing experts.[24]

From July 2016, Connected Beginnings was progressively rolled out in communities across all jurisdictions in a mix of remote, regional, and urban locations across Australia.

First Evaluation, 2019

In April 2017 AHA was appointed to undertake an evaluation of the Connected Beginnings program.[25] At the time of the evaluation, there were 14 sites operating under Connected Beginnings. The evaluation aimed to inform 'wider rollout of the program or integration of its features within existing education and health services.'[26]

Due to the early stages and different maturity levels of some sites, AHA focused on the progress of sites towards early systems change and the integration of early childhood, child health and family support services.

AHA's Final Report was delivered in June 2019. It found that 'Connected Beginnings can provide an effective framework to support the integration of services across health, education and family support systems'.[27] While the pace of progress varied across Connected Beginnings sites, AHA reported that progress was 'evident at all sites'.[28]

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[22] Forrest, A. (2014) *Creating Parity* (online content), Commonwealth of Australia, accessed 13 October 2022.
[23] The Hon Scott Morrison MP (Minister for Social Services), 'Abbott Government delivers child care safety net for disadvantaged families', Media Release, 8 May 2015, https://formerministers.dss.gov.au/15862/abbott-government-delivers-child-care-safety-net-for-disadvantaged-families/
[24] Department of Education and Training, Connected Beginnings, (online document) accessed 27 March 2023, http://minderoo.com.au-assets.s3-ap-southeast-2.amazonaws.com/content/uploads/2016/10/19163957/Connected-Beginnings-Summary-2016.pdf
[25] Australian Healthcare Associates (2019) *Evaluation of the Connected Beginnings Program: Final Report, (*online content) accessed 13 October 2022.
[26] Australian Healthcare Associates (2019) *Evaluation of the Connected Beginnings Program: Final Report, (*online content) accessed 13 October 2022.
[27] Australian Healthcare Associates (2019) *Evaluation of the Connected Beginnings Program: Final Report, (*online content) accessed 13 October 2022.
[28] Australian Healthcare Associates (2019) *Evaluation of the Connected Beginnings Program: Final Report, (*online content) accessed 13 October 2022.

Expansion of Connected Beginnings, 2021

In 2021 the Australian Government provided an additional $44.8 million to Education and $37 million to Health to expand the Connected Beginnings program to 50 sites by 2025.[29] Work is continuing between the Australian Government, SNAICC and NACCHO to support the expansion of the Connected Beginnings program.[30]

Current Mid-Term Evaluation, 2022-23

In June 2022 Education and Health engaged Inside Policy to conduct a mid-term evaluation of Connected Beginnings, due for completion in June 2023. Since this mid-term evaluation's commencement, additional sites have been established and some health partners have been engaged alongside an existing backbone team. All new sites are out of scope for this mid-term evaluation.

Policy Context: Closing the Gap

The Connected Beginnings program has been established within the broader policy context of Closing the Gap, initiated in 2008 as part of the Council of Australian Governments' National Indigenous Reform Agreement.

The first Partnership Agreement on Closing the Gap developed between Australian governments at all levels and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations commenced in March 2019. The objective of the current National Agreement on Closing the Gap (the National Agreement) is 'to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.'[31]

In 2021, the Connected Beginnings Program was announced as a Closing the Gap measure in the Commonwealth's Closing the Gap Implementation Plan. The expansion of Connected Beginnings aims to align with all four Priority Reforms:

1. Formal partnerships and shared decision making.
2. Building the community-controlled sector.
3. Transforming government organisations.
4. Shared access to data and information at a regional level.

The Connected Beginnings program has a specific focus on four Closing the Gap targets:[32]

- Outcome 1: Aboriginal and Torres Strait Islander people enjoy long and healthy lives.
- Outcome 2: Aboriginal and Torres Strait Islander children are born healthy and strong.
- Outcome 3: Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years.
- Outcome 4: Aboriginal and Torres Strait Islander children thrive in their early years.[33]

The following targets are also referenced within the report:

- Outcome 6: Aboriginal and Torres Strait Islander students reach their full potential through further education pathways.
- Outcome 7: Aboriginal and Torres Strait Islander youth are engaged in employment or education.
- Outcome 8: Strong economic participation and development of Aboriginal and Torres Strait Islander people and communities.

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[29] Department of Education (2022) *Connected Beginnings* (online content), accessed 13 October 2022.
[30] Commonwealth of Australia (2023) *Closing the Gap Implementation Plan* (online document)
[31] Australian Governments, Coalition of Peaks (2019) *National Agreement on Closing the Gap*
[32] Department of Education (2023) *Connected Beginnings* (online content), accessed 27 March 2023
[33] Commonwealth of Australia (2023) *Closing the Gap Implementation Plan* (online document)

Methodology

The following section provides an overview of the evaluation parameters, its design (as guided by the evaluation framework), data collection and analysis, and limitations. Please see **Appendix C** for more detail.

Evaluation Parameters

Evaluation aim and objective

The Connected Beginnings mid-term evaluation aimed to:

- understand and evaluate the progress and effectiveness of the Connected Beginnings program toward delivering its objectives, and
- capture learnings relevant to all partners to inform the ongoing improvement and implementation of the program, and build an evidence base about Connected Beginnings practice and impact.

The evaluation was designed to have a dual focus:

- to provide insight to the backbone teams and health partners at the community level (referred to as the site-level evaluation), and
- to analyse findings *across* sites (and from other data sources) at the policy and programmatic level (referred to as the program-level evaluation).

This report focuses on the program-level evaluation.

Evaluation scope

Connected Beginnings was established in 25 communities across Australia prior to the commencement of the evaluation. These 25 sites were within scope of the evaluation:

- ACT: Canberra
- NSW: Doonside, Mount Druitt, Taree, Bourke
- NT: Alice Springs, Galiwin'ku, Tennant Creek, Angurugu (Groote Eylandt)
- QLD: Doomadgee, Rasmussen, Mareeba
- SA: Ceduna, Port Augusta
- TAS: Kutalayna/Jordan River (Bridgewater/Gagebrook); Kanamaluka/Tamar River and Kinimathatakinta (George Town and Northern Suburbs Launceston); Pataway (Burnie)
- VIC: Mildura, Shepparton, and
- WA: Kalgoorlie, Derby, Roebourne, Armadale West, Bidyadanga, Great Central Southern (GCS/Katanning).[34]

Please see **Appendix A** for an overview of the sites within the remit of the evaluation.

Three Connected Beginnings' sites in Western Australia – Armadale West, Bidyadanga, and Great Central Southern (Katanning) – were evaluated at the site-level by Telethon Kids Institute (TKI) as part of the Early Years Partnership evaluation. Due to ethics delays and subsequent timeframes, TKI provided Inside Policy with analysis of documents and case studies to input into the evaluation. Please see limitations and **Appendix C** for further information on TKI's evaluations.

Since evaluation commencement, additional sites were established, and some additional partners were engaged alongside existing teams. As mentioned above, new sites were out of the scope of this evaluation (i.e., any site which is not listed above). For existing sites where a new health or education partner came online during the evaluation, the partners were not included in the design phase of the evaluation but were included where possible in

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[34] Alternative site names included in brackets.

consultations with community, particularly where the health organisation had been undertaking work with Connected Beginnings.

Evaluation Design

The evaluation was designed to incorporate the U-MEL Strategy; the program Theory of Change; and the perspectives and aspirations of backbone teams and health partners.

Connected Beginnings' Understanding Measurement Evaluation and Learning (U-MEL) Strategy

The mid-term evaluation of the Connected Beginnings program was designed to align with the program's U-MEL Strategy. This U-MEL Strategy was commissioned by Education and developed by Clear Horizon in 2019.[35] Its purpose is to provide a 'flexible and rigorous framework for understanding, measurement, evaluation and learning'.[36] The U-MEL Strategy is informed by the program logic developed by AHA.[37] In 2022 the strategy was updated by Clear Horizon in collaboration with Kowa Collaboration (Kowa).

The U-MEL Strategy's key evaluation questions and sub-questions were refined during the co-design process with the backbone teams and health partners (see below) to incorporate community voice and align with Closing the Gap, and influenced by the parallel work of Kowa to update the U-MEL Strategy.

U-MEL Strategy's Theory of Change

The U-MEL Strategy outlines a Theory of Change for Connected Beginnings, which informs this evaluation. The Theory of Change (see **Appendix C**) documents the inputs and outputs required within the Connected Beginnings program to identify the intended outcomes and population-level impacts.

The U-MEL Strategy's key evaluation questions are designed to clearly align with each stage of the Theory of Change, from 'foundations/inputs' up to 'child wellbeing and family outcomes' and 'population impact'.

Co-design with backbone teams and health partners

Inside Policy engaged in a co-design process with backbone teams, health partners, Health and Education to develop the evaluation framework. This process consisted of one-hour interviews with backbone teams and health partners from 15 sites, followed by a four-hour workshop with 18 people representing 20 sites (including backbone teams and/or health partners). All backbones and health partners within scope were offered the opportunity to participate in this process.

During the interviews, sites were asked about their project, evaluation questions posed by Kowa, data collection tools, and ways to engage their community. The key insights from this process were distilled into the workshop and tested with the group. The outputs from the workshop were a confirmation of Inside Policy's toolbox approach that was developed with backbones in the site-specific plans, and key areas of focus for the evaluation questions on the site level.

The detailed co-design stage allowed for the creation of clear key evaluation questions that aligned with the aims of the evaluation and assessed ethical considerations.

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[35] Clear Horizon (2021) *Connected Beginnings Understanding, Measurement, Evaluation and Learning (U-MEL) Strategy*
[36] Clear Horizon (2021) *Connected Beginnings U-MEL Strategy*
[37] Australian Healthcare Associates (AHA) (2019) *Evaluation of the Connected Beginnings program*. P.85

Key evaluation questions

The key evaluation questions at the program-level focused on process and implementation, outcomes, and early instances of impact at the national and site levels. [38] Inside Policy simplified some of the language of original questions to make them more accessible to communities. Please see **Appendix D** for full details on program-level evaluation questions, sub questions, and measures.

Data Collection and Analysis

Data collection methods

Once the guiding evaluation framework was developed, and in line with best practice in engaging and collaborating with Aboriginal and Torres Strait Islander communities, Inside Policy co-designed a site-specific data collection plan with each site to tailor the evaluation framework to their community.

In each site, Inside Policy was led by the backbone team, health partner, and/or community regarding the best way to engage with community and seek input into the evaluation. For each cohort (backbone team, health partner, service providers, community members, and parents), Connected Beginnings teams/communities chose the method by which they were engaged.

Inside Policy implemented a mixed-method data collection approach which centred around three main inputs: data from program-level stakeholders (i.e. Departmental staff), data from site-level stakeholders (i.e. community members, Connected Beginnings teams), and a desktop review.

Program-level activities

Inside Policy conducted interviews and focus groups with program-level stakeholders representing Education, Health, DSS, SNAICC, NACCHO, the National Indigenous Australians Agency, some state-based Departments, and implementation consultants.

In total, Inside Policy spoke with 32 people at the program-level, across 21 activities (comprising three focus groups and 18 interviews).

Site-level activities

Inside Policy engaged with the following cohorts across the 22 sites:

- **Backbone teams:** 97 backbone team members were involved in the evaluation
- **Health partners:** 29 health partner team members were involved in the evaluation.
- **Service providers:** 123 service provider representatives were involved in the evaluation.
- **Community members:** 162 community members, including parents and family members, were involved in the evaluation.

Inside Policy also observed Connected Beginnings events and activities and engaged informally with many stakeholders.

Please see **Appendix C** for detail about each activity type.

Engagement information

Inside Policy spoke with a number of people who had different associations with Connected Beginnings (i.e. may have been a parent and a service provider). Where they have been actively employed by Connected Beginnings, they have been labelled with their backbone team or health partner status. For example, if a person was an Elder and a member of the backbone team, they were classified as 'backbone'.

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[38] Program-level refers to the policy and programmatic level, including insights aggregated across sites.

Desktop review

Inside Policy was provided with documents created by the backbone teams and health partners, as well as program-level documentation (i.e. the U-MEL Strategy, Program Guidelines). In total Inside Policy analysed 738 documents including:

- 23 program-level documents,
- 45 Community Action Plans and Activity Work Plans,
- 63 Progress Reports,
- 84 Performance Reports,
- 31 Annual Reports,
- 249 Supporting Evidence,
- 54 Narratives,
- 64 Grant / Funding Agreements, and
- 125 Financial Reports.

Data analysis

Inside Policy employed several analysis techniques to triangulate the data.

NVivo

The interview data was coded and analysed between November 2022 and May 2023 using NVivo qualitative analysis software.

The data was initially classified as one-on-one engagement or group activities and identified by the following key attributes:
- file type (i.e. interview, focus group, yarning circle, observation etc or document / financial statement / performance report etc.),
- name of site or level (i.e Bourke, Burnie etc. or program level), and
- participant type (i.e. Department, ecosystem stakeholder, backbone team, health partner, backbone team/health partner together, service provider, site-level professional stakeholder, community member)

The data was then analysed against the seven key evaluation questions and sub-questions. The coding process was iterative, with codes and sub-codes reviewed and revised within the analysis process.

Quantitative methodology

Inside Policy analysed data provided through the Power BI Connected Beginnings Dashboard by Health, Education, the AEDC, and ABS. Data was analysed to determine insights into whether the Connected Beginnings program is contributing impacts for Aboriginal and Torres Strait Islander children on the population-level in each of the Connected Beginnings communities. Data provided to Inside Policy included:

- Number of Aboriginal and Torres Strait Islander children in each community attending Year Before Fulltime Schooling (YBFS) programs for more than 600hrs a year (ABS)
- Number of Aboriginal and Torres Strait Islander children in YBFS programs[39] (ABS)
- Percentage of Aboriginal and Torres Strait Islander Children aged 5-6 years who are fully immunised (Health)
- Percentage of Aboriginal and Torres Strait Islander mothers who gave birth in the previous 12 months whose smoking status was non-smoker (Health)
- Percentage of Aboriginal and Torres Strait Islander children aged 0-4 years whom a MBS Health Assessment (MBS Item 715) was claimed within the previous 12 months (Health)

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[39] Australian Bureau of Statistics (2022) Preschool Education [TableBuilder], accessed 03 May 2023

- Percentage of Aboriginal and Torres Strait Islander women who had their first antenatal care visit before 13 weeks (Health)
- Number of Aboriginal and Torres Strait Islander Children enrolled in first year of primary school (Education)
- Proportion of Indigenous babies born within the previous 12 months whose birthweight results were low, normal or high (Health)
- Proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the AEDC.

The descriptive data analysis was undertaken which included identification of increases or decreases for each site where data was available from a baseline to most recent date, to identify any trends emerging across sites. As Connected Beginnings has been implemented on a rolling basis, the year of establishment of the Connected Beginnings program in each community has been used as the baseline for each community.

For the AEDC macrodata analysed, as the AEDC is held every three years, for each of the Connected Beginnings communities a baseline from 2015, 2018 and 2021 was allocated to each site. For example, any site with the establishment date in the same year of the AEDC used that census date. Where there was not a direct match, sites were allocated with a baseline date which was earlier than their establishment i.e. a site established in 2017 would use the 2015 AEDC date as their baseline.

Notably, for the use of National Key Performance Indicator (nKPI) data, only sites which consented to the use of their data for the evaluation have been included in the analysis (12/24) to ensure data sovereignty of the health partners was upheld.

Contribution Analysis

Contribution Analysis is a theory-based tool which uses an initiative's Theory of Change to understand how a program or intervention is contributing to specified impacts.

The detailed strength rubric (see **Appendix G**) outlines evidence on the cause-and-effect questions addressing the contribution, if any, that the Connected Beginnings program made to movement through the Connected Beginnings Theory of Change levels of:

- foundations and inputs,
- enablers of change,
- systemic changes,
- service system impacts,
- early instances of impacts for child and family, and
- population-level impacts.

This methodology was designed to determine the extent to which the Connected Beginnings methodology and guidelines, underpinned by the place-based Collective Impact framework, contributed to the outcomes at the service system, children and family, and population-levels, including the impacts highlighted in 3.1 and 3.2. See **Appendix C** for further detail about this methodology.

The findings from a rigorous Contribution Analysis of the communities of Galiwin'ku, Taree, and Kutalayna/Jordan River are included in this evaluation as three 'contribution stories', in the form of a narrative (see 3.2.3). See **Appendix G** for the strength rubrics underpinning the two 'contribution stories' narratives.

Cost Benefit Analysis

Cost Benefit Analysis (CBA) is a systematic approach to calculating and comparing the benefits and costs of a course of action in a given situation or program. One of the primary objectives of the CBA framework is to weigh up risks and benefits versus costs to ensure a program or initiative, in this case the Connected Beginnings program, delivers the best possible outcomes for the people of Australia (see 3.2.4).

To facilitate our analysis, we apply the methods promulgated by the OIA.[40]

To estimate the net social benefit/cost of different options the following steps are typically followed:

1. State the objectives
2. Define the base case and develop options
3. Identify and forecasts costs and benefits
4. Value the costs and benefits
5. Identify qualitative factors and distributional impacts
6. Assess risks and test sensitivities
    a. The purpose of sensitivity testing is to assess the robustness of the proposal to movements (up/down or positive/negative) in the variables that determine its viability.
7. Assess the net benefit
    a. To achieve this, costs and benefits are aggregated into an overall measure of net social benefit. To allow for costs and benefits occurring at different times, CBA uses the concept of present value – where future costs and benefits are discounted. To facilitate this analysis we calculate the net present value (NPV), i.e., the difference between the present value of benefits and the present value of costs; and benefit cost ratio (BCR), i.e., the ratio of the present value of total benefits to the present value of total costs.
8. Report the results.

To assess the potential, future benefits of the Connected Beginnings program, beyond the current benefits, a literature review was undertaken to understand how similar programs' benefits had been defined and monetised. See **Appendix C** for the key findings from this literature review.

CBA Assumptions

CBA as an analysis technique rests on several assumptions:

- Applying monetary units of measure
- Forecasting of impacts
- Sensitivity Analysis
- Base case vs alternative scenarios

Applying monetary units of measure

According to the OIA CBA Guidelines, to compare costs and benefits, a monetary (dollar) metric is preferred as the standard measurement unit.[41] An important issue that may emerge is that costs and benefits often occur over time. This raises the issue of how these costs and benefits can be compared. In a CBA, these costs and benefits are generally weighted by use of a discount rate, with more weight accorded to present and near-present impacts.

Forecasting of impacts

Another critical issue is the identification and forecasting of the impacts. It is important that the CBA draws on the available information, describes and discusses the unquantified impacts, along with an outline of data limitations and all assumptions made. According to the OIA Guidelines, even when impacts are difficult to quantify, CBA remains a systematic and valuable method for organising information.[42]

Sensitivity analysis

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[40] Department of Prime Minister and Cabinet (2020). *Cost-benefit analysis Guidance Note (pmc.gov.au)*
[41] Department of Prime Minister and Cabinet (2020). *Cost-benefit analysis Guidance Note (pmc.gov.au)*
[42] Department of Prime Minister and Cabinet (2020). *Cost-benefit analysis Guidance Note (pmc.gov.au)*

Sensitivity analysis is a necessary part of any CBA. This is the process of testing the results of the CBA by varying key assumptions underpinning the estimates of costs and benefits. In addition, the treatment of risk and uncertainty is often a critical part of a CBA. Overall, a CBA reports whether the benefits of a proposal are likely to exceed the costs, and which option among a range of options will result in the highest net social benefit.

Base case vs alternative scenarios

CBA measures the change attributable to a government action, relative to a situation without the proposed action in this case, the Connected Beginning program.

Limitations

Several limitations emerged throughout the Connected Beginnings mid-term evaluation, these related to the evaluation and program design, data collection, and analysis.

For detailed limitations, see **Appendix C**.

Evaluation and program design

- Inside Policy notes that the U-MEL Strategy was central to the design of the evaluation framework but its level of implementation has differed across sites and does not match site reporting requirements. For example, the evaluation framework was designed from a previous version of the U-MEL Strategy where the ARACY indicators were suggested as the 'flagship indicators'. As the ARACY indicators are not consistently reported across sites, Inside Policy was limited in how it could address how these indicators were being achieved (as per sub-question 6c, see Appendix C).
- The flexibility of the program – including the absence of rigid and consistent reporting requirements – created some data gaps, leading to limitations around program assessment.
- The nature of Connected Beginnings, acting as a complement to existing service provision, frequently made it difficult to attribute particular findings or impact to the program.
- The technical nature of language used in the Connected Beginnings program design, and the evolution of Collective Impact concepts as the program has developed – coupled with a lack of community awareness – caused some disconnects in Inside Policy's attempts to measure the program's implementation.
- Connected Beginnings sites have been established on a rolling basis since 2016. As a result, the 25 sites evaluated here are at vastly differing levels of maturity, comparison, and data / documentation available.
- Some site-level issues impacted the ability to obtain data from some sites, including where there was significant staff turnover or transition to a new backbone team.

Data collection

- In many communities, individuals are fulfilling multiple roles within the Connected Beginnings environment. During some focus groups, attribution of roles to individuals who held multiple roles (e.g. service provider and community member) was occasionally difficult. Inside Policy has attempted to mitigate against this by attributing quotes to the key role held by the individual.
- Due to Sorry Business in Derby and Galiwin'ku, some community members were not present during Inside Policy's consultations. The necessary pivot to virtual data collection (Facetime/Teams) hindered informal observations in these communities.
- Parents were asked a survey-style question as part of their engagement with the evaluation regarding the extent to which they felt empowered to support their child's health, development and early learning. Many parents chose to answer this question as a long-form response rather than on a Likert scale. Inside Policy did not push parents to answer using a Likert scale, limiting the quantification of results.

Analysis

Quantitative analysis

Overall, there are a number of limitations which impact the analysis which can be conducted of the quantitative data included within the evaluation, including:

- Connected Beginnings was established relatively recently (2016) and sites have come online on a rolling basis in the following years, suggesting it is unlikely that population-level impacts will be evident at this stage.
- Population at a community level for children aged 0-5 years cannot be accurately estimated between ABS Census years meaning data cannot be presented as a proportion of the population. As a result, changes in absolute values may be reflective of changes in population, not a change in outcome.
- Seven of the 25 sites considered in this mid-term evaluation were established in 2021, meaning limited outcomes data is available for these sites. Many of the above measures did not include data after 2021.[43]
- The year of establishment was used as the baseline year for each site. However, 2016 data was not always supplied or available. For sites with a 2016 year of establishment (Alice Springs, Galiwin'ku, and Doomadgee), 2017 was used as their baseline year.
- Small population sizes, meaning data could not be analysed.
- Limitations inherent to descriptive analysis. This includes data cannot be generalised to other sites and the technique does not allow for causal inferences or testing of hypotheses (as per more complex statistical models).

For limitations for specific datasets analysed, see **Appendix C**.

Contribution analysis

The place-based nature of Connected Beginnings means that the contribution analysis is extremely site-specific. This means the contribution stories presented for Galiwin'ku and Taree cannot be extrapolated to generalise findings across the program.

Cost Benefit Analysis

There are several limitations of the Cost Benefit Analysis (CBA), including:

- there are currently no CBAs available for other Collective Impact approaches in Australia,
- the CBA does not address equity concerns and distributional impacts,
- the CBA draws on the available literature to quantify all potential benefits of the program, ABS Census population data supplied by Education to understand the number of First Nations children in Connected Beginnings communities potentially impacted by the program (see limitation below), and program documentation to identify committed funding (as a proxy for costs) of the Connected Beginnings program.[44] Sometimes it is not possible to quantify all impacts of the program.
- the CBA focuses on the remit of the program (i.e., Aboriginal and Torres Strait Islander children aged 0-5 years), and does not capture other children, parents, or broader community members who may be inadvertently benefitting from the program (i.e., children outside of the age range, families with other children, other vulnerable children in the communities, community members in governance groups)
- the CBA uses ABS Census population data to estimate the Aboriginal and Torres Strait Islander children which may be benefitting from the program, however, communities have

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[43] Seven sites established in 2021 are Armadale West, Bidyadanga, Burnie, George Town, Katanning, Mareeba, and Shepparton.
[44] Committed funding has been used as a proxy for total costs. Using committed funding assumes all funds are spent by backbone teams and health partners, providing an overestimation of costs as not all committed funding has been used by sites, suggesting the model is a conservative estimate.

documented that the Census data can be a significant underestimation of Aboriginal and Torres Strait Islander children within their communities. This is further supported by the undercount determined through the ABS Post Enumeration Survey.[45]

- the CBA does not account for broader costs to the Commonwealth outside of the costs associated with direct delivery of the Connected Beginnings program (i.e., funding for Medicare, preschools etc).

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[45] ABS (2022). 2021 Census overcount and undercount [website]. Accessed 29 June 2023.

DETAILED EVALUATION FINDINGS

Section 1: Starting conditions and foundational elements of the Connected Beginnings model
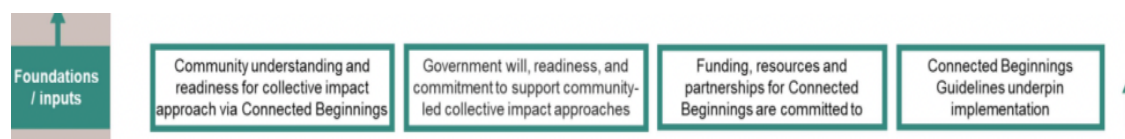
This section covers key evaluation questions 1 and 2. These questions are:

- **KEQ 1: What are the starting conditions for the collective work? What are the goals and key strategies to achieve these?**

- **KEQ 2: To what extent were the foundational elements of the Connected Beginnings model implemented as intended? What new elements emerged and what was learned?**

For a detailed view of findings by each key evaluation question and sub-questions, see **Appendix D**.

To answer these questions, the evaluation examines the foundations and inputs as per the Theory of Change:

Figure 1: Theory of Change excerpt

Source: Clear Horizon (2020) Connected Beginnings U-MEL Strategy (Theory of Change, p.19)

This section focuses on starting conditions and foundational elements of the Connected Beginnings model.

Key Findings by Key Evaluation Questions

KEQ 1: What are the starting conditions for the collective work? What are the goals and key strategies to achieve these?

The starting conditions in all 25 sites under evaluation offered an opportunity for collective work. While each of these communities are unique, they share several challenges. In all the communities, Aboriginal and Torres Strait Islander children are considered developmentally vulnerable in terms of education and health. Community members have a well-founded historic   mistrust of mainstream services and systems and face multiple barriers accessing these services. The service landscape in these communities is characterised by a lack of Aboriginal and Torres Strait Islander specific and culturally safe education and health services and limited capacity for service collaboration.

Notwithstanding these challenges, Connected Beginnings communities have started with a shared focus and commitment to services working collectively to deliver culturally safe, integrated support to Aboriginal and Torres Strait Islander children and families so that children are healthy and are ready to start school in a position to thrive.

Government will, readiness and commitment to support community-led Collective Impact approaches was also evident.

Implementation of Connected Beginnings was supported in some communities by the existing foundation of place-based approaches and collective actions. However, in other communities, existing place-based initiatives created duplication and overlap.

Several strategies were adopted at the Connected Beginnings program-level to solve policy challenges. These included actions that align with broader policies, such as the National Agreement on Closing the Gap, to improve outcomes for Aboriginal and Torres Strait Islander children.

KEQ 2: To what extent were the foundational elements of the Connected Beginnings model implemented as intended? What new elements emerged and what was learned?

The foundational elements of Connected Beginnings as a place-based, community-led program based on a Collective Impact approach are generally being upheld, with Education and Health adapting the program over time to support the program.

The funding, resource and partnership arrangements underpinning the Connected Beginnings program present strengths and challenges. There was a lack of clarity around the respective roles of backbone teams and health partners and inconsistencies in funding arrangements created different relationships between the backbone teams and Education and health partners and Health.

External factors such as COVID-19, difficulties in recruitment, and access to transport have impacted on the implementation of Connected Beginnings.

Over the course of the program, the Departments learned about embracing flexibility within the program to ensure the work is community-led and bolstering Aboriginal and Torres Strait Islander ways of working. To embed these learnings, the Connected Beginnings program flexibly uses a Collective Impact framework. Connected Beginnings sites implemented various elements of the framework in response to the needs identified in their community.

The Connected Beginnings Principles are being applied in line with their flexible nature. New elements of the model (including supports around shared measurement (i.e., U-MEL Strategy), engagement of Community Partners etc) emerged as the Connected Beginnings Principles were redefined over time. This presented strengths and challenges at both the program- and site-levels.

Stakeholders viewed "The system" differently and subjectively. While there is not a clear or shared understanding of the system, there is a shared purpose towards supporting Aboriginal and Torres Strait Islander children and families.

Detailed Findings by Theme

The following section provides the detailed findings around the (**1.1**) starting conditions and (**1.2**) foundational elements of the Connected Beginnings model.

1.1 The starting conditions offer a solid foundation for collective work

1.1.1 Conditions present an opportunity to strengthen service integration based on the unique circumstances of each community

1.1.1.1 Educational and health outcomes highlight the need for additional support

Potential Connected Beginnings sites are selected by Education and Health, with reference to the following considerations:

- child development needs according to the AEDC data,
- population size and socioeconomic data, and
- consultation with Aboriginal and Torres Strait Islander peak bodies and State and Territory government agencies.[46]

The Departments' objective in selected communities is to increase engagement in education and health services and support vulnerabilities by providing extra programmatic support. Connected Beginnings is offered to communities and rolled out in a particular location once the community has given its endorsement.[47]

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[46] Department of Education, *Connected Beginnings,* DESE, 2023, accessed 28 March 2023, https://www.education.gov.au/child-care-package/community-child-care-fund/connected-beginnings.
[47] ILI1, ILI14, ILI15, ILI16, ILI17.

Twenty-five sites were included in this mid-term evaluation, covering every State and Territory:
- three sites were remote,
- seven sites were very remote,
- four sites were a major city,
- three sites were inner regional, and
- eight sites were outer regional.

See **Appendix A** for details regarding the 25 sites.

Each Connected Beginnings community is uniquely distinct. There are differences in culture, community assets and resources, size, community story, landscape and weather, as well as strengths and challenges. There are variables between remote, regional and metropolitan areas and the needs of children and families differ within each community.[48]

Notwithstanding these differences, these communities share many features. The existing service landscape in each of these communities is characterised by limited capacity for service collaboration, and a lack or absence of Aboriginal and Torres Strait Islander specific and culturally safe education and health services.[49] In addition, there is an absence of an Aboriginal and Torres Strait Islander specific focus for collaborative action across the early years.[50]

Most of these communities share multiple barriers to accessing education and health services including a lack of culturally safe/appropriate services, high staff turnover (especially in regional and remote areas), lack of transport, and geographical and social isolation.[51]

In many of the communities, Aboriginal and Torres Strait Islander children are considered developmentally vulnerable as per the AEDC, with approximately a third of Aboriginal and Torres Strait Islander Children in the communities classified as developmentally vulnerable on two or more AEDC domains prior to implementation of the program (see **Appendix E**).[52]

Families in these communities face complex parallel challenges including socioeconomic, health, social and emotional well-being disparities as well as intergenerational trauma.[53] Harmful policies, previous negative experiences,[54] racism, stereotypes and stigma present a well-documented basis for mistrust of mainstream services and systems.[55] Children and families are understandably cautious of interacting with these services and systems.

Across these communities, community members – particularly Aboriginal and Torres Strait Islander community members – are not accustomed to being involved in driving programs and contributing to policy decisions that directly impact their lives.[56]

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[48] ILI8.

[49] Annual Report 1, Community Action Plan 1, Community Action Plan 2, HP12, HP13, BB26, BB27, SER 28, Progress Report 55.

[50] COM 66, BB9, BB10, BB11.

[51] Community Action Plan 27, Narrative 42, SER32, Activity Work Plan 12, Community Action Plan 4, Narrative 44, Annual Report 22. COM17, Supporting Evidence 204, Community Action Plan 19, BB01, BB88, SER91, HP18, HP19, COM50, COM148, BB76, BB77, BB78, SER32.
Supporting Evidence 158

[52] Average across 21 communities was 34.2 per cent, with four sites excluded from analysis due to data suppression. However, the percentage of First Nations Children who were classified as developmentally vulnerable on two or more AEDC domains across communities ranged from 13.9 to 65.3 per cent.

[53] Community Action Plan 19, Activity Work Plan 5, Community Action Plan 21, Community Action Plan 27, Progress Report 57, Progress Report 4, Community Action Plan 01, Grant/Funding Agreement 54.

[54] Annual Plan 19.

[55] Australian Human Rights Commission, Social determinants and the health of Indigenous peoples in Australia: a human rights based approach, 2007, accessed 3 April 2023.
https://humanrights.gov.au/about/news/speeches/social-determinants-and-health-indigenous-peoples-australia-human-rights-based; Queensland Health, *Australian Aboriginal and Torres Strait Islander cultural capability 2010-2033,* accessed 4 April 2023.
https://www.health.qld.gov.au/__data/assets/pdf_file/0014/156200/cultural_capability.pdf

[56] BB33.

'In the past, the Commonwealth has not been good at listening, they're good at basically thinking that they know better and … telling communities what they should and shouldn't be doing ...'[57]

These conditions highlight the substantial potential within these communities to not only improve access to the coordinated, culturally safe, trauma-informed and strengths-based support that Aboriginal and Torres Strait Islander children and families require[58] but to also repair significant and founded mistrust of mainstream services and systems.

Having a program that focussed specifically on education and health for Aboriginal and Torres Strait Islander children in the early years, which helped to mobilise Aboriginal-led organisations to hold authority when working in the space of Aboriginal and Torres Strait Islander children,[59] was seen as an opportunity to fill gaps and provide benefit to the community.[60] It was recognised that there is scope for Connected Beginnings to 'change the narrative' and the trajectory for children and families so that children transition from the early years to school in the best position to thrive throughout their schooling life.[61]

1.1.1.2 A shared focus on Aboriginal and Torres Strait Islander children and families and willingness to work together to deliver culturally safe, wrap-around services to children and families

Across the communities evaluated, Inside Policy found that Aboriginal and Torres Strait Islander parents, families and communities are resourceful, resilient and committed to their children.[62] There is a shared focus around services working together to deliver culturally safe, wrap-around support to Aboriginal and Torres Strait Islander children and families so that children are healthy and are ready to start school in a position to thrive. This shared goal mobilises people on all levels to work together towards this aim.

'… there's an absolute commitment from people to see an improvement and a change to see better outcomes for Aboriginal children and families…'[63]

Inside Policy identified Aboriginal and Torres Strait Islander leadership across the communities with Elders and community members as integral voices and drivers of change in their communities.[64] There is determination and commitment to closing the gap between Aboriginal and Torres Strait Islander children and non-Indigenous children in terms of education and health outcomes.

In these communities, there was recognition that Connected Beginnings offers a way forward for shared learning between governments, Aboriginal and Torres Strait Islander communities, and other partners to support children and families. It was recognised that there is opportunity for multiple partners to work together with, and in the interests of, Aboriginal and Torres Strait Islander children, families and communities.

'The idea I believe of Connected Beginnings is to break down those silos.'[65]

Inside Policy found that Aboriginal and Torres Strait Islander community members were ready and willing to work in authentic partnership with government to deliver programs.[66]

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[57] ILI14, ILI15, ILI16, ILI17.

[58] Community Action Plan 21, ILI14, ILI15, ILI16, ILI17, Narrative 2, Progress Report 26, Community Action Plan 24, Community Action Plan 19.

[59] COM58, COM57.

[60] SER39.

[61] BB33, Progress Report 17, Community Action Plan 27.

[62] Activity Work Plan 5, COM18, BB33, COM57, COM58.

[63] SER99.

[64] Site Scoping Report 1, BB01, BB02, BB18, SER51.

[65] BB26, BB27.

[66] ILI14, ILI15, ILI16, ILI17.

Collective ways of working are familiar to Aboriginal and Torres Strait Islander communities. In addition, Aboriginal communities are community-specific with individual cultural structures. A positive feature of the program is the flexibility of the model, and the ability for sites and communities to lead Connected Beginnings on the ground. There is therefore an inherent readiness for a place-based Collective Impact program such as Connected Beginnings.

Communities have particularly welcomed the opportunity for aspects of the program to be Aboriginal and Torres Strait Islander-led.

1.1.1.3 Government will, readiness and commitment to support community-led Collective Impact approaches

Inside Policy was informed by stakeholders at both the program-level and the site-level that government was willing and ready to support a community-led Collective Impact approach. Stakeholders identified a number of positive features characterising government's approach:

- Partnering with communities to support work through shared accountability,[67]
- Respect and understanding from government of the importance of Aboriginal and Torres Strait Islander community voice, and listening to community from the outset,[68]
- Government agencies working to establish relationships and build trust with community, acknowledging that this takes time,[69]
- Transparency and openness from government to support trust and relationship building,[70]
- Allowing time to understand each community and for the community to understand Connected Beginnings,[71]
- Engaging with the appropriate cultural authority from the outset (Elders, respected community members, tribal councils etc., noting that there may be more than one) so that community and cultural authority can be involved in setting priorities,[72]
- Flexibility from government in challenging traditional ways of working towards a community-led approach,[73]
- Sharing decision-making and data with community and backbone teams,[74] and
- Engaging the Aboriginal and Torres Strait Islander peak bodies, SNAICC, and NACCHO as Community Partners to support the program (see 1.1.3.2).[75]

1.1.2 The existence of other placed-based approaches and collective actions can both support and complicate the implementation of Connected Beginnings

Other place-based and/or Collective Impact approaches operate in less than half of the 25 communities evaluated by Inside Policy, as summarised in Table 4 below.

Table 4: Pre-existing place-based and Collective Impact initiatives in Connected Beginnings communities[76]

Community	Place-based Initiative/s	Collective Impact Initiative
Galiwin'ku, NT	Stronger Communities for Children, NIAA	
Tennant Creek, NT	Barkly Regional Deal, Department of Infrastructure, Transport,	Stronger Places, Stronger People, DSS

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[67] ILI11.

[68] ILI8, ILI8, ILI1, BB33.

[69] ILI8, ILI1, ILI14, ILI15, ILI16, ILI17.

[70] BB33, ILI6, ILI7.

[71] ILI5.

[72] ILI14, ILI15, ILI16, ILI17.

[73] BB01, BB0,. BB33.

[74] ILI11,

[75] ILI28, ILI14, ILI15, ILI16, ILI17 ILI19, ILI20.

[76] Table contains all identified place-based and/or Collective Impact initiatives but may not accurately represent all other initiatives in each location.

	Regional Development and Communications	
Alice Springs, NT	Communities for Children, Anglicare NT Ltd	
	Strong Kids Strong Centre, Red Cross	
Angurugu, NT	Local Decision-Making Agreement, Northern Territory Government and the Anindilyakwa Land Council	
Burnie, Tas	Communities for Children, CatholicCare Victoria Tasmania	Stronger Places Stronger People, DSS
Bridgewater/Gagebrook, Tas	Communities for Children, The Salvation Army	
Launceston, Tas	Communities for Children, Anglicare Tasmania	
Ceduna, SA		Stronger Places Stronger People, DSS
Mildura, Vic		Stronger Places, Stronger People, DSS
Bourke, NSW	Just Reinvest	Stronger Places, Stronger People, DSS
Mount Druitt, NSW	Just Reinvest Communities for Children, Mission Australia	The Hive
Taree, NSW	Communities for Children, Mission Australia	
Rasmussen, Qld	Communities for Children, The Smith Family	
Shepparton, Vic	Communities for Children, Catholic Care Victoria Tasmania Putting Families First (Rumbalara) Best Start (Victorian Government) Lighthouse Project (Victorian Government) Our Place (Victorian Government)	

Source: Information obtained from Education and sites.

Inside Policy found that the pre-existence of other place-based and/or Collective Impact programs could positively support the implementation of Connected Beginnings, providing Connected Beginnings staff with guidance and resources to draw upon. Existing Collective Impact initiatives presented an environment where services were already familiar with collaborative ways of working, providing Connected Beginnings with a soft entry point to work with other initiatives to support the community.[77]

The establishment of several place-based programs in communities has encouraged strong service connectivity and enabled service flow to increase. For example, in Ceduna, the Stronger Places, Stronger People (SPSP) initiative launch in the Far West has promoted strong relationships between the backbone team staff members and the new SPSP staff.[78]

Case Study: Burnie Works

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[77] BB01, BB02, Activity Work Plan 5; SER38; BB01, BB02
[78] Annual Report 25.

In Pataway/Burnie, a Collective Impact project (Burnie Works) was supported by the Department of Social Services' SPSP initiative. Interviews with stakeholders in the community, including service providers, indicated that Burnie Works, having operated in the region for several years, provided an easy foundation for Connected Beginnings, as there was already an established environment of service collaboration where services were familiar with Collective Impact.

The Pataway community was identified as a tight-knit community, and relationships between staff from the Connected Beginnings backbone team and the SPSP backbone team were strong. Connected Beginnings was praised by other services as being an important initiative in the community. Led by local Aboriginal staff, the team were viewed as providing an important and previously missing link with the Aboriginal community. Stakeholders noted that having Connected Beginnings in Burnie and focusing on Aboriginal children aged 0-5 years meant that they could redirect resources for supporting the community to other areas.

It was, however, identified that the existence of place-based and/or Collective Impact approaches in communities could also present a potential or actual "crowded" policy and service delivery space.[79] In these situations the Connected Beginnings teams were required to spend time understanding how the Connected Beginnings program could avoid duplication and not overwhelm the community.[80] This impacted implementation of Connected Beginnings with some sites unsure where or how to fit in.[81] In small communities, it can present confusion for services, different initiatives and community members with several different initiatives performing similar tasks.[82]

In one community, it was identified that there is currently more than one place-based and/or Collective Impact initiatives focused on the early years. These initiatives are a mix of Federal and State government funded initiatives. Interviews with stakeholders, and an online review of these other initiatives, identified that there is overlap and duplication occurring both in terms of program focus and on-the-ground activities.[83] Inside Policy was advised that there was initially some level of collaboration between these initiatives, but once it became obvious that they were all trying to deliver similar activities, the environment moved towards a less collaborative and more competitive space.[84] Stakeholders raised that this had impacted the implementation of Connected Beginnings with a lack of benefit being noticed in community.[85]

It was identified that when there are existing place-based Collective Impact initiatives, an Aboriginal and Torres Strait Islander organisation will have authority to lead a program targeted at Aboriginal and Torres Strait Islander children. Such authority is derived through the trust and respect of community, and an ability to achieve greater engagement.[86] This same authority is not held by non-Aboriginal and Torres Strait Islander organisations, such as when an incoming backbone team was a non-Aboriginal or Torres Strait Islander organisation.[87] In sites where a non- Aboriginal or Torres Strait Islander backbone organisation is funded, Education will work towards transitioning those sites over to ACCO control using the ACCO Leadership Transition Framework that has been developed in partnership with SNAICC.

To better coordinate place-based and/or Collective Impact initiatives, stakeholders suggested that a strong level of communication between governments, including between Federal and

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[79] ILI18; ILI10.
[80] BB33, ILI5, ILI1, ILI18.
[81] BB33.
[82] BB84, SER100, SER99, SER105.
[83] BB84, SER105, SER100, ILI18, SER99.
[84] BB84, ILI15, ILI18.
[85] ILI18, SER103.
[86] COM57, COM58, SER39, BB09, BB10, BB11, SER37.
[87] HP28,HP29, SER103.

State governments, is required.[88] Government-led communication and coordination would help to support communities at the site-level, prevent overload with other programs and initiatives, and minimise duplication of effort by both governments and staff on the ground.[89] In particular, strategic oversight from the outset is required to ensure that new programs are wholly beneficial to the community.[90]

1.1.3 Different strategies have been adopted to address policy challenges at the program level

The main policy challenge that Connected Beginnings is seeking to address is the disparity in education and health outcomes for Aboriginal and Torres Strait Islander children in comparison to non-Aboriginal children. Several strategies have been utilised at the program level to address this challenge.

1.1.3.1 Embedding the Closing the Gap principles into the program

Interviews with program-level stakeholders identified that the National Agreement on Closing the Gap has provided policy guidance on best practice since the initial implementation of Connected Beginnings in 2016.[91] While program guidelines do not yet fully reflect Closing the Gap targets or the priority reforms, Connected Beginnings has effectively embedded the National Agreement to support and guide the program. The connection between Closing the Gap and the work of Connected Beginnings was raised without prompt in several interviews with stakeholders, demonstrating that the Agreement is at the forefront of mind for program-level stakeholders.[92]

> *'I think the way Connected Beginnings works, it always refers back to those broader government reforms around Closing the Gap, which I think is really good. It's very easy to potentially lose sight of some of that.*[93]

Connected Beginnings' focus on Aboriginal and Torres Strait Islander children aged 0-5 years directly aligns with Targets 1 – 4 of Closing the Gap and the focus of Priority Reform Areas 1 and 2 on early childhood care and development (see 3.2.2). Some sites are embedding flagship indicators which broadly align with these targets and Priority Reform areas to further support this work on the site level. Notably, there was disparity in the focus on pregnant women at both the program-level and the site-level (see 1.2.6), suggesting Target 2 (Children are born healthy and strong) could be more supported by the program at present.

1.1.3.2 Engaging Aboriginal peak bodies to act as Community Partners

In 2022, Education engaged SNAICC and Health engaged NACCHO as the Community Partners. The role of the Community Partners in Connected Beginnings is to provide national leadership, advice and advocacy, and support the program with cultural authority, awareness, and safety. SNAICC works with Education in scoping new Connected Beginnings sites and offering support to sites as they establish and implement the program. NACCHO assists Health with the delivery of the health component of Connected Beginnings, including scoping and selecting of organisations in identified Connected Beginnings locations, and supporting organisations to effectively implement the program.

The partnerships with SNAICC and NACCHO reflect Education's and Health's commitments to the Priority Reforms under the National Agreement, specifically Priority Reform 1 (formal partnerships and shared decision making), Priority Reform 2 (building the community-controlled sector) and Priority Reform 3 (transforming government organisations) (see 3.2).

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[88] BB84.
[89] ILI18, ILI10, ILI18.
[90] ILI10, ILI8, ILI1.
[91] ILI14, ILI15, ILI16, ILI17.
[92] IL9, ILI1, ILI8, ILI15, ILI16 ILI25, ILI26, ILI27 ILI9, ILI10 ILI14, ILI17.
[93] ILI8.

This Community Partner model was identified as a positive move for the program.[94] It was highlighted that the work of the Community Partners has improved relationships between each of the departments and sites on the ground, as well as providing important support to the sites.[95] Education seconded a staff member to SNAICC as an additional resource to support its new role in Connected Beginnings.[96]

> *'[Education's partnership with SNAICC] is going to support much stronger … buy-in for that program. It'll … show that the commitment is following what the words are, walking the talk.'* [97]

1.2 The key foundational elements of Connected Beginnings have supported community-led Collective Impact approaches

1.2.1 The Connected Beginnings model represents new ways of working

Governments are generally seen as risk adverse and operating cautiously.[98] Government policies and programs aimed at improving economic, social and community wellbeing have typically focussed on delivering uniform support to improve a singular aspect or challenge. Centrally designed and administered programs make it difficult for governments to understand the intricacies of a community and challenging for communities to understand decisions made in isolation by a far-away government. This approach can lead to significant disconnect within programs between government and community, and a passivity towards programs within communities.[99]

Government's usual ways of working have traditionally relied on linear thinking and prescriptive and orderly process, leading to policies and programs with rigid and narrow scope, indicators and outcomes. In addition, traditional ways of working within the social policy system have been criticised for operating in silos, leading to fractured approaches and duplication of effort.[100] These approaches impact on the people accessing services and systems, who fall through the cracks between jurisdictional responsibilities and government agencies, having to repeat their story, and losing faith in the systems designed to support them.

In Australia, there is a long history of Aboriginal communities experiencing the impacts of forced and harmful policies.[101] Usual ways of working in Government when developing policy for Aboriginal and Torres Strait Islander communities is understood as 'doing to' rather than 'doing with'.[102]

It is recognised that new ways of working between Government and Aboriginal communities is required to actualise change.[103] The growing literature and evidence supports innovative, holistic, flexible and collaborative approaches that require behavioural change to address complex social challenges.[104] Recognising that no single organisation can tackle a goal

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[94] ILI8, ILI11.

[95] ILI8, ILI10, ILI9, ILI28.

[96] ILI14, ILI15, ILI16, ILI17.

[97] ILI10.

[98] Australian Public Services Commission, *Tackling Wicked Problems – A Public Policy Perspective*, (online document), 2007, accessed 27 March 2023.

[99] A Forrest, *Creating Parity* (online content), Commonwealth of Australia, 2014, 13 October 2022. https://www.niaa.gov.au/resource-centre/indigenous-affairs/forrest-review

[100] Salignac, F., Wilcox, T., Marjolin, A., and Adams, S. (2018) "*Understanding Collective Impact in Australia: A new approach to interorganizational collaboration.*" Australian Journal of Management 43.1 91-110.

[101] Briggs, C. (2022), *Australian Government Social Policy – Where are Aboriginal and Torres Strait Islander People Positioned in Policy-making?* (online content) accessed 29 May 2023.

[102] Heiss, A. (undated) *Government Policy in relation to Aboriginal people*, (online content), accessed 29 May 2023

[103] Australian Institute of Family Studies (2011) *Interagency collaboration: Part A. What is it, what does it look like, when is it needed and what supports it?* (online document) accessed 29 May 2023.

[104] Australian Public Services Commission, *Tackling Wicked Problems – A Public Policy Perspective*, (online document), 2007, accessed 27 March 2023.

alone,[105] collaboration is considered the ideal approach to enable 'holistic provision of services and the synchronisation of efforts and resources',[106]

In seeking to address the policy challenge of the disparity in educational and health outcomes between Aboriginal and Torres Strait Islander children and non-Indigenous children, Connected Beginnings has adopted strategies that embrace new ways of working between government and community. The program utilises place-based and Collective Impact approaches, two innovative frameworks centred on collaboration that aim to address complex social challenges. As discussed at 1.1.3.2, Education and Health have also engaged SNAICC and NACCHO – as Connected Beginnings Community Partners.

1.2.1.1 Cross departmental collaboration

Connected Beginnings is a grants program funded and delivered by Education and Health.[107] Given Connected Beginnings' focus to address the disparity in education and health outcomes experienced by Aboriginal and Torres Strait Islander children, Health funding is provided to support ACCHS to participate in the program and deliver specific health services to meet needs identified by the community.[108]

It was identified that Education has taken a proactive rather than reactive approach to adapting the model over time, which has supported respect and trust building in communities.[109]

> *'… that flexibility with Department of Education, Commonwealth has been phenomenal … they really have bought into it … Because they're committed to the outcomes.'*[110]

Education was particularly commended for its willingness and commitment to doing things differently in order to support a community-led and Collective Impact approach.[111] It was noted that the Department had continually shown a willingness to reflect, learn and adapt Connected Beginnings to suit the needs of communities.

1.2.1.2 Flexible, place-based Collective Impact approach

Place-based approaches

Place-based approaches are long-term collaborative approaches to supporting communities to thrive in a defined geographic location. They reject 'one size fits all' approaches to favour tailored solutions that consider the distinct strengths and challenges of a community.[112]

Key elements of a place-based approach generally include:

- An approach that considers the unique conditions of a location to determine design and/or delivery.
- Partnership and collaboration generally across sectors, government and community.
- Shared decision-making with local autonomy and community members as active participants.
- Long-term focus recognising that complex social challenges require sustained investment.

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[105] Salignac, F., Wilcox, T., Marjolin, A., and Adams, S. (2018) "*Understanding Collective Impact in Australia: A new approach to interorganizational collaboration.*" Australian Journal of Management 43.1 91-110.
[106] Salignac, F., Wilcox, T., Marjolin, A., and Adams, S. (2018) "*Understanding Collective Impact in Australia: A new approach to interorganizational collaboration.*" Australian Journal of Management 43.1 91-110.
[107] ILI28 .
[108] ILI12.
[109] ILI6, ILI7, ILI14, ILI15, ILI16, ILI17 BB33.
[110] BB33.
[111] BB33, ILI32, ILI12.
[112] Moloney, S. (2022) *Place-based approaches to policy are crucial*, (online content), accessed 29 May 2023.

- Outcomes focussed with flexibility as to how outcomes will be achieved.[113,114,115]

While place-based approaches are being increasingly utilised by governments in Australia to address complex social challenges,[116] Connected Beginnings is considered to be one of the first to adopt this approach.[117]

The place-based approach enables Connected Beginnings to be implemented at a national level, with the uniqueness of each location determining the design and application of the program locally. In this, Connected Beginnings aligns with Closing the Gap Priority Reform 1, which supports the use of 'place-based partnerships' to drive Aboriginal and Torres Strait Islander community-led outcomes.[118] It also aligns with the recommendation of the Forrest Review that communities are best placed to be responsible for education and health outcomes.

Collective Impact

Collective Impact is a collaborative, long-term approach to addressing complex social challenges. The model is based on an understanding that there is not a single policy, program, entity, or organisation that can solve complex social challenges.[119] Collective Impact promotes collaboration with long-term commitment and all parties working towards a common goal, and a shift from traditional government ways of working, to enable and promote community decision-making, and community-led change.

Collective Impact was originally defined in 2011 by Kania and Kramer as having five conditions (common agenda, continuous communication, mutually reinforcing activities, backbone support and shared measurement.[120] The focus on shared measurement and a backbone organisation have been identified as the distinguishing features of the model from other collaborative approaches.[121]

In 2016 the Tamarack Institute redefined Collective Impact to include: Community Aspiration, Strategic Learning, High Leverage Activities, Inclusive Community Engagement and Container for Change.[122] The definition of Collective Impact has been further updated by Australian practitioners to encompass six principles, known in Connected Beginnings as the Connected Beginnings Principles (Container for Change, Community Mobilisation, High Leverage Actions, Capacity Building, Strategic Learning and Sustainability) (see 1.2.5).[123]

Collective Impact has gained traction over the last decade with state and federal governments utilising the approach.[124] The model has gained particular support with Aboriginal and Torres Strait Islander communities as it aligns with the principles of self-

[113] Department of Prime Minister and Cabinet, *Practical place-based initiatives: a better practice guide.* (online document), 2012, accessed 27 March 2023.
[114] Australian Institute of Family Studies. (2015) Commonwealth Place-Based Service Delivery Initiatives, (online document), accessed 27 March 2023.
[115] Department of Communities, Housing and Digital Economy, 2022 *Place-based approaches*, (online document), accessed 27 March 2023.
[116] Centre for Public Impact, (2019) *Do place-based approaches hold the key to unlocking potential in Australian communities?*, (online document), accessed 3 April 2023.
[117] ILI10 ILI14, ILI15, ILI16, ILI17.
[118] Coalition of Peaks, Australian Governments (2020). *National Agreement on Closing the Gap.* p.5.
[119] University of Southern California, Sol Price School of Public Policy and Sol Price Centre for Social Innovation, (2018) *What is Collective Impact?,* (online document), accessed 3 April 2023.
[120] Kania, J., & Kramer, M. (2011). *Collective Impact. Stanford Social Innovation Review*, *9*(1), 36–41. https://doi.org/10.48558/5900-KN19. See also Editors, S. S. I. R. (2020). *SSIR Guide to Collective Impact, 10 Years Later. Stanford Social Innovation Review*. https://doi.org/10.48558/R41C-SF06.
[121] Salignac, F., Wilcox, T., Marjolin, A., and Adams, S. (2018) "*Understanding Collective Impact in Australia: A new approach to interorganizational collaboration."* Australian Journal of Management 43.1 91-110.
[122] Cabaj, M. & Weaver, L. *Collective Impact 3.0 An Evolving Framework for Community Change*, 2016.
[123] Department of Education, Community Action Plan Template, undated.
[124] Graham, K., Skelton, L., & Paulson, M. Y. (2021). *Power and Collective Impact in Australia. Stanford Social Innovation Review*. https://doi.org/10.48558/XMS6-6K45

determination.[125] Interpretation and application of Collective Impact has been found to vary across Australia.[126] This is viewed as an inherent feature of the model as a certain level of flexibility is required in applying the framework to reflect the emergent nature of the model's shared purpose, and changes in internal and external environments.[127] The model has been labelled as a method or blueprint for collaboration rather than a strict methodology.[128]

In accordance with a place-based and Collective Impact approach, the Connected Beginnings model focusses on community leadership and ownership. Connected Beginnings promotes shared decision-making with local autonomy and involves community members as active participants. This shifts responsibility to community and creates a connection between programs and community.[129]

1.2.2 Funding, resource and partnership arrangements vary across Connected Beginnings

1.2.2.1 Strengths of the program management arrangements

Flexibility of funding

Notwithstanding concerns discussed below in 1.2.2.2, Connected Beginnings' flexible funding arrangements were highlighted as a critical strength of the program, enabling backbone teams and health partners to strategically consider and apply funding to fit the community context and needs most effectively.[130]

> *'The beauty of Connected Beginnings is funding being fluid. No push to spend down what's in the budget.'*[131]

> *'… [the funding is not] operationally, as you know, prescribed … people have taken the opportunity for self-determination and … doing it the way that works for community and co-designing that approach.'*[132]

Sustainability of funding

Long-term funding security was highlighted as integral to the sustainability of Connected Beginnings and ensuring that the program aligns with its place-based Collective Impact approach. Stakeholders recognised that long-term funding is required to support communities to overcome entrenched and complex challenges.[133] It can also support reconciliation between Aboriginal and Torres Strait Islander communities, government and other stakeholders by fostering trust.[134]

Requirement for co-location or adjacent to school grounds

Education's Program Guidelines stipulate '*Backbone agencies are required to have strong links to schools and must be co-located on or adjacent to school grounds.'*[135]

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[125] Graham, K., Skelton, L., & Paulson, M. Y. (2021). *Power and Collective Impact in Australia. Stanford Social Innovation Review.* https://doi.org/10.48558/XMS6-6K45

[126] Salignac, F., Wilcox, T., Marjolin, A., and Adams, S. (2018) "*Understanding Collective Impact in Australia: A new approach to interorganizational collaboration.*" Australian Journal of Management 43.1 91-110.

[127] Salignac, F., Wilcox, T., Marjolin, A., and Adams, S. (2018) "*Understanding Collective Impact in Australia: A new approach to interorganizational collaboration.*" Australian Journal of Management 43.1 91-110.

[128] Salignac, F., Wilcox, T., Marjolin, A., and Adams, S. (2018) "*Understanding Collective Impact in Australia: A new approach to interorganizational collaboration.*" Australian Journal of Management 43.1 91-110.

[129] A Forrest, *Creating Parity,* Commonwealth of Australia, 2014, 13 October 2022. https://www.niaa.gov.au/resource-centre/indigenous-affairs/forrest-review

[130] BB13, BB14, BB15, SER28, HP12, HP13, BB26, BB27, HP14, ILI19, ILI20, BB01, BB02, HP05, HP06, HP07, HP08, Supporting Evidence 3.

[131] BB1, BB2.

[132] ILI19, ILI20.

[133] ILI5, ILI1, ILI18.

[134] ILI32, ILI5, ILI16.

[135] Department of Education, (2022) *Connected Beginnings: Phase 2 Program Guidelines,* (online content) accessed 1 March 2023.

Some backbone teams are co-located with schools or pre-schools, leading to positive outcomes including the development of connections with children and families in a central space.[136]

> '… literally anyone, from conception to grandparents, aunties, uncles… We get an opportunity to engage with a huge amount of the community.'[137]

> '… we gave a support letter for Connected Beginnings because we knew … it was going to meet a whole lot of needs, just … physically having that space within a school right smack bang in the middle of town.'[138]

A number of backbone agencies are not located on, or adjacent to, school grounds but have connections with local schools, and have strong positive impacts within community. There was no noticeable indication that co-location on school grounds determined the success or impact of a Connected Beginnings backbone team.

There were concerns raised by some stakeholders about Connected Beginnings being located on school grounds, noting that schools can be alienating for Aboriginal and Torres Strait Islander children and families. It was suggested that there is a risk that location within a school may lead to Connected Beginnings being too school-centric and neglecting a broader focus for the work. In addition, it was suggested that the location of Connected Beginnings on school grounds may exclude families who are not already engaged with a school, and who may be the most vulnerable children and families.[139]

It was also raised that there can be systemic challenges when funding for Connected Beginnings is provided to schools:

> 'So the funding goes to schools … and the people that are hired are public servants … that creates a certain culture that has some challenges … At the heart of this work, we're renegotiating power to get systems working in the interests of children and their families. So public servants are very good at working traditional hierarchical power … it's a big ask for them to renegotiate the power outside the hierarchy in a way that's genuinely collaborative and disruptive. But that's what Collective Impact's about …'[140]

1.2.2.2 Dual Federal Government systems, funding and program management arrangements create complexity

The Connected Beginnings program seeks to work across Education and Health, two very large and distinct systems and streams within Government. This contrasts with the on-the-ground experience of Aboriginal and Torres Strait Islander children and families, where education and health are interconnected. While this arrangement was identified as a beneficial partnership (see 2.2), the evaluation found that the current program model and the different roles played by Education and Health within it have impacted on Connected Beginnings' implementation.

Education/backbone teams and Health/health partners have different roles and responsibilities

The partnership between Education and Health to fund and support the backbone team and health partner respectively is a key element of the Connected Beginnings model. However, the roles and responsibilities of Education/backbone team and Health/health partner within the Connected Beginnings model are significantly different.

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[136] HP10, BB04, BB05, BB06. SER28.
[137] BB04, BB05, BB06.
[138] SER28.
[139] ILI29.
[140] ILI29.

For Education, as the lead agency, Connected Beginnings is a flagship program which has been provided with a dedicated team to support the work of the program and the backbone teams. Education highly prioritise the work of the program.[141] In contrast, Health has a supporting agency role within the program. A maternal and child health team oversees the work of Connected Beginnings, among other health programs. Connected Beginnings is one of many Health programs within the Department's primary policy responsibility for achieving Aboriginal and Torres Strait Islander child and maternal health outcomes.[142]

These dynamics are further mirrored at the site level between backbone teams and health partners. The backbone team is the lead partner in the model and has a dedicated team to carry out the work of Connected Beginnings. They are responsible for implementing the Collective Impact framework elements as guided by their communities. For example, the backbone team can be funded to provide the following activities:

- Establishing a small team,
- Establishing a model of shared governance involving the community,
- Developing a common plan with community-identified principles and objectives,
- Building community engagement and commitment for families to connect with services,
- Developing and delivering training packages to staff in community organisations,
- Developing and delivering a communications strategy, and
- Delivering and implementing data systems to support monitoring of progress. [143]

In contrast, the health partner is a primary health service delivering health services to the community. Connected Beginnings funding is a small portion of their overall funding. Under Connected Beginnings their role is to provide health services where gaps have been identified in the community and support the work of the backbone team, where required. For example, the health partner can be funded under Connected Beginnings to provide the following activities:

- Antenatal and postnatal care services
- Child health services,
- Child and adult immunisation, and
- Establishment of additional service coordination capability (i.e. information sharing processes, engaging in governance processes).[144]

The differences in the roles and responsibilities are reflected in the funding allocated to backbone teams and health partners (see below).

Inside Policy identified that there is some misunderstanding on the site-level around the roles and responsibilities of health partners and backbone teams, in particular around the extent to which they are supposed to be partners in the program. Program-level stakeholders indicated that health partners are not responsible for implementing the Collective Impact framework or service integration but are to provide health services where gaps have been identified in the community.[145] Despite this understanding at a program-level, Inside Policy found that many health partners are unclear about their role, particularly that their role is to 'fill service gaps.' Health partners are utilising their funding differently; some sites focus more on traditional service provision and filling gaps, while others are carrying out service integration – in both cases, sometimes without collaboration with the backbone team.

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[141] ILI06, ILI14, ILI15, ILI36.

[142] ILI29, ILI36.

[143] Department of Education, (2022) *Connected Beginnings: Phase 2 Program Guidelines*, (online content) accessed 1 March 2023.

[144] Department of Health, 2022, *Indigenous Australians' Health Programme Connected Beginnings Expansion Grant Opportunity Guidelines.* p.10-11.

[145] ILI36.

These misunderstandings have resulted in feelings of disappointment, inadequacy, and frustration among backbone teams and health partners, and not feeling like they are part of one program:[146]

> *'We feel that we are communicated with, we get invited to meetings but it's not working together as a collective or a partnership… [We're] Not coming together as one, as one team, as one organisation to deliver services to our Mob.'[147]*

> *'I think there has been a lot of frustration on the part of the [backbone team] … about how the [health partner] engages with the program… I wonder if there's not quite a recognition in terms of the amount of funding we get versus [them], and whether they see us as having the exact same deliverables that they do. So, I think there needs to be… some more clear communication and expectations of education sites versus health sites.'[148]*

In line with this finding, Inside Policy suggests that the wording of the guidelines could be amended to better support sites to clearly understand their role, and sites supported to understand their roles in relation to each other.

Differences in funding arrangements impact relationships between the backbone teams and Education and health partners and Health

Different grant arrangements are in place for Education and Health. The Education component, funding the backbone organisations, is part of the Community of Child Care Fund Package under the Child Safety Net of the Child Care Subsidy System.[149] The Health component, funding the health partners, is part of the Indigenous Australians' Health Programme.[150]

The variance in grant streams leads to substantial differences Connected Beginnings processes. Education provides funding to backbone organisations and manage contracts without an intermediary as they have a specific exemption from using the Commonwealth Community Grants Hub. As such, Education has a direct relationship with the backbone teams. Health grants are managed externally by DSS through the Commonwealth Community Grants Hub. Sites are assigned to different contract managers from DSS who provide oversight and funding management for contracts between Health and the health partners. The main relationship and line of communication is between the health partner and their allocated DSS Funding Arrangement Manager, meaning there is limited contact with the Connected Beginnings team at Health.[151]

The inconsistencies between funding arrangements create different relationships: it was noted at the program- and site-level that there is a working relationship between the Education and backbone teams, whereas this relationship does not exist between Health and the health partners.[152]

The engagement of NACCHO in 2022 to support health partners was highlighted as a positive development to support connection between health partners and Health. [153] NACCHO is well placed to provide overarching support to the health partners, instead of these organisations being supported by differing DSS Funding Arrangement Managers across the nation. Inside Policy heard from program-level stakeholders that NACCHO has

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[146] BB13, HP16, BB16, BB51, BB55, BB85, BB86, HP11, HP17, HP18.
[147] HP17, HP18.
[148] HP11
[149] Department of Education, (2022) *Connected Beginnings: Phase 2 Program Guidelines*, (online content) accessed 1 March 2023.
[150] Department of Health, 2022, *Indigenous Australians' Health Programme Connected Beginnings Expansion Grant Opportunity Guidelines*.
[151] ILI28.
[152] BB33, ILI19, ILI20, ILI28.
[153] ILI33 ILI19, ILI20, ILI28.

been able to provide feedback from health partners to Health around further supports required[154] and that health services are feeling more supported, with more information.[155]

Grant amounts and purpose vary significantly between backbone teams and health partners

Reflective of the different roles of the backbone team and health partner, differences also exist between the purpose and amount of funding between the two streams. The main purpose of the grant from Education is for the establishment of a backbone team to support service integration of early childhood, maternal and child health, and family support services so that Aboriginal and Torres Strait Islander children are best placed to start school.[156] The backbone organisation is funded to lead the implementation of Connected Beginnings on the ground, as opposed to service provision. The backbone organisation grant amount is variable depending on the site, with no maximum grant amount specified. Grant amounts vary significantly but can be more than $2 million across a three-year period.[157] Where a service provider organisation or a state government body (e.g., a Department of Education) receives the funding to act as the backbone, the backbone team is generally structured as a separate team from the organisation, with very distinct activities.

The health partner receives a standard grant amount from Health of $250,000 per annum for a period of 2.5 years totalling a maximum of $650,000.[158] The purpose of the grant to the health partner, as outlined in the grant guidelines, is:

> *'… to collaborate with the backbone agency, participate in local Connected Beginnings governance arrangements, and to deliver culturally appropriate health and specialist services necessary to address the health and development issues impacting children's school readiness in the community.'*[159]

Flat funding amount for health partners

A finding common across many sites was that not all health partners are necessarily able to *'deliver culturally appropriate health and specialist services necessary to address the health and development issues impacting children's school readiness in the community',*[160] or adequately fill service gaps, with a flat amount of $250,000. Stakeholders at both program- and site-levels felt that the funding *'doesn't go very far',*[161] especially in remote areas.[162]

Further, it was identified that an additional $250,000 per annum is not sufficient for health partners to undertake the work of Connected Beginnings (i.e., to participate in the Collective Impact approach managed by the backbone organisation), distinct from service provision pursuant to other funding streams.[163] A program-level stakeholder stated:

> *'[Health partners] often don't know where the funding is coming from. So they will have a bucket of money and it will have come from us or from the*

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154 ILI36, ILI19, ILI20.
155 ILI19, ILI20.
156 Department of Education, (2022) *Connected Beginnings: Phase 2 Program Guidelines*, (online content) accessed 1 March 2023.
157 Department of Education, (2022) *Connected Beginnings: Phase 2 Program Guidelines*, (online content) accessed 1 March 2023.
158 Department of Health, *Indigenous Australians' Health Programme Connected Beginnings Expansion Grant Opportunity Guidelines,* 2022, p 7.
159 Department of Health, *Indigenous Australians' Health Programme Connected Beginnings Expansion Grant Opportunity Guidelines,* 2022.
160 Department of Health, *Indigenous Australians' Health Programme Connected Beginnings Expansion Grant Opportunity Guidelines,* 2022, p 7.
161 ILI19, ILI20.
162 BB33, ILI19, ILI20.
163 BB33, ILI5.

Australian Government for Connected Beginnings ... you need to have pretty high-level set of skills to manage that kind of accounting.'[164]

It was suggested by a program-level stakeholder that health partner funding should be determined on a case-by-case basis, particularly for remote and regional locations:

'… difficulties recruiting and retaining staff [is] a common story … because funding is the same no matter what remoteness or population you're serving, it is difficult to do the job that you would want to do.'[165]

Different timeframes in engaging the backbone teams and health partners affects relationships

Due to differences in grant processes, as outlined above, the backbone organisation may be engaged several months earlier than the health partner. This can impact the relationship and understanding of roles and responsibilities of the backbone team and health partner (and their relationship to each other), in turn affecting service integration and opportunities for collaboration.[166]

Program management arrangements sometimes undermines service integration on the ground

As noted in the 2019 evaluation, Inside Policy also found that the structure of the program (i.e., funded and implemented by two Departments) can and does create challenges at the site-level.[167]

Across the 25 unique sites, this complexity manifested in several ways. In some communities, there was a strong collaborative relationship between the backbone team and health partner in line with their intended roles; in others, there was a relationship, but a lack of collaboration; and in some others there was no relationship. In some communities, the health partner has taken on a quasi-backbone role (alongside the existing backbone team) where they are individually carrying out the work of Connected Beginnings. This leads to duplication of activities in the community, undermining the intention of the program's design and guidelines.

While there are several factors that can impact the relationship between the backbone team and the health partner, including specific community challenges, the evaluation found that the program management arrangements could be reviewed and strengthened to support health partners and backbone teams to work together under Connected Beginnings.

It was suggested that these service integration issues are not solely the responsibility of the backbone team and health partner, as this was a policy challenge originating at the program-level.[168] Both Departments need to work together to address this issue.

To support the teams on the ground to better integrate in line with their intended roles, it was suggested that greater collaboration is required at the program-level to support delivery of the program, from early implementation, right through to delivery. Several potential solutions were identified to support departmental collaboration, including:

- Clear definition of roles and responsibilities at the program-level, noting this is currently underway,[169]
- Clear definition of roles and responsibilities at site-level, in particular the roles in relation to each other,

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[164] ILI5.
[165] ILI19, ILI20.
[166] ILI28, ILI14, ILI15, ILI16, ILI17.
[167] Australian Healthcare Associates (2019) *Evaluation of the Connected Beginnings Program: Final Report,* (online content) accessed 13 October 2022.
[168] ILI29.
[169] ILI28, ILI14, ILI15, ILI16, ILI17.

- Support for health partners and backbone teams to consider how they can work together,
- Greater resourcing from Health[170] to health partners, with the amount to be determined on application, taking into consideration all factors including remoteness of community,[171]
- Seconding a staff member from Health to Education to work on Connected Beginnings to support greater understanding of the program between these Departments,[172] and
- Consideration to supporting sites to second a staff member from health partner to work within backbone team.[173]

A site-level stakeholder identified:

> *'There should have always been a health lead, as part of the backbone, as a policy position … Because what I've seen across the country is it's very siloed … [T]hey find it really hard to get the health bit in and understand that.'[174]*

1.2.2.3 Education has developed processes around shared measurement to support communities

A core element of the Collective Impact framework is a focus on shared measurement, and collection and sharing of information and data to inform evidence-based decision making.[175] As per the Collective Impact literature, "developing a shared measurement system is essential to Collective Impact."[176]

U-MEL Strategy

The Connected Beginnings U-MEL Strategy is the core mechanism for creating a shared measurement framework within the program. It aligns with Priority Area 4 of the Closing the Gap National Agreement – Shared access to data and information at a regional level – through supporting backbone teams, health partners and their communities to understand their data needs and what data may be useful to track progress and change, and guide decision making.

The U-MEL Strategy was highlighted as being a lengthy and technical measurement tool that does not adequately appreciate the planning it involves. Many sites are not engaging with the broader U-MEL.

> *'… people can actually be spending years on this without having a plan that specifically says what the collaboration is setting out to shift … good Collective Impact has [a] systems lens running through it, has theory of change … But ultimately, it's who are the children you're seeking to benefit, like how many in your community are there? Which ones are doing well, which ones aren't? What are you doing about that? … Whereas you'll find as a pattern across Connected Beginning sites that some of them will be [stating] what are they doing as a team, but it will be rare for them to be stating the number of kids and analysis of which kids aren't thriving, and then actually doing the work with others to address that. The planning piece is weak.'[177]*

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[170] ILI19, ILI20 ILI14, ILI15, ILI16, ILI17, BB33.

[171] ILI19, ILI20.

[172] ILI14, ILI15, ILI16, ILI17.

[173] BB33, ILI14, ILI15, ILI16, ILI17, ILI32.

[174] BB33.

[175] Kania J and Kramer M (2011) Collective Impact, *Stanford Social Innovation Review*. Winter.

[176] Kania J and Kramer M (2011) Collective Impact, *Stanford Social Innovation Review*. Winter.

[177] ILI29.

To address confusion from sites, Education has simplified the language and concepts of the U-MEL Strategy and is creating Aboriginal and Torres Strait Islanders' understandings of Collective Impact alongside SNAICC.

The U-MEL Strategy includes a number of components to guide shared measurement which have been embedded at the site-level.

Flagship Indicators

As part of the U-MEL Strategy, sites are advised to select 'flagship' indicators which reflect the interests and aspirations of their community. Connected Beginnings backbone teams have sought to bring their communities together to identify and embed these indicators, create governance groups to oversee these activities, and reflect on their work in their Annual and Progress Reports.[178]

Some sites noted difficulty with reporting against the indicators and getting the data they required to understand progress toward these indicators. For example, a backbone team noted they were unable to access children's health data held by the health partner which limited their ability to understand their progress.[179]

Another site commented that the reporting structure could be utilised to better capture the work toward these flagship indicators, noting that reporting often focuses on the work of the backbone team and not the communal work of the community.[180]

> *'From a reporting perspective, it would make a lot of sense that we're choosing these indicators, then are also choosing our key measurables [and] that we're reporting against [them] in our six-month progress report or our annual report, whereas we're sort of reporting against different things.'*[181]

Steppingstone Tool

The Steppingstone Tool is a 'mapping rubric' which enables Connected Beginnings teams and stakeholders to map progress against the levels of change (as reflected in the Theory of Change, see **Appendix C**) to identify progress achieved and their ongoing journey towards supporting Aboriginal and Torres Strait Islander children in their communities. As part of the U-MEL Strategy, sites have been completing the Steppingstone Tool as part of their reports from 2022.[182] Data in the Steppingstone Tool is captured in the Power BI dashboard (see below).

In some cases sites mapped progress on the Steppingstone Tool internally and externally including with community.[183] Several sites reported that the Steppingstone Tool was useful to visualise the story of change within community.[184]

> *'… it's basically interpreting the phases of Collective Impact … if we've got these five conditions, what do they look like when we start? when we've gone a bit further? when we're mature? ... it's a … multi-layered journey that people go on, and it's more like snakes and ladders than a clear flow. [It's] actually a really good tool … it puts Aboriginal empowerment and community at the centre, up front and centre … and it's embedded in the reporting'.*[185]

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[178] BB87, Annual Report 11, Narrative 37, Narrative 13, Supporting Evidence 95.
[179] BB89.
[180] BB18.
[181] BB18.
[182] Department of Education, *Annual Report Template.*
[183] BB91, COM89, BB70.
[184] BB91, BB70.
[185] ILI29.

However, the Steppingstone Tool was not always considered to be a useful tool amongst all community members.[186]

Power BI – Connected Beginnings Data Dashboard

In addition to the U-MEL Strategy, the Departments have provided sites access to the Power BI Connected Beginnings data dashboard. Power BI captures data which is relevant to each community in a clear and easy to read format. Similar to the Steppingstone Tool, reference to the Connected Beginnings Dashboard is embedded in the Annual Report template prompting sites to provide 'interpretation / narrative to accompany flagship indicators and dashboard results'.[187]

Ongoing reporting based in narrative and stories

Another component of the U-MEL which has been embedded within the program is the flexible and narrative-based reporting requirements from Education. The Annual and Progress Reports and supporting evidence provided by sites allows for backbone teams and communities to reflect on their progress and gain a holistic understanding of the program in each community.

Backbone teams commented positively around the reporting requirements and frameworks, stating that the narrative approach allowed them to provide the broader context of their community and demonstrate successes and barriers.[188]

Conversely, the reporting requirements from Health were seen to be based in compliance and did not allow for a full picture of the health service to be shown.[189]

"Some of the questions that came from the Department feel [like] they are kind of investigating what I'm doing, which can be a little bit intimidating."[190]

"I worry that … the value of the program won't come through in the reporting."[191]

Health partners suggested that it would be beneficial for Health to provide greater opportunities for sites to share their stories of success and their broader context.[192]

Measurement and accountability should be shared, and needs improvement

While there is significant support for shared measurement through the U-MEL Strategy for sites, program-level stakeholders raised the need for greater accountability across the program and at the Commonwealth level. It was suggested that Connected Beginnings' measurement and accountability should be a reciprocal process between government, the backbone teams and health partners and community.[193]

'… the bit that works is when people recognise that accountability works in multiple directions in this work … And it's about accountability back to community and to each other as a collaboration, not just to people who fund.'[194]

1.2.3 Several external factors have affected implementation of Connected Beginnings

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[186] COM89.
[187] Department of Education, *Annual Report Template.*
[188] BB51, BB55, BB24, BB89.
[189] BB33, HP05, HP06, HP07, HP08, HP11.
[190] HP05, HP06, HP07, HP08.
[191] HP11.
[192] HP05, HP06, HP07, HP08, HP11.
[193] ILI29.
[194] ILI29.

Several external factors have impacted implementation of Connected Beginnings across the 25 communities.

1.2.3.1 COVID-19 pandemic

The COVID-19 pandemic impacted sites, service providers and community in a multitude of ways. Workforce issues, specifically recruitment, were prevalent in most sites. Progress in establishing Connected Beginnings sites, collaboration and community engagement were all greatly impeded by COVID-19 and the associated restrictions.[195] Sites worked innovatively to support communities during this period, including through the provision of online education and health services.[196]

1.2.3.2 Recruitment and retention of staff

The time taken for recruitment of staff has adversely impacted the implementation and delivery of Connected Beginnings.[197] It was also noted that recruiting and retaining staff can be particularly difficult in regional and remote areas.[198] Staff changes can impact the development of relationships and community engagement if trusted staff members resign, causing delays and disruption to the implementation of the program.[199]

Connected Beginnings sites also need to respect Aboriginal and Torres Strait Islander ways of working. Cultural responsibilities and family demands can impact the ability of staff to be at work and adhere to strict rosters.

1.2.3.3 Community needs

Intergenerational trauma in community and historic distrust of services has affected implementation of the program.[200] It was noted that relationship and trust building, to overcome these factors, can take time.[201] Sites have recognised that they need to be willing to work at the pace of community.

Different cultural groups may exist within the one region. Respectful engagement is required to navigate the different relationships. [202]

1.2.3.4 High demand for specialist services

There is a high demand for specialist health services across the communities, including speech pathologists, audiologists, and ear nose and throat specialists (ENTs). Due to the high demand, wait times are often extensive, with some children on waitlists for periods around 12 months.[203,] These extended periods not only impact the delivery of the program, but also the health of children aged 0-5 years.[204]

1.2.3.5 Geography and transport

Some Connected Beginnings communities are geographically isolated, affecting their ability to engage with and access services.[205] A lack of reliable transport was a significant barrier for families, impacting program implementation as children and families are unable to easily access services.[206]

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[195] Annual Report 5, Annual Report 1, HP12, HP13, Narrative 7, Progress Report 31.
[196] Supporting Evidence 7, Performance Report 15.
[197] Progress Report 13, Progress Report 12, Progress Report 19.
[198] Progress Report 1.
[199] SER119.
[200] Progress Report 13, HP05, HP06, HP07, HP08.
[201] COM10, SER05, SER06.
[202] Progress Report 32.
[203] HP28, HP29, COM11, COM12, COM13. Performance Report 16, COM11, COM12, COM13.
[204] HP28, HP29, Annual Report 1, Narrative 3
[205] SER109.
[206] BB88, COM147, SER83.

1.2.4 The Collective Impact approach is appropriate, but utilisation has evolved over time

Inside Policy found that the Collective Impact approach has positively impacted communities' efforts to work collectively. At the program-level the Collective Impact approach was identified as a tool and set of principles for community to achieve a community-led model.[207] At the site-level, backbone teams and health partners, as well as stakeholders from other place-based Collective Impact initiatives, identified the Collective Impact approach as a useful framework to guide the work, with flexibility and support for community members to adapt their work to make strategic place-based decisions.[208] Connected Beginnings was described as a 'pioneer program', and one of the first to utilise innovative models in Australia.[209]

From its initial implementation in 2016, Connected Beginnings sought to establish partnerships and share power with communities to determine how the program would operate in each site. Connected Beginnings' innovative model enabled flexible, local development of the program as opposed to the traditional top-down delivery of government programs.[210]

One program-level stakeholder saw the program as:

> *'…allowing more grassroots development of what … is delivered through Connected Beginnings in a particular location. So much more … locational, but also more flexible as a model to suit the community in that particular site ...'*[211]

Another noted:

> *'… people have taken the opportunity for self-determination and throwing away those things that have been prescribed and doing it the way that works for community and co-designing that approach.'*[212]

The Connected Beginnings model has evolved over time. Due to its iterative nature, there has been a shared experience of learning for the two government departments and the sites.[213] One program-level stakeholder commented on the program's evolution:

> *'… working out what support that different sites [needed] meant there was a kind of midpoint where, looking at what works and what doesn't, I think helped us to start to actually cycle that learning back in and then some of the [later] sites actually came online much faster.'*[214]

In the early stages of implementation, Connected Beginnings took more of a programmatic approach in line with what was most familiar or understood. During this time there was limited understanding of the Collective Impact approach at both the site and program-levels.[215]

In 2019, the next stage in the evolution of the Connected Beginnings approach to collective work shifted towards greater accountability to Collective Impact[216] with the introduction of the Connected Beginnings Collective Impact Principles (see 1.2.5).[217] At this point, Connected

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[207] ILI1, ILI14, ILI15, ILI16, ILI17.
[208] HP14, BB33, SER39.
[209] ILI10, ILI14, ILI15, ILI16, ILI17, ILI1.
[210] ILI14, ILI15, ILI16, ILI17, ILI10.
[211] ILI1.
[212] ILI19, ILI20.
[213] ILI14, ILI15, ILI16, ILI17, ILI32, ILI10.
[214] ILI14, ILI15, ILI16, ILI17.
[215] ILI32.
[216] ILI11.
[217] ILI35.

Beginnings sites moved to reporting centred on these Principles and there was an emphasis on Collective Impact with sites 'refreshing' Connected Beginnings on the ground to fit more closely with the Connected Beginnings Collective Impact Principles.[218] This required significant work for backbone teams to reconfigure, with sites reporting that they felt as though the Collective Impact approach was being imposed during this time.[219]

Currently, in 2023, there is less emphasis on strict application of Collective Impact to the program.[220] While the Collective Impact approach underpins Connected Beginnings, the program is not strictly aligned with the Collective Impact model. Rather, sites are able to utilise the approach as they see fit to best suit their communities' needs.[221] This flexibility led to the Connected Beginnings program being identified as a hybrid Collective Impact initiative:[222]

> *'… the outcome was always school readiness, that was the goal of the public monies that were invested into those projects … but we didn't describe or define how they got there. So, what was needed to achieve school readiness was up to the community to identify and prioritise and use the funding for.*[223]

It was suggested that the flexible and proactive approach adopted by government, based on community and Community Partner feedback, had supported Connected Beginnings to adapt over time, moving from being a programmatic response to:

> *'… something that is very organic, and community focused … [the] typically more technical approach of such a government policy piece, moving into a fully aware, sensitive, respectful engagement with community.*[224]

1.2.4.1 Features of the Collective Impact model as evidenced in Connected Beginnings

Focus on place-based collaboration

The focus on place-based collaboration was identified at the site-level as being the most valuable and widely understood feature of the Collective Impact approach.[225]

> *'… it's appropriate for the community precisely because it's tailored to the local community, based on local needs and local input.*[226]

Place-based collaboration encompassed multiple partners including:

- Local community members,
- Services – education, health and family and general support services,
- Other Collective Impact or place-based initiatives,
- Philanthropic partners, and
- State and federal government agencies.

The Collective Impact model has supported sites to view collaboration as a holistic way of working with all partners connected to supporting children and families to access education and health services.[227] One service provider noted:

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[218] Australian Healthcare Associates (AHA)*, Evaluation of the Connected Beginnings Program: Final Report,* 2019.
[219] SER113.
[220] ILI14, ILI15, ILI16, ILI17.
[221] ILI14, ILI15, ILI16, ILI17.
[222] ILI10.
[223] ILI10.
[224] ILI32.
[225] Supporting Evidence 6, BB26, BB27, SER15, HP05, HP06, HP07, HP08, SER113, Progress Report 22.
[226] SER75, SER76, SER77.
[227] SER114, BB16, BB13, BB14, BB15.

'They assist with really … ensuring the network[s] are in place across the communities … ensuring that the child care coordinator is speaking to the [Families as First Teachers] coordinator is speaking to the [other children's service] is speaking to other early childhood centres in the community … so that we know that the Child Health Nurse, for example, knows that there's a kid in the childcare centre that needs support. Connected Beginnings really sort of keeps all those networks in place.[228]

Backbone team

Recognising that services – generally not accustomed to working collaboratively[229] – are often occupied with service delivery and are not adequately resourced to focus on supporting collaborative practices,[230] the existence of backbone teams was identified as critical to the Connected Beginnings communities.

Backbone teams do not have the same strict funding obligations, fixed program delivery requirements or KPIs as most service organisations.[231] This enables backbone teams in each community to take a dedicated and strategic approach to service integration and collaboration.[232] As one service provider stated:

'There were way too many services all wanting to have a piece of the same number of kids and families … The idea that somebody would become an overarching agent to help coordinate this and reduce the humbug for families and increase the output and the success is worthwhile.'[233]

Site-level interviews indicate that backbone team are most effective when they are supporting the community and services to work collectively, as opposed to leading the program, which is more of a traditional service delivery approach.[234]

'The backbone team are dedicated change agents who are enablers and not decision makers.'[235]

'… as a backbone team, we were really conscious to not drive the work … but walk beside them and support when needed…So then one day, they can lead this work like they are starting to do now.'[236]

Community decision-making

The focus on community decision-making and community-led change was highlighted as an important feature of Connected Beginnings.[237] Local community members hold knowledge and insight into the community which cannot be understood in the same way by government or other stakeholders who do not live within the community.

'When I look at Collective Impact and Connected Beginnings, I look at it as community knowledge, community input. It's community-led, and they're the best people to make the decisions.'[238]

As Connected Beginnings is an Aboriginal and Torres Strait Islander specific initiative, it was identified that to be community-led there must be Aboriginal and Torres Strait Islander voices

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[228] SER24.
[229] COM61, SER52.
[230] BB13.
[231] BB33.
[232] HP14, BB87.
[233] SER52.
[234] BB33, BB31, BB32, SER103.
[235] ILI32.
[236] BB31, BB32.
[237] ILI32, BB71, BB26, BB27, HP14.
[238] BB71.

at the forefront, at both the program- and site-level. The engagement of SNAICC - and NACCHO, as the community partners was viewed as supporting an Aboriginal and Torres Strait Islander voice at the program-level.[239] Inside Policy also acknowledges that the Departments have also engaged with local Aboriginal and Torres Strait Islander organisations and representatives, including state-based peak bodies.

At the site-level, Connected Beginnings was identified to be most effective when led by Aboriginal and Torres Strait Islander people.[240] As previously noted, Aboriginal and Torres Strait Islander people inherently understand how to work collectively. By embracing the Collective Impact model, Connected Beginnings provides an opportunity to put a framework and resources around Aboriginal and Torres Strait Islander practices.[241]

'This work that already happens, that goes unnoticed in the communities around yarning and linking family services. It allows that sector and … the service providers or… the backbones, to really … cross the t's and dot the i's, and really put a framework around the work they're doing. And it allows for better progress, tracking and evaluation and planning. Yes, the work's been happening for tens of thousands of years … there's no reason that you need to completely forget Aboriginal pedagogy, or completely forget New World technologies … its a marriage of it, right? Like, why not use these frameworks … and these evaluation tools to support stories, to support community driven work.'[242]

'When I arrived … we sat on a mat and I just talked about Collective Impact. And people recognised it because it's … the way, that's part of the wholeness of how First Nations people are. Being together, working together, working to different strengths.'[243]

The below figure depicts how the Departments, community partners, and Connected Beginnings teams wrap around the community, with community voice and needs at the centre of the program.

Figure 2: Relationships within Connected Beginnings
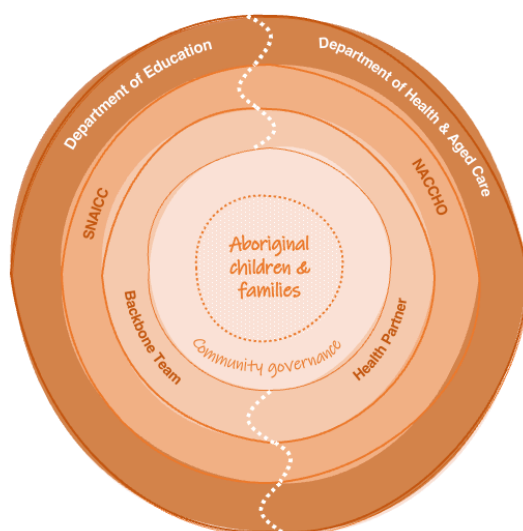
Long-term focus

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[239] ILI14, ILI15, ILI16, ILI17, ILI19, ILI20.
[240] ILI8, COM57, COM58.
[241] ILI14, ILI15, ILI16, ILI17, ILI34, ILI29.
[242] ILI14, ILI15, ILI16, ILI17.
[243] ILI31.

This focus on long-term effort and investment within the Collective Impact model was identified as positively supporting communities.

> '… it takes time to build those relationships of trust … people realise that you're not there to tell them what to do. You're not there for five seconds, you're going to be there for a long time. [244]

Many challenges in Aboriginal and Torres Strait Islander communities are entrenched and complex. Sustained investment is required to support communities to overcome such challenges and support long-lasting change.[245]

> '… building relationships and trust and getting the work happening on the ground, you know, it takes a couple of years to get established … it takes, you know, sometimes 10 years or more for that work to happen. [246]

One government source recognised the inherent challenge of this approach for government:

> '… we expect to see progress in a short period of time … I mean, two to three years. Collective Impact model, historically … it's generally at least 10 years before you see real gains. [247]

Flexibility

Flexibility is a key element of both the Collective Impact approach and place-based models[248] and therefore underpins Connected Beginnings. Flexibility, providing the space for reflection and adaption to support the needs of communities on the ground, was repeatedly highlighted as being key to Connected Beginnings at both the program- and site-level.[249]

> 'I think they can really thrive in this community, in that program, if it's allowed to be flexible in ways where it looks at a holistic approach ... to working with our families. [250]

1.2.4.2 Challenges arising from the Collective Impact approach

Complexity of Collective Impact model and language adversely impacts on implementation

The technical nature and theoretical language of Collective Impact, as interpreted through the Connected Beginnings Principles, was identified as creating barriers to implementation of the program, with impacts most predominant at the site-level.[251] Confusion around the model within sites and how it applies on the ground were identified. Extensive time and commitment is often required to understand the model.[252]

To better support implementation, it was suggested that community members should be supported by Connected Beginnings to work in ways that align with Collective Impact:

> 'The language around Collective Impact was just such a heavy burden on everybody who was involved, including us from the health side, that it became a dirty word … we will do the hard yards behind the scenes, the community don't have to carry the weight of Collective Impact, they have to just be part of the development of… groups and activity and understanding

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[244] ILI5, ILI16.
[245] ILI31.
[246] ILI14, ILI15, ILI16, ILI17.
[247] ILI10.
[248] Australian Government Department of Social Services, National Centre for Place-Based Collaboration (Nexus Centre), 2022, accessed 27 July 2022.
[249] ILI8.
[250] SER89.
[251] BB33, COM57, COM58 BB87, ILI8, BB71.
[252] BB96, BB87, ILI10.

and bringing everybody together to build a community of change. And we can do the back end on Collective Impact. [253]

The non-prescriptive application of the Collective Impact model is creating complexity and confusion

While the flexibility of the program has been identified as a positive feature, the government's iterative and non-prescriptive approach has also created complexity and confusion. Many sites outlined experiencing confusion at the outset of the program around what was expected of them, and what Collective Impact entailed in a government program.

At the program-level, stakeholders including the two departments and implementation consultants engaged by sites to assist with establishing the sites referred to different iterations of the Collective Impact model. Further, some professionals have created their own version of the model which has been utilised in the Connected Beginnings program. [254]

'The different consultants across the country use Collective Impact in a different way … different versions.' [255]

With Connected Beginnings sites at liberty to choose how they interpret and apply the Collective Impact approach, there is varied understanding and levels of fidelity to the model at the site-level. Different iterations have been utilised across sites, both the original approach to Collective Impact (discussed above) and the Connected Beginnings Principles (discussed below at 1.2.5). Many people on the ground expressed confusion around the parameters of Collective Impact, and a lack of confidence around the work, particularly in relation to the technical nature of Collective Impact as outlined above.

It is noted that Education has received feedback on site-level inconsistencies in understanding and interpreting Collective Impact. Part of SNAICC's engagement as Community Partner has been to provide a consistent overarching support to sites around Collective Impact. [256]

Currently there is varied delivery of the program. Some sites are implementing strong community-led Collective Impact projects, delivering significant positive impacts, while other sites are undertaking positive activities, but with less commitment to systems and community change in accordance with Connected Beginnings' general intent.

While a level of variation is expected in a place-based program that utilises a Collective Impact approach, Inside Policy suggests that further clarity is needed around the role of Collective Impact in Connected Beginnings. Assuming the intent of the program remains focused on achieving systems change, a balance needs to be struck between flexibility and maintaining a level of fidelity to the foundational elements of the program, whether that be the Collective Impact approach or another framework for collective working.

Greater clarity and support could support sites in navigating the complexities of the Collective Impact framework and enhance their confidence in smoothly implementing the program. It could also support greater accountability to the aims of the program, including contributing more broadly to systems change and the Closing the Gap targets. [257]

The example below suggests that new sites can greatly benefit from guidance from experienced teams, particularly during the establishment phase.

> **Case Study: Lutruwita/Tasmanian Connected Beginnings sites**

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[253] BB33.
[254] ILI32.
[255] BB33.
[256] ILI14, ILI15, ILI16, ILI17.
[257] ILI18.

In Lutruwita/Tasmania, there are three Connected Beginnings sites in three separate locations. All three site backbones are under the one organisation, the Tasmanian Aboriginal Centre, which has offices in each of the locations. One of these sites was established in 2018, the other two in 2021.

The three sites are supported by a state-wide backbone team. Staff members in the backbone team have been involved in the program since the establishment of the first site. It was identified that the two newer sites have greatly benefited from the support of the state-wide backbone to help them to understand the program and the Collective Impact framework and feel confident in their ability to lead the work.

Inside Policy found that the two newer sites have progressed significantly within a short timeframe, in part attributed to the support provided by the experienced backbone team. There are other contributing factors including that each site has employed local Aboriginal staff with connections in the community.

Use of Collective Impact consultants is common, diverting resources

To support shared understanding of Collective Impact language at the site-level, some communities have utilised strategies such as translating the principles into symbols or local language.[258]

Collective Impact consultants have also been utilised across the Connected Beginnings program to support communities. Stakeholders at the program- and site-level identified that while consultants can support sites to understand and work with a Collective Impact approach, they must remain a coach or mentor, and be cautious not to take leadership of the program.[259]

> *'… consultants can help facilitate planning, but the teams themselves need to be confident enough, three years in, to do some of that.'*[260]

> *'… so heavily consultant driven … so much money went into developing papers and papers, papers, and papers of nothing. And you know, at the end of the day, when, when they went away, we really had to start again.'*[261]

As noted above, part of SNAICC's engagement as Community Partner is to provide consistent overarching support to sites around Collective Impact, so it is anticipated that use of consultants will diminish.

1.2.5 The Connected Beginnings Principles are being applied in line with their flexible nature

The Connected Beginnings Principles are the adaptation and expansion of the Collective Impact framework as defined by Australian practitioners working in Collective Impact.[262] The Connected Beginnings Principles are defined at a high-level only at the program-level.[263] As incorporated into site's Community Action Plan documentation, the six features are described as:

- **Container for Change** – The culture strongly held to deliver the results and the governance structure to monitor performance.

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[258] Supporting Evidence 13. Supporting Evidence 127.
[259] ILI29.
[260] ILI29.
[261] BB33.
[262] CMM Social Change (2020) *Learning Together in Ceduna.* (online content) accessed 29 May 2023; Cabaj M,and Weaver L. (2016*) Collective Impact 3.0 An Evolving Framework for Community Change.* (online content) accessed 29 May 2023.
[263] ILI35.

- **Community Mobilisation** – Community gathered and verified stories about its hopes and dreams and processes to hear all the voices, in turn creating a movement where everyone involved takes responsibility for the results.

- **High leverage action** – Joined up, evidence-based and, at times, innovative responses to create early signs of success and long-term sustainable actions delivering results.

- **Strategic Learning** – Structured and continuous reflection on data and information exchange to inform strategy.

- **Capacity Building** – Across all systems and contributors, and deep within community, grow skills in leadership, governance, collaboration, communications and data literacy.

- **Sustainability** – From the outset, the initiative needs to build in sustainability measures to ensure human, physical and financial capital are in place for the long-term effort. The work of intergenerational change is long-term and requires each of us to hold the role of custodian for future generations.[264]

The Connected Beginnings Principles are outlined in program documentation as the 'Collective Impact Principles'.[265] However, neither program-level stakeholders nor sites were able to clearly articulate the Principles, and it is unclear whether it is understood at both the program-level and site-level that these Principles are different to the original model of Collective Impact. Further, some Collective Impact consultants who had worked with sites, when interviewed by Inside Policy referred to other models and principles of Collective Impact.[266] As noted at 1.2.4.2, Education are aware of these inconsistencies across the program.

As noted above, the Community Action Plan documentation completed by sites at establishment references the Principles and sites are required to set out a plan in accordance with these Principles. In addition, periodic reporting is against this Community Action Plan and therefore the Connected Beginnings Principles. This level of prescription contrasts with the current flexible approach to Collective Impact (see 1.2.4.2.).

In common with Collective Impact (see 1.2.4.2), the technical nature of these Principles and their language was raised as presenting challenges to implementation for sites.[267]

Due to the non-prescriptive approach adopted by government it was difficult to measure the extent to which the 25 sites are upholding the Connected Beginnings Principles. For the purposes of the evaluation, Inside Policy conducted a thematic analysis of the Principles, compiling insights on how the Principles are being expressed in line with their general intent. It was identified that there is collective work occurring across the program. Importantly, this work is strongly held when Aboriginal-led as it is aligns with Aboriginal ways of working.

1.2.5.1 Container for Change

The concept of Container for Change supports the notion that there isn't a single policy, program, entity or organisation that can solve complex social challenges.[268] The literature suggests that to undertake systems or community change, many parties must be involved and invested to share the responsibility and drive the work.[269] The backbone organisation is most likely to support systems or community level change when they support, but not lead,

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[264] Community Action Plan 4
[265] Community Action Plan 21, Community Action Plan 3.
[266] ILI31, ILI13.
[267] BB87; Supporting Evidence 77; SER 116/ BB 93; Annual Report 26; BB33
[268] University of Southern California, Sol Price School of Public Policy and Sol Price Centre for Social Innovation, *What is Collective Impact?*, (online document), 2018, accessed 3 April 2023.
[269] Cabaj M,and Weaver L. (2016) *Collective Impact 3.0 An Evolving Framework for Community Change.* (online content) accessed 27 March 2023.

the program. Otherwise, the risk is that the backbone organisation will become, or be more like, a standard service provision organisation.[270]

In Connected Beginnings sites governance structures have been established to support a Container for Change including working groups or leadership tables (see 2.2, 2.3, Appendix F). At a site-level, diverse representation was considered important to ensure representation of the community.[271]

It was identified that creating a Container for Change takes time and effort. For communities early in their implementation of Connected Beginnings, creating governance tables and structures is unlikely to be appropriate. As one backbone team member noted, there needs to be time for building trust and relationships and understanding the community.[272]

It was identified that there may not always be a need to create Connected Beginnings-specific governance tables and advisory groups. Where there are already existing structures and groups in place within the community, creating an additional table could duplicate process and be detrimental to efforts to working collectively.[273]

Some sites do not focus on the visibility of Connected Beginnings and a need to have an established presence or name. Other sites have established a collective that operates in its own right. An effective approach was identified where the sense of ownership was removed from the backbone and provided to a diverse group, bringing together various voices and relationships to create change.

> *'… we really learned to understand that Connected Beginnings' role here is not necessarily visibility as CB but really about how we bolster and strengthen that entire network of early years services and organisations to wrap around that particular cohort that we are mandated to serve.'*[274]

> *'And when I say community, community and stakeholders too, because they're just as important. When I say stakeholders, that includes services, you know, NGOs, government, everyone around "What, how, do we move forward together? How do we come together at the table? For what changes that we need? And then how do we, how do we work together to achieve that?"*[275]

Container for Change was strongly held when it was Aboriginal-led, both in terms of governance structures and Aboriginal representation in the backbone team and health partner. It was recognised that community members have lived experience and understanding which are integral to making the program accessible to other Aboriginal and Torres Strait Islander community members.[276] In addition, it was identified that these community members generally have connections which are invaluable to collective work and Aboriginal knowledge, ways of being and doing, can naturally create a culture for this work.[277]

For a further discussion of the governance structures established by Connected Beginnings sites see 2.3. See the Contribution Story at 3.2.3.3 for a detailed case study.

1.2.5.2 Community mobilisation

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270 Cabaj M,and Weaver L. (2016) *Collective Impact 3.0 An Evolving Framework for Community Change.* (online content) accessed 27 March 2023.
271 BB92, BB31, BB32.
272 BB01, BB02.
273 BB35, SER39.
274 BB16.
275 SER9.
276 BB29, BB30.
277 BB33, ILI14, ILI15, ILI16, ILI17, ILI31.

Within the Connected Beginnings Principles, community mobilisation is about building relationships and trust within and between community and listening to a diverse range of community voices to support a community-led program.[278]

Community mobilisation is expressed in various aways across the Connected Beginnings sites including:

- Building relationships with community and between community through leadership tables, events and activities, and

- Gathering community and capturing community voice through various means including leadership tables, events and activities, the 1000 Voices initiative, surveys and social media.

Community mobilisation supports:

- Building relationships and trust required to support and drive the work,

- Engagement of the community and listening to community voice,

- Building community spirit and a sense of pride[279], and

- Facilitating shared understanding of the importance of the goals of the program, that is, Aboriginal and Torres Strait Islander children aged 0-5 years, school readiness and children being healthy.

1.2.5.3 High leverage actions

High leverage actions across the Connected Beginnings program are generally focussed on actions that concurrently meet the goals of Connected Beginnings (service integration, school readiness and children being healthy) and can have other positive implications (relationship building, data sharing, capacity building, cultural awareness etc.). Such actions manifest in collaborative actions with partner organisations focussed on service integration and bringing different organisations and services to the community, contributing their skills and resources to jointly meet the community's multiple needs.

For case studies about Connected Beginnings activities and high-leverage actions, see 3.2.

1.2.5.4 Capacity building

The Connected Beginnings Principle of capacity building is generally being upheld across the communities. At the program-level and the site-level capacity building can be viewed as a reciprocal process between all parties including community (parents, children and families), service providers, the backbone teams and health partners and the government. A Collective Impact consultant described this reciprocal process between partners as 'two-way learning'.[280]

Two-way learning has supported learning and building capacity across all the parties involved in Connected Beginnings. Education and Health have learnt from the communities about how to work most effectively and respectfully with community to support community-led change.[281] Health partners, backbone teams and community are benefiting from the program by being afforded the opportunity to lead change, growing with the process, with the support of Education and Health.[282]

> *'… the two ways learning … as communities with Connected Beginnings is exponential, it's just grown… And it's just been just brilliant to see Connected Beginnings, the leaders in government, shift and change the*

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[278] ILI32.
[279] COM57, COM58.
[280] ILI32.
[281] ILI14, ILI15, ILI16, ILI17, ILI32.
[282] BB13, ILI32.

policy so that it does actually hit the ground in the right ways [to] gently support and enable in ways that make sense to community. It's unfolded live, and it's very special and rare. [283]

Two-way learning is also occurring between community and the backbone teams, health partners and service providers, with community members helping them to understand how to best work with the community.

'And a big win is the service provider … understanding that they are not the be all and end all. They need to work with community because they have all the information, that's great, but it's how it's been coming down into community that matters. [284]

'… acknowledging that, you know, the families are the first educators ... is the key link in all of this … And capacity building sort of being a two-way thing, that the backbones are learning a lot from the Aboriginal people who were investing their time and energy into this project. [285]

In some communities the backbone team is supporting community members to learn and grow and build confidence.[286]

'So, I was one of those ones that used to just pass a note to my best friend and say, "say this for me". But in there [governance group], you get the confidence. And [backbone team member's] really good, because she'll say, "Don't be scared to stand up, we're not gonna judge you" has been a real big help for me, giving me confidence. [287]

A key aspect of capacity building on the ground has been backbone teams, health partners and community members supporting service providers to become culturally safe. This is strongly held when the backbone team/health partner are an ACCO. Many service providers who have partnerships with Aboriginal community-controlled backbone teams and health partners spoke about how their collaboration has supported them to become more culturally safe in their practice and service delivery.[288]

'I started in this role right out of uni. So, I don't think that there was a lot of education surrounding the difference in clinical practice in terms of trying to make it as culturally safe as possible … I think the way that I conduct them is a lot different now, just having more exposure of other healthcare workers … as well as feedback from families in terms of … when do they feel most safe and comfortable, then adjusting things in that way when needed. [289]

1.2.5.5 Sustainability

As with all the Connected Beginnings Principles, the objective of sustainability is interconnected with each of the other Principles and is most effectively held when the other Principles are being upheld with fidelity. Sustainability is operating across the communities, with some sites taking ownership and leading actions within community, moving towards less reliance on external sources such as Connected Beginnings.[290]

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283 ILI32.
284 BB31, BB32.
285 ILI14, ILI15, ILI16, ILI17.
286 COM57, COM58.
287 COM61.
288 SER13, COM61.
289 SER13.
290 Supporting Evidence 6, COM57, COM58.

'… it doesn't matter how long the project goes for, when it ends [there] are still going to be things [to do]. But it's about having a community who can handle that. Yeah, and understand how to navigate and have conversations and collaborate and work together. [291]

In accordance with the Connected Beginnings Principles, a stated aim of Connected Beginnings is for sites to secure philanthropic funding to support sustainability.[292] It is noted that Education has been flexible about the need to secure philanthropic funding, recognising that this can place a burden on sites particularly during the early stages of implementation.

Philanthropic funding and seeking of alternate income to support the work of Connected Beginnings was explored by some sites, with teams documenting their work to support this objective in their Community Action Plans and Annual Reports.[293] These efforts included having positions in the team responsible for seeking philanthropic funding and grants, engaging with philanthropists as stakeholders, and creating documentation for philanthropists to demonstrate the work of Connected Beginnings.[294]

There were limited examples of where additional funding had been secured. Examples of included funding from GlaxoSmithKline Pharmaceutical Company to supplement a Child's Health Expo, Community Literacy Program, and other activities for children and families in Doomadgee.[295] In Lutruwita/Tasmania, the Museum of Old and New Art provided philanthropic support for Connected Beginnings.[296] In Angurugu, additional funding was provided from the Anindilyakwa Land Council Community Support Team and Groote Eylandt Aboriginal Trust to support their backbone's home visiting program. In Mount Druitt, philanthropic funding was also used to support provision of speech therapy to 18 children over a year period.[297]

A program-level stakeholder raised that this responsibility should not rest on sites alone but should be a process that is supported at the program-level on an ongoing capacity.[298] Education has explored ways to support sites and recently engaged Philanthropy Australia to build on previous reviews of the role of philanthropy in Connected Beginnings. In 2020, the Philanthropic Working Group suggested that Education undertake further targeted philanthropic and related sector consultation to inform the next steps for Connected Beginnings and its engagement with philanthropy. This work will recommend additional support needed by sites to build their knowledge, capability and confidence, with an emphasis on practical skills to help address the sustainability question e.g., training on grant applications. These recommendations will also assess the needs of ACCOs, on the assumption of their greater future role.

It was also raised that there needs to be caution applied to philanthropic funding to ensure that the investment is positive and aligned with Connected Beginnings being community-led.[299]

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[291] BB31, BB32.
[292] Department of Education, *Connected Beginnings: Phase 2 Program Guidelines*, 2022.
[293] Community Action Plan 1, Community Action Plan 19, Community Action Plan 2, Community Action Plan 19, Narrative 4, Community Action Plan 21, Community Action Plan 12, Community Action Plan 28, Community Action Plan 19.
[294] BB88; Community Action Plan 1, Community Action Plan 19, Activity Work Plan 2, Activity Work Plan 12, Narrative 4, Community Action Plan 20.
[295] Annual Report 14.
[296] Narrative 35.
[297] Progress Report 13.
[298] ILI32.
[299] ILI32.

> *'… so, if this mega investment coming in, which is the positive, how do we hold it and manage it and ensure the community is fully designing solutions around that investment.*[300]

1.2.5.6 Strategic learning

The Connected Beginnings Principle of strategic learning centres on data exchange and information sharing at all levels, including between and within government and down into community.[301]

Data exchange between government to communities was seen by Connected Beginnings stakeholders as critical to supporting communities to understand their community and its needs.[302]

> *'… you can't expect to have fully informed community members making decisions about their lives and futures if they don't have access to the data.*[303]

However, Inside Policy found that data exchange and information sharing can be complex, with structural and policy barriers preventing efficient data exchange (see 2.4). It was identified that different government departments must work together to overcome these barriers to support communities, and contribute to Closing the Gap, Priority Reform 4.[304]

1.2.6 There is not a clear, shared understanding of the system, but there is a shared sense of purpose

Within the Connected Beginnings program, several federal and State and Territory government systems are relevant, including the Education system, the Health system and other government systems (legal, social, housing etc.). Each of these systems have separate structures and policies which operate within the broader system of government. In addition, there are various other systems, including Aboriginal and Torres Strait Islander cultural systems, which coexist within broader societal systems but can differ between communities.

The 'system' can be viewed differently and subjectively depending on who is interacting with the system and in which capacity. For example, service users such as parents and families may view the 'system' very differently to Health or Education. Aboriginal and Torres Strait Islander people may view the 'system' with a different lens than a non-Indigenous person, due to a multitude of factors including historical policies. Therefore, at a site-level, 'system and it's shared purpose' is viewed fluidly and subjectively.

Inside Policy found that there is a lack of understanding around the 'system and its shared purpose' at both the program-level and the site-level.[305] Despite this, there is a general shared understanding of the purpose of the program: embracing collective efforts to improve education and health outcomes for Aboriginal and Torres Strait Islander children.

The Connected Beginnings program aims to support child health but the focus on maternal health and pregnancy is varied across the Connected Beginnings sites. The word 'pregnant', 'pregnancy', 'expectant', 'antenatal' or 'conception' was present in 12 sites' Community Action Plans or Activity Work Plans over their implementation. Eight plans of these were authored by the health partner, four sites had plans created by their backbone team. Notably, as the health partner is focused on service provision, the eight health partners which focused on pregnant women included a deep focus on supporting Aboriginal and Torres Strait Islander mothers through specific supports around Fetal Alcohol syndrome, to quit smoking,

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[300] ILI32.
[301] ILI32.
[302] ILI32.
[303] ILI32.
[304] ILI32.
[305] ILI11, COM123, SER74, COM121.

and attendance of antenatal and post-natal check-ups.[306] The four backbone teams which referred to conception or pregnancy were not always clear on the supports provided to pregnant women due to their broader coordination role.[307]

One of the most important aspects of the shared sense of purpose was to move ownership or possessiveness of the work from government and instead share ownership, working together with community.

It is clear, however, that to ensure that government is working in partnership with communities, there must be genuine partnership and a connection between communities and government. The Australian Governments have committed to this through the National Agreement on Closing the Gap.[308] However, if governments relinquish all responsibility and accountability, there exists the risk of disconnect between government and communities. To strike a balance, the best way forward is to focus on genuine partnership and Aboriginal and Torres Strait Islander community-led initiatives appropriately supported by Government.

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[306] Performance Report 79, Activity Work Plan 16, Community Action Plan 16, Activity Work Plan 11, Activity Work Plan 12, Community Action Plan 25, Activity Work Plan 14, Activity Work Plan 15, Activity Work Plan 7, Activity Work Plan

[307] Community Action Plan 13, Community Action Plan 4, Community Action Plan 18, Community Action Plan 1.

[308] Australian Governments, Coalition of Peaks (2019) *National Agreement on Closing the Gap*

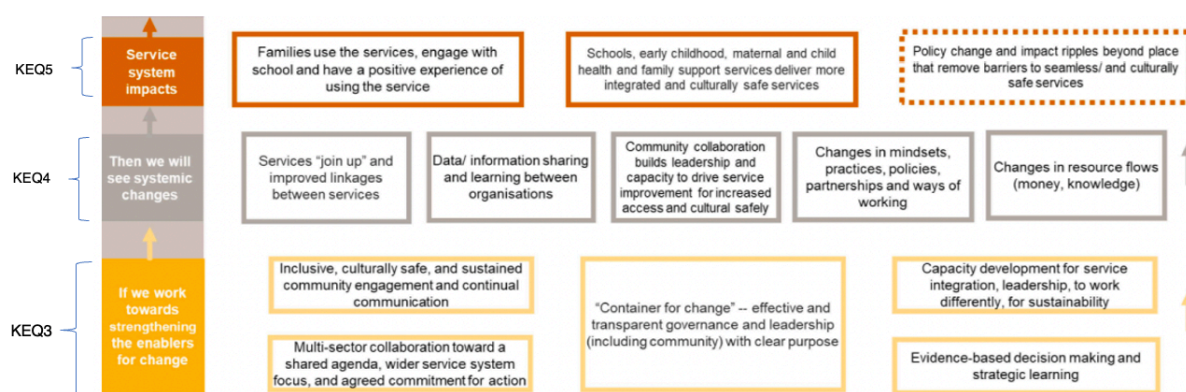# Section 2: System enablers, changes, and service impacts

This section covers key evaluation questions 3, 4, and 5. These questions are:

- **KEQ 3: To what extent did Connected Beginnings help communities and service providers get ready to work collectively?**

- **KEQ 4: What changed in the system because of the collaborative work? (systems integration, data sharing, community leadership driving improvement, changes in mindsets, flows of data and funding etc.)**

- **KEQ 5: What changes happened to the way services were delivered to, and experienced by, children and families?**

Please note that key evaluation question 5 is split over sections 2 and 3 of this report. Section 3 captures the lessons drawn from the evaluation (including aspects of KEQ 5) and the stories regarding changes to how services were delivered to and experienced by children and families. For a detailed view of findings by each key evaluation question and sub-questions, see **Appendix D**.

To answer these questions, the evaluation examines three levels of the Theory of Change:

Figure 3: Theory of Change excerpt

Source: Clear Horizon (2020) Connected Beginnings U-MEL Strategy (Theory of Change, p.19). Alignment with KEQs added by Inside Policy.

This section focuses on the enablers for change, systemic changes, and service impacts.

Key Findings by Key Evaluation Questions

KEQ 3: To what extent did Connected Beginnings help communities and service providers get ready to work collectively?

Connected Beginnings is providing an appropriate framework for communities and service providers to work collectively. This objective is being met to a certain extent, with sites expected to see more gains as they embed the program within their communities.

Connected Beginnings is helping to establish and support community and service provider groups to come together around First Nations children and families in their communities. A wide range of activities are being used to engage broadly within communities to bring everyone into the program and embed community voice. Connected Beginnings is laying the foundations for data sharing but many sites experienced difficulties in embedding data sharing practices and processes in their communities.

KEQ 4: What changed in the system because of the collaborative work?

The U-MEL Strategy defines systemic change as *"the many interconnected changes that need to occur in the community and across the numerous scales affecting the place-based approach context (e.g. changes in community agency, changes in how resources flow,*

changes in services, norms etc.). Systemic change emphasises the interconnectedness and multiplicity of changes needed across systems and at different scales".[309] Understandably, the highly conceptual notion of "systems" was understood differently by different stakeholders. While there is a need to recognise these nuanced understandings of the term 'systems', Inside Policy identified three aspects to the system: the community as a system, the service system and the government as a system.

While Connected Beginnings is supporting systems change, large-scale changes have not yet been achieved. Despite this, the program's focus on community leadership, and its collaborative ethos, has undoubtably supported and driven new ways of working and thinking in communities. As the program matures there is potential for systems change (systems integration, data sharing, community leadership driving improvement, changes in mindset, flows of data and funding etc) to occur on the community, service system and government level.

KEQ 5: What changes happened to the way services were delivered to, and experienced by, children and families?

Connected Beginnings is supporting services to deliver culturally safe and integrated early childhood and family services. This change has been made possible by shifting service delivery patterns from being siloed and reactive to collaborative in their approach, and ensuring families are feeling heard, better supported, and connected. Connected Beginnings' unique positioning allows backbone teams to address underlying barriers to access for families, complementing – rather than duplicating or displacing – existing services in communities.

Connected Beginnings is also increasing the capacity to deliver early years services through collaboration, providing training opportunities, and engagement of local First Nations people within the program.

Detailed Findings by Theme

Section 2 focuses on the enablers for change and systemic changes, and service system impacts. Across these areas, the following themes emerged:

Table 5: Section 2 themes

2.1 Inclusive community engagement

2.2 Service collaboration and integration

2.3 Community governance, leadership and voice

2.4 Data and information sharing

2.5 Capacity building

The following section provides the detailed findings by these themes.

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[309] Australian Department of Education and Clear Horizon, Connected Beginnings Understanding, Measurement and Learning (U-MEL) Strategy, 2020.

2.1 Inclusive Community Engagement

2.1.1 Connected Beginnings implemented activities and practices to inclusively engage community in a culturally safe way

Across the Connected Beginnings sites, Inside Policy heard about the ways in which the program was implementing, working toward, and supporting sustained, inclusive and culturally safe community engagement.

Through the desktop review and site visits, Inside Policy identified the following ways that sites fostered inclusive and culturally safe engagement.

2.1.1.1 Broad engagement is central to the Connected Beginnings program

Backbone teams and heath partners cast a wide net regarding who they engage. Across sites, Connected Beginnings teams engaged with:

- **Aboriginal and Torres Strait Islander children** aged 0-5 years, as per the Connected Beginnings aim – but also children who may fall outside of this, including children older than 5 years, children from CALD backgrounds, and other vulnerable children.[310]

- **Family members** including pregnant women, mothers, fathers, grandparents, aunties and uncles, and carers.

- **Community members** including Elders, clan leaders, women and men.[311]

- **Service providers** from different sectors, mainstream and Aboriginal organisations, and organisations which may not usually work together.[312]

2.1.1.2 Connected Beginnings teams implemented a wide range of activities to engage with their communities and services

Backbone teams and health partners undertook different activities in each community, dependent on the cohorts they were seeking to engage with and the broader community context (i.e., service environment and gaps, identified community needs). For example, where Connected Beginnings teams identified gaps in direct service provision, sites implemented more outreach services, practical supports, and children's programs. In other communities, where there was a need for greater capacity building of the services system to support early years services, Connected Beginnings sites focused more heavily on service engagement and service mapping. Most sites struck a balance between supporting children and families directly and supporting the broader service system.

The below figure provides an overview of the types of activities that have been implemented in the 25 Connected Beginnings sites to help communities and service providers to work collectively.[313]
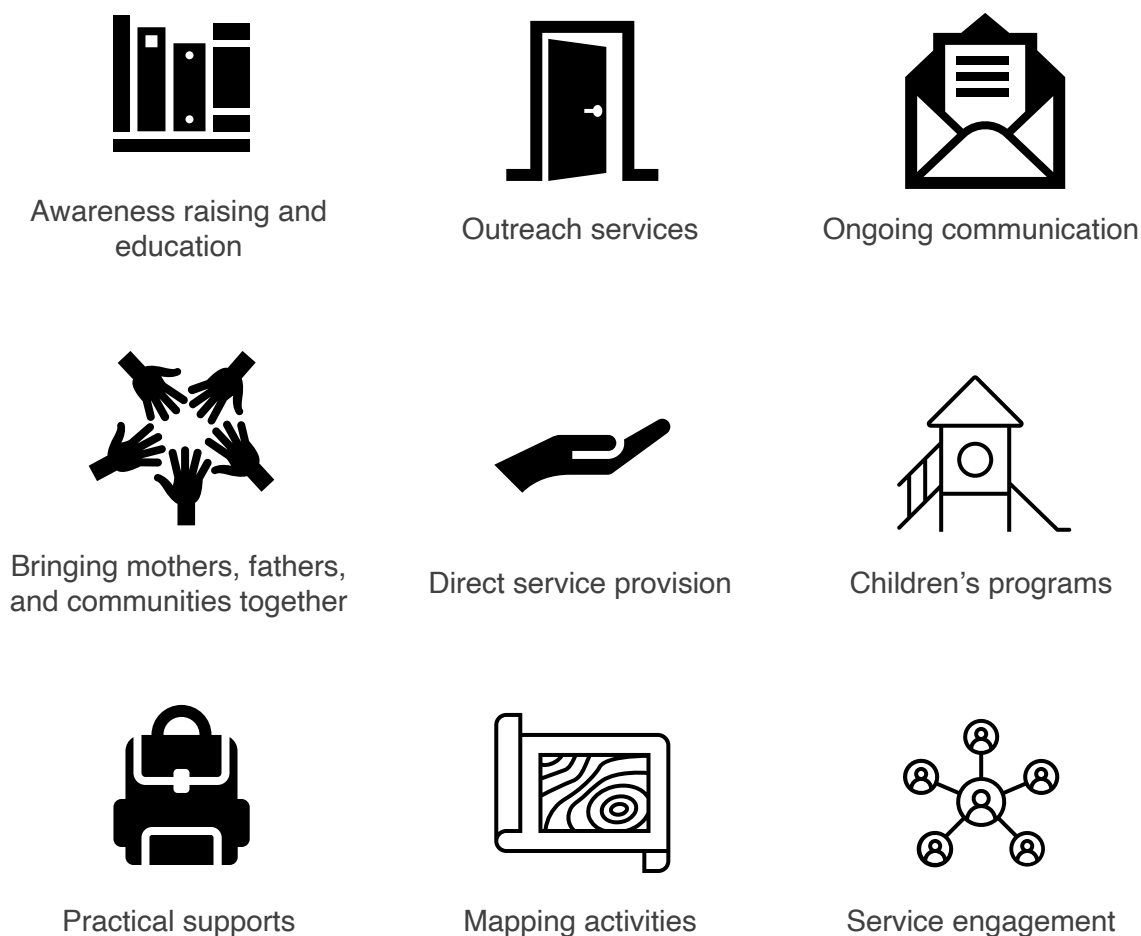
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[310] Annual Report 3; Annual Report 10.
[311] BB46, BB47, BB48, BB49, COM81.
[312] Community Action Plan 1.
[313] Please note that not all sites implemented all activities.

Figure 4: Snapshot of activities undertaken by Connected Beginnings

Awareness raising and education

Outreach services

Ongoing communication

Bringing mothers, fathers, and communities together

Direct service provision

Children's programs

Practical supports

Mapping activities

Service engagement

2.1.1.3 Some engagement activities were specifically implemented in the early stages of the program

In the establishment stage of Connected Beginnings, Inside Policy found that sites were more likely to focus on awareness raising and education, ongoing communication, and outreach activities to build inclusive and culturally safe engagement.

'Our main goal right now is to really be seen in the community.'[314]

'Just being present for the families, to connect with them, not pushing [Connected Beginnings] … on the families, but just letting them know, "Hey, we're here".'[315]

Once sites were established, many Connected Beginnings teams utilised these activities to sustain ongoing engagement (i.e. through newsletters, home visits).
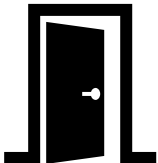
Table 6: Connected Beginnings awareness and communication activities

Activity Type	Examples
Awareness raising and education activities	**Building recognition of Connected Beginnings.** Some Connected Beginnings teams sought to build recognition of Connected Beginnings to ensure community could identify its work and build trust.[316] For example, by engaging a local artist to design a brand which was voted upon by the community, designing logos which incorporated cultural

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[314] HP12, HP13.
[315] BB43.
[316] HP12, HP13, HP03, BB43.

	understandings of the program, and increasing their presence in the community.[317] **Creating understanding of Connected Beginnings and Collective impact.** Some sites created stories or metaphors to explain Collective Impact and the work of Connected Beginnings, to ensure the program was responsive to local culture and understandings.[318] **Awareness raising campaigns.** Some sites noted that they implemented a range of activities to build awareness and understanding of Connected Beginnings in their community, including social media campaigns, creating flyers and letter drops, and advertising materials and posters in community spaces.[319] **Expectant / future parent and family education sessions.** Some Connected Beginnings teams ran education sessions to increase the understanding of parents and families about the importance of health checks, developmental assessments, first 1000 days, getting children school ready, and community-specific issues (i.e. Foetal Alcohol Spectrum Disorder (FASD)).[320] Some Connected Beginnings teams also focused on engaging expectant mums in yarning circles and antenatal programs to build their parenting and early years knowledge prior to childbirth.[321]
Community outreach	**Door-knocking**. Some Connected Beginnings backbone teams undertook door knocking campaigns to reach their community and to make initial connections.[322] **Organising and hosting community events.** Many Connected Beginnings teams engaged with community and services through a range of community events, including NAIDOC week, community BBQs, community forums, pop-up events, group activities, school readiness fairs and expos.[323] **Home and community visits.** To overcome barriers to engagement, some Connected Beginnings teams conducted community or home visits.[324] Community visits were often utilised in regional and remote areas where Connected Beginnings teams would visit surrounding communities to loop them in with the program – for example, by taking a playgroup or clinic out to the community.[325]
Ongoing communication	**Newsletters.** Some Connected Beginnings teams have created monthly or semi-regular community newsletters to provide updates about the program and the work being undertaken.[326] The target

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[317] Supporting evidence 4, HP17, HP18, HP12, HP13.

[318] Narrative 16.

[319] Performance Report 79, Annual Report 27.

[320] HP17; HP18, Community Action Plan 26, Progress Report 61, Community Action Plan 22, Progress Report 4, COM70, COM71, COM72.

[321] Community Action Plan 27.

[322] Supporting Evidence 181, COM 85, COM86, COM87, COM88, COM89, COM90, COM91, COM92, COM93, SER 84.

[323] Annual Report 27, BB92, Progress Report 31, Supporting Evidence 175), BB54, BB44, SER42, SER43, COM71, COM72, COM73, BB85, BB86, SER75, SER76, SER77, BB31, BB32.

[324] Progress report 8, Supporting evidence 18.

[325] Community Action Plan 24

[326] Community Action Plan 28, BB73, Community Action Plan 19.

| | readership of these newsletters varied by site but included Elders, community members, parents, and other service providers.[327]

Community updates. Sometimes in addition to, or alongside, newsletters, Connected Beginnings teams would provide community updates. One site noted providing a six-monthly review to provide accountability in achieving goals.[328] |
|---|---|

Connected Beginnings backbone teams communicate in ways that suit local families, within their community and cultural contexts. By offering a range of communication options, backbone teams were able to better build positive rapport with families.[329]

> *'There is no set way to run the Connected Beginnings program. Every community has to run it the way that their community wants them to … every community around Australia is completely different and has different issues.'*[330]

Multiple Connected Beginnings sites have hosted and supported a range of culturally safe community event days and one-off events in their efforts to engage local families in services and encourage their ongoing participation.[331] Stakeholders have highlighted these engagement efforts when discussing the increase in participation of Aboriginal clients in playgroups and parents acting on advice from the Connected Beginnings team.[332]

> *'I think the biggest change is people showing up. Yeah, they're actually talking with their feet.'*[333]

Backbone teams identified the importance of engaging Elders and community leaders during the early stages of the program to leverage off the existing trust and respect these local leaders possess in communities.[334] The involvement of respected Elders has helped to drive the program's development and build community confidence in Connected Beginnings.

2.1.1.4 Capturing and embedding community voice was a core activity for all teams

Bringing community together around Connected Beginnings was seen as having dual benefits. Sites saw that it was important to provide opportunities for community to come together to support each other, connect with services, and build relationships. Connected Beginnings teams also saw it as an opportunity to build community voice into their programs and be led by their community.[335]

The ways that community voice was embedded in the program evolved over time as sites matured. In the initial stages, community forums were used to build trust, gather data, determine priorities, and better inform what the communities needed.

> *'These [focus] groups are already meeting and once trust has been built they will assist us in identifying community priorities and tracking our work.'*[336]

As sites matured, they more deeply embedded community voice in their program and governance processes (see 2.3).

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[327] Progress Report 33, HP7.
[328] Supporting Evidence 117.
[329] Annual Report 6.
[330] BB75.
[331] Narrative Report 05, Narrative Report 06, COM57, COM58, Performance Report 79, SER118, Activity Work Plan 6, Annual Report 1.
[332] Narrative Report 05, Narrative Report 06, Annual Report 8.
[333] COM57, COM58.
[334] COM57, COM58.
[335] BB75, BB76, BB77.
[336] Supporting Evidence 117.

To build trust and sustain culturally safe engagement, many Connected Beginnings teams implemented the following activities to bring mothers, fathers and community together:

Facilitating and embedding community voice

Backbone teams utilised several mechanisms to incorporate community voice in Connected Beginnings' priorities. The '1000 Voices' tool, which seeks to collect community data on the major opportunities and challenges for young people and families, was used in many communities.[337] Some backbone teams opted for surveys, focus groups and yarning circles to hear from community.[338]

In other sites, community members were encouraged by the backbone teams to write their goals for the program to be displayed in a public space,[339] a process that enabled the development of a shared community vision. Several backbone teams made these products into prominent on-site displays of community engagement for parents and staff alike.[340] In some communities these were called planning walls,[341] in others they were high-level statements of the objectives of Connected Beginnings in the community.[342] Other sites created film projects to document and share these hopes.[343] This ensured community objectives were shared with service providers including education and health services.

> *'They feel heard and know that you are going to action what you have just heard – that is the difference.'* [344]

Community gatherings and celebrations

Connected Beginnings teams looked for opportunities to bring community together in strengths-based ways. This included throwing baby showers and birthday parties while simultaneously providing health and development check-ins.[345]

Support groups and yarning sessions

In some communities, Connected Beginnings teams implemented mothers groups, fathers groups, expectant parent, and other family-orientated groups to support parents and caregivers.[346] These sessions occurred in safe spaces and were often supported by local and senior Aboriginal and Torres Strait Islander people and incorporated cultural understandings.[347] These spaces allowed participants to discuss what may be impacting their lives, and what supports they required.[348] Sometimes these sessions included cooking classes, camping on Country, or building practical skills.[349]

2.1.1.5 Connected Beginning teams provided support to children, parents and families in culturally safe ways to sustain their engagement

Connected Beginnings teams directly supported families through health services, children's programs, and practical supports. Parents and service providers were extremely grateful for this support from Connected Beginnings.

> *'I can get out and do stuff at one stop.'* [350]

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[337] Narrative 1, Annual Report 2, SER51, SER52, Progress Report 17.
[338] BB43, BB44, BB45, SER120, Community Action Plan 22.
[339] Progress Report 3, Narrative 7, Performance Report 75.
[340] Progress Report 32, BB57, BB58, BB59, BB60, BB61, Community Action Plan 27.
[341] Progress Report 32.
[342] BB70.
[343] Supporting Evidence 229, Narrative 7.
[344] BB93.
[345] BB73.
[346] Progress Report 23, Narrative 29, COM81.
[347] Progress Report 23, BB75.
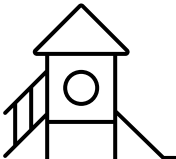[348] BB75.
[349] Performance Report 79.
[350] COM128.

'I can get things done now because I have people behind me.'[351]

*'Connected Beginnings has been very crucial for us [as non-Indigenous people].
The community connector is in that space and is the link between families and
the … playgroup… without their relationships with those families we'd be sitting
on a mat by ourselves …, no one would come.*[352]

Connected Beginnings teams also utilised their role as a service connector to meet the
needs of families in a flexible manner.[353] By acting as conduits to other service
providers in the community, backbone teams and health partners were able to work
with families at their own pace and take a more holistic approach to facilitating their
connections, attendance, and ongoing participation.[354]

Table 7: Connected Beginnings' supports, activities, and services

Activity Type	Examples
Direct service provision	**Health services.** The health partner is responsible for the provision of support to pregnant women, families, and children from conception to 5 years. This included a focus on antenatal and post-natal check-ups, supporting developmental milestones, vaccinations, and other services and supports as required within their community.[355]
	Playgroups. Most Connected Beginnings sites provided playgroups to engage with parents, family members and their children. This often involved inviting other services to attend so that families could be introduced to providers offering additional support in a culturally safe and unintimidating way.[356]
	Wrap-around support. Many Connected Beginnings teams offered wrap-around support to their clients and a 'no-wrong door' approach. This included supporting families to attend services, conducting home visits, and working with families holistically to access the supports they needed.
	Warm referrals. Connected Beginnings teams used their relationships or partnerships across services to help facilitate warm referrals or provide supports.[357]
Children's programs	**Cultural programs.** Some Connected Beginnings teams delivered, or supported other services to deliver, cultural programs to children. This included camps or trips on Country to learn about, practice and celebrate culture. It also included embedding cultural elements in existing programs and providing children with cultural resources.[358]
	Child engagement programs. Some Connected Beginnings sites have implemented and supported activities to engage and support children including ASQ TRAKs, school readiness camps, AusKick, and early years programs.[359]

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[351] COM19.
[352] SER02, SER03, SER04.
[353] SER14.
[354] SER14.
[355] Activity work plan 1, Activity Work Plan 4, Activity Work Plan 11.
[356] Progress Report 62, HP22.
[357] BB75.
[358] Progress Report 45, BB70.
[359] COM121, Narrative 3, Narrative 29, Progress Report 9, Progress Report 9.

Practical supports	Transport. Some Connected Beginnings teams offered transport to members in their communities to facilitate their connection to services. This included helping families get to appointments, providing buses for children to attend early education services or school, and providing transport to and from Connected Beginnings or partner activities.[360] These efforts addressed the inaccessibility of services and lack of transport that was a key issue in many communities.[361]
	Ensuring families have access to basics. Connected Beginnings teams often supported families to obtain material basics (such as housing, food, clean water) and to navigate administrative hurdles (such as accessing Centrelink, obtaining birth certificates etc).[362] Sometimes Connected Beginnings teams provided this assistance themselves, on other occasions they supported families to link in with specific services to address these needs.
	Providing early years essentials. Some Connected Beginnings teams provided families with 'packs' to support their children and mothers which included items such as language books, learning games, school supplies, baby supplies, and toiletry items for maternity hospital visits. [363]

Through these activities, Connected Beginnings teams have created and bolstered referral pathways for families in several sites.[364] When children's additional needs have been identified in the playgroups, health partners and backbone teams have referred families to allied health supports including speech pathologists, audiologists, dental, and occupational therapy services.[365] Inside Policy observed that the presence of services at playgroups built rapport with families, and in some cases encouraged parents to attend the health partner's clinic.[366] Furthermore, the approach increased engagement and ensured families had access to these services in a safe space.[367]

Persistently long waiting times for some health services, particularly specialists, was raised as a concern in some communities.[368] However, consultation with professional and community stakeholders highlighted that there is now greater availability of services for parents and children accessing support through Connected Beginnings. This has been achieved by linking harder-to-reach services into Connected Beginnings activities, facilitating direct contact between services and families and helping to reduce wait-times and expedite support.

One professional stakeholder explained that the Connected Beginnings program is well positioned to support families on many levels, including referrals to educational, domestic and family violence, or drug and alcohol addiction services. The stakeholder elaborated that Connected Beginnings provides support that looks at the whole person including physical, emotional, social and spiritual wellbeing.[369] In alignment with the view of professional stakeholders, various parents engaged in yarning circles confirmed that they had received

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[360] SER25, SER26, BB19, Supporting Evidence 167.
[361] SER02, SER03, SER04, HP28, HP29, BB13, BB14, BB15, Activity Work Plan 15.
[362] SER108, Progress Report 8, Supporting Evidence 18.
[363] Report 25 Progress Report 9, Narrative 3, BB52, BB53.
[364] Progress Report 12.
[365] Progress Report 12.
[366] SER12.
[367] BB07, SER91.
[368] HP14.
[369] HP14.

holistic care supporting health, education, and wellbeing through the Connected Beginnings program. Such holistic care is being provided not only to the children but to the parents as well.[370]

> *'I feel like we're in a unique position where we can go 'okay, what does trauma informed care look like, what does supporting a person from a holistic perspective look like, and how can we provide that support within our organisation?'*[371]

By working holistically and flexibly around the needs of their community and families, Connected Beginnings is helping families to overcome barriers (such as distrust of services, transport barriers, limited awareness of services etc.) that previously prevented children and families engaging with early years services.[372]

2.1.1.6 In addition to engaging with their community, Connected Beginnings undertook substantive work to engage with services and understand their community landscape

In many communities, Connected Beginnings teams initially undertook mapping activities to better understand their communities.

- **Service mapping.** A number of sites undertook service mapping to better understand what services existed, what they were delivering, and where there were gaps. [373]
- **Child mapping.** Some Connected Beginnings teams and their partners undertook a 'child mapping' exercise to understand the number and needs of the children in their community.[374] While this was used as an engagement activity to meet children and families, the core purpose was to better understand the children in the community so that services and support could be directed to best address their needs. Some sites also used this process to identify the services that families were already engaged with and what further supports were required.

> *'By establishing a service map and investigating facilities in the area, CB have a better idea where to begin – don't have to re-invent the wheel as such.'*[375]

Once relationships were established and community needs identified, Connected Beginnings teams worked with the services in their community to strengthen the service sector and bridge gaps. This included the creation of forums and partnering with services (see 2.2), increasing data and information sharing (see 2.4), and providing training and resources (see 2.5) to increase collaboration across services in the community.[376]

2.2 Service Collaboration and Integration

2.2.1 Connected Beginnings teams are part of multi-sector collaborations working to achieve outcomes for young children in their community

Collaboration is central to the Connected Beginnings model. Inside Policy found that Connected Beginnings teams established partnerships to act as a bridge between education

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[370] COM42, COM43, COM44, COM45, COM46, COM47, COM48, COM49, COM50, COM51.
[371] HP14.
[372] SER02, SER03, SER04, HP28, HP29, BB13, BB14, BB15, Activity Work Plan 15.
[373] Community Action Plan 28, SER89, Progress Report 46, SER128, SER125.
[374] BB70, Performance Report 71, SER65, Progress Report 4.
[375] Progress Report 33.
[376] BB52, BB53, BB84.

and health systems, mainstream and First Nations systems, and families and the broader service ecosystem.

The below diagram shows the three core service collaborations within the Connected Beginnings communities:

Figure 5: Key collaborations within Connected Beginnings

The following analysis will explore these three areas of collaboration.

Connected Beginnings teams in each community have incorporated collaborations with varied organisations and sectors to further their objective of supporting children aged 0-5 years. This has included collaborating with:

- **community organisations** including First 1000 Days, local community organisations, libraries, drug and alcohol services and church-based groups,[377]
- **education services** including local schools, early years centres, childcare centres, kindergartens and universities,[378]
- **family services** including not-for-profits (including family and domestic violence services, emergency / crisis support, food delivery etc), Aboriginal corporations, family support services, youth organisations and child and family centres,[379,]
- **health services** including local Aboriginal health providers, hospitals, health departments, the National Disability Insurance Scheme, and health providers such as audiologists, speech pathologists and occupational therapists,[380] and
- **government departments** including relevant local and State/Territory government agencies, and frontline services such as police, Centrelink, housing and child protection.[381]
- **other organisations** such as sporting groups, peak bodies and local artists.[382]

Connected Beginnings teams talked about the importance of supporting families and children 0-5 years holistically. To many Connected Beginnings teams, this meant focusing on issues and challenges which affected children from a broader perspective. For example, many Connected Beginnings teams talked about linking families with housing services, food

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[377] Narrative 53.
[378] Community Action Plan 11.
[379] BB13, BB14, BB15, Progress Report 21.
[380] BB13, BB14, BB15.
[381] Community Action Plan 11.
[382] Progress Report 21, Community Action Plan 11.

deliveries, family and domestic violence services, and drug and alcohol services to support children within the family.

Many stakeholders recognised Connected Beginnings teams as 'conduits' between services and the community, ensuring that families were supported to address their needs holistically, especially where their needs were multi-faceted.[383] Connected Beginnings teams saw their role as helping to navigate services, both ACCO and mainstream, and working collaboratively with these providers.[384]

> *'We're just the double adapter, I suppose, connecting people from one area to the other.* [385]

Service providers commented on the need for this type of support within the community and the long-term benefits for the families in their community:

> *'The niche role … that something like Connected Beginnings plays, drawing those families out, to get the supports that they need. And it may not be this generation that those supports are helping, [but] that cycle of poverty, unemployment, family violence is broken somewhere along the line.* [886]

Many Connected Beginnings teams created collaboration forums, or leveraged off existing forums to ensure their community's broader service sector was engaged. This included creating forums for service providers and community members to better understand each other, contributing to working groups with services regarding key issues affecting their community, and being part of leadership and reference groups in their community.[387] These forums provided a space to develop common agendas, share information, and identify areas where more support and resources were needed.[388]

2.2.2 Connected Beginnings teams support and build upon the work of existing Early Years services within their communities

While Connected Beginnings teams have engaged broadly, most teams focused specifically on fostering and building partnership across the early years sector. Most Connected Beginnings sites evaluated by Inside Policy created or leveraged existing working groups, governance groups, and other collaborative forums to bring together local early years' service providers across health and education systems.[389] These groups met regularly, typically once every one to three months.[390]

The backbone team was often a key steward of these collaborative forums or leadership groups, taking on a range of roles including:

- Helping to create a shared purpose and agreement with services,

- Providing behind-the-scenes administration, such as creating agendas and distributing minutes,

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[383] BB76, BB77, BB78, BB84, BB85, BB86.
[384] BB85, BB86.
[385] BB84.
[386] SER103.
[387] Progress Report 33, Annual Report 10, SER100, SER101, Annual Report 25, Progress Report 47, BB87, Progress Report 59.
[388] Supporting Evidence 175.
[389] Supporting Evidence 169, BB71, BB01, BB02, Annual Report 9, Supporting Evidence 106, HP10, BB16, BB17, BB18, BB19, BB21, Annual Report 4, Annual Report 1, Annual Report 10, Annual Report 8, Annual Report 15, Annual Report 26, Annual Report 18, Annual Report 13.
[390] BB01, BB02, BB71.

- Helping the group stay on track, including following up on items raised in meetings, checking in with services outside of the forum, and ensuing the work remained guided by the shared purpose, and

- Helping service providers think strategically about the early years sector.

By working closely with the early years' services in their community, Connected Beginnings sought to:

- reflect on practices,
- identify professional development opportunities,
- discuss issues, gaps and problems,
- avoid duplication of service provision,
- share data and information, and
- identify resources needs.[391]

Services who were part of these forums appreciated the work of Connected Beginnings:

> *'One of the best things about Connected Beginnings was the persistence of bringing people together.*[392]

> *'… we were a little bit siloed as organisations because [you're] really busy and everywhere is the same … But because we all come together every month and do our [early years collaboration forum], we know who's doing what in the community and who each other is.*[393]

2.2.3 The partnership between the backbone team and health partner allows for more effective navigation of the health and education systems

Some backbone teams and health partners have positive relationships and fostered opportunities to work together where possible.[394] In particular, some Connected Beginnings teams highlighted that the collaboration allowed the program to work across systems, breaking down silos. A positive example emerging from a few sites was the ability to leverage off and combine service user lists to increase the coverage of the program.

> *'… sometimes you have kids that that slipped through the gaps, because they're not engaged with school-based services … [The health partner] has really helped us make sure that we're visiting all children, not just the ones that we know of that are that are coming to our school-based programs.*[395]

Additionally, Connected Beginnings teams acknowledged the skills and expertise that the backbone team and health partner brought to the partnership and the benefit of working in a collaborative way toward the same outcome. Many backbone teams and health partners commented that the Connected Beginnings program had changed the way their organisations viewed collaboration.

Some Connected Beginnings teams also utilised a cross-funding arrangement or co-location to strengthen ties between the two organisations. For example, in some communities the backbone team funded positions in the health partner to help facilitate collaboration.[396] In other sites, members of the backbone team or health partner worked in interagency teams.

However, while relationships between health partners and backbone teams were positive in some sites, consultation with teams suggests that more can be done to strengthen and

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[391] Supporting Evidence 106, Community Action Plan 28, Annual Report 4.
[392] SER113.
[393] HP10.
[394] BB88.
[395] BB17.
[396] BB88.

enhance these partnerships towards greater collaboration. Connected Beginnings teams identified the following opportunities:

- Greater clarification of roles and responsibilities across the health partner and backbone team.

- Some health partners noted that there were differences in funding arrangements between the backbone team and health partner but felt that there was an expectation from backbone teams and communities to deliver similar activities and results.

- Greater clarification of the role of the health partner in the Collective Impact approach. Backbone teams and health partners were unsure of the extent to which health partners were obligated to support or implement Collective Impact activities, or whether their role was primarily service provision.

- Greater opportunities to align activities. During service visits, Inside Policy observed instances where health partners and backbone teams were delivering parallel activities or did not adequately communicate about activities, resulting in duplication.

2.2.4 The Connected Beginnings network has itself provided opportunities for collaboration

The role of the community partners (SNAICC and NACCHO), the Community of Practice across Connected Beginnings sites, and National Gatherings provide positive opportunities for sites to collaborate around sharing of learnings and how they can strengthen the program in their communities.

> *'We went to the last gathering… And you could certainly see the change in a lot of the organisations that have the backbone groups… it was inspiring to see from where we'd come previously, … it's more inclusive. There were more Aboriginal people around to say that the department actually engaged Aboriginal people a lot more.'* [397]

A few backbone teams positively commented on the benefit of engaging SNAICC as the community partner and were excited to see their work as they grow into this role:[398]

> *'… they've got a huge amount of wisdom to give us as well… [it will be] interesting to see how that how that looks moving forward.'* [399]

> *'[They] are [a] really, really strong and reputable and knowledgeable Aboriginal early childhood organisation. So, if ever there was somebody who could offer help, I think it'd be SNAICC. So, I'm happy about that.'* [400]

Additionally, in the Northern Territory (NT), Connected Beginnings Directors had been meeting regularly to share information, strategies and concerns and to plan systematic collaborative responses to the common concerns.[401] These teams commented on the benefit of these relationships and working within the NT context.

Conversely, some health partners asked for more opportunities for collaboration with other health partners to understand their service models, participate in knowledge exchange activities, and how other services are utilising their funding.[402] Some health partners saw that current collaboration opportunities are often education-centred and would appreciate opportunities to learn from each other in the health space. [403]

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[397] SER114.
[398] BB85, BB86, HP24.
[399] HP24.
[400] BB93.
[401] Narrative 2.
[402] HP11, HP16, HP17, HP18.
[403] HP11, HP16, HP17, HP18.

2.2.5 Connected Beginnings supports work across mainstream and Aboriginal and Torres Strait Islander service systems

Connected Beginnings teams recognised that they were in a valuable position to support mainstream and First Nations organisations, and work across different world views.

Connected Beginnings played an important role in helping Aboriginal and Torres Strait Islander families navigate mainstream systems and providing them with culturally appropriate supports. In particular, this included providing awareness raising and education activities to families about the importance of engaging with early education and health systems but grounding this in local culture and strengths (see 2.1).

Conversely, this also included providing support to mainstream services to understand the cultural perspective of Aboriginal and Torres Strait Islander clients to better support their needs. A core component of this approach was helping First Nations people to access mainstream services and making this a positive experience.

> *'For somebody who is not a member of the First Nations community … to be introduced in a safe way … people can see me as a positive and not just another person interfering.'*[404]

However, some Connected Beginnings teams recognised that there can be politics to navigate when working within Aboriginal and Torres Strait Islander communities which can limit their ability to foster collaboration. In some instances, Connected Beginnings teams were able to navigate this difficulty by finding common ground and aligning people behind a shared understanding:

> *'This is not about politics. This is not about who's doing what role … It's about our kids … Our purpose is to get our kids meeting their milestones, meeting their aspirations, collectively together, how can we do that?'*[405]

2.2.6 Connected Beginnings is shifting service delivery patterns from being siloed and reactive in their approach

Connected Beginnings has changed the way that services see each other and interact, fostering a more collaborative approach to service provision. A service provider noted that prior to Connected Beginnings there had been a siloed approach to service provision, a competitive approach to clients which limited collaboration, and/or limited forums to connect across services.[406] Service providers in particular appreciated the work of Connected Beginnings in facilitating greater relationships, most often through their partnerships, forums and collaborations:[407]

> *'There is a drive to shift how we are working together and how to get out of working in silos, instead coming together and working collaboratively.'*[408]

Connected Beginnings was able to create greater coordination across services leading to a more concerted and strategic approach to the early years in their communities.

> *'So, one of the things they identified was smoking in pregnancy, but then when we went around the room and everyone talked about what they offer, we actually already offer a lot about that in our community, and we're doing*

[404] SER115.
[405] BB83.
[406] Supporting Evidence 229.
[407] SER91.
[408] SER83.

that very well. And by sharing information and referral pathways in collaboration, we realised we're actually on top of that area.[409]

Service providers are collaborating with other services at events and are changing the ways they are working.

'So, we've seen a huge increase now of our families accessing the dentist … one event … they had the oral health [team] there. And they had, I think it was 14 new appointments and seven new families just from this area...'[410]

2.2.7 Community hubs and playgroups have encouraged service integration between backbone teams, health partners and external providers

While there were complexities for backbone and health partner teams to co-locate, several sites established community hubs for Connected Beginnings backbone teams.[411] Community hubs in Doomadgee, Taree, and Kalgoorlie, for example, provided a space for parents and families to participate in events and meet the Connected Beginnings staff in culturally safe ways.[412] For some sites, operating out of an existing service encouraged collaborative work and partnerships with a range of providers including financial counsellors, hearing specialists and youth workers.[413]

'I think it's strengthened the services that are delivered out of this building and in community.'[414]

As detailed in 3.2.3.2, the establishment of a community hub at Taree Public School encouraged increased collaboration between service providers and primary school staff.[415]

Several Connected Beginnings backbone teams and health partners utilised playgroups as a venue to provide parents with access to a range of service providers in one location.[416] Service providers including occupational therapists, audiologists, speech pathologists, NDIS specialists, domestic and family violence support workers, language specialists and housing support staff were among those who attended playgroups in the Connected Beginnings communities.[417] Playgroups were utilised in some communities as an opportunity to share critical information and tools with parents to ensure children were learning and ready to transition into school.[418] Furthermore, developmental activities were hosted during playgroups to ensure children were stimulated and practicing their motor skills.[419] Sessions involved cultural practice, as well as the provision of physical resources, such as baby seats for parents.[420]

In some sites, backbone teams engaged government agencies including NSW Births, Deaths, and Marriages, to attend playgroups and provide birth certificates for children.[421] Engaging government services of this scale attracted extremely high engagements, and helped ensure children were ready to attend school and other key early years services.[422]

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[409] HP10.
[410] BB33.
[411] BB57, BB58, BB59, BB60, BB61.
[412] ALI03, KUT01, KUT02, POR3, POR4, POR5, POR6, POR7, POR8, KAL08,KAL09.
[413] BB71, BB75.
[414] BB71.
[415] TAR12.
[416] SER13, SER120, Annual Report 6, Narrative 28, BB57, BB58, BB59, BB60, BB61, Progress Report 54, Observation at site visit playgroup, Annual Report 26, SER89, BB70.
[417] BB13, BB14, BB15, SER12, BB51.
[418] BB51.
[419] BB51.
[420] Progress Report 16, Performance Report 16.
[421] Annual Report 5, BB75.
[422] Annual Report 5, BB75.

In Mount Druitt and Alice Springs, collaborations with service partners provided timely responses to complex challenges, including assistance with navigating the NDIS system, health supports, and other social and emotional wellbeing supports.[423] Engaging these service providers in these environments, rather than relying on external referrals, attracted higher levels of uptake, and led to success stories for children seeing audiologists and speech pathologists.[424]

In other communities, backbone staff were located at education service facilities, or local schools.[425] This arrangement ensured backbones had direct information and access to local families.[426]

2.2.8 Building trust within communities enables service integration and can support systems change

As discussed in 2.1, Connected Beginnings teams have implemented a wide range of activities to engage with their communities and embed community voice in their activities. This focus on building trust in communities was deemed essential for successful service integration.

Several service providers noted that this was particularly important when working with Aboriginal and Torres Strait Islander communities who may have experienced intergenerational trauma in relation to service provision and engagement.[427]

> *'Sometimes the resistance comes from not knowing what we're [Connected Beginnings] doing. Once they start to understand it, they start to open up.'[428]*

> *'Honesty, I think strong relationships is the biggest thing.'[429]*

Establishing trusting relationships with community provided the Connected Beginnings backbone teams and health partners with the opportunity to demonstrate that this trust could be extended to service providers who were seeking to support families and children.[430,]

> *'These community centres [run by the backbone and health partner] are seen as trustworthy places.'[431]*

While all sites identified building trust as key to the success of Connected Beginnings, the creation of this trust looked different in each community. Backbone teams and health partners who were successful in building trusting relationships were often able to do so by leveraging off their own existing relationships within communities.[432]

> *'These ladies that work at CB are very genuine, and everything is built on trust and if you don't have trust, well, there is no relationship … They come from similar backgrounds but different families.'[433]*

2.2.9 Through service collaboration and integration, Connected Beginnings has shared resources and reduced duplication across services

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[423] Annual Report 6, ALI12.
[424] SER13.
[425] BB18.
[426] BB18.
[427] SER120, BB88, Progress Report 31, BB57, BB58, BB59, BB60, BB61, HP28, HP29, Community Action Plan 25, Progress Report 54, BB88, Community Action Plan 28, BB70, BB97.
[428] BB90.
[429] BB75, BB76, BB77.
[430] SER120; SER114; COM30; HP28, HP29.
[431] SER12.
[432] Activity Work Plan 8, BB07, Progress Report 31, SER60, SER61, SER62, SER63, SER64.
[433] BB07.

Connected Beginnings sites suggested that the success of the program was partially attributed to its unique positioning.[434] Rather than being in competition with existing services, the program offers a connection point and a conduit between providers and the local community.[435]

As noted in 2.1.1.6, backbone teams in some areas conducted service mapping exercises that effectively assessed what services were already available to community.[436] This provided community and services with a clearer understanding of the service landscape. Connected Beginnings team members interviewed by Inside Policy noted that, prior to Connected Beginnings, health and education services in the community were often siloed, causing duplication.[437] The program's introduction has assisted in bridging these gaps and connecting with families who were previously not engaged.[438] This positioning ensures the program does not compete, diminish or duplicate what already exists in the service ecosystem. Furthermore, it has encouraged knowledge sharing and learning.[439]

> *'Connected Beginnings has been coordinating services, but also holding them accountable.'*[440]

Some service providers and Connected Beginnings teams remarked upon the different levels of resourcing of services in their community and the way Connected Beginnings could bridge resourcing gaps.[441] The collaborative ethos of the program has encouraged resource sharing among service providers in some communities, supporting providers to effectively deliver their own services. For example, through sharing office resources such as a coloured printer or whiteboards, having office spaces which other services could use, or the development of materials (e.g., education resources) for use by services.[442]

Service providers told Inside Policy that the practical support provided by Connected Beginnings allowed their services to function more smoothly on a day-to-day basis.

> *'We're very grateful for CB support … to operate here, we're quite dependent on that and I do think that the collaboration has been very positive … enabling us to run programs on a day-to-day basis.'*[443]

2.2.10 Increased collaboration through Connected Beginnings has changed the way services are operating

By increasing collaborative thinking and cultural competency among service providers, Connected Beginnings is changing the way people work.[444]

The flexibility of the program, its promotion of a collaborative working culture and the development of a shared vision in communities were all identified as enabling factors for the program's success.[445] In some sites, community members and service providers attributed changes in mindsets across the local service landscape to Connected Beginnings[446] These

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[434] HP12, HP13.

[435] SER112, SER78, SER79; BB76, BB77, BB78, BB07, BB07, Progress Report 33, BB71, BB92, SER24, SER65.

[436] Annual Report 16.

[437] BB93, BB03, BB04.

[438] BB93, HP26.

[439] BB08.

[440] BB08.

[441] BB18.

[442] SER17.

[443] SER17.

[444] COM10, SER05, SER06.

[445] BB01, BB02, BB76, BB77, BB78, Annual Report 10, SER113, BB15.

[446] SER09, BB33.

initial shifts have produced momentum to work towards broader systems change, noting that systems change is the responsibility of multiple partners including governments.[447]

> *'[Connected Beginnings has] shifted the way that other services previously worked … it is a lot more of a collaborative approach.'*[448]

> *'… we're doing what we say we're doing in place. We're changing the service systems within place … And I think as we develop over the next year with this larger, more active community of practice, with government, non-government players around the table at a higher level, then I think we'll see something that we haven't seen here before.'*[449]

Connected Beginnings' Collective Impact model has encouraged backbone teams and health partners to collaborate with local services to ensure families experience wrap-around support.[450] By changing the ways services work together, Connected Beginnings has provided families with an ecosystem of services that collaborate, listen to the voices of community, and respond to community needs.[451] The program's collaborative ethos has encouraged a culture where wrap-around supports are provided to families, ensuring that the needs of children and families are being met by multiple providers.[452]

> *'Connected Beginnings is a starting point on somebody's journey, not just their health journey, but everything else.'*[453]

> *'We can't just keep putting out fires. Early childhood is an investment into better futures. It has to be coordinated, cohesive.'*[454]

Prior to the implementation of Connected Beginnings, Inside Policy understands that some services were not culturally safe and therefore, inaccessible for many Aboriginal families. As a targeted program, Connected Beginnings has improved cultural safety and addressed barriers to access, changing the way families experience services.[455]

> *'They provide a culturally safe spot for us as parents to come in, we feel comfortable coming along.'*[456]

2.3 Community Governance, Leadership and Voice

2.3.1 Governance groups are overseeing the work of Connected Beginnings

Most Connected Beginnings teams established some form of governance to oversee their collaborative work. In more mature sites, the governance arrangements often included multiple groups or forums which Connected Beginnings coordinated with outputs from the various forums feeding into each other. Governance arrangements sometimes included a service-orientated forum, such as the broader service-system forums (2.2.1) and early-years' service forums (2.2.2) mentioned above, and community-based forums. This section focuses on the latter community-based forums.

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[447] BB33.
[448] BB15, BB26, BB27.
[449] BB33.
[450] Activity Work Plan 5, SER89, Annual Report 26, Activity Work Plan 16, Annual Report 16, Progress Report 16, BB03.
[451] COM148, COM147.
[452] Annual Report 5, COM16.
[453] HP5, HP6, HP7, HP8.
[454] SER113.
[455] COM129.
[456] COM129.

Less mature sites were more often in the early stages of establishing these processes to support the work of Connected Beginnings.

2.3.2 Connected Beginnings teams have established community-based groups guide the work of the program

All Connected Beginnings teams acknowledged the importance of being community-led and embedding community voice within their programs. For this purpose, many Connected Beginnings teams have established (or leverage off existing) community-led governance groups or forums to hear community voice.[457] In some communities, these groups comprised Elders or community leaders to provide cultural direction, centre community voice, and ensure Connected Beginnings is upholding cultural safety.[458]

> *'By empowering Elders with the support necessary to address issues in their communities, we can make a positive step in helping close the gap in health disparities and transferring sacred spiritual knowledge.'*[459]

In other communities, Connected Beginnings teams sought to engage with a range of different stakeholders from across the community, including Elders, community members, and services.[460] Some stakeholders noted the importance of having a broad range of representation to ensure that different perspective and interests, and Aboriginal clans and language groups, are represented.

Connected Beginnings teams have made these governance arrangements a safe space for community members to come together and discuss their community's needs. To facilitate this, many teams provided lunch or transport to encourage attendance. Others incorporated cultural activities into the meetings (e.g. weaving grass bags, using bush dyes, making ornaments, etc.).[461]

For a detailed overview of the ways sites are embedding community voice and leadership into their programs, see **Appendix F**.

2.3.3 The community's role in Connected Beginnings is being strengthened over time

While most Connected Beginnings teams had forums or opportunities to hear community voice, the role of the community groups varied by site as they worked towards building formal governance processes. In some sites, community members had a formal role within leadership bodies which oversaw decisions about Connected Beginnings, including endorsing activities and priorities, allocation of funds, and providing cultural oversight.[462] Many Connected Beginnings teams created or committed to drafting Terms of Reference to support these forums.[463]

In some sites, there were more informal groups. In these communities, community members were brought together to discuss issues affecting their community and children, have a yarn with each other, and provide advice to Connected Beginnings.[464]

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[457] Annual Report 13, Annual Report 4, Annual Report 15, Annual Report 30.
[458] Annual Report 27, Supporting Evidence 169, Narrative 27, BB71, Progress Report 57, Progress Report 46.
[459] Narrative 29.
[460] SER91, Supporting Evidence 169.
[461] COM123.
[462] Annual Report 12, Supporting Evidence 195, Supporting Evidence 232.
[463] Progress Report 31, Supporting Evidence 171, Supporting Evidence 202, Community Action Plan 28, Progress Report 14, Progress Report 37, Progress Report 49, Progress Report 47, Annual Report 7, Supporting Evidence 195.
[464] Annual Report 23, COM123, Annual Report 14.

Notably, it was recognised that it takes time to build governance groups to oversee the program. Several sites implemented training or capacity building exercises to develop the skills of these groups to oversee the work of Connected Beginnings (see 2.5).[465]

2.3.4 Local community members are driving service improvements by advocating for the needs of community and shaping service provision

The strong, trusting relationships and collaborative forums have helped ensure local community members and leaders guide the work of Connected Beginnings and drive service improvements.[466]

> *'… think it's just a shift in services really owning up to the fact that community can best serve community.'*[467]

> *'[Connected Beginnings is] helping to be the voice of community with what is needed.'*[468]

> *'[The Connected Beginnings team] are doing what the community wants, not what they want for the community.'*[469]

Community reference groups or similar systems are providing a mechanism for ongoing community feedback and ensuring voices are being heard within the program and broader service sector.[470]

> *'I think Connected Beginnings came along at the perfect time to actually go, well, this community is resilient. They know what they need, they know what they want, let's actually listen to them and hear from them what they think we need in this community.'*[471]

Case Study: Taree Women's Group

The Connected Beginnings backbone team in Taree make an active effort to understand community wants and needs. The Women's Group in this community was established in direct response to community voice:[472]

> *'… going out into the community and asking and looking for what the need is, and then filling that need by having the women's programs … and having people have somewhere that they feel safe to come.'*[473]

The Women's Group activities have included workshops around depression, anxiety, family and domestic violence, wellness, building resilience, the Stolen Generation, reconnection, cultural art activities, going out on Country and uniting with community and community members.[474] Women's Group participants commented on

> *'…how nice it is to be able to come and enjoy activities while their children and grandchildren are being cared for in Niingalbaa space.'*[475]

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[465] Annual Report 4, Activity Work Plan 14, BB71, Progress Report 18.
[466] Progress Report 54, BB07, HP23, SER109, Activity Work Plan 5, SER115, SER116, BB93, BB26, BB27, Observation at site visit.
[467] SER32.
[468] COM147.
[469] COM148.
[470] Supporting Evidence 243, HP24, Activity Work Plan 16, BB70, Activity Work Plan 14.
[471] HP24.
[472] COM56, SER29.
[473] HP12, HP13.
[474] COM56, SER29.
[475] Progress Report 16.

For a detailed overview of how each site has embedded community voice and leadership into their programs, see **Appendix F**.

2.4 Data sharing

2.4.1 Connected Beginnings teams identified the need to collect data and measure change to support their work

Many Connected Beginnings teams spoke of the importance of data in helping to make informed decisions. [476]

> *'Data driven decision making would support us… it would be great to have matching oranges with oranges.'*[477]

Stakeholders across the evaluation saw that communities were ready for data and were already beginning to have data-informed conversations around what was available to them:

> *'We are certainly seeing more readiness amongst stakeholders – and this is most likely a response to recent data, specifically Census and AEDC data – which indicates the urgency … Initially we saw stakeholders being drawn to each other to discuss work in an informal manner and, as these conversations extended the need for network and action, groups naturally occurred.'*[478]

2.4.2 Some data collection and sharing is occurring, informing strategic conversations and activities, but most Connected Beginnings teams are still in the early stages of establishing data and information sharing processes

Connected Beginnings teams are at different stages in creating processes to facilitate data collection and sharing.

Some Connected Beginnings teams recognised the need to collect their own data to fill gaps in their understanding. This included gathering insights from communities through surveys, yarning circles, and focus groups; gathering of baseline data to inform future decisions; informal conversations with families and communities; and creating processes to capture data from their activities (i.e. ASQ TRAKs, child mapping, etc).[479] By encouraging local services to consider the potential drivers for low attendance rates and targeting efforts to improve numbers, backbone teams were able to change narratives around the need for data.[480] In one site, these data partnerships resulted in preschool educators conducting home visits once per week to local families to present children's work and encourage their attendance.[481] The process increased local confidence and trust in the preschools.[482] At another site, the collaboration of a health partner with local providers prevented families from re-telling their stories, as data sharing ceased repetition.[483]

To ensure Connected Beginnings backbone teams and health partners could measure their success, some sites utilised 'flagship indicators' to track their progress (see 1.2.2.3). These included markers such as attendance rates at Connected Beginnings playgroups and health and wellbeing indicators to measure the success of the program.[484]

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[476] HP01, HP02. BB73. BB55. BB96, BB88, BB70.
[477] HP01, HP02.
[478] Annual Report 18.
[479] Supporting Evidence 169, Community Action Plan 29, Community Action Plan 22, BB73.
[480] BB87, SER13, BB88.
[481] BB87.
[482] BB87.
[483] SER13.
[484] BB55.

In several communities, backbone teams shared health and wellbeing data and emerging findings with their communities to ensure they were included in conversations surrounding community progress.[485] A backbone team member noted that Aboriginal and Torres Strait Islander communities are the most surveyed people in the country, and therefore emphasised that it was vital to consider best practice and cultural appropriateness when collecting data.[486]

> *'[We] look at the data, collect the data, analyse that data and then hand it back to community for transparency.'*[487]

Inside Policy identified several sites where backbone teams and health partners were sharing data.[488] For example, Ceduna and Doomadgee's health partners and backbone teams engaged in data sharing practices including the sharing of immunisation rates in the community.[489] However, for most sites, data sharing between the backbone team and health partner was minimal or did not occur.[490]

In some communities, strong collaborative relationships between Connected Beginnings teams and service providers underpinned positive data sharing arrangements, with external service providers, backbone teams and health partners collaborating with local schools to support data sharing and collection processes.[491]

Connected Beginnings backbone teams often utilised community reference or champion groups to share data collated from partners, community and government agencies to groups that are comprised of local community members and service providers.[492] In some cases, these support groups assisted in analysing data, identifying trends and extracting key themes to develop a shared agenda for the site.[493] Groups often met on a continuous basis with local service providers promoting knowledge, data and information sharing.[494]

However, some external service providers recognised that local services, backbone teams and health partners needed to engage in open communication and collaboration to prevent the potential for duplication in data collection.[495]

Overall, while communities were engaged and excited to work with data, there were difficulties in creating processes to support this practice.

For case studies relating to data collection, use, and sharing, see 3.1.10.

2.4.3 Many Connected Beginnings teams and communities experienced barriers to data sharing

There were barriers to data sharing experienced between the backbone team and health partner, and these teams and the broader community. Notably, where the backbone and health partner teams' relationship was strained, data sharing practices were often not explored.[496]

Inside Policy assessed that the lack of data sharing could be attributed to a number of factors, including that:

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[485] SER90, BB70, BB88, Supporting Evidence 169, BB07, BB51.
[486] BB91.
[487] SER90.
[488] BB76, BB77, BB78.
[489] BB55, Community Action Plan 14.
[490] Narrative 50, SER124, Narrative 2, HP10, Narrative 25, BB07, BB89, Progress Report 54, HP28, HP29.
[491] BB87, SER13.
[492] BB96, BB88, BB70, Annual Report 26.
[493] Annual Report 26, BB96.
[494] Annual Report 26.
[495] SER01, SER05, SER06, COM10, SER78, SER79.
[496] BB89, Progress Report 54, HP28, HP29.

- agreements and systems for open data sharing between Health and Education currently do not exist.[497]

> 'I can't access [their system] because I'm not part of the Education Department, and they can't access CommuniCare, because they're not part of the Health Department.'[498]

- data from various sources (i.e. health data, school data, census data) seemed to be conflicting or not comparable,[499]

- data may not be granular enough to be used by community or may not accurately reflect what is going on in community,[500]

- issues with intellectual property, privacy and confidentiality,[501]

- protective service provider guidelines or policies,[502]

- services not being forthcoming with data,[503]

- upholding data sovereignty,[504]

- wariness towards utilising data that has historically been utilised to reinforce deficit discourses and explanations of Aboriginal family dysfunction or failure,[505]

- competitive funding models that disincentivise the sharing of information, and [506]

- some data can be confronting and lead to difficult conversations.[507]

Backbone teams and health partners tried to address these barriers in various ways. To overcome confidentiality clauses, providers in some communities had established consent to share data agreements.[508] Some Connected Beginnings teams had undertaken data management training to increase their ability to engage with data.[509] Other Connected Beginnings teams had pursued partnerships with local services, universities, and other initiatives to access and understand existing data assets.[510]

Stakeholders noted that many of these barriers were often out of the scope of Connected Beginnings to address:[511]

> 'Data sharing is a real difficulty because the government sector has tied it up in so much red tape. It's a policy problem, it's not a problem with the mindset of the staff at Connected Beginnings.[512]

> 'They would love to share data with us and we would love to share data with them but it's a bigger picture that government needs to address both the state government and the federal government.[513]

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[497] Narrative 50, SER124, Narrative 2, HP10, Narrative 25, BB07.
[498] HP10.
[499] Narrative 50, SER124, Narrative 2, HP10, Narrative 25, BB07.
[500] Narrative 7. For example, the number of children recorded in the Census may be significantly lower than the number of children being reached by services in their community.
[501] SER78, SER79, BB75, SER82, HP03, HP03, Activity Work Plan 14, Community Action Plan, SER115.
[502] Narrative 50, SER124, Narrative 2, HP10, Narrative 25, BB07.
[503] Narrative 50, SER124, Narrative 2, HP10, Narrative 25, BB07.
[504] SER78, SER79, BB07, BB84.
[505] Narrative 2.
[506] Narrative 2.
[507] Narrative 2.
[508] SER115.
[509] Community Action Plan 29, Progress Report 61.
[510] Progress Report 13, BB83, BB84.
[511] SER78, SER79, Annual Report 23.
[512] SER78, SER79.
[513] SER78, SER79.

Given these patterns, Inside Policy has found that there is a clear need for these barriers to be addressed and for data sharing practices to be improved between backbone teams, health partners, and other key Connected Beginnings stakeholders including external service providers.[514,]

2.5 Capacity Building

2.5.1 Connected Beginnings has built capacity within its communities

In addition to fostering greater collaboration (see 2.2), Connected Beginnings has built capacity within its communities. This has included building capacity of staff, community members and organisations to underpin collective ways of working and bolstering the early years sector within their communities.

As noted previously, the Connected Beginnings program has been designed to align with the Priority Reform areas of the National Agreement on Closing the Gap. Notably, Priority Reform 2 – Building the Community Controlled Sector is being supported on the program-level through engagement of ACCOs to deliver the program and First Nations peak bodies to support the program (see 3.2.2). The below section outlines how sites have embedded capacity building within their own work, furthering this objective in ways which are meaningful to their communities.

Additionally, while not embedded within the objectives of Connected Beginnings, the below suggests that some sites are supporting to a degree Targets 6, 7 and 8 which relate to education and employment of Aboriginal and Torres Strait Islander people.

2.5.1.1 Connected Beginnings has boosted staff and community and qualifications

Backbone teams have invested in, or provided training to, their staff and other services around Collective Impact to ensure a uniform understanding of how policies, practices and resources flow under the Connected Beginnings model.

Across sites, Connected Beginnings teams have also supported and undertaken training of team members, local community members, and Early Years service staff. This included upskilling in ASQ TRAKs, providing Certificate III training and diplomas in Early Childhood Education and Care (ECEC), trauma-informed training to service providers, working with TAFE trainees, and other specific issues which were identified by the community (i.e. FASD, local language).[515]

Notably, supporting Aboriginal and Torres Strait Islander people to complete tertiary qualifications (Certificate III and above) is a Closing the Gap target, Outcome 6. The below example from Tennant Creek represents how some sites have approached this training.

> **Case study: Certificate III ECEC training (Tennant Creek)**
>
> Connected Beginnings Tennant Creek and its working groups established a community campaign centred around the Certificate III in Early Childhood Education and Care to ensure there were local training and career opportunities for local Aboriginal workers in the early years' services.
>
> The sustainable training program began in early 2020, when a Darwin-based training service was contracted to bring regular blocks of face-to-face training to Tennant Creek. Importantly, the training program included mentoring, wrap-around support, assistance

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[514] SER117.
[515] Progress Report 9, HP16, Annual Report 2 BB01, BB02, Community Action Plan 27, Progress Report 7, Narrative Report 3.

with placements and help with career pathway planning, as well as guidance for future training and education.[516]

In addition, in alignment with the Closing the Gap targets, Connected Beginnings teams are building the capacity of their community more broadly. Some backbone teams saw their role in community building as a sustainable approach to supporting families and communities over the long term. In some communities, backbone teams spoke of supporting their families to find employment. Some teams noted the complexities around this as community members often did not have birth certificates or bank accounts for job applications. Some backbone teams donated clothing and a laundry service so that people were interview and job ready.[517]

> *'And that's what Connected Beginnings has been able to do, is to support some of these people with that journey and getting into employment. Some of them have never been employed before, some of them have been long term unemployed.'*[518]

2.5.1.2 Connected Beginnings has built community capacity to lead and govern

In some communities, there was a focus on building the capacity of the community to engage effectively with Connected Beginnings and to build community skills and leadership. Some Connected Beginnings sites offered mentoring, coaching, and learning opportunities in leadership, governance, collaboration, and data literacy.[519]

See the Contribution Story at 3.2.3.3 for a description of the Kutalayna Collective in Lutruwita/Tasmania and how the Connected Beginnings team has supported the growth of community leadership within the program.

2.5.1.3 Connected Beginnings has built capacity in Early Years services through filling gaps in services

Connected Beginnings has been used to fill needs in community that services may not have the funds or ability to resource, or time to undertake (see 2.2.9). In this way, Connected Beginnings is becoming integrated into the work of the broader service system, increasing the overall capacity to support families and children. Examples included:

- A Connected Beginnings Aboriginal staff member was seconded to a childcare provider as the organisation did not have the funding or resources to support an additional position,[520]

- Members of a backbone team were able to support services where there were low-staff days (i.e. Sorry Business) in their community, to ensure services remained open for families,[521]

- A backbone team funded a psychologist to be used by service staff one day a week, [522] and

- A backbone team identified grants and provided application support for services.[523]

2.5.1.4 Connected Beginnings has built cultural awareness and competency

A range of Connected Beginnings sites prioritised hiring and retaining Aboriginal and Torres Strait Islander staff into their workforce.[524] Inside Policy repeatedly heard that backbone

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[516] Progress Report 9, Progress Report 4.
[517] Progress Report 61.
[518] BB01, BB02.
[519] Community Action Plan 25, Annual Report 25.
[520] BB23, SER24, BB18.
[521] BB17, BB70.
[522] BB01, BB02.
[523] BB01, BB02.
[524] COM10, SER05, SER06, SER100, BB07, SER75, BB19, SER114, Progress Report 62, HP17.

teams and health partners with First Nations staff created a culturally safe environment for families and therefore increased the sense of culture, belonging and trust for parents engaging with early years services.[525]

> *'I could never have understood the importance of local and Aboriginal people working with their children, until you see it and feel it. […] They come in and there is some soul deep beautiful connection.'* [526]

> *'It's important to have someone whose got cultural identity to the land or connection to the land. It makes it a lot more valuable for engagement.'* [527]

An individual in Shepparton noted that having a backbone team that is entirely comprised of staff who identify as Aboriginal:

> *'There's cultural safety automatically put in place right there.'* [528]

Many backbone teams promoted cultural awareness training opportunities to Connected Beginnings teams, members of the Early Years collaboration groups, and broader service networks. [529]

Connected Beginnings teams also worked closely with services to support them to incorporate culture and uphold cultural safety. Examples included inviting Connected Beginnings Aboriginal and Torres Strait Islander staff to services to provide cultural support; encouraging engagement with Elders; setting expectations with local services about minimum cultural expectations; and developing cultural protocols for services.[530]

2.5.2 Employment of Aboriginal and Torres Strait Islander staff was seen as important at all levels of the Connected Beginnings program

Families and service providers recognised the need for Connected Beginnings backbone team roles to be filled by individuals who they knew, who were known by community members, and who wanted to champion positive change for the community.[531]

> *'You need to make sure you have people who have those links into community, because if you don't have those links, you are not going to get far very quickly.'* [532]

> *'[Connected Beginnings] have the knowledge of the local community, and they have an understanding of what our Aboriginal families value and are able to tell us, honestly, why they may not be accessing or wanting to register for kindergarten … And we'll work out some sort of an idea that we could test. We'll say, "Okay, well let's trial doing this and see if that makes a difference".'* [533]

In many communities the employment of local First Nations people was identified as critical: stakeholders including parents and services felt that Connected Beginnings staff should predominantly be Aboriginal and Torres Strait Islander.[534]

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[525] COM01, COM02, SHEP04, DOM14, SER114, Supporting Evidence 72, Progress Report 62, HP17.
[526] BB03.
[527] DOM14.
[528] SHEP04.
[529] Annual Report 27, Supporting Evidence 224, SER117, Supporting Evidence 21, Progress Report 54.
[530] Annual Report 27, Supporting Evidence 224, SER117, Supporting Evidence 21, Progress Report 54, Progress Report 32, Community Action Plan 28
[531] SER118, BB75, SER 60, SER61, SER62, SER63, SER64, BB70, HP24, BB16, SER114, SER10, SER109.
[532] BB75.
[533] SER99.
[534] SER84, HP28, HP29, SER31, COM14, BB76, BB77, BB78.

'At the end of the day, it's Aboriginal funding and you want to see Aboriginal faces in there. Too much we let ourselves down thinking we need a white person to lead us, but we don't. [535]

'Would be nice to see more Indigenous people working there. [536]

Some stakeholders also commented on the need for local Aboriginal and Torres Strait Islander staff in more senior positions within the program on the site level.[537] A few stakeholders commented that as the program is funded by the Commonwealth, there are still inherent power imbalances and structures which may limit the ability of Aboriginal and Torres Strait Islander people to fill senior roles as they have to bridge and navigate non-Indigenous systems. [538]

'… the master is still the government. It's still Department of Education, and there are certain things that we need to fulfil, we need to meet, but it's the way in which we meet them is where we have the flexibility. [539]

'Sometimes [there's] a little bit of a danger of it being a bit [non-Indigenous] top heavy … any kind of program that can be often dictated by funding and deadlines, timeline … It'd be very hard for programs to emerge outside the bounds of existing organisations, and often existing organisations have been … very much determined by non-Indigenous people. [540]

Some backbone teams also noted that local First Nations people have other cultural and family obligations, including lore-time and sorry business, within their communities which can take precedence over work commitments and leading a program.[541]

In order to ensure that the roles within Connected Beginnings are appropriate, flexible work arrangements should be encouraged by the Commonwealth at the site and program levels, as well as reflecting on senior role descriptions to ensure they are appropriate for local First Nations staff. On the site-level, some teams noted that they were providing mentorship and leadership building activities to strengthen the local leadership of Connected Beginnings into the future. [542]

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[535] SER85.
[536] COM14.
[537] Annual Report 9.
[538] BB16, SER17.
[539] BB16.
[540] SER17.
[541] Progress Report 61.
[542] Annual Report 10.

Section 3: Outcomes and Impacts for Children, Families, and Communities, and Lessons

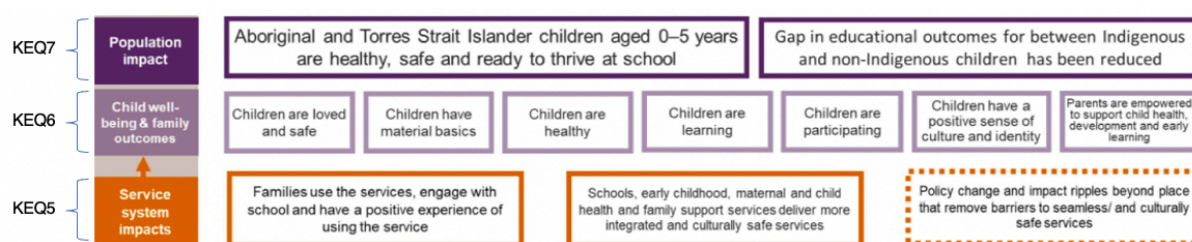This section covers key evaluation questions 5, 6, and 7. These questions are:

- **KEQ 5: What changes happened to the way services were delivered to, and experienced by, children and families?**

- **KEQ 6: What is the early evidence of impacts for Aboriginal and Torres Strait Islander children, families, or micro-communities?**

- **KEQ7: What population-level impacts for children, families and communities has Connected Beginnings contributed to? What is the impact of Commonwealth investment?**

Please note that key evaluation question 5 is split over sections 2 and 3 of this report. Section 3 captures the lessons drawn from the evaluation (including KEQ 5) and the stories regarding changes to how services were delivered to and experienced by children and families.

For a detailed view of findings by each KEQ and sub-question, see **Appendix D**.

To answer these questions, the evaluation examines two levels of the Theory of Change:

Figure 6: Theory of Change excerpt

Source: Clear Horizon (2020) Connected Beginnings U-MEL Strategy (Theory of Change, p.19)

This section focuses on the child wellbeing and family outcomes, and population-level impacts.

Key Findings by Key Evaluation Questions

KEQ 5: What changes happened to the way services were delivered to, and experienced by, children and families?

See section 2.

KEQ6: What is the early evidence of impacts for Aboriginal and Torres Strait Islander children, families, or micro-communities?

The impact of Connected Beginnings on parents and their children's health and wellbeing is starting to emerge. Given the focus of Connected Beginnings reporting and measurement on locally selected indicators, data relating to ARACY 'flagship indicators' (which was the basis of this evaluation question) has not been effectively collected at a site level across most sites. Therefore, this question has been answered through understanding stories emerging from sites regarding outcomes and impacts on children, families, and communities.

The emerging evidence suggests that early educational outcomes are being supported. In particular, there are examples of increased school readiness in Connected Beginnings communities, children's and mother's health and wellbeing being supported, achievement of early educational outcomes, increased children's exposure to culture, increased trust, and parents feeling empowered to support child health, development and early learning.

KEQ7: What population-level impacts for children, families and communities has Connected Beginnings contributed to? What is the impact of Commonwealth investment?

Connected Beginnings is contributing to the Priority Reforms under the National Agreement on Closing the Gap. While there is emerging data that suggest the work also contributes to Closing the Gap targets, further analyses and time is needed to evidence these impacts at the population-level. The changes occurring in community appear to be on-track towards demonstrating population-level outcomes, as seen in the Galiwin'ku and Taree Contribution Stories.

Furthermore, current analyses have shown that there is a potential positive return on Commonwealth investment into Connected Beginnings, with a Benefit-Cost Ratio of between 2.12 and 4.24. This means that for every dollar invested, it is likely a potential positive outcomes and impact amounting to between $2.12 and $4.24 is returned.

Detailed Findings by Theme

This section covers the following themes:

3.1 Early evidence of impacts for children, families and communities.

3.2 Population-level impacts.

3.3 Lessons from Connected Beginnings.

The following section provides the detailed findings by these themes.

3.1 Early evidence of impacts for Aboriginal and Torres Strait Islander children, families, or micro-communities

3.1.1 Connected Beginnings is having a positive impact on families and children

Across the Connected Beginnings programs, Inside Policy heard that Connected Beginnings backbone teams have created culturally safe spaces to support community engagement, providing families with a sense of confidence to engage with the program. Building on these foundations, Connected Beginnings backbone teams have been successful in linking and connecting families to services.

While population level data on the impacts of the Connected Beginnings program are not yet available, qualitative evidence from community illustrates a variety of significant impacts for individual children and family members.

Through the desktop review and site visits, Inside Policy has identified the following stories and impacts for Aboriginal and Torres Strait Islander children, families, or communities.

3.1.2 Children's health and wellbeing is being supported

In many sites the Connected Beginnings program and partnerships, particularly those co-located with other services, have provided opportunities to undertake enhanced health checks and refer families to allied and specialist health services.[543]

> *'When they do their health expos, they have all different services here. They're all set up out here ... all the programs that [are] run out here … that's empowering people already … talking about, reminding them about when the doctor's here. So, you know, they all already pushing and talking about, you know, baby immunisations and things like that.'*[544]

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[543] Progress Report 61, Progress Report 62, Narrative 24, Annual Report 14, Performance Report 8.
[544] BB74.

> **Case Study: Pilot dental program in Katanning**
>
> In Great Central Southern region (Katanning), the Connected Beginnings team have reported on the establishment of a pilot dental program for children aged 0-4. Dental students and the University of Western Australia's School of Dentistry will identify children requiring dental treatment, educate care givers on dental hygiene and hope to reduce the number of preventable hospitalisations due to dental emergencies. The Connected Beginnings team facilitated access to various 'in-community' activities for dental staff to offer to screen children 0-4 years. This is a significant development as previously, financial and transport constraints have meant that many families have not been able to see dental therapists.[545]

Reflecting a key feature of the Connected Beginnings model – the promotion of service integration for families[546] – many health partners and backbone teams have invited health service providers to Connected Beginnings playgroups to ensure that their services were accessible to families.[547] The Connected Beginnings playgroups offer an opportunity to offer child health screenings and provide referrals to specialist supports, particularly assisting families who may be experiencing transport barriers.

> *'My child is very well supported in a variety of ways but mainly through the healthy kids' bus stop that comes and then the Aboriginal Medical Centre. They do the screenings and then from that he's been able to access further services. […] He's got additional support now and that's just through the screenings, through a lady from McKillop who came.'[548]*

> **Case Study: Early years and parental health services in Canberra**
>
> In Canberra, the Connected Beginnings funding provided Winnunga Nimmityjah Aboriginal Health Service (Winnunga) with the ability to hire a paediatric nurse and an Aboriginal support worker that builds trusting relationships with clients.[549] Winnunga aim to support 15 families per year, with 16 families (24 children) engaged with the Connected Beginnings program during the reporting period of 2020-21.[550] The health partner has facilitated engagement with:
>
> - Antenatal and postnatal care
> - Smoking cessation
> - Healthy eating and physical activity
> - Parenting advice/information
> - Medical, nursing and allied health services, audiology, optometry, dental
> - Social health team services.[551]
>
> To assist in the transfer of relationships and trust, external specialist service providers may come into the Winnunga health clinics for their first appointment with a client. This is to ensure positive foundations are constructed prior to visits outside of the client's normal clinic.[552]

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[545] Progress Report 63.
[546] Progress Report 13.
[547] SER12, BB07, BB57, BB58, BB59, BB60, BB61.
[548] COM03, COM04.
[549] CAN01/02.
[550] Performance Report 1.
[551] Performance Report 1.
[552] CAN01/02

Connected Beginnings sites reported that health clinics run by backbone teams and health partners or through partnerships had seen increases in:[553]

- child health assessments and follows,[554]
- immunisation rates among young children,[555]
- early diagnosis and intervention, and[556]
- referrals to allied health services such as speech pathologists, paediatrics, audiology, hearing and ENT clinics, occupational theory, dental and optical services.[557]

In some sites, early intervention was identified as an integral goal to meet long-term outcomes for children.[558] In some Connected Beginnings communities, collaborative partnerships with health services helped to ensure families had access to appropriate early intervention supports such as child health screenings and access to occupational therapy sessions.[559] A service provider commented on the impact of early intervention:

'… we are seeing the average age at which First Nations children (and all children) are receiving hearing aids and cochlear implantation is decreasing. This is wonderful in terms of early intervention for hearing loss. [560]

One community member described the positive impact on children's wellbeing:

'… it was identified that one of my grandchildren needed to see a speech pathologist, the other needed their hearing checked. After the referrals … they are so much happier and are attending school every day. Life is much easier when grandchildren are happy to go to school and making progress every day.'[561]

Case Study: Speech pathology collaboration

In Mount Druitt / Doonside, the health partner, GWAHS, has collaborated with local GPs and the University of Sydney's Speech Clinic to address speech related disorders.

Alongside the health partner's work to engage speech pathology services in Mount Druitt, in 2020 the backbone team engaged speech support services in collaboration with the Aboriginal community-controlled childcare centre, Yenu Allowah, to assist with extensive wait times families were experiencing in attempts to access childcare services.[562] The collaboration was possible because of the backbone team's strong relationships with service providers, local leadership and partners.[563] The speech support work from the backbone team received positive feedback from parents as the process assisted in responding to long wait lists, and the subsequent developmental delays for children experienced as a consequence to delays in being diagnosed.[564]

3.1.3 Early educational outcomes are being achieved

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[553] Annual Report 1, BB71, Narrative 10, Narrative 10, COM142, Annual Report 1, Progress Report 55, HP12, HP13, Performance Report 08, HP26.
[554] HP26, BB57, BB58, BB59, BB60, BB61, COM03, COM04.
[555] Annual Report 14, Performance Report 13.
[556] Annual Report 14, HP17, HP18.
[557] Narrative 24, Annual Report 14, Performance Report 13, SER88, SER87, SER81.
[558] Community Action Plan 26, SER32, Narrative 53, BB87, SER 116, BB 93, Progress Report 17, Progress Report 2.
[559] BB01, BB02, BB88.
[560] SER88.
[561] Annual Report 14.
[562] Narratives 6.
[563] Narratives 6.
[564] Narratives 6.

Connected Beginnings teams in several communities have collaborated with local early childhood educators and service providers to deliver culturally responsive and inclusive playgroups or other early education activities. Children have been participating in activities to prepare them for school while linking parents to other services.[565]

Case study: 'Ready for Preschool' campaign in Tennant Creek

The 'Ready for Preschool' campaign in Tennant Creek ensures families most in need get wrap-around support. Activities associated with the campaign include:

- family visits to determine which children are eligible to engage in the program,
- collating and utilised data from visits to establish user lists,
- distribution of Family Learning Packs to identified families with 3 and 4 year olds. (packs include quality language books, FaFT learning games and equipment for learning at home),
- working in collaboration with other community services, such as Aboriginal controlled CFC staff to integrate campaign activities, and
- coordinating a focus on ensuring ASQ TRAKs are completed, and the data is made available (developmental milestones).[566]

The campaign also raises awareness of early years services and health and learning checks so that children are ready to commence preschool.[567]

Professional stakeholders attribute the increased enrolments (particularly Aboriginal and Torres Strait Islander) at the preschool (where there is now a waiting list), the HIPPY mentoring program, Pikka-pikka-kari Playgroup, and FaFT to the work of this campaign, as well as the wider Connected Beginnings program.[568]

Several Connected Beginnings sites reported that children were enrolling and attending day care, preschool or playgroup in increasing numbers.[569]

'I bring my granddaughter every day to school… she's … improving a lot now.' [570]

'I think every child that came into contact with Connected Beginnings who was supported to attend [pre-]school is a success story'.[571]

Connected Beginnings is supporting children through literacy and numeracy learning, developing routines and socialising with other children. Families spoke favourably of the impact of these early education programs:

'They get a way better start…You're going into school already educated.' [572]

'…They're actually out learning and doing things before they get into school. So they've got that routine of this is what's happening when we get into school … I think they're getting that whereas five years ago, they didn't. [573]

A service provider noted that children were making progress in the classroom:

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[565] Narrative 5, Progress Report 62.
[566] Progress Report 9; Narrative 3.
[567] Other 3; Progress Report 10.
[568] Annual Report 2; SER126.
[569] Supporting Evidence 72, Annual Report 26, Performance Report 13, Narrative 25, SER82.
[570] COM32.
[571] SER112.
[572] COM57.
[573] COM58.

'The kids are making more rapid progress than she [the teacher] had expected, some of the kids are now at the stage where she expected them to be in Term Three. [574]

Case Study: Bourke's preschool delivering early childhood educational outcomes

The Bourke Connected Beginnings' support for the preschool – including assistance with the preschool design, grant application, and funding and implementing its language program – has helped increase early childhood educational outcomes. Connected Beginnings supported the language program by contracting a Ngiyampaa trainer to deliver the course and assist in creating a language program that was appropriate.[575] Additional funding from a grant was outstanding at the time of the evaluation to further support this program.

The preschool's curriculum includes teaching children the alphabet, using syllables to segment out and make words, understanding rhyming through songs and rhymes, and identifying words in sentences.[576] The curriculum is linked with important literacy concepts like phonics to ensure students have increased language skills.

'[it] means [the kids] go away from [preschool] tying in some better language skills. […] They will learn how to look at an Aboriginal word and be able to break the phonics down in that word, or they'll look at an English word and be able to break the phonics down. It's about tying those ideas and those different ways of learning together. [577]

This has resulted in positive feedback from the schools:

'… they've seen now when the kids start kindergarten… they can tell from understanding of the letters or sounds, syllables, all of the basics... [578]

Additionally, Inside Policy found that Connected Beginnings in Bourke has vastly improved the service quality of Bourke & District Children's Services (BDCS) by training and supporting staff, assisting in the increase of childcare attendance, and implementing community-focused programs such as the creation of a local language book.[579] This has led to the preschool meeting the threshold of all areas of the National Quality Framework for the first time.[580] These improvements would not have been possible without the positive and collaborative relationship between the partners.

'I've seen a completely non-functional early childhood service turn into an incredibly functional operation. [581]

'When I look at that to where we are now … it's just incredible [582]

Parents in Bourke also identified this change as a direct result of the Connected Beginnings program and staff. Multiple parents interviewed by Inside Policy expressed that they were impressed with how the service had changed under Connected Beginnings. This

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[574] SER71.
[575] Supporting Evidence 6.
[576] Annual Report 1.
[577] BOU 1, BOU2.
[578] BOU12.
[579] Annual Report 1.
[580] Annual Report 1.
[581] SER07.
[582] BB03.

included staff being better trained,[583] BDCS being more proactive with providing care to their children,[584] and improved centre and staffing arrangements.[585]

3.1.4 Mothers' health and wellbeing is being supported

Several Connected Beginnings sites have held clinics focused on maternal health,[586] engaged with local midwives,[587] and conducted antenatal clinics.[588] These forums provide an opportunity for health providers to provide pregnancy testing and care, as well as culturally appropriate antenatal care for new mothers, including advice on healthy eating and physical activity and resources including information about breastfeeding support. Other sites are holding weekly sessions to raise awareness among parents on the importance of monitoring their children's development and identifying any issues or milestones.[589]

Case Study: Cuppa 'n Yarn sessions in Mildura

In Mildura, the Connected Beginnings backbone team host 'Cuppa 'n Yarn' sessions for local women, providing them with a safe space to discuss issues that may be impacting their lives, and what supports they may require.[590] The sessions occur weekly during school terms and are open to Aboriginal women and staff only.[591] During these sessions, parents encourage one another to attend services and provide local recommendations.[592] Providing a safe space for mothers and children, the program ensures families have an environment where they can connect and fosters positive and loving family relationships.

Women-only pamper sessions in one community provided an opportunity to focus on topics such as healthy relationships, avoiding alcohol during pregnancy, health alternatives, self-care and nutrition.[593] One site noted an improved level of health checks and follow ups for pregnant women, and a reduced rate of smoking during pregnancy since Connected Beginning's implementation.[594]

In Derby, the health partner provided mothers with culturally appropriate antenatal and postnatal care. Weekly meetings with local midwife groups provided mothers with a safe space to engage in critical consultations and receive advice from healthcare professionals.[595]

3.1.5 School readiness is increasing

A key focus of the Connected Beginnings program is increasing school readiness for children aged 0-5 years. While program documents recognised the need to contribute to achieving equity in school readiness, the program guidelines did not define school readiness specifically.[596] The documentation noted supporting children's transition periods into school can increase readiness.[597] Inside Policy found that Connected Beginnings sites had differing conceptions of what school readiness meant, applying the concept broadly. Many sites adopted activities including providing material goods, hosting community events and camps as opportunities to support and increase school readiness.

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583 COM05, COM06, COM07.
584 COM01, COM02.
585 COM08, COM09.
586 Narrative 24.
587 HP26, Narrative 24.
588 Performance Report 69.
589 Narrative 52.
590 MIL01.
591 MIL01.
592 MIL09.
593 Progress Report 54.
594 HP26.
595 Performance Report 66.
596 Department of Education, *Connected Beginnings: Phase 2 Program Guidelines,* 2022
597 Department of Education, *Connected Beginnings: Phase 2 Program Guidelines,* 2022.

Several Connected Beginnings programs have recognised that access to material basics directly impacts on children's participation in learning and educational settings.

> *'There are families in our community who would not send their child because they didn't have the drink bottle, because they don't want that to reflect poorly on them.'[598]*

Connected Beginnings backbone teams have implemented a range of strategies to reduce these barriers to participation, increasing school readiness.

In some communities this has involved providing children with backpacks, water bottles, uniforms, and lunches for those who attended early years services.[599] Providing these goods has assisted in removing barriers of shame in sending children to school without supplies, creating a more comfortable environment for children and families and increasing attendance in these communities.[600]

Case Study: Backpacks in Ceduna

The Storytelling Buddies Campaign in Ceduna, delivered by Connected Beginnings, provided 249 backpacks to children across four communities: Streaky Bay, Ceduna, Koonibba and Scotdesco. The backpacks included a lunchbox, a water bottle, a hat, a book, a bookmark outlining the importance of reading, a healthy lunchbox ideas magnet and a voucher to either Sportspower or Foodland for essential back to learning items, such as school shoes and school snacks.[601] A mother of two boys noted:

> *'The bags and containers have been so helpful for my boy's lunches. The water bottles were great, and we use those all the time. I make sure we fill them up before we leave the house. It definitely saved me money too. I am so grateful, as a single parent it helps financially.'[602]*

Other Connected Beginnings teams have collaborated on stalls, events or camps to enhance school readiness.[603] In one community, Connected Beginnings birthday parties for 3-year-olds are increasing school readiness for families. The activities familiarise children and parents with teachers, open conversations with service providers and make sure children and parents have what they need to start school such as immunisations and birth certificates.[604]

Case Study: 'Get Set for School' camps in Doomadgee

In Doomadgee, the Connected Beginnings backbone team alongside service provider 54 Reasons run 'Get Set for School' camps for families and children transitioning into school.[605]

The camps take place on Country over a weekend with programs focusing on the wellbeing of children, education, growth and capacity building techniques for stress management.[606] The weekend includes family bonding activities and incorporate cultural connectivity.[607]

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[598] BOU13, BOU14, BOU15.
[599] Annual Report 2, SER02, SER03, SER04, Progress Report 51, SER109, Annual Report 6, Narrative 53.
[600] SER02, SER03, SER04.
[601] Progress Report 48.
[602] CED10.
[603] Progress Report 15; Progress Report 50.
[604] Annual Report 14.
[605] Supporting Evidence 162.
[606] Supporting Evidence 162.
[607] Supporting Evidence 162.

> The camps were identified as a positive way for families to be introduced to services in a safe and comfortable environment.[608] Services in attendance included teachers, health professionals, financial wellbeing staff and community workers.[609]
>
> > *'As a family we attended two Connected Beginnings Family (Get Set for School) Camps. The children and I enjoyed the camps, it brought everyone who attended the camps together and gives families a better understanding of their children's health needs and the importance attending school.*[610]
>
> Feedback from the camps has been extremely positive, with many applauding the cultural aspects alongside the way the weekend equips children for transitioning into school.[611]
>
> > *'By taking Elders on the camps, they can teach the children their traditional language, connect with Country and how to hunt for bush tucker. The camps are a good time to teach the young ones our ways of living. Some children have not been fortunate enough to go on to their country and the camps give them this opportunity. Whilst on camp, a young one came up to me and said "Miss, this is the first time I have been on my Country and now I feel good."*[612]
>
> > *'The camps are on Country and gives the children and families an opportunity to listen to stories and hear and learn the Waanyu language. For some families it is the first time they have been able to spend time on country, this is due to various reasons with one being transport. Parents have provided verbal feedback on how proud they are of their children as they already know the school routine when they start school as opposed to the children who do not attend transition to school and who find it difficult to settle into the class routine.*[613]
>
> Inside Policy was told that school enrolments and participation in Doomadgee had improved.[614] This was attributed by a backbone team member who said, "so many kids that are coming through transition now and going to school."[615] Another Elder noted that 27 children taken through transition to pre-prep last year are still positively engaged in school with good outcomes including reading improvements.[616]

Several Connected Beginnings sites have focused on making the transitioning into school easier, for example by having children spend some time each week at school.[617]

Inside Policy also heard about individual interventions by Connected Beginnings teams that contributed to school readiness. In Taree, hearing assessments for several children identified with hearing issues were shared to school sites, enabling the teachers to implement strategies to assist the student's in accessing the curriculum.[618] In Shepparton, Inside Policy heard the story of a child needing to enrol with a school at prep level, but who was experiencing difficulties in several areas:

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608 Supporting Evidence 162.
609 DOM14.
610 Annual Report 14.
611 Supporting Evidence 162.
612 Supporting Evidence 162.
613 Save the Children, *Connected Beginnings Impact Story (Get Set for School Camps)*, 2022.
614 DOM01.
615 DOM01.
616 DOM02.
617 Performance Report 12, COM99, COM100, COM101, COM102, COM103, COM104.
618 TAR01.

'It had been identified that the child had a developmental delay in speech and the mother was not aware of how this impacted on their school readiness. Connected Beginnings went about finding how enrolment could be done, client was taken through the school and shown the steps on how to do this and what they had to offer. The school is a special needs school and client was very excited that child could potentially attend. Connected Beginnings assisted with application for enrolment at prep level for 2 days a week and an application for Kinder Inclusion Support from DET is in progress for speech therapy.[619]

Case Study: Including the voices of children in Mildura

Recognising school readiness as a key theme of the Connected Beginnings program, the Mildura backbone team incorporated the voices of children when building their understanding of what readiness meant to community.[620]

The Mildura backbone stated they knew what Departments believed this readiness looked like, however wanted to understand what this meant to children.[621]

"We actually went and asked a group of children at the prep at Mildura Primary School what school readiness meant to them and actually the answers were hugely different, obviously than what you'll get from any government department or even grownups. They wanted to be able to go to school where they felt safe and loved, they wanted a backpack and maybe some things"[622]

The backbone team utilised this feedback to understand how they could best support children in being ready for school.[623]

Across sites an increase in school readiness was supported by Connected Beginnings teams through a range of activities. Being a key focus on the program, it is positive that sites are employing a range of methods to address this outcome.

3.1.6 Children's exposure to culture is increasing

Across multiple sites, Inside Policy heard that Connected Beginnings was increasing children's exposure to culture through language programs, concerts and community events, helping to create a sense of pride.

Examples of Connected Beginnings activities enhancing children's exposure to culture

- In Kalgoorlie, the backbone team organised a community event in 2021 for families and their children to celebrate their culture, play and connect with each other. The event opened with a Smoking Ceremony and Welcome to Country, followed by a dance performance. Nineteen services participated to show their support for Aboriginal and Torres Strait Islander children and learn more about the importance of culture and community and provide culturally appropriate activities to around 50 children.[624]

- In Bourke, Connected Beginnings initiatives include the language program, the creation of the language garden and the Welcome Baby to Country. During Inside Policy's site visit to Bourke, the students stopped part way through breakfast to

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[619] Annual Report 24.
[620] MIL01.
[621] MIL01.
[622] MIL01.
[623] MIL01.
[624] Supporting Evidence 235.

proudly perform their Acknowledgement of Country, highlighting that the children are taking pride in their culture, learning language and are confident in sharing their culture with visitors. Interviews showed pride in language and culture is a guiding part of Connected Beginnings.

> *'[S]ometimes they correct the educators when they say it in English [the educator] will go "Kangaroo" and they'll go "Ha! No!" and correct them.'*[625]

- In Ceduna the Connected Beginnings backbone team provided support to the preparation of the Aboriginal and Torres Strait Islander 3-year-olds concert in 2021, where 17 parents witnessed their children receiving a personalised 'My Body' book that Connected Beginnings produced to promote early reading and strengthen children's communication and oral language.[626]

- In Galiwinku, families spoke favourably of how Connected Beginnings was supporting education in 'both ways – Yolŋu (Aboriginal) and Balanda (non-Indigenous)'. [627]

> *'It's good because the kids learn both ways and [there is] lots of help from parents, grandparents and the teachers – lots of support around this and helping each other.* [628]

- In Shepparton, Connected Beginnings work is leading to cultural revival and reconnection. The Shepparton backbone team organised a 'Connecting to Country Burnanga Fishing Day'. The activity was attended by approximately 30 community participants who enjoyed cultural education on Country with local Traditional Owners.[629]

- In Mareeba, engagement and collaboration between the Connected Beginnings and the Kids Campus Mareeba has resulted in significant improvements to the service's cultural practices. Having previously not displayed any connection to Aboriginal and Torres Strait Islander culture, Kids Campus has now hired a Cultural Liaison Officer to work with management to establish culturally safe community connections.[630] The service, which continues to engage with Connected Beginnings, is now deemed culturally safe by Aboriginal and Torres Strait Islander parents, with a reference group member reflecting that:

> *'The Kids Campus is welcoming, you can see the Acknowledgement of Country through the children's learning, this is displayed throughout the Centre.* [631]

- In Mount Druitt children have also been provided with opportunities to celebrate cultural connections.[632] For example, the backbone team attended the Dawson preschool NAIDOC day in 2021 and participated in dot paintings of animals and boomerangs with the children.[633]

- In Doomadgee, the Connected Beginnings program is increasing cultural connection among community, families and children. This has been attributed in large part to the camps run by the team (see Case Study above), together with the

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[625] BOU21, BOU22, BOU23.
[626] Progress Report 50.
[627] GALI11, GALI12, GALI13, GALI14, GALI15.
[628] GALI11, GALI12, GALI13, GALI14, GALI15.
[629] Progress Report 45.
[630] Narrative 31
[631] Reference Group Member: Narrative 3.
[632] Annual Report 6.
[633] Annual Report 6.

Community Literacy Program, with its preservation of culture through children's storybooks in language.[634]

- In Lutruwita/Tasmania, stakeholders told Inside Policy about how Connected Beginnings was supporting pride in community, building a stronger community feel and sense of kinship and belonging.[635]

'… they're starting to build an understanding and want to celebrate how culturally rich this area is. And for kids to have opportunities to connect with their culture has been the big thing. Like, we'd face those kids just lined up for the kind of play, they're dancers, and they took the time to interact and have conversations with them and they were proud of who they were. [636]

- In Roebourne, Inside Policy was told about gaps in mainstream educational services that overlooked the importance of incorporating opportunities to learn on Country.[637] The backbone team was able to collaborate with local educators to deliver culturally appropriate early education and family services.[638] The team organised childhood and youth cultural camps, securing the involvement of local education and family health services[639] to deliver programs focusing on early literacy and language, numeracy, social and emotional wellbeing workshops and activities to learn on Country.[640] Interviews with local educators amplified the importance of integrating Aboriginal culture and ways of learning into the delivery of education.[641] Pre-kindergarten children currently learn their local language, undertake excursions on Country to learn hunting skills and are educated about bush plants.[642] Both the backbone team and health partner in Roebourne support this method of two-way learning for local Aboriginal children, and have initiated a partnership with Elders to deliver a Bush Kindy project which also incorporates this method of learning.[643]

3.1.7 Cultural safety and inclusive spaces have been created, building trust

In many communities, the Connected Beginnings program has been premised on the creation of culturally safe and inclusive spaces for community.

Multiple parents interviewed by Inside Policy identified Connected Beginnings playgroups as safe spaces for Aboriginal parents, carers, and their children. Playgroups were identified as a culturally safe and positive space to encourage children to play, learn and grow while engaging in cultural activities and for families to socialise – as well as being an appropriate venue to provide families with an opportunity to understand what services were available within their community and link parents to service providers. [644] The impact of Taree's Niingalbaa space is discussed in **Appendix G**.

Connected Beginnings backbone teams and health partners also hosted a range of events for families in the community. By hosting culturally safe services and events, the Connected

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[634] Attachment A – Excursion to Tirranna Roadhouse Farm.
[635] KUT05 KUT,06.
[636] KUT05, KUT06
[637] COM80.
[638] Community Action Plan 28.
[639] Community Action Plan 28.
[640] Community Action Plan 28.
[641] COM80, BB45.
[642] COM80.
[643] COM80.
[644] COM16, Progress Report 54, COM147, Observation site visit playgroup, BB57, BB58, BB59, BB60, BB61.

Beginnings teams were able to ensure families and children felt safe to engage with the program and confidence to participate in future service provision. [645]

> *'Connected Beginnings … is one of the best things that has happened for mothers, fathers and parents.* [646]

One parent who engaged with a metropolitan backbone team recognised that they now possessed the confidence to engage with external services and feel safe when doing so.[647] The parent attributes this to the support provided by the backbone team, encouraging the parent to be actively involved in their journey through the service eco-system, rather than providing solutions without consultation.[648]

In another metropolitan site, Inside Policy was told that parents trusted the backbone team and health partner, aware that if either service was unable to assist, they would always refer families on to a trusted service. This confidence and trust in the service made families feel safe and supported.[649]

Case Study: Playgroups in Port Augusta

Connected Beginnings playgroups have proved to be an engaging activity for families in Port Augusta. The backbone team highlighted many young mothers were accessing the playgroups as a first point of contact with the local service ecosystem, suggesting families in Port Augusta trusted the Connected Beginnings team. Connected Beginnings playgroups were considered a culturally safe and enjoyable activity not only for children, but also local parents.[650]

> *"We know that some people are not accessing any services, but we're getting more and more mums coming in that have never been anywhere. Like every day, every playgroup, there's somebody else that's coming in here that has not accessed any other services."*[651]

According to a service provider interviewed by Inside Policy, families are accessing services as a direct result of the Connected Beginnings pop-up events.[652] The provider attributed these increases to heightened collaborations that promoted local services to families in a mutually beneficial manner.[653]

> *'I've worked in this community for a really long time, and I think it feels like the first time that I've been involved with something that's like this, that has really made a difference.* [654]

Additionally, observations conducted by Inside Policy at a remote community highlighted the warm, and welcoming environment that Aboriginal staff create during the morning school bus run.[655] Children were greeted by friendly staff with no judgement regarding the child's timeliness or state.[656]

The below case study provides an example of how Connected Beginning was able to support a hospital to feel like a culturally safe space for mothers:

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[645] COM19, COM18, Annual Report 16.
[646] COM149.
[647] COM19.
[648] COM17.
[649] COM30.
[650] POR14, POR15, POR16, POR17, POR18.
[651] POR14, POR15, POR16, POR17, POR18.
[652] SER118.
[653] SER118.
[654] BB91.
[655] Observations, Bourke, 2023
[656] BB01, BB02, SER109.

Case Study: Maternity photoshoot

In 2021 Connected Beginnings staff partnered with the midwives at Mareeba Hospital to improve the experience of birthing patients by increasing cultural inclusion in the maternity ward.[657] A photoshoot project was established, seeking to involve individuals who were birthing in the ward.[658] The photoshoot promoted cultural inclusion in the hospital, providing an opportunity for Aboriginal and Torres Strait Islander families and community members to see themselves represented in a space where they previously have not been.[659]

A parent involved in the photoshoot and interviewed by Inside Policy expressed how she felt connected to her culture through the photoshoot and now has a strong relationship with the midwives in the maternal unit.[660] Service providers commended the photoshoot project, recognising it was a positive way to engage community, service providers and promote cultural inclusion.[661] A member from the backbone team highlighted the photoshoot project created a positive and strong relationship with local midwives that maternal health staff had put their 'heart and soul' into the project to ensure culture was reflected in the maternity ward.[662]

In other communities, the support of Connected Beginnings empowered community members to have tough conversations with services which may not be culturally safe to improve their understanding and practice. In one site, the backbone team engaged Elders to discuss community concerns, including child removals, with a state-based government department. During the collaboration Elders expressed the impact and pain that child removal has had on local families.[663] Recognising the profound knowledge of the local Elders, the Department requested future cultural immersion opportunities and knowledge sharing about Aboriginal pedagogy.[664] The Departmental staff and CEO were subsequently invited by Elders to experience a culturally immersive opportunity on Country as a result of this collaboration.[665]

3.1.8 Families' needs are being holistically supported

As noted in 3.2.1 Connected Beginnings teams talked about the importance of supporting families and children 0-5 years holistically. Reflecting this approach, many Connected Beginnings teams collaborated with local services to offer wrap-around support to their clients and a 'no-wrong door' approach.

Recognising that families in complex situations are often facing an array of issues and that housing, food security and financial stability can all impact on family wellbeing, several Connected Beginnings backbone teams have taken a holistic approach to support the broad needs of entire families.

Examples of Connected Beginnings holistic approach

- In Armadale West the Connected Beginnings team has been referring families to the Koort Maarakool program to ensure food security in times of crisis and address complex issues in a culturally safe and appropriate setting.[666] The Armadale West

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[657] M003.
[658] M003.
[659] M008.
[660] M017.
[661] M020, M021.
[662] M007.
[663] Supporting Evidence 224.
[664] Supporting Evidence 224.
[665] Supporting Evidence 224.
[666] Progress Report 62

Connected Beginnings team has been referring families that attend the playgroup to counselling services and Thread It vans provides clothing donations.[667]

- In Katanning, in partnership with the pilot dental program, the Connected Beginnings team is delivering a healthy food security response – including initiatives such as community gardens and 'Know Your Own Patch' bush foods workshops – aimed at improving families' access to healthy foods and proactively tackling the number of children developing dental issues requiring treatment.[668]

- In Bidyadanga, as part of the local partnership with Shamrock Gardens Station known as 'Pjarata', the Connected Beginnings team has been supporting the community to become job-ready by improving their fitness levels through the Bidgy Fit Program and linking people to services to eliminate any impediments to acquiring work. The team has also been working with Broome Circle Financial Counsellors on a fortnightly basis to improve Bidyadanga families' financial literacy.[669]

- In a remote community, the backbone team addressed the major challenges of transport and school readiness by supporting bus pick-ups throughout the town, and providing lunches, uniforms, water bottles, and bags to assist families in engaging with services without shame or exclusion. The backbone team also took a proactive role in assisting families that may be dropping off from services, by providing support with tasks like enrolment forms or referrals by visiting the home. The backbone team conducted informal welfare checks through warm interactions with community-known Aboriginal staff members and discussed each child's attendance status at regular intervals across the team and throughout the day.[670]

- In Tennant Creek, Connected Beginnings supported the Julalikari Community Connectors program to provide several types of practical assistance, including:

  o assisting families to move to safer housing,
  o ensuring families have access to clean water,
  o mediating and assisting with community disputes,
  o providing input from community in government decision-making processes regarding children and families, and
  o facilitating family engagement with community cultural events, including the organisation of child and family events.[671]

In many Connected Beginnings communities, access to transport to attend early childhood services was identified as a major concern.[672] While this issue was intensified by geographical isolation in regional and remote sites, metropolitan sites reported experiencing similar concerns with lack of access to transport.[673] In many Connected Beginnings communities, backbone teams and health partners responded to this need by providing transport to local families to attend early education and health services.[674]

'Connected Beginnings was organising the transport to get the kids, they're liaising with family workers from [the local non-governmental organisation] and all of these other agencies.'[675]

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[667] Progress Report 62
[668] Supporting Evidence 247.
[669] Progress Report 61.
[670] BB04, BB05, BB06.
[671] Progress Report 8; CBTC, Supporting Evidence 8 - 6 months progress report, December 2021.
[672] Progress Report 54, Progress Report 49, COM147, SER120, HP28, HP29, Supporting Evidence 145, HP23, SER60, Supporting Evidence 167.
[673] SER11, BB12, COM17, COM16.
[674] Progress Report 54, Progress Report 49, COM147, COM17, COM16, BB97.
[675] SER09.

Inside Policy also heard about individual interventions, with Connected Beginnings teams providing holistic support to families.

Examples of holistic support to individual families

- In Ceduna the backbone team supported an Aboriginal family that included two children with autism and subsequent developmental delays and learning difficulties. The mother was under strain trying to navigate the medical and educational systems and when one of her children started pre-school, both the mother and child experienced high levels of anxiety. The Connected Beginnings Family Connections Coordinator and Cultural Mentor started building a relationship with the mother and child and developed a transition plan for the child to attend the preschool program, helping the child to build his confidence and resilience, until he eventually started taking the school bus. The backbone team engaged with the child's teachers while facilitating communication between the teachers and the parents through sharing learning stories, photos, videos and letters. The child's communication skills substantially improved, he was able to better regulate his emotions, develop social relationships and learnt critical skills that enabled him to meaningfully participate in his classroom.[676] The backbone team also worked closely with the mother to support her in navigating and accessing social support services such as NDIS, Housing SA, Centacare and Life Without Barriers, on occasion attending case meetings with her.

- In Alice Springs, a family with a 3-year-old child who had a range of developmental delays and required supports, were not engaged with services.[677] The backbone team connected the mother to the local school where the child was able to receive supports.[678] Due to domestic and family violence the family were constantly moving, disrupting the children's education. Connected Beginnings, together with the support of the school, ensured the child was provided with transport to school each day.[679] The mother enrolled her second child at the school when they were eligible, demonstrating her trust and sense of safety in the school.[680]

- In Mt Druitt, the backbone team supported a woman who had been experiencing domestic and family violence over an extended period of time to get support from a family violence service.[681] Due to the service's involvement in the backbone's playgroup, the Connected Beginnings backbone team were able to encourage the woman to extend her trust to the service.[682] By leveraging off this trust, the woman was able to receive housing support, assistance with domestic violence order modifications, and relocation supports.[683] Through the support of the backbone team and the family violence service, the woman was relocated within three weeks, and provided with supports from both services plus external services they had engaged on behalf of the client.[684] Prior to relocation, the woman's children had an extremely low school attendance rate.[685] Since moving, this rate is now one hundred percent attendance.[686] The woman reported to the services she now feels safe, and knows her children are safe.[687]

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[676] Narrative 47
[677] ALI09.
[678] ALI09.
[679] ALI09.
[680] ALI09.
[681] DRU42.
[682] DRU42.
[683] DRU42.
[684] DRU42.
[685] DRU42.
[686] DRU42.
[687] DRU42.

3.1.9 Parents are empowered to support child health, development, and early learning

Connected Beginnings has empowered parents to support their children's health development and early learning by providing access to culturally safe spaces, ensuring parents have access to the services they need to support their child and providing holistic support to the whole family.

Several Connected Beginnings sites reported on parenting courses and workshops they had held to develop parents' skills and understanding of the importance of child brain development and provide parents with information and resources to support their children.[688]

During site visits conducted by Inside Policy, participants were asked a survey style question around whether Connected Beginnings was empowering parents to support their children's wellbeing and development. Parents[689] and service providers[690] at several sites strongly agreed with this proposition, attributing the work of Connected Beginnings to this empowerment.[691]

Parents were positive about how the Connected Beginnings program was assisting parents:

'I feel like I've got everything at my fingertips to ensure that he's learning when he needs to be learning and doing things that, you know, ensure that he remains healthy … I think it's really great for his social development coming to playgroup, and we've made, you know, some friends and, you know, I think that's really important. And just everyone's so welcoming, and it's just a good environment.'[692]

Parents also spoke positively around the services being open to feedback, and staff being well trained and communicative.[693] Parents noted that the open communication kept parents part of processes involving their child.[694] Others described their feelings towards the Connected Beginnings program:

'Joy, I get a lot of joy and my children get a lot of joy out of it. When I see them happy it makes me so happy.'[695]

Interviews conducted with parents across sites acknowledged the change in approach embedded in Connected Beginnings, recognising that community leadership was driving service improvement. Many parents articulated that prior to Connected Beginnings they did not feel comfortable or safe to engage with services.[696] In some cases, this was because they did not feel their needs or voice was being heard.[697] Other parents felt that previously, early education services only engaged families when children were misbehaving.[698]

'Community are now coming and starting to tell us what they want to see happen … There's that switch between us telling and services telling the

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[688] Annual Report 15, Annual Report 6.

[689] Parent, Interviews, 2023; One parent stated they were neutral to this question, attributing their answer to transport being a barrier to engaging with services. The parent commented that the transport options provided by the backbone team are extremely helpful: COM17, COM03, COM04, Progress Report 61, COM16.

[690] SER84, SER81, SER115. A third service provider felt neutral, due to the early stage of the program, noted the Connected Beginnings program had built parents' capacity: SER21.

[691] Many parents and service providers chose not to answer this question on a Likert scale, instead providing an open-ended response, limiting the ability to quantify the survey responses. See Limitations.

[692] COM42, COM43, COM44, COM45.

[693] COM05, COM06, COM07.

[694] COM05, COM06, COM07, COM08, COM09.

[695] COM149.

[696] COM18, HP23.

[697] COM18.

[698] BB89.

community what we think should happen for them, and what they think should happen and what success looks like for them. [699]

Parents also noted that the Connected Beginnings backbone team consistently asked parents and community members for feedback and integrated these responses into their practices to ensure changes were made on the program-level.[700]

Recognising the need to create strong relationships of trust with community, one backbone team encouraged education services to communicate with parents when children were displaying positive learning behaviours.[701] These reshaped relationships strengthened perceptions of the education services.[702]

Case Study: Improved community confidence and empowerment in Rasmussen

A recurrent theme throughout stakeholder consultations in Rasmussen was the increase in community confidence and community empowerment. Community members felt empowered by the collective ways of working Connected Beginnings offered.[703] Specifically, the backbone team has reinvigorated community members to be involved in community groups including men's groups and craft groups.[704] Ensuring community are driving the program has meant community members are more comfortable speaking up, advocating for their needs, and are becoming strong agents for change within their community. The Rasmussen Connected Beginnings teams are committed to continuing to empower community members to share their voice and input on the service and programmatic level.

Across the Connected Beginnings sites, Inside Policy was regularly informed of the positive impacts of the program in building parents' confidence and capacity to raise secure and confident children. For example,

'… there's one particular family that … struggle with school, just due to lack of transport and young kids … And the attendance for that child has increased so much because [the mother] reaches out and actually [has] support … Whereas before, they just wouldn't go to school … And I've seen the child's vocabulary … their confidence in social skills have increased dramatically.' [705]

'They know that they can ask for help and they know how to ask because of Connected Beginnings.' [706]

Professional and community stakeholders consulted for the evaluation maintained that the Connected Beginnings program was empowering parents through personalised, supportive and integrated care.

'I'm a big advocate for the service and the program … because I've been a part of it and I can see what it does for people, especially around giving resources and support for families around financial support, social emotional support, anything, really, anything.' [707]

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[699] HP23.
[700] COM149.
[701] BB89.
[702] BB89.
[703] RAS03.
[704] RAS01.
[705] BB29, BB30.
[706] BB 72, COMM 117, SER 73.
[707] SER29, SER30.

3.1.10 Collection, sharing, and use of data is supporting children, families, and communities

While the evaluation found that there were barriers to data sharing (see 2.4.3), some Connected Beginnings teams were able to use data available to them to create a better understanding within the community about First Nations children and services within their community, and to facilitate conversations around the importance of data and measuring change.

Case Study: The Alice Springs Community Profile

In Alice Springs, the previous backbone team assisted in the development of the Alice Springs Community Profile.[708] The profile included locally available data that was sourced through community engagement alongside publicly available government data[709] and a report of community voice data.[710] Community workshops and consultations occurred across a period of three months to determine how this data would be presented and communicated.[711] This process involved community-led decision making and contribution.[712] The report that emerged was framed by the ARACY nest child and family wellbeing framework which provided a measure to evaluate changes across community.[713]

'The community profile was able to show transparently what community members and family told us about the community alongside ABS data.'[714]

A member of the previous backbone team noted the Community Profile was 'one of the biggest achievements' of the Connected Beginnings work in Alice Springs.[715]

'The mix of qualitative and quantitative data really ascertained how children were faring and what the community saw as important stuff. It was a really pivotal point.'[716]

Some Connected Beginnings teams and service providers collected their own data to better understand their communities.

For example, some backbone teams, health partners, and service providers worked together to utilise the ASQ TRAK screening tool to observe and monitor the progress of Aboriginal and Torres Strait Islander children in the community.[717] ASQ TRAK is a developmental screening tool that observes and monitors the developmental progress of Aboriginal and Torres Strait Islander children from two months to four years of age.[718] This method of data collection assisted in creating baseline data for sites to track progress in a culturally safe manner and ensure children were getting the support they required.[719]

Case Study: ASQ TRAK in the Northern Territory

In Galiwin'ku, ASQ TRAK Tuesdays were established originally by the Families as First Teachers program, and later expanded by the Connected Beginnings team.[720] As detailed

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[708] BB87.
[709] BB87.
[710] Narrative 9.
[711] Narrative 9.
[712] Narrative 9.
[713] BB88. Narrative 9.
[714] BB87.
[715] BB88.
[716] BB88.
[717] BB57, BB58, BB59, BB60, BB61, BB88, BB70, BB16, Progress Report 54, Progress Report 50, Performance Report 77, Annual Report 27.
[718] Strong Kids, Strong Future, *What is the ASQ-TRAK,* accessed 11 April 2023.
[719] Annual Report 27, BB70.
[720] GALI04.

in **Appendix G**, the Connected Beginnings team has encouraged partnerships with the early years sector to implement screenings and develop a community of practice around ASQ TRAK.[721] Since Connected Beginnings took over this activity the number of screenings conducted per week have dramatically increased.[722]

> *'ASQ TRAK Tuesdays it's a dedicated day to do Child Development screenings as a cross-functional, interorganisational team and it's thriving. Now, people wouldn't show up and managers wouldn't commit three or four staff plus a vehicle every Tuesday if they didn't believe in what we were doing.'*[723]

To support this work, the backbone team has created a permission form for parents to sign to allow sharing of ASQ TRAK data across services, and has created a shared database to collect and share the screening results and information about the children in their community.[724]

In Angurugu, attitudes towards ASQ TRAK assessments changed drastically over time due to the Connected Beginnings team's promotion of the tool.[725] Previously, ASQ TRAKs were not being conducted.[726] The backbone team partnered with the University of Melbourne to improve the rates of ASQ TRAKs completed in Angurugu.[727]

Since this partnership, 10 Anindilyakwa women have completed their certificates in ASQ TRAK.[728] This has ensured culturally responsive screenings will take place for future generations.[729] An additional 7 non-First Nations staff in the early years' services have received ASQ TRAK training. Overall, the site went from having only one ASQ TRAK practitioner, to 18 in 2022-23.[730]

From 2022 to April 2023, 60 ASQ TRAKs have been completed, with children now being tracked at different stages.[731] Local community members have conducted the data collection in language to ensure parents understand the process. This has eliminated any potential confusion or disadvantage.[732]

> *'Parents are asking us now, when is my child due for ASQ TRAK, we have never had that before, at first it was like what are you doing?'*[733]

In another community, partnerships have facilitated greater data sharing between services to support children and families and minimise the need for them to retell their stories.

Case Study: Greater Western Aboriginal Health Service, Mt Druitt

In Mt Druitt, the Greater Western Aboriginal Health Service (GWAHS) has formed a partnership with Hearing Australia, who run a Hearing Assessment Program funded to provide Aboriginal and Torres Strait Islander children aged 0-6 years with a full diagnostic hearing assessment. An audiologist attends the GWAHS clinic on a fortnightly basis to

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[721] GALI04.
[722] GALI04.
[723] GALI04.
[724] GALI04.
[725] GRO50.
[726] GRO50.
[727] GRO50.
[728] GRO50.
[729] GRO50.
[730] GRO50.
[731] GRO50.
[732] GRO50.
[733] GRO50.

conduct hearing assessments, bringing the service to the community in a space which the community knows and feels comfortable in.[734]

The audiologist has access to the health partner's database and records data that is then accessible by all other health professionals within the organisation. Data sharing is preventing the families from having to repeat their story to multiple practitioners. This partnership is supporting children and families to access multiple health professionals in the one place and share data to support families, preventing families from falling through the gaps.[735]

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[734] COM16, COM17.
[735] SER13.

3.2 Population-level impacts for children, families and communities

Connected Beginnings has now been established in 40 communities since 2016, with 25 sites falling within the remit of this evaluation. Due to the staggered implementation of the program across sites, and the frequently different timeframes associated with backbone teams and health partners coming online in some sites, most Connected Beginnings teams and sites are less than five years old. It is therefore unlikely, as of May 2023, that population-level impacts of Connected Beginnings will be evident.

The population-level data referred to below may be used to understand the broader trends for Aboriginal and Torres Strait Islander children aged 0-5 years. There are a vast number of policies, programs and initiatives within and across communities that are also supporting these trends/outcomes. Therefore, causation or attribution of outcomes solely to Connected Beginnings is beyond the scope of this evaluation. Instead, the possible contribution towards population-level impacts is discussed at 3.2.3 (contribution analysis).

For all limitations relating to the quantitative analysis, Contribution Analysis, and Cost Benefit Analysis, please see the Methodology section above.

3.2.1 More time and evidence is required to show if Aboriginal and Torres Strait Islander children aged 0-5 years are healthy, safe and ready to thrive at school

The Connected Beginnings Data Dashboard contains a number of metrics for the Connected Beginnings sites which may help to understand the extent to which the program is supporting First Nations children aged 0-5 years to be healthy, safe and ready to thrive at school at this early stage of the program's life, noting the above limitations.

Overall, the below show mixed results, limiting the attribution of any trends to the Connected Beginnings program. More time is required to demonstrate population-level trends.

3.2.1.1 Number of Aboriginal and Torres Strait Islander children in each community attending Year Before Fulltime Schooling (YBFS) programs for more than 600hrs a year

Of the eight sites with baseline and 2021 data, four saw an increase in the number of First Nations children attending YBFS programs for more than 600hrs a year. Increases ranged from two to 13 children.[736]

Of the other four sites, one site reported the same number of children from their baseline to 2021.[737] Three sites reported a decrease in the number of children attending more than 600hrs, most notably by 32 children in one community, and 15 and five children in the other two communities.

3.2.1.2 Percentage of Aboriginal and Torres Strait Islander children aged 5-6 years who are fully immunised

Half (50%, 12/24) of the Connected Beginnings health sites gave permission for their nKPI data to be used as part of the evaluation.[738] Of these, eight sites had data on the percentage of First Nations children aged 5-6 years who are fully immunised. These eight sites are located across four states and territories.

Five sites (5/8) reported a decrease in the percentage of First Nations children aged 5-6 years who are fully immunised between their baseline and 2020. A small number of sites reported an increase (< 5) or same rate (< 5) between baseline and 2020.

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[736] Australian Bureau of Statistics (ABS) (2022) Preschool Education [TableBuilder], accessed 03 May 2023.
[737] ABS (2022) Preschool Education [TableBuilder], accessed 03 May 2023.
[738] Australian Institute of Health and Welfare (2023). Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections. NB: Total does not equal 25 as two health partners cover five sites.

3.2.1.3 Number of Aboriginal and Torres Strait Islander children enrolled in first year of primary school

Seventeen of 25 sites had data from their baseline to 2022 for the number of First Nations children enrolled in first year of primary school. Most sites (8/17) reported an increase, some (7/17) saw a decrease, and a small number (2/17) reported the same number of children between baseline and 2022.

3.2.2 Connected Beginnings is contributing to the Priority Reforms and working towards relevant Closing the Gap targets

At a policy level, Connected Beginnings has focused on Aboriginal and Torres Strait Islander children aged 0-5 years across health and educational outcomes in line with the National Agreement on Closing the Gap (Closing the Gap). Connected Beginnings is itself a Closing the Gap measure.[739]

Connected Beginnings contributes to the four Priority Reforms and four Closing the Gap Targets.

3.2.2.1 Priority Reforms

There are four Priority Reforms under Closing the Gap:

1. Formal partnerships and shared decision making.
2. Building the community-controlled sector.
3. Transforming government organisations.
4. Shared access to data and information at a regional level.

The Connected Beginnings program is designed to enshrine all priority reform areas. [740]

1. Formal partnerships and shared decision making

Priority Reform 1 aims to see that Aboriginal and Torres Strait Islander people are "empowered to share decision-making authority with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements".[741]

In particular, the Connected Beginnings program aligns with the following aspects of the Priority Reform:

- Connected Beginnings showcases the benefit of a joined-up approach to early childhood care and development,[742] and
- The program demonstrates a place-based partnership between communities and government.[743]

The structure of the Connected Beginnings program supports this Priority Reform by empowering communities to flexibly design the program in each location in response to their identified needs, aspirations, and gaps. This is strengthened by the shift from non-Indigenous backbone teams to ACCOs, and a greater emphasis on strengthening First Nations community governance practices to embed community voice in driving decision making as the program matures in each site (see 2.3 and Appendix F), in line with ensuring partnerships are representative. [744]

2. Building the community-controlled sector

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[739] Department of Education (2023). Connected Beginnings, accessed 19 May 2023.
[740] Department of Education (2023). Connected Beginnings, accessed 19 May 2023.
[741] Commonwealth of Australia, Department of the Prime Minister and Cabinet (2023) Priority Reforms, accessed 18 May 2023.
[742] Coalition of Peaks, Australian governments (2020) National Agreement on Closing the Gap, p7, item 38.
[743] Coalition of Peaks, Australian governments (2020) National Agreement on Closing the Gap p8, item 39.
[744] Coalition of Peaks, Australian governments (2020) National Agreement on Closing the Gap, (item 32a)

Priority Reform Area 2 seeks to see a "strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people across the country".[745]

The Connected Beginnings program is contributing to this area in multiple ways.

First, the program is focused on engaging ACCOs to deliver the program. In sites where a non-Indigenous backbone organisation is funded, Education will work towards transitioning those sites over to ACCO-led delivery, using the ACCO Leadership Transition Framework that has been developed in partnership with SNAICC. Additionally, while not directly Community Controlled, four backbone teams are delivered under auspicing arrangements with ACCOs (see Appendix A). Inside Policy acknowledges Education's focus on transitioning backbone teams from non-Indigenous organisations to ACCOs to further support this, and the ongoing engagement of ACCOs as the program is rolled out more widely.

Second, Connected Beginnings teams directly employ Aboriginal and Torres Strait Islander people, drawn from the local community, in their programs. This has been a core strength of the program and has ensured that activities on the ground are culturally safe and responsive to the needs of the community.

Third, some Connected Beginnings teams have implemented capacity building activities within their communities to support Aboriginal and Torres Strait Islander people into roles within the early years sector (see 2.5).

Finally, the engagement of SNAICC and NACCHO as community partners has helped support the onboarding of ACCOs to the program and helped to embed community voice at all levels of the program.

3. Transforming government organisations

Priority Reform Area 3 seeks to ensure that "governments, their organisations and their institutions are accountable for Closing the Gap and are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander people, including through the services they fund".[746]

Connected Beginnings is implementing this reform within its operations by engaging SNAICC and NACCHO as community partners. The community partners are responsible for scoping out new Connected Beginnings locations, offering foundational support, and providing ongoing support to sites.[747] SNAICC also co-chairs with Education the Connected Beginnings Advisory Group, comprising leaders in the Aboriginal and Torres Strait Islander early years and other stakeholders, which provides guidance on the program-level and aims to strengthen how the priority reforms are embedded within the program.[748]

Additionally, as mentioned under Priority Reform Area 1, the flexibility of the Connected Beginnings model means that it can be implemented in a culturally safe way that is responsive to the needs of the community. The cultural appropriateness of the model is further strengthened by the employment of First Nations people and the centering of First Nations voices within the program and its governance.

4. Shared access to data and information at a regional level

Priority Area 4 aims to see that Aboriginal and Torres Strait Islander people "have access to, and the capability to use, locally relevant data and information to set and monitor the

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[745] Commonwealth of Australia, Department of the Prime Minister and Cabinet (2023) Priority Reforms, accessed 18 May 2023.
[746] Commonwealth of Australia, Department of the Prime Minister and Cabinet (2023) Priority Reforms, accessed 18 May 2023.
[747] Department of Education (2023). Connected Beginnings, accessed 19 May 2023.
[748] Department of Education (2023). Connected Beginnings, accessed 19 May 2023.

implementation of efforts to close the gap, their priorities and drive their own development".[749]

On the program-level, the departments have empowered Connected Beginnings teams to have access to data about their communities and provide it in an accessible format through the Power BI platform. Data available to communities includes administrative health data, early childhood education data, data relating to site identified flagship indicators, and visual representation of the Steppingstone Tool completed by communities.

However, on the community-level, there are still barriers to sharing data and communities remain in the early stages of addressing these barriers. Additional support may be required from all levels of government to help facilitate solutions to data sharing.

3.2.2.2 Outcome targets

Connected Beginnings also focuses on the four following Closing the Gap socio-economic outcomes areas of the National Agreement:

Outcome 1: Aboriginal and Torres Strait Islander people enjoy long and healthy lives

Socioeconomic Outcome Area 1 under Closing the Gap seeks to 'Close the Gap in life expectancy within a generation (by 2031)'.[750] Data currently projects that Aboriginal and Torres Strait Islander males born in 2015–2017 are expected to live to 71.6 years and their non-Indigenous counterparts to 80.2 years.[751] Aboriginal and Torres Strait Islander women born in 2015-2017 are expected to live to 75.6 years, compared to 83.4 years for their non-Indigenous counterparts. While there is improvement, the target is not on track to be met.[752]

Publicly available data on Aboriginal and Torres Strait Islander life expectancy from the ABS is not of sufficient granularity to allow for analysis by Connected Beginnings location.[753]

Notably, the Productivity Commission includes a number of supporting indicators and drivers of life expectancy, including health assessments (Medicare Benefit Scheduled (MBS) Item 715).

Half (50%, 12/24) of the Connected Beginnings health sites gave permission for their nKPI data to be used as part of the evaluation.[754] Eight of the 12 sites provided data for the percentage of First Nations children aged 0-4 years whom an MBS Health Assessment (MBS Item 715) was claimed within the previous 12 months collected by the health partner. These sites are located across four states and territories.

Six sites (6/8) reported a decrease from baseline to 2020 in the percentage of First Nations children aged 0-4 years whom a MBS Health Assessment (MBS Item 715) was claimed within the previous 12 months.

Outcome 2: Aboriginal and Torres Strait Islander children are born healthy and strong

Socioeconomic Outcome 2 under Closing the Gap aims to ensure Aboriginal and Torres Strait Islander children are born healthy and strong.[755] By 2031, the target aims to increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91

[749] Commonwealth of Australia, Department of the Prime Minister and Cabinet (2023) Priority Reforms, accessed 18 May 2023.
[750] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 1,* accessed 27 May 2023.
[751] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 1,* accessed 27 May 2023.
[752] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 1,* accessed 27 May 2023.
[753] ABS (n.d.) Life Tables for Aboriginal and Torres Strait Islander Australians, accessed 27 May 2023.
[754] Australian Institute of Health and Welfare (2023). Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections. NB: Total does not equal 25 as two health partners cover five sites.
[755] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 2,* accessed 17 March 2023.

per cent.[756] In 2020, 89.0 per cent of Aboriginal and Torres Strait Islander babies were born a healthy weight.[757] While this proportion is a decrease from the previous year (89.5 per cent in 2019), it remains an increase from the baseline year (2017).[758]

Of the 12 sites who consented to sharing their nKPI data, PI02 (*Proportion of Indigenous babies born within the previous 12 months whose birthweight results were low, normal or high*) data was available for nine health partners.[759] The majority (66%, 6/9) reported declines in the percentage of First Nations children born with a healthy birthweight in the previous 12 months between baseline and 2020, with a small number of sites reporting increases (< 5) or similar results to baseline (< 5).[760] In 2020, approximately 56% (5/9) of sites reported a higher proportion of First Nations children born with a healthy birthweight in the previous 12 months compared with the national average (89%).

The Productivity Commission identifies a number of supporting indicators and drivers for this outcome area, including the proportion of mothers who smoke during pregnancy, and proportion of pregnant women with at least one antenatal care visit in the first trimester.[761] Health site nKPI data suggests positive trends in these areas, noting data is available for less than a third of sites:

- Most sites (5/7) saw an increase from baseline to 2020 in the number of First Nations mothers who gave birth in the previous 12 months whose smoking status was non-smoker.[762]
- Most sites (6/7) saw an increase from baseline to 2020 in the percentage of First Nations women who had their first antenatal care visit before 13 weeks. [763]

A greater focus on pregnant mothers across sites may be required to support this metric.

Outcome 3: Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years

Socioeconomic Outcome area 3 seeks to ensure that Aboriginal and Torres Strait Islander children are engaged in high quality and culturally appropriate early childhood education in their early years.[764] The target aims to increase the proportion of Aboriginal and Torres Strait Islander children in YBFS early childhood education to 95 per cent by 2025.[765] In 2021, 96.7

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[756] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 2,* accessed 17 March 2023.

[757] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 2,* accessed 17 March 2023.

[758] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 2,* accessed 17 March 2023.

[759] Half (50%, 12/24) of the Connected Beginnings health sites gave permission for their National Key Performance Indicator (nKPI) data to be used as part of the evaluation. These sites are located across five of six states and territories. The nKPI most closely related to CtG Outcome 2 is *PI02*. See, Australian Institute of Health and Welfare (2023). Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections.

[760] As Connected Beginnings has been implemented on a rolling basis, the year of establishment of the Connected Beginnings program in each community has been used as the baseline for each community. Data reported to the Health Data Portal and accessed via Power BI

[761] Australian Institute of Health and Welfare (2023). Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections. NB: Total does not equal 25 as two health partners cover five sites.

[762] Of the 12 health sites who gave permission for their National Key Performance Indicator (nKPI) data to be used as part of the evaluation, seven provided data for this metric. These sites are located across three states and territories.

[763] Of the 12 health sites who gave permission for their National Key Performance Indicator (nKPI) data to be used as part of the evaluation, seven provided data for this metric. These sites are located across three states and territories.

[764] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 3,* accessed 17 March 2023.

[765] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 3,* accessed 17 March 2023.

per cent of Aboriginal and Torres Strait Islander children who were eligible were enrolled in YBFS programs.[766] According to this data, this target is on track to be met.[767]

Across the 18 communities with baseline and 2021 data, there was a net increase from 1138 First Nations children's enrolments in each community's baseline year to 1199 enrolments in 2021. This trend aligns with the national data trend where there is an increase in enrolments each year from 2017 to 2021. Due to limitations regarding calculating a broader community-level population figure, these numbers cannot be converted to percentages for easy comparison with the Closing the Gap target (see, limitations).

Overall, of the 18 sites that were established before 2021, 12 (67%) sites saw an increase in the number of enrolments between their baseline and 2021. For these 12 communities, enrolments increased between 4 and 53 per cent. Notably, the four sites mentioned at 3.2.1.1 which had increased numbers of children attending YBFS (over 600hrs) also saw increased enrolments. In six communities, enrolments decreased from their baseline to 2021, ranging from a decrease of 4 to 28 per cent.

The Taree contribution story (see 7.3.2) aims to show how Connected Beginnings may be contributing to this positive trend in that community. However, given the small level of increases and decreases of enrolments across these 18 communities, it is difficult to establish a pattern which can be contributed to Connected Beginnings at a population-level.

There is one emerging trend in the Northern Territory (NT) which may call for further exploration if more granular data becomes available in the future. Within this evaluation are four sites within the NT which were established in 2017 and 2018. On the Territory level, enrolments decreased from 1146 in 2017 to 1097 in 2021.[768] However, during this time all four NT Connected Beginnings communities saw small but positive increases in their enrolments.

When 2021 and 2022 Annual Reports are examined from the four NT sites, there is insufficient evidence to demonstrate contribution of the program to this positive trend. Additionally, this trend may be reflective of broader population trends as the overall NT population decreased between 2016 to 2021 while the population of several of the NT Connected Beginnings sites did not decrease.

Outcome 4: Aboriginal and Torres Strait Islander children thrive in their early years

Closing the Gap's Socioeconomic Outcome Area 4 aims to increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent by 2031.[769] Across Australia in 2021, 34.3 per cent of Aboriginal and Torres Strait Islander children commencing school were assessed as developmentally on track in all five domains of the AEDC.[770] This was a decrease from 35.2 per cent in 2018, and a slight increase from 2015 (33.8%).[771]

Inside Policy was provided with AEDC macrodata from 2015, 2018 and 2021 for each of the 25 Connected Beginnings communities. Each site was allocated a baseline from these three

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[766] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 3,* accessed 17 March 2023.

[767] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 3,* accessed 17 March 2023.

[768] Please note, the Territory trend for 2018 to 2021 is positive, meaning Angurugu is aligned with the territory trend. Angurugu has been included here as it is tracking along with the other 3 NT sites.

[769] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 4,* accessed 17 March 2023.

[770] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 4,* accessed 17 March 2023.

[771] Productivity Commission (n.d.) *Closing the Gap Data Dashboard Socioeconomic Outcome area 4,* accessed 17 March 2023.

dates.[772] Of the 25 sites, only 18 had baseline and 2021 data.[773] Of these 18 sites, a further four were excluded from analysis due to data suppression.[774]

Of the 14 communities with available data, the majority (8/14) saw a decrease in the percentage of First Nations children who were on track across all five domains between their baseline and 2021.

Six saw an increase in the percentage of First Nations children who were on track across all five domains between their baseline and 2021.[775] Notably, four of these communities saw an increase from the 2018 to 2021 period, where the national trend was decreasing.[776]

Additionally, four sites also bucked their state or territory trend and saw an increase when the state/territory percentage was decreasing. For Taree, this saw the community increasing the percentage of children who were on track across all five domains by 5.6 percentage points between 2018 to 2021, while the NSW rate dropped by 3.9 percentage points (42.2 to 38.3 per cent). The Taree contribution story (see 3.2.3.2) attempts to show how Connected Beginnings may be contributing to this positive trend in that community. However, it is difficult to establish a pattern which can be contributed to Connected Beginnings at a population-level across communities.

In Derby and Roebourne, these communities saw an increase of 3.8 per cent and 20.0 per cent respectively, while the WA rate dropped by 0.1 per cent between 2018 and 2021. In Canberra, there was an increase of 2.5 per cent between 2015 and 2021, while the ACT rate dropped by 3.7 per cent during this time.

3.2.3 Connected Beginnings is on track to contribute to population-level impacts as it matures and develops

The following three 'contribution stories' (below) provide indicative examples of how Connected Beginnings is on track to contribute to population-level impacts as it matures and develops. The stories demonstrate the work being undertaken in three communities, as measured against the Connected Beginnings' Theory of Change (see in Evaluation Design).

The 'contribution stories' below summarise, in the form of a narrative, findings from a rigorous Contribution Analysis of the communities of Galiwin'ku, Taree and Kutalayna, as documented in a detailed strength rubric located at **Appendix G.**

The 'contribution stories' below provide a brief snapshot of key findings from the detailed strength rubric at **Appendix G.** These findings are outlined against each level of the Theory of Change, including a call out box highlighting the contribution link for each level.

3.2.3.1 Connected Beginnings in Galiwin'ku is demonstrating the impact of collaboration and integration on services and families

Starting conditions

The Galiwin'ku community is located in North-East Arnhem Land on Elcho Island in the Northern Territory. The dominant language in the community is Djambarrpuynu; however, many people speak four or more languages.

The community has an approximate population of 2500 people. Of these, 2019 Miwatj Health data indicates there are approximately 300 children aged 0-5 years old.[777]

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[772] For example, any site with the establishment date in the same year of the AEDC census used that census date. Where there was not a direct match, sites were allocated with a baseline date which was earlier than their establishment. I.e. a site established in 2017 would use the 2015 AEDC census date as their baseline.
[773] Sites which were established in 2021 were excluded as they only had one data point which limited the possible analysis for these sites.
[774] As per the AEDC Guidelines, numbers are suppressed where there is less than 15 children with valid scores.
[775] Canberra, Taree, Roebourne, Rasmussen, Port Augusta, and Derby
[776] Taree, Roebourne, Rasmussen, and Derby. For the Queensland site, this was on trend with the state.
[777] Shepherdson College Galiwin'ku (2022) *Connected Beginnings Activity Work Plan,* DoE.

An agreement was first entered into on 14 December 2016 whereby the Commonwealth provided a grant to fund the Connected Beginnings Galiwin'ku program.[778]

In 2016, Shepherdson College was engaged to become the backbone team of Connected Beginnings Galiwin'ku. In 2017, Miwatj Health Aboriginal Corporation was engaged as the health partner.

Focus of the 'contribution story'

In Galiwin'ku, the contribution story will focus on the Connected Beginnings team's work in overseeing the ASQ TRAK[779] Tuesday program which sees multiple early years services coming together on a Tuesday afternoon to conduct ASQ TRAKs with Aboriginal children between 0 and 4 years old.[780] The below contribution story showcases how this activity is supported by the Connected Beginnings model and may be leading to population-level impacts in the long term.

For further detail, explanation, and evidence on information provided in the contribution story, please refer to the detailed strength rubric at Appendix G.

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[778] Department of Education and Training (2022) *Grant Agreement*, Australian Government
[779] Ages and Stages Questionnaire (ASQ TRAK) is a developmental screening tool for Aboriginal and Torres Strait children.
[780] Connected Beginnings Galiwin'ku (2021). Project Plan: ASQ TRAK Integration – Galwin'ku Case Study

Galiwin'ku ASQ TRAK Contribution Story

Table 8: Galiwin'ku Contribution Story

Theory of Change level	The Contribution Story against the elements of the Theory of Change	Contribution link
Foundations / inputs	Since its inception, Connected Beginnings Galiwin'ku has built an understanding in community around Collective Impact and Connected Beginnings. Their efforts have included establishing the Child Circle (a network of early childhood providers), explaining ideas in local concepts and in Djambarrpuyngu, and integrating Connected Beginnings funding, resources and staff into organisations focused on the early years. Prior to Connected Beginnings, Families as First Teachers (FaFT) was responsible for the implementation of the ASQ TRAK screenings for all children in Galiwin'ku. Due to low levels of resourcing and staffing, FaFT undertook only a few screenings per week. A siloed approach to ASQ TRAK provision among providers also led to the duplication of efforts. Recognising that greater support was needed, in 2021, in conjunction with the existing key partners across the Child Circle such as Miwatj, Baby Hub, FAST, Yalu, and the University of Melbourne, ASQ-TRAK transitioned to become Connected Beginnings-led. The backbone team established the ASQ TRAK Integration Project, including ASQ TRAK Tuesdays, which sees a mixed team of organisations across the Child Circle come together on a Tuesday afternoon. Through their flexible grant, the backbone team funded the administration and running of ASQ-TRAK training programs to adequately support the work. Connected Beginnings Galiwin'ku also fostered close relationships with the Child Circle early years services, investing in building the network's capacity to ensure the ASQ TRAK program remained staffed. Through the transition from FaFT to Connected Beginnings, the Commonwealth departments remained supportive of the community-identified use of the funding.	There is a line of contribution from the flexible funding model to allowing the backbone team to establish activities which respond to needs identified by their community.

Strengthening the enablers of change	The Connected Beginnings backbone team now oversees the administration and coordination of ASQ TRAK integration Project, including their flagship program ASQ-TRAK Tuesdays. This backbone role allows for other organisations to easily engage with the program. By bringing the Child Circle into the ASQ TRAK program, Connected Beginnings Galiwin'ku ensured multiple organisations were responsible for and participating in the program. Connected Beginnings also took responsibility for the training and upskilling of Yolŋu and non-Indigenous staff to implement ASQ TRAKs. In addition, Connected Beginnings Galiwin'ku has fostered a culture of data sharing, creating shared processes, and using data to inform decisions. None of this would have been possible without the support of Connected Beginnings, especially in its administrative and oversight capacity.	There is a line of contribution from Connected Beginnings taking on the stewardship and administration of the ASQ TRAKs, to greater multi-sector collaboration, training and capacity building, data sharing, and sustained engagement with families and the community.
Systemic changes	Through Connected Beginnings Galiwin'ku's ASQ TRAKs integration project, ASQ-TRAKs have become embedded within the broader early years sector, changing the way organisations are working together. For instance, the ASQ-TRAK Tuesdays brings together a range of organisations across the Child Circle, enabling the strengths of the cross-organisational team to be drawn on. This has improved cohesion between services, including greater linkages across health and education programs for families. Further, to minimise the overlap and duplication of ASQ TRAK data across organisations, Connected Beginnings Galiwin'ku worked with partners to streamline data sharing processes. The backbone team also continued to focus on providing training to all organisations in the Child Circle. The training and support provided by Connected Beginnings and the Child Circle, enabled local Yolŋu staff to undertake and lead the work of ASQ TRAK Tuesdays.	There is a line of contribution from the provision of training and support provided by Connected Beginnings to create an integrated team around ASQ TRAK Tuesdays. This has led to greater collaboration among the service network.
Service system impacts	The provision of training and support to fortify a sustainable and integrated team for ASQ TRAK Tuesdays led to a culture of greater collaboration. There has been an increase of data sharing, as well as the sharing of other resources such as staffing for the purposes of ASQ TRAKs.	There is a line of contribution from Connected Beginnings'

		The ASQ-TRAK Integration Project, including ASQ TRAK Tuesdays, has cemented Connected Beginnings Galiwin'ku's integrated service approach in community, facilitating greater collaboration and understanding across the service network.	establishment of the Child Circle which has led to greater service collaboration and integration as demonstrated through ASQ TRAK Tuesdays.
Child well-being / family outcomes for ASQ-TRAK engaged families		The improvements and widening of access of the ASQ-TRAK program under the stewardship of a better resourced backbone team, in particular the establishment of ASQ-TRAK Tuesdays, led to multiple positive impacts for children and their families. ASQ TRAKs are aiding children to learn by supporting their developmental needs and supporting families to understand the developmental and health needs of their children and to obtain appropriate supports. In addition, some service providers suggest that ASQ-TRAK Tuesdays provide a soft-entry point to early years services, looping families in with other support services. Yolŋu staff expressed the importance of working across Aboriginal and non-Indigenous systems, such as the Gurrutu (local kinship) system, which underpins everything in Galiwin'ku, and has been embedded within Connected Beginnings. Parents corroborated its significance, commenting that it was important that children were able to be supported across the Yolŋu and Balanda (non-Indigenous) systems to work in 'two ways'. ASQ TRAKs are also proving to empowers parents to support their children's development.	There is some evidence to suggest CB (through ASQ TRAK Tuesdays) is contributing to children's outcomes, particularly in relation to the outcomes of 'children are healthy', and 'parents are empowered.
Population impacts		As the Connected Beginnings ASQ TRAK Integration project and subsequent establishment of ASQ TRAK Tuesdays has only been in operation since late 2021, it is not anticipated that population-level impacts will already be evident. However, if ASQ TRAK Tuesdays continue to run as per their current operation, it is logical that the program may contribute to 'Area 4: Aboriginal and Torres Strait Islander children thrive in their early years'. This is embedded as an intent of the backbone team and Child Circle in their Annual Report: to see an 'increase in Indigenous Children performing at a healthy developmental range (physical, social, emotional, language, and communication).'[781]	If the above outcomes and outputs continue, population impacts may be seen over a longer period.

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[781] Connected Beginnings Galiwin'ku backbone team (2022). Annual Report.

3.2.3.2 Connected Beginnings in Taree is showcasing the benefits of playgroups and safe spaces in bringing services and families together

Starting conditions

Taree is situated on Biripi Land on the east coast of New South Wales. At the 2016 Census, Aboriginal and/or Torres Strait Islander people comprised 9.1 per cent of the population.[782] Considered a high need vulnerable area, 2018 AEDC data shows that 28 per cent of Aboriginal and Torres Strait Islander children in Taree were identified as developmentally vulnerable across two or more of the AEDC's five domains.[783]

Connected Beginnings commencement date

An agreement was first entered into on 2 April 2019 whereby the Commonwealth provided a grant to fund the Connected Beginnings Taree (CB Taree) program.[784]

Backbone and health partner

Taree Public School, under the auspice of the New South Wales Department of Education (DoE NSW) is the backbone. Connected Beginnings Taree operates from Taree Public School. Biripi Aboriginal Corporation Medical Centre (Biripi ACMC) is the Connected Beginnings Taree health partner.

Focus of the 'contribution story'

In Taree, the contribution story will focus on the Connected Beginnings team's work to establish and support playgroups and other offerings at the Niingalbaa space attached to Taree Primary School. The playgroups were designed to widen the breadth of programs available, increase engagement, and generate organic referral pathways.

For further detail, explanation, and evidence on information provided in the contribution story, please refer to the detailed strength rubric at Appendix G.

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[782] Australian Bureau of Statistics (ABS), Taree, ABS, 2016
[783] Australian Early Development Census (AEDC), Greater Taree, AEDC, 2015.
[784] Department of Education and Training, *Executed Deed of Variation*, Australian Government, 2022.

Taree's playgroup and Niingalbaa space Contribution Story

Table 9: Taree Contribution Story

Theory of Change level	The Contribution Story against the elements of the Theory of Change	Contribution link
Foundation / inputs	In response to the number of children presenting to primary school with hearing, speech, and behavioural issues, preliminary objectives of CB Taree centred on the development of playgroups designed to support children aged 3-5 years extend their social, emotional, cognitive, and physical skills. Permitted by the grant's flexible funding guidelines, and with a view to improving school readiness, CBT directed action to the community-determined need, funding staff salaries and professional development and training, as well community exposure events, family engagement resources and community outreach. As outlined in its action plans, CB Taree sought to leverage off, and integrate into, Taree's network of established early childhood service providers, as well as generate wider partnerships. Education and health service providers acknowledged a need for improved availability of services, and for services to work in a more integrated way. To ready community for the Collective Impact approach, CB Taree socialised the Connected Beginnings strategy with community representatives. The backbone and health partner also presented CB Taree as a united team. The first iteration of a Connected Beginnings supported playgroup, 'play as therapy', was implemented at the Education Child and Family Centre (which later became the Niingalbaa Space).	There is a line of contribution from identifying community need to the Collective Impact practice and the establishment of the Connected Beginnings supported playgroups at the Niingalbaa space.
Strengthening the enablers of change	Through the implementation stages, the backbone team and health partner continuously worked to strengthen and develop lines of communication between old and new providers in the network, maintained an open-door policy with partners, participated in community events to socialise the Niingalbaa space, invited partners to use the space to undertake playgroups and activities, and collaborated with partners on playgroups and other offerings as identified by community. During the height of the COVID-19 pandemic, CB Taree and their early childhood service partners successfully pivoted to home-delivered activity packs and online programs. Through these innovative methods CBT continued to provide culturally safe services, as well as sustain and grow the playgroups.	The Collective Impact enablers of change were important to the contribution chain leading to systemic changes. In particular, multi sector collaboration, inclusive community engagement, and the container for change provided the most verified links

		An important scaffold to the playgroups has been the guiding 'container for change' especially the leadership provided by the Biripi health team and support from the backbone, as well as the guidance and input from the Community Leadership Table, including parents from the playgroups. This combination of enabling support and governance, as well as the multi-sector commitment to work together, enabled the innovative response required during the COVID restrictions period, as well as a constant responsiveness to community need. Stakeholders attributed the increased attendance rates at the playgroups, on recommencement to the above factors.	to the evidenced systemic changes.
Systemic changes		As well as ever-increasing popularity among parents and community members, the Niingalbaa space is increasingly being used by a wide network of multi-sector early childhood service providers. This has increased linkages between services, including referral pathways. The strongest evidenced of systemic changes stemming from implementation of Connected Beginnings and the Collective Impact enablers are illustrated through the numerous ways services 'joined up.' Key partners are coming together to deliver playgroups and social and emotional wellbeing women's groups (such as Taree and District Child Care Service), augmenting playgroups with health services (such as Hearing Australia's HAPEE hearing screening), or in the case of Uniting, joining playgroups to build familiarity among parents to extend their reach, as well as offer services such as domestic violence related offerings.	There is strong evidence to suggest the documented systemic changes produced through the implementation of the playgroups, especially 'services joined up', are contributing to service system impacts.
Service system impacts		Yarning circles with parents, as well as consultation with professional and community stakeholders, highlighted that through the integration of culturally safe services, Niingalbaa space has become a much needed and valued haven, filling a gap in the Greater Taree service landscape. The Niingalbaa space is currently used as a community hub, providing a culturally safe soft entry point for families to build an understanding of their child's development and what is needed for them to thrive, as well as serving as an introduction to the school environment. Parents and the wider community utilise the room to come together to learn about, and improve their children's social, emotional, cognitive and physical skills, as well as to socialise and share cultures. The Niingalbaa space has become a comfortable and safe space to be introduced to, and access, further supports and services.	There is moderate to high evidence indicating service system impacts produced through the delivery of the playgroup are contributing to child well-being and family outcomes for playgroup users. This is evidenced most clearly through a link to the two domains of 'parents are empowered' and 'children are healthy'.

Child well-being / family outcomes for Niingalbaa space users	Through providing a safe space to come together and access supports for families and children, the Niingalbaa playgroups have empowered parents to support child health, development and early learning. The Niingalbaa space and its playgroups are also enabling children engaging with the hub to have their physical, mental, and emotional health needs met through its range of in-house and partner provided offerings such as case management, ASQ-TRAKs, mentoring programs, cultural activities, hearing and sight tests, and other developmental milestone screening. Critical attributes to the success of the Niingalbaa space highlighted through the analysis include putting parents at the centre of the model, embracing a localised model of community, offering wraparound health and education supports, establishing a culturally nurturing and connected space, oversight by a representative governance structure, and the ability to making referrals within and beyond immediate networks.	There is evidence the unique features of the Niingalbaa playgroup model and its implementation are contributing to child well-being and family outcomes for playgroup users across the two domains of 'parents are empowered', and 'children are healthy.'
Population impacts	Increased enrolments at Taree preschools since the establishment of Connected Beginnings may signify that the Niingalbaa space playgroups are beginning to positively impact Aboriginal and Torres Strait Islander children's health, safety and education outcomes. At the 5-year mark of the program, it is too early to plausibly conclude that the Niingalbaa space has substantially contributed to this outcome, especially given the disruptions caused by the pandemic. Nonetheless, evidence strongly suggests that the Niingalbaa space and its playgroups are on track to contribute to improvements in health, safety and school readiness among Aboriginal children aged 0-5 years.	While there has been a positive increase in one population-level indicator, data supporting a contribution link between the playgroups and this outcome are weak. Nonetheless, the causal chains indicating contribution up to this link are sufficiently strong to plausibly expect population impacts may be seen over a longer period.

3.2.3.3 Connected Beginnings in Kutalayna/Jordan River, Lutruwita/Tasmania is demonstrating the impacts of having community voice leading the work

Starting conditions

In Kutalayna, the Kutalayna/Jordan River runs through the communities of Brighton, Bridgewater and Gagebrook before entering the Derwent River.[785] The community faces Kunyani/Mount Wellington. The community is culturally rich, resilient, and committed to their children.[786] There is a general sense that stakeholders are proud to live in Lutruwita/Tasmania. Most staff members in service organisations are community members who have lived in each area for many years and have strong connections to the area.[787]

According to AEDC data, in 2018 25 per cent of Aboriginal and Torres Strait Islander Children in Kutalayna/Jordan River were developmentally vulnerable in two or more domains. Many Aboriginal families face isolation and challenges including lack of transport, housing, mental health challenges, economic challenges, and stigma.[788] Negative stigma and stereotypes impact the community as a whole, and the people within the community.[789] For example, interviews identified that families and community members have a history of not identifying their Aboriginality as a protective strategy against stigma.[790]

Connected Beginnings commencement date

An agreement was first entered into in June 2018, whereby the Commonwealth provided a grant to fund the Connected Beginnings program in Kutalayna/Jordan River.[791]

Backbone and health partner

At the initiation of Connected Beginnings, the Department of Education Tasmania was engaged as the backbone team. In 2018, the Tasmanian Aboriginal Centre (TAC) was engaged as the health partner. In 2021, the TAC became the backbone team for Connected Beginnings, meaning that TAC acts as both the backbone team and health partner in Kutalayna/Jordan River.

In 2021, Connected Beginnings was expanded to (1) Pataway/Burnie and (2) Launceston, Northern Suburbs, and George Town. TAC is backbone team and health partner in these two locations.

Focus of the 'contribution story'

In Kutalayna/Jordan River, Lutruwita/Tasmania, the contribution story will focus on the Connected Beginnings team's work in supporting and facilitating a governance structure that places community at the centre of the work. The below contribution story highlights how the community-led project is supported by the Connected Beginnings model and may lead to population-level impacts in the long term.

For further detail, explanation, and evidence on information provided in the contribution story, please refer to the detailed strength rubric at Appendix G.

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[785] Kutalayna is the local Aboriginal name for the Jordan River.
[786] KUT05,06; KUT12; KUT01,02; KUT09
[787] KUT12; KUT08; KUT07
[788] KUT07
[789] KUT05,06
[790] COM57, 58; SER32; SER33
[791] Department of Education and Training (2022) *Grant Agreement*.

Kutalayna / Jordan River's community-led governance Contribution Story

Table 10: Kutalayna/Jordan River Contribution Story

Theory of Change level	The Contribution Story against the elements of the Theory of Change	Contribution link
Foundations / inputs	Following TAC commencing as the backbone team, there has been a commitment to creating a strong community-led Collective Impact initiative. Permitted, and as encouraged by the grant guidelines and on the program-level, the BB have dedicated resources towards building community leadership to drive the program. This has included supporting the governance groups to understand their role as guiding the work of Connected Beginnings and demonstrating how the program should be accountable to the community and the governance groups. The backbone team work on the premise that the collective is proudly supported by the backbone but it is not their program, it is the community's program. *'I remember like the first few meetings … would be like, "What do you think?" And we would be like "Well what do you think? It's not my money. It's not my money guys." So just reinforcing that constantly. Like Winterfest, "What do you guys want to see? It's your event." Yeah. The Collective is not the backbone team.'*[792] As an Aboriginal Community-Controlled Organisation, led by Aboriginal staff, collective ways of working with community at the centre are inherent for the BB team. In line with the flexible guidelines, the BB team have worked with community from the outset to bolster Aboriginal ways of working with the support and resources of CB.	There is a line of contribution from the Department's flexible Collective-Impact place-based model enabling the backbone to establish and support community leadership of the program. Without Connected Beginnings, the leadership structures would not likely exist in their current form in Kutalayna/Jordan River.
Strengthening the enablers of change	The BB team have worked with multiple parties, including service providers, local and state government and community to establish and ground a governance structure that ensures the work is being led by community. The Kutalayna Collective has a governance structure that includes the: • Kutalayna Collective Table (consists of community members, members from organisations, members from government agencies < 30%) • Early Years Group (consists of service providers supporting Aboriginal children aged 0-5 years and their families in Kutalayna) • Aboriginal Kids and Families Group (consists of Aboriginal community members or services and government agencies supporting Aboriginal children and families Kutalayna) • Aboriginal Advisory Group (consists of Aboriginal people)	There is a line of contribution from Connected Beginnings supporting community leadership that is strengthening the container for change, multi-sector collaboration, and building capacity.

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[792] BB31, BB32

		All these groups meet on a rotating basis with input from each group strategically filtered to other groups. The formation of small groups rather than one large group facilitates many voices being heard, rather than just the loud voices.[793] The Connected Beginnings backbone team are led by these groups. The backbone and the community developed the collective plan with these groups, with the final sign off from community.	

The above Collective Table includes representation from service providers and community members. Community members who may work for a service organisation sit at the table and participate as community members rather than representatives from an organisation. The container for change is functioning with fidelity. The considered and structured approach to the governance structure, together with the relationships the BB team have with community, has supported community members to build confidence and have a voice at the table.

To ensure that CB is genuinely Aboriginal-led in Kutalayna, the backbone team has focused on inclusive and culturally safe engagement. This has occurred through supporting members including service providers to access training to increase cultural awareness and understanding, and focusing on establishing relationships and trust, clear parameters and involving people from all levels to ensure there is broad participation.

| **Systemic changes** | Through the work of the Collective Table, service providers and community members have come together to understand how children and families can be best supported in their community and how barriers and gaps can be overcome and bridged. The Collective Table identified the need to bring community members and services together in a culturally safe way to increase the supports available to children and families. This led to the development of a family friendly event aimed at bringing services and community together, Kipli Kani.

These monthly Kipli Kani events are open to all of community. Aboriginal children and families, the broader community, the backbone team and service organisations – including NDIS, Services Australia and domestic and family violence services – attend and bring something to contribute to the event. For example, a game aimed at supporting children's development. The event supports:

•   service integration,
•   relationship building between service providers and community,
•   access to services by community by bringing services to the community in a relaxed and family friendly environment, and
•   school readiness by providing opportunities for development and getting children and families connected prior to school age.

The Kipli Kani events (and other events such as Winterfest) show that Connected Beginnings is empowering community to take leadership of the program and branching out, initiating their own community events and | There is a strong and continuing line between the community-led governance structure and the systemic changes occurring. |

[793] BB12

	actions. Stakeholders identified that the backbone team are supporting community to have a voice and build confidence to lead. The backbone team were commended by community and service providers for their role in supporting community members to build confidence and articulate their needs, aims and opinions.	
Service system impacts	Service integration and linkages are improving in Kutalayna as community members and other parties including service providers are being brought together with the support of the BB to identify and implement change. Community members have been included in decisions around how to improve service integration and have reached decisions that change the way services are typically delivered to children and families. The governance structures and their decisions have led to children and families experiencing services within place, in a family friendly and culturally safe setting, and in a 'one stop shop' way. This is supporting children and families to access services, breaking down barriers. In addition, the governance structures are supporting mainstream services to understand how to best service Aboriginal children and families. Advisory bodies can give guidance to services around how to increase cultural safety.	There is evidence that the service impacts are linked to Connected Beginnings and the community governance structure.
Child well-being / family outcomes for engaged families	The container for change in Kutalayna is supporting broader child and well-being outcomes. In particular, Aboriginal parents are participating in the governance structures, building confidence and capacity to lead the work. There are also examples where children are participating, are healthy and learning which can be connected to the community leadership of CB. Events guided by the governance group are also seeing outcomes for children and families. Kipli Kanis events are hosted to engage community members and service providers in the early years sector. The events increased school readiness by encouraging children to become familiar with school routines.	There is evidence that the community governance structures of Connected Beginnings are contributing to child wellbeing and family outcomes.
Population impacts	While there is inconclusive evidence towards population impacts, there is evidence that Aboriginal and Torres Strait Islander people are empowered to share decision-making authority through Connected Beginnings within place. As a result, there is evidence that policy and place-based progress is occurring which may be contributing to Closing the Gap. There is evidence that the Aboriginal and Torres Strait Islander community controlled sector is strengthening and supporting change in the community. An ACCO, the Tasmanian Aboriginal Centre, is the backbone and health partner in Kutalayna/Jordan River. The backbone team and health partner employ (local) Aboriginal staff members. There is involvement from local Aboriginal community members, driving the program through the Collective Table and other advisory groups. The governance structure is also supporting services to effectively meet the needs of Aboriginal and Torres Strait Islander people within the community.	If the above enabling conditions continue, population impacts may be seen over a longer period of time.

3.2.4 Connected Beginnings is potentially returning between $2.12 and $4.24 for every $1 invested

To identify the benefits of the program, a literature review was undertaken to isolate and quantify the links between programs such as the Connected Beginnings program, and socio-economic outcomes namely, greater educational and health outcomes. The literature review aimed to:

1. Examine the extent to which similar analyses have been undertaken.
2. Review the methods used to isolate and quantify the aforementioned linkages.
3. Summarise the results of the studies.

The key findings of the literature review can be summarised as follows:

- Early childhood education and associated care services are correlated with positive economic impacts arising from increased employment as adults, reduced dependence on welfare, improved academic outcomes, stability of relationships and reduced criminality.
- Longitudinal studies of children who had access to early education programs show the benefits of intensive well-structured pre-school persisted into adulthood.
- Maternal and child health services assist in the prevention of illnesses in a child's first 1000 days (beginning at conception). The benefits of avoiding malnutrition persist into adulthood and into the next generation.
- Family support services that are enacted before families reach crisis points in terms of finances, health, drug and alcohol can be cost effective with small increases in funding cost.

The benefits obtained through the literature review were used to proxy the benefits of the Connected Beginnings program, in line with best practice CBA methodologies. As there is limited impact data available for Connected Beginnings (as the program has not been in operation long enough to show long-term impacts), this CBA methodology utilises rigorous longitudinal studies and data to establish potential benefits of the program. According to the literature, the benefits of such programs are typically intergenerational. While we cannot quantify such benefits in the context of the Connected Beginnings program, the literature suggests that the CBA results are conservative.

These benefits were input into the CBA model along with the total costs of the program (articulated as the committed funding) and the total number of Aboriginal and Torres Strait Islander Children aged 0-5 years in the Connected Beginnings communities expected to benefit from the program.

Over a ten-year forecast horizon,[794] the costs of operating Connected Beginnings, compared to the value of the number of children expected to benefit from participating in the education and health services Connected Beginnings facilitates access to, results in a benefit cost ratio (BCR) of between 2.12 and 4.24.

That is, for every $1 invested in Connected Beginnings in line with its current model, between $2.12 and $4.24 is returned. These returns result from the increased economic participation and reduced reliance on the social safety net over the lifetime of Aboriginal and Torres Strait Islander children who have accessed services supported by Connected Beginnings. These benefits are modelled over the lifetime of the participant, discounted back to today's dollars.

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[794] The forecast horizon used in the CBA is FY22/23 to FY32/33.

In deriving this BCR, the following assumptions were relied upon:

- the costs of the Connected Beginnings program only which is based on the committed funding to support all 50 sites to Financial Year (FY) 2033,[795]

- the number of Connected Beginnings sites increase from 40 in FY23, to 45 in FY24, to 50 in FY25-FY33 based on a ten-year forecast horizon,

- between 50 and 100 per cent of Aboriginal and Torres Strait Islander children aged 0-5 years in all communities where Connected Beginnings operates participate in the services to which Connected Beginnings facilitates access, therefore benefits from Connected Beginnings (refer to the commentary on the rationale for this assumption and its underlying population figure),

- the proxy benefits of Connected Beginnings based on the abovementioned literature include increased school readiness, increased school participation and improved maternal and child health, and

- the economic output of these benefits (i.e., increased employment as adults, reduced dependence on welfare etc. as identified in the literature above) is quantified over a child's lifetime to 40 years of age.

This cost-benefit analysis does not forecast the benefits at a societal level.

The following table summarises the Net Present Value (NPV) i.e., the difference between the present value of benefits and the present value of costs of the Connected Beginnings program. Using the number of participants expected to participate in the services that Connected Beginnings supports as well as the percentage of those expected to benefit from access to support services, and applying a 'discount rate'[796] of 0.1 per cent, the NPV and BCR are summarised as follows:

Table 11: Costs v Benefits ranked by NPV and BCR

Scenario	Description	NPV Costs	NPV Benefits	BCR
1	Program continues as per current formulation, i.e., no change assume 50% of total population aged 0-5 participates.	$391,319,385	$830,456,984	2.12
2	Program continues as per current formulation, i.e., no change – assume 100% of total First Nations population in each community aged 0-5 years benefits.	$391,319,385	$1,660,913,969	4.24

The results in the table above provides a strong indication that the current level of funding generates positive benefits. The increase in benefits that accrue post 2025 as a result of (the forecasted) increase in participation relating to the expansion of the program to additional sites is offset by the by the increase in funding of approximately $18.7 million during the outyears (see Appendix H).

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[795] Committed funding has been used as a proxy for total costs. Using committed funding assumes all funds are spent by backbone teams and health partners, providing an overestimation of costs as not all committed funding has been used by sites, suggesting the model is a conservative estimate.

[796] The costs and benefits are generally weighted by use of a 'discount rate', with more weight accorded to present and near-present impacts.

The full costs and benefits are summarised at **Appendix H.**

Further detail on population and participation assumptions

According to Census of Population and Housing (the Census) data provided by Education,[797] the total number of Aboriginal and Torres Strait Islander children aged 0-5 years across the 40 known Connected Beginning sites is 16,426. Given the location of the remaining 10 sites is unknown, the total population for FY26 and beyond is an estimate using the current population of 16,426 as a base. These population figures are an underestimate as they do not account for variables such as population growth due to mobility and births. This is further supported by the undercount determined through the ABS Post Enumeration Survey.[798]

It is also likely that these population estimates underrepresent the actual number of children who access the services in any given community which are supported by Connect Beginnings. The number of children served is often significantly more than the number of children recorded in the Census.

The Benefit Cost Ratio (BCR) is provided as a range, varying with participation rate. The lower threshold assumes 50% participation of Aboriginal and Torres Strait Islander children in communities with the higher threshold assuming 100% participation. Although each Connected Beginnings program in each community does not necessarily have 100% participation, there is a significant undercount (17.4%) of Aboriginal and Torres Strait Islander people in the Census. There are also large transient populations around several Connected Beginnings communities who are not captured in the Census. Assuming a higher rate of participation provides a more accurate picture of the actual scope and reach of the Connected Beginnings program. Additionally, it should be noted that this BCR considers direct individual and indirect societal impacts arising from childhood education and care (including preschools). It does not take the many pregnant women, parents, families and non-Indigenous children impacted by the program into account.

Further, the AEDC data, contribution analysis and parent survey results indicates participation especially for children and families who historically have not accessed education and health services is higher than the records show.

With that said, if a lower participation rate of 50 per cent was assumed, this would result in a BCR of $2.12. Conversely, a participation rate of 50 per cent, given the context described above, is likely to be overly conservative.

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[797] Australian Bureau of Statistics (2023) *2021 Census Aboriginal and/or Torres Strait Islander people QuickStats*, ABS website, accessed 16 June 2023.
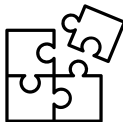[798] ABS (2022). 2021 Census overcount and undercount [website]. Accessed 29 June 2023.

3.3 Lessons from Connected Beginnings

The mid-term evaluation identified a number of insights for ongoing implementation of Connected Beginnings, and lessons for how to create and sustain positive change for children and families through service integration and collaboration.
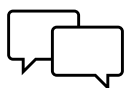
3.3.1 Lessons for the establishment and ongoing implementation of Connected Beginnings sites

The evaluation found differing relationships and dynamics across the Connected Beginnings teams within the 25 sites. The following principles have been derived from examples where teams are working well across the backbone team and health partner, and with service providers and communities to help inform ongoing roll out and implementation of the program.

Table 12: Lessons for the establishment and ongoing implementation of Connected Beginnings

Clear understandings of roles and responsibilities	Stakeholders identified the need for the Commonwealth Departments to guide collaboration and be transparent in the roles of backbone teams and health partners.
	'And that's been spoken about [in] our community of practice meetings with all sites, that that's an issue across the board … that needs to be led from Commonwealth level … to ensure that that partnership moves forward.'[799]
	Collaboration was strongest where backbone teams and health partners had a clear concept of their individual and joint roles and responsibilities within the program. This included understanding the role of the backbone team as fostering collaboration and focusing strategically on the sector to support the shared goals and understanding the role of the health partner as a service provider to identify and support gaps in early childhood and maternal health services.
Exploring opportunities to collaborate	Integration was strongest in communities where the backbone team and health partner engaged in collaborative practices. This included where:
	• the backbone team and health partner activities were aligned with the shared goals for their communities, creating activities where the backbone team and health partner could work side by side and draw on each other's strengths (i.e., playgroups, ASQ TRAK activities, community events), and
	• embedding positions in each other's teams or organisations (i.e., backbone teams funding a health position or embedding a health staff member in a backbone space or team).
Ongoing communication	Backbone team and health partner relationships were most collaborative where there were open lines of communication set up between the two teams. This included regular meetings, having

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[799] BB51, BB52.

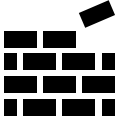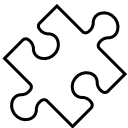|	clear contact points, and opportunities for informal conversations and collaboration.
	Being part of broader governance groups where there was representation of backbone teams and health partners was also a key communication channel for sites (see below)
Co-representation in governance groups	Collaborative forums and groups including governance arrangements and working groups can help ensure integration is maintained across the backbone team and health partner. Most Connected Beginnings teams established or leveraged existing governance groups to oversee their collaborative arrangements and practices (see 2.3).
Data sharing	Backbone teams and health partners had varied relationships regarding data. While data sharing has not occurred widely, having conversations around the importance of data and identifying steps to increase its sharing on an organisational level were being undertaken and seen as positive steps in the right direction.
	Information sharing and warm referrals were seen as a key way that backbone teams and health partners could collaborate to support families within their community.
	Additionally, sites highlighted a number of barriers to data sharing which cannot be addressed on the site level. Support from government departments is required to address barriers to data sharing.
Locating services in a culturally safe space	Operating out of culturally safe spaces was core to the success of Connected Beginnings and their positive engagement with community. The collaboration between the backbone team and health partner was strengthened where they worked together in spaces which were comfortable and appropriate for the community.
Supporting the flexible, place-based nature of program	The ability for sites and communities to lead and shape Connected Beginnings on the ground, to meet the unique and specific needs of each community and every family, was both a core feature of the Connected Beginnings model and one of its critical strengths.
	Communities also spoke favourably about the flexibility to trial different approaches to meet their individual community's needs.
	'[Connected Beginnings] just pull everything together. They're always there to help. So when we've got these new big, crazy ideas, which we want to get off the ground, they find a way of making that work. [800]

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[800] SER01.

3.3.2 Lessons for how to create and sustain positive change for children and families through service integration and collaboration

In many communities, Connected Beginnings fostered and supported strong collaborations and partnerships within the broader service ecosystem for the benefit of their community, families, and children. The following table outlines the key elements which underpinned Connected Beginnings' collaborations.

Table 13: Lessons for creating and sustaining positive change for families through service integration and collaboration

Building trust	*'Trust is earned through consistency and relationships that are fostered over time.'* [801]
	Inside Policy found trust to be one of the primary pillars of success for the Connected Beginnings program.[802] Stakeholders noted the importance of taking time to build relationships with services and the community.[803]
	Across the vast majority of participating Connected Beginnings sites, backbone and health partner teams were focused on establishing trust with their communities by: • employing local Aboriginal and Torres Strait Islander people who were trusted and known to community, • hosting culturally safe events and days to talk about previous experiences and how to create better services,[804] • taking the time getting to know families, including their needs, aspirations, and areas requiring critical support,[805] and • creating service provider pathways for children and their families.[806]
Clarity on the role of Connected Beginnings in the community and Collective Impact	Inside Policy considers the unique placement of Connected Beginnings, positioned to complement, and work with services rather than duplicate, as a key learning contributing to the program's overall success. This positioning ensures backbone teams can promote integration without competing with services.
	Additionally, Connected Beginnings teams saw success in engagement with services where education around the Collective Impact approach and role of Connected Beginnings was a focus of communication and engagement with services.
	The Collective Impact framework has, in many communities, assisted in demonstrating the power of trusting relationships and collaboration (see 2.2).
	'… they [were] always at competition until we come to the table, [now they] try and see eye to eye … not being in

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[801] SER88.
[802] HP24, SER31, SER12.
[803] BB54, BB85.
[804] SER118.
[805] SER13.
[806] BB01, SER60, SER61, SER62, SER63, SER64.

competition in trying to put bums on seats. I mean, they're looking at a community aspect. [807]

'… we've got ... quite a number of other players who are starting to come together ... at this high level Community of Practice, to try and work out how we can do this work better because people want a part of it now, that actually seeing it, and seeing how it can actually help can actually change communities. [808]

The place-based Collective Impact approach underpinning Connected Beginnings also means that it can be responsive to the needs of community and support Aboriginal and Torres Strait Islander ways of working collectively and collaboratively.

Service mapping and understanding of service environment	Many sites conducted service mapping during early implementation phases of the Connected Beginnings program which set their program up for successful collaboration with services in their communities. This activity was able to articulate what services were available for community members, and where duplication may be occurring for providers (see 2.1.1.6).
Using spaces and resources to bring people together	Across multiple sites, Inside Policy heard about the advantages associated with co-located services.
	Shared spaces or hubs with existing services, such as playgroups, offered families a soft-entry point to access (or be referred to) support services and develop relationships with other parents.[809] In some Connected Beginnings communities, collaborative partnerships and co-location of health services helped to ensure families had access to appropriate early intervention supports such as child health screenings and access to occupational therapy sessions.
	Co-location of services was particularly important to the many families who did not have means of transport.
	Through co-location, Connected Beginnings teams have changed the way services are accessed by children and families, drawing on the program's flexibility and collaborative nature to centre on families' needs, and provide easier pathways to access support services.
	Further, where Connected Beginnings was able to offer resources (such as a safe space to operate, practical supports), greater service integration and collaboration was seen in communities. In particular, some stakeholders noted the benefit of the resourcing that Connected Beginnings brought to their communities (i.e.

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[807] SER89.
[808] BB33.
[809] SER12; Observation site visit playgroup.

providing or funding staff to fill gaps in community, supporting meetings and administration of collaborative forums (see 2.2.9).

Bringing community voice into programs	Inside Policy found that collaboration with, and involvement of, community was seen as particularly critical in identifying and meeting local community needs and gaining community endorsement, helping to create positive and sustainable change for children and families.
	'You can't develop programs that have not included Aboriginal families ... that's the voice we need at the table. [810]
	Connected Beginning sites have embedded community leadership and ownership in the program by:
	• engaging Elders and community leaders during the early stages of Connected Beginnings, lending cultural authority in setting priorities and supporting community capacity to drive the program, • mobilising the community to listen to community voice and facilitate a shared understanding of the importance of the goals of the program, • the creation of Connected Beginnings working groups and governance groups involving local community members, and • ongoing community consultation and engagement processes.
	These efforts have provided forums for Aboriginal and Torres Strait Islander families to contribute meaningfully to their community's plans and ensure that Connected Beginnings activities were relevant and responsive to their community's needs.
Data sharing	Inside Policy heard how effective and culturally safe data sharing practices can open communication channels, empowering communities to be involved in data conversations by helping them to understand community needs and supporting targeted approaches to community concerns (see 2.4).
	Some Connected Beginnings teams leveraged existing data collection processes of other services in their community to minimise duplication of data and streamline data collection (see 3.2.3.1). This included inputting of information captured by services into shared data platforms.
	For families, data sharing can reduce duplication of services and families having to tell their story repeatedly to different service providers.
	Recognising that concerns remain over data sharing (see 2.4), data and information sharing can generally support services to collaborate and integrate.[811]

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[810] SER114.
[811] BB87, SER13.

Forums for collaboration	Across multiple sites, Inside Policy was told about Connected Beginnings teams utilising collaborative forums (such as working groups, action groups, etc.) to oversee and guide the program, bring services together to facilitate cross-sector collaboration and to identify where support within the sector was needed (see 2.2). These forums provided opportunities to regularly check in with the sector about activities and areas for collaboration, and to keep everyone accountable to the shared goal.
Engaging local Aboriginal and Torres Strait organisations and staff	In line with principles of self-determination, it is best practice for programs supporting First Nations people to be led by First Nations people. The engagement of ACCOs and employment of Aboriginal and Torres Strait Islander staff within Connected Beginnings teams at all levels helps to support this principle and ensure the program is community-led and appropriate for community (see 2.5.2).
	The employment of local First Nations people in community-facing roles was seen as highly beneficial in fostering culturally safe community engagement. Inside Policy repeatedly heard that local staff already understood their local community context, had established relationships within the community, and existing networks they could draw on.
	'When it came to some of the services, having [those] local connections was handy … because then they'll be able to make connections through my dad or my mom, you know, and already broken down that barrier, and got the trust.'[812]
Focusing on cultural safety	The creation of culturally safe settings – including physical environments and culturally safe practices – for children and families was identified by Inside Policy as a critical factor in creating positive and sustainable change.
	In a range of metropolitan, regional, and remote sites, the physical environment of services was identified as a barrier to access.[813] For several communities, overly clinical settings typically made families more hesitant to engage.[814]
	'They call the clinic the hospital and they look at it as a bad place. They look at it as a place that you go when you're sick, not necessarily for immunisations and check-ups.' [815]
	To address these barriers, health partners provided their services and those of allied health providers in more comfortable settings including playgroups and community pop-up events.[816] Conducting health services separately from mainstream hospitals and medical centres ensured flexibility for providers and encouraged families to feel comfortable, increasing overall engagement with health services in communities.[817]

[812] SER31.
[813] HP05, HP06, HP07, HP08, BB85.
[814] HP05, HP06, HP07, HP08, Annual Report 10.
[815] SER60, SER61, SER62, SER63, SER64.
[816] HP05, HP06, HP07, HP08.
[817] HP05, HP06, HP07, HP08.

'I've seen more people coming into the centre, who want to just come in and use the centre. And that's all of our First Nations community. I'm not just talking about families and children, it's Elders too.'[818]

Parents expressed their appreciation for this approach:

'Some organisations it's a bit harder to go in and feel comfortable. Whereas you come into this little Connected Beginnings room here, and they help you with stuff and you feel culturally safe.[819]

Prior to the implementation of Connected Beginnings, Inside Policy understands that some services were not culturally safe and therefore, inaccessible for many Aboriginal families. Connected Beginnings backbone teams, health partners and community members have supported service providers to become culturally safe in their practice and service delivery. This included providing guidance and support to organisations to uphold cultural safety and providing warm referrals and wrap around support to families to ensure they were appropriately supported to engage.

Many Connected Beginnings teams provided supports to families to enable them to engage and feel safe with services. For example, by providing transportation, bringing services to families through playgroups and conducting outreach and home visits, as well as being a familiar face at activities and events.[820]

Understanding and supporting families holistically	Inside Policy found that Connected Beginnings' collaboration with service providers to offer wrap-around support and a 'no-wrong door' approach was viewed as a key element in supporting children and families.
	'… seeing the person and the families as holistic and supporting them in every way they need support, I think makes a big, big difference.[821]
	The holistic approach adopted by many Connected Beginnings teams meant that families were better equipped to address child development issues.
	Additionally, using a strength-based approach, Connected Beginnings teams sought to elevate community strengths and work alongside community, supporting and empowering parents and families to be the drivers of change.
Addressing barriers to	Inside Policy found that Connected Beginnings teams and associated service providers proactively considering and addressing

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[818] SER90.
[819] COMM130 .
[820] Performance Report 1 BB31, BB32, BB52, BB53, Annual Report 26, BB76, BB77, BB78, SER83, BB13, BB14, BB15.
[821] HP14.

accessing services 	underlying accessibility concerns was a key factor in creating and sustaining positive change for children and families. Connected Beginnings teams and service providers have increased accessibility to services by addressing barriers in various ways including: • obtaining referrals for families, • providing transport to appointments or school, • providing free[822] or Aboriginal-specific playgroups, • conducting outreach activities, such as home visits or taking a playgroup or clinic out to a community, and • collaborating with service providers, such as providing access to a free walk-in doctor's service.[823] Addressing these barriers helps families to engage with services and ensure that children are learning, socialising, and developing.

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[822] BB57, BB58, BB59, BB60, BB61.
[823] Progress Report 62.