Sticking points: why the ‘glue’ helps Early Childhood Hubs thrive

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Project acknowledgements

This report was informed by a targeted literature review, three qualitative interviews with hub leaders from Mirrung at Ashcroft Public School (NSW), the Salvation Army Balga (WA), and Burnie Child and Family Learning Centre (TAS), and discussions with sector thought leaders. It draws on foundational frameworks including the Integration in Early Years Services report by SVA and dandolopartners, and research from the Murdoch Children's Research Institute.

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Legal disclosure statement

Contents

Executive summary

Australia has a high-quality early childhood service system that supports many children to start school on track. However, for families experiencing hardship and socioeconomic disadvantage – who often face complex and intersecting challenges – the system can be fragmented, siloed and difficult to navigate. Parents and caregivers in these circumstances frequently experience barriers such as long waitlists, confusing referral pathways, duplicated assessments, culturally unsafe services and a lack of coordination across and between services. Short-term and siloed funding, rigid program criteria, and workforce shortages further compound these challenges. Importantly, families often have little say in how these services are designed or delivered. Without change, this fragmentation leads to missed opportunities for early intervention, significant gaps in care, and ultimately poorer outcomes for children.

Integrated early childhood development systems that shape children's learning, health and wellbeing in the early years are essential to addressing these challenges[1]. Early Childhood Hubs (ECHs) are one promising integrated model – bringing together early learning, health, and parenting supports in trusted community settings. They respond to local needs, supporting families to build connections with other families and services in one place. However, integration does not happen automatically. It requires deliberate investment in the resources, actions and conditions for integration – the 'glue' that allow services to align and work collaboratively. These conditions for integration include people, systems, and structures that hold services together with a shared purpose to reduce complexity for families and improve outcomes for children. Importantly, when ECHs are resourced effectively, they do more than improve access to services for families – they also represent the voice of the community. Through targeted outreach, ECHs can surface the specific needs of local families and ensure programs and services are tailored to deliver better outcomes. In this way, hubs not only influence how services are delivered, but how government works – increasing efficiency, strengthening accountability to community, and shifting whole-of-system behaviour toward shared responsibility for children and families. Without a deliberate, coordinated approach that spans policy, practice, and funding, integration remains fragile and overly reliant on individual efforts.

This report explores how integration operates differently in ECH settings across Australia. Building on the foundational work by SVA and dandolopartners in the *Integration in Early Years Services report*[2], this paper draws on real-world examples to identify five core domains that underpin successful integration:

- Relational infrastructure,
- Cross-sector governance and distributed leadership,
- Coordination systems and backbone infrastructure,
- Physical and place-focused design, and
- Collective care and accountability.

[1] Australian Research Alliance for Children & Youth, *Inverting the pyramid: Enhancing systems for protecting children* (Canberra: The Allen Consulting Group, 2008), p.55

[2] SVA & dandolo partners, *Integration in early years services: Learnings for impact*, (2024)

This report provides practical recommendations to strengthen integration in policy, funding, and practice. A shift is needed: from short-term service-specific investments to long-term, system-wide approaches that support coordination, shared purpose, and collective care across the early years ecosystem. While focused on ECHs, the findings are also relevant to other hub and integration models. Ultimately, this work aims to support the development of high-quality, integrated early years services that ensure children and families can access the right support, at the right time, in the right place. When the conditions of integration are recognised and work well over the long-term, ECHs become more than just a collection of services; they become a cohesive system that delivers better outcomes for families and a catalyst for system reform.

Key recommendations to strengthen integration in ECHs

1. **Commonwealth policy and funding levers**
    - 1.1. Commit to systematically funding integration as core infrastructure within the Early Childhood Education and Care (ECEC) system by providing flexible, long-term integration funding cycles of 5-10 years (with opportunities for co-investment from private sector and philanthropic funders)
    - 1.2. Invest in scaling high-quality, integrated ECHs across Australia
    - 1.3. Align integration funding to community-defined priorities, not just fixed outputs
    - 1.4. Develop national and state-level guidance on the conditions of integration
    - 1.5. Provide tailored access to evaluation capability for ECHs
    - 1.6. Embed integration as a core line item in policy, funding agreements, and performance frameworks
2. **Collaborative action across government, private sector, and philanthropy**
    - 2.1. Fund capability-building as relational infrastructure
    - 2.2. Establish inclusive, multi-tiered and cross-sector governance structures that embed family and community voice
        - 2.2.1. Strengthen the role of Aboriginal Community Controlled Organisations (ACCOs) in high Aboriginal and Torres Strait Islander population areas
    - 2.3. Formalise partnership arrangements
    - 2.4. Integrate iterative learning into funding and policy design
    - 2.5. Invest in coordination systems and backbone infrastructure
    - 2.6. Support the development of consent-based information-sharing protocols
3. **Early Childhood Hub-level levers for collaborative change in partnership with communities**
    - 3.1. ECH leaders to establish clearly defined integration roles and embed integration as a shared team function
    - 3.2. Adopt strengths-based, community-first hiring practices
    - 3.3. Build understanding of evaluation practices
    - 3.4. Embed measurement of family experience as a core system indicator
    - 3.5. Integrate community accountability mechanisms
    - 3.6. Invest in participatory co-design processes
    - 3.7. Establish and strengthen peer learning and collaboration across ECH sites

About this report

This report draws on a targeted literature review, three qualitative interviews with hub leaders to develop case study analysis – from Mirrung at Ashcroft Public School (NSW), the Salvation Army Balga (WA), and Burnie Child and Family Learning Centre (TAS) – and discussions with key sector thought leaders to examine how integration operates across diverse ECH contexts. Key sources included foundational frameworks such as the *Integration in Early Years Services* report by SVA and dandolopartners, materials from the National Child and Family Hubs Network, and the Murdoch Children's Research Institute. By bringing together evidence and lived experience, this paper contributes to a shared national understanding of what makes integration 'stick' on the ground. It complements existing frameworks such as *The Glue* by Our Place[3] and insights from the National Child and Family Hubs Network, offering practical guidance to embed and sustain integration in ways that reflect the strengths and needs of local communities. Interviews explore how integration is implemented on the ground, including barriers faced in different community contexts. Case studies offer practical insights into the conditions for integration, barriers and opportunities in real-world settings. This approach supports the development of a locally informed, actionable framework to guide integrated service delivery.

[3] Our Place. *The Glue: Supporting Integrated Service Delivery in Place-Based Approaches*. Melbourne: Colman Foundation, 2023. https://ourplace.org.au/wp-content/uploads/2023/10/ourplace-evidencepaper-theglue.pdf

Why integration matters in effective Early Childhood Hubs

Integration in ECHs is the intentional coordination of services such as early learning, health, and family support to ensure families receive seamless, holistic support. It goes beyond simply co-locating services, to weaving services together through shared goals and expectations, active governance groups, and collaborative routines that build trust and cohesion. Without integration, services can be fragmented and siloed, leaving vulnerable families to navigate complex systems on their own, often falling through the cracks. This fragmentation also limits the effectiveness of individual services, as no single provider can understand and meet the multifaceted needs of vulnerable families. Without shared knowledge, or mechanisms to collaborate (such as providing shared referral pathways), services may duplicate efforts and miss critical intervention points.

A key measure of effective integration is whether families experience improved access and outcomes. Integrated services provide the opportunity for services to absorb and manage complexities within and across the service system so that families experience connected and responsive supports. In this context, ECHs are not only about convenience, a 'one stop shop' for families, they also aim to function as a truly integrated and high-impact support system that wraps services around families in a way that responds to their unique needs. However, integration exists on a spectrum. While some ECHs may already demonstrate collaborative practice, many are still in the early stages of aligning services and building shared ways of working. Achieving genuine integration requires intentional effort and sustained investment over time.

The conditions of integration – often referred to as 'the glue' – are the foundational elements which transform a group of co-located services into a collaborative service system. These include trusted relational roles, joint governance, backbone infrastructure and place-focused design. They play a critical role in progressing services along this spectrum of integration. Evaluations of integrated hub models across Australia have linked these conditions to measurable outcomes, including improved child health and development, better school readiness, reduced statutory intervention, and greater community connection[4]. Without investment in integration, services risk operating in silos which can lead to fragmented support, duplicated efforts, missed opportunities for early intervention, and ultimately poorer outcomes for children and families[5]. To ensure the effectiveness of the 'glue', investing in the conditions of integration must be a core priority.

> "When the glue is strong and supported, integration thrives. When integration is strong, hubs become cohesive systems."
>
> – Elfie Taylor, Our Place

[4] Honisett, S., Heery, L., Hiscock, H., & Goldfeld, S. (2023). *Child and family hubs: an important 'front door' for equitable support for families across Australia (Version 2)*. Murdoch Children's Research Institute. https://doi.org/10.25374/MCRI.22031951.v2

[5] Centre for Community Child Health and Social Ventures Australia, *Core Care Conditions for Children and Families: Implications for Integrated Child and Family Services* (Melbourne: Murdoch Children's Research Institute, 2023), https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/SVA-Evidence-Review-paper-A.pdf

Defining the multi-faceted nature of the glue

The ‘glue’ or conditions of integration acts as the foundation that transform a group of co-located services into a more connected and collaborative service system, supporting more coordinated responses to complex family needs. While often invisible or operating behind-the-scenes, the ‘glue’ is critical to building shared purpose, aligning goals and fostering collaboration across services.

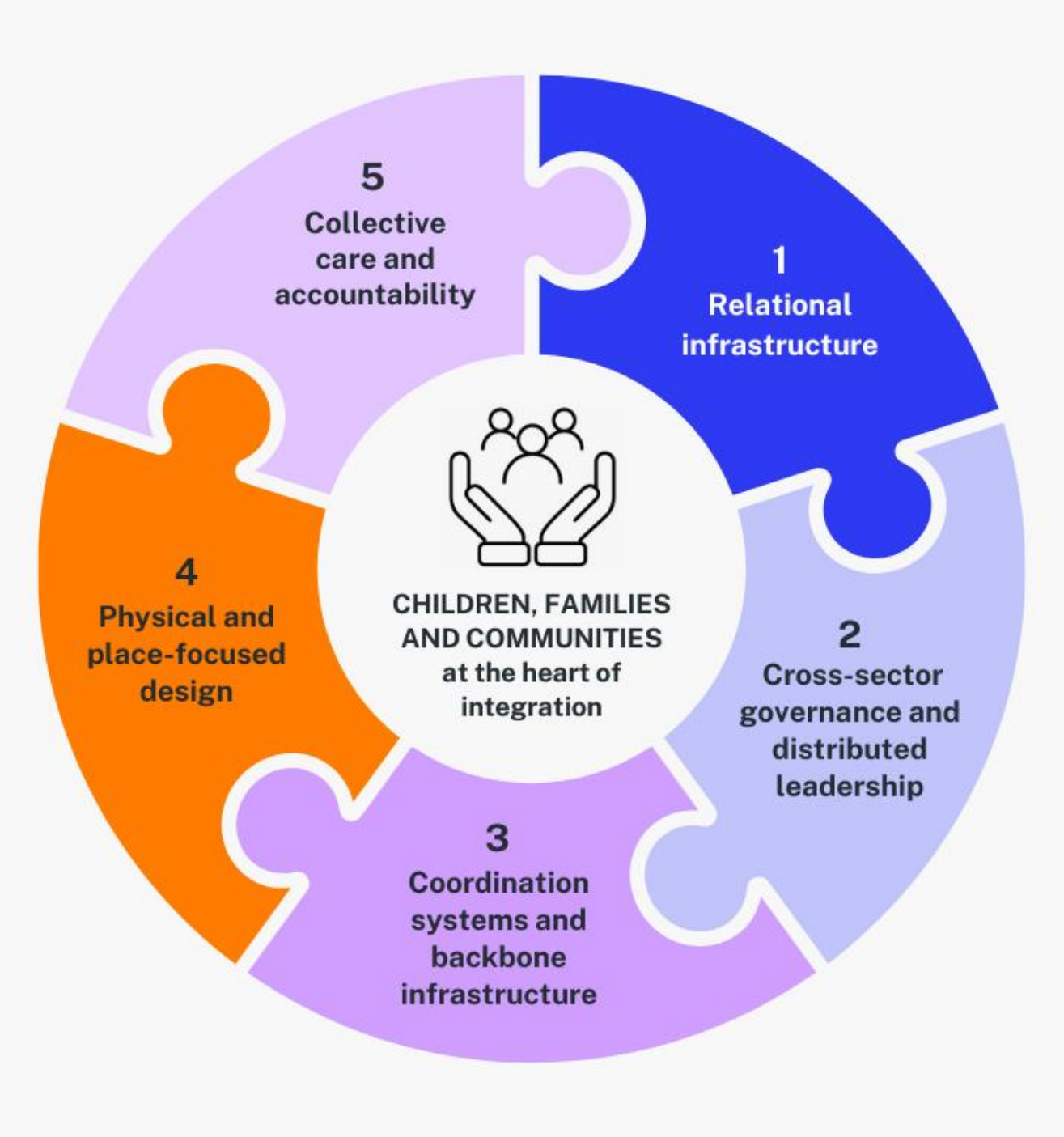
Importantly, the ‘glue’ is multi-dimensional and is not defined by a single role or function but rather comprised of multiple, interconnected components – people, systems, relationships, design features, backbone support and cultural conditions – tailored to the unique needs of each community. The ‘glue’ is both a set of capabilities and a way of working. It can be seen in the actions that build trust, break down silos, and coordinate services around families.

The ‘glue’ manifests differently depending on the context – what’s needed for effective integration in a remote Aboriginal or Torres Strait Islander community will look different to what works in an urban neighbourhood. Yet across communities, integration consistently centres around key domains:

1. **Relational infrastructure:** Trusted individuals who build strong relationships between families, services, and partners – such as community facilitators, navigators, and linkers. These relationships are vital for building understanding across cultural backgrounds and service contexts. Just as important is a trauma-informed workforce with capabilities such as emotional intelligence, cultural competence, and collaboration skills needed to work across sectors. Ongoing training and time for relationship-building is essential to support this capability.
2. **Cross-sector governance and distributed leadership:** Governance structures and leadership at senior and operational levels that align services to a shared vision. This includes authorising environments that enable collaboration, distribute leadership across sectors and services, and drive accountability for integrated outcomes.
3. **Coordination systems and backbone infrastructure:** Operational systems and processes that enable collaboration, including shared data platforms, integrated referral processes and IT platforms, and joint case management (respecting client confidentiality). This includes both the digital and organisational infrastructure needed to hold integration together.
4. **Physical and place-focused design**: Physical design features that optimise access for families and collaboration for services – including single points of entry, co-located services, shared spaces such as staff rooms, and accessible, inclusive, culturally safe environments. Design should also be responsive to community needs and context.
5. **Collective care and accountability:** Shared culture of responsibility and collaborative ways of working for child and family outcomes, supported by inclusive governance, cultural safety, and mechanisms to embed family and community voices in service design and delivery. This also includes feedback loops and community-led decision-making.

As seen below in Figure 1, together these elements create the conditions that allow ECHs to function not just as service centres, but as integrated, responsive ecosystems that put families at the centre. Each domain ultimately serves one function: to make it easier for families to get the right support at the right time, in a way that recognises and responds to their lived experience. If services are collaborating but families still face fractured, inaccessible support, then integration is not achieving its purpose.

Figure 1. Key domains of the 'glue'



Barriers to integration: why the glue remains undervalued and unsupported

Despite widespread recognition of the benefits of integrated early years services, the conditions required to make integration work at scale remain largely intangible and not widely understood. Current policy and funding settings focus on siloed service delivery, with limited support for the coordination and relational work that underpin meaningful collaboration. This is further exacerbated by services not being incentivised to collaborate or create a culture of shared responsibility over each child and families' outcomes. As a result, providers and families are left to navigate system gaps, duplication, and inefficiencies with little resourcing and without the dedicated support, policy alignment, or flexibility needed to build a truly cohesive and responsive support system for families.

While these challenges are systemic, they manifest differently across remote, regional, and metropolitan areas. In remote areas, ECHs often take on a broader role, acting as a central point of access to multiple community services – health, family support, and social connection – often in the absence of other providers. In regional locations, integration can help create centralised referral pathways and improve collaboration between stretched services. In urban and metropolitan settings, ECHs can help families navigate a complex landscape of providers, reducing duplication and improving continuity of care. Without a concerted effort to adequately fund and support the ‘glue’, ECHs are limited in their capacity to achieve their goals. This section explores five key barriers currently limiting effective integration.

Systemic complexity undermines service integration

Australia’s social service system is complex, fragmented and often difficult to navigate for both services and families. ECHs are expected to assist families experiencing complex vulnerabilities and needs, from housing and income support to disability services and child protection. This often falls to a single, trusted individual – such as a hub facilitator – who is relied upon to understand the entire service system, including Centrelink, NDIS, public housing, and specialist health and social supports. Yet these systems are governed by different agencies and rarely share information. Without integration or cross-sector coordination, families struggle to navigate multiple pathways to seek access to the critical supports they need, often dropping out of the process entirely due to it being too difficult, and must retell their stories repeatedly, leaving staff shouldering the burden of making a fragmented system feel cohesive.

Limited recognition of the conditions for integration among funders and policymakers

While the benefits of service integration are widely acknowledged, the concept of the 'glue' or the conditions for integration remains largely overlooked for many policymakers and funders. This behind-the-scenes, relational work is difficult to measure and often dismissed as intangible or mistaken as an administrative overhead – despite being a core driver of impact. A recent study of six regional communities in Australia similarly found that integration was frequently constrained by "systemic constraints, including limitations and inconsistencies in community infrastructure...and the complexity of referral systems," which often left integration work unsupported and undervalued by funders and policy makers[6]. As a result, funding models tend to prioritise tangible, siloed, measurable outputs over shared outcomes. Key integration roles – such as community connectors or facilitators – are rarely formally recognised, leaving individuals to operate without a mandate, sufficient authority or dedicated resourcing. Moreover, limited recognition extends beyond individual roles to other core enablers, including shared governance structures, place-focused design, and flexible funding mechanisms. Without intentional support and recognition of the conditions for integration in policy and funding frameworks, the relational foundations required for effective integration in ECHs remains underappreciated and undervalued, and the ability of services to collaborate is hindered significantly.

Leadership and investment gaps in building relational infrastructure

True integration is not the automatic result of co-location – it must be built, facilitated, and sustained over time in relational infrastructure. Building trust, aligning service cultures, and maintaining coordination across diverse teams requires dedicated time, leadership and skills. Yet, this work is often added onto existing roles with no additional resources, clear responsibilities or systemic recognition. Individuals responsible for integration are expected to align stakeholders, facilitate collaboration, and respond to family needs, often without formal authority, dedicated time, or support from leadership – both at the service and government or funder level.

Reviews of service delivery have identified that a lack of leadership and commitment or support from senior management is a key barrier to successful service collaboration. Practitioners are typically funded and measured within their own service silos, making it difficult to invest time in outcomes that sit outside their remit. For instance, a maternal and child health nurse may identify a need best addressed through allied health, but their role may not extend to actively supporting that pathway. Research highlights that ECHs routinely under-resource this relational infrastructure, citing its invisibility in funding and evaluation systems as a significant barrier to effective integration[7].

Without resources, incentives or mechanisms that value cross-service impact, the burden of integration relies on individual goodwill. This reliance on individual champions creates key person risk – where integration efforts falter or collapse entirely when those individuals leave – and contributes to burnout, especially when this relational work is added on top of core duties. Without adequate investment and structural support, ECHs may appear to be integrated but remain fragmented in practice causing missing opportunities for early intervention and undermining the long-term effectiveness and sustainability of the hub model.

[6] Neilsen-Hewett, C., de Rosnay, M., Singleton, J., & Stouse-Lee, K. (2023). Supporting service integration through early childhood education: challenges and opportunities in regional contexts. *Frontiers in Education, 8*. doi:10.3389/feduc.2023.1220658

[7] Moore, T. (2021). Core Care Conditions for Children and Families: Implications for Integrated Child and Family Services. Prepared for Social Ventures Australia. Centre for Community Child Health, Murdoch Children's Research Institute. https://www.rch.org.au/uploadedFiles/Main/Content/ccch/images/SVA-EvidenceReview-paper-A.pdf. Note that ECHs were previously referred to as Integrated Child and Family Centres.

Siloed governance and funding structures

Services that operate within ECHs are typically governed and funded by different government departments, private sector, philanthropic organisations or non-profit partners, each with their own objectives, timelines, accountability mechanisms, and reporting systems. These structural silos make day-to-day collaboration difficult. For example, Early Childhood Education and Care (ECEC), child and allied health, family support, and other services often work under separate departmental mandates and regulatory frameworks, which limits their ability to align practice and share responsibility for child and family outcomes.

This fragmentation inhibits collaboration across both strategic and operational levels. It restricts the pooling of resources, complicates joint planning, and makes it harder for services to adapt to local needs. Additionally, a majority of ECH funding is short-term, program-specific, and inflexible – making it difficult to stabilise the workforce, invest in backbone roles, or establish the long-term partnerships needed for effective integration. These challenges are compounded by multiple layers of regulation and professional oversight which further restrict collaboration in practice. Services within an ECH may each be subject to different data protection rules, sector-specific regulations, or employment laws that make information-sharing difficult – even when it would benefit families. Professional registration requirements, privacy legislation, and clinical risk protocols can create environments of risk aversion, where staff can default to protecting their own service rather than seeking collaborative solutions.

Variations in employment arrangements and clearance processes (such as Working with Children Checks or police vetting) can also limit the ability to co-locate staff, share roles, or streamline onboarding across services. For example, an allied health professional governed by clinical risk frameworks may be unable to share observations with an ECEC educator without complex consent processes, despite working with the same family. In practice, this can lead to duplication, missed opportunities for early intervention, and siloed decision-making even within the same physical location. Ultimately, without deliberate policy and system-level alignment across governance, funding, and regulation, ECHs are left to navigate these complexities on their own. This stretches already limited resources and puts the burden of coordination on individual staff or community leaders, rather than embedding integration in the system itself.

> "Creating 'the glue' is challenging given the involvement of different layers of government and non-government players in early childhood services."
>
> – Royal Commission into Early Childhood Education and Care, South Australian Government[8]

[8] Government of South Australia, "*Royal Commission into Early Childhood Education and Care (South Australia) Final Report,"* (Adelaide, 2023), p.63

Workforce and capability gaps

Integration depends on people – not just systems. The workforce required to deliver integrated systems and practice is often under-supported. Many professionals in ECHs are not trained or incentivised to work collaboratively. In some communities, especially regional and remote areas, workforce shortages and high turnover limit the ability to build trusting relationships or sustain joint ways of working. In addition to formal qualifications, key individuals working as the 'glue' require high emotional intelligence, cultural safety, local knowledge, and strong interpersonal skills[9]. Recruiting and supporting these staff calls for new approaches to hiring (for instance, through behavioural interviews), ongoing professional development, and tailored induction into place-based work. Without a skilled and stable workforce, integration remains weak and disjointed, reducing the impact of ECHs on the children and families who need them most.

These systemic barriers reinforce the need to elevate and prioritise investing in the conditions for integration, and that the 'glue' needs to be supported in a variety of ways. Without a deliberate, coordinated approach that spans policy, practice, and funding, integration will remain fragile, sporadic, and overly reliant on individual efforts. A shift is needed: from short-term, service-specific investments to long-term, system-wide approaches that support coordination, shared purpose and collective care across the early years ecosystem.

[9] SVA & dandolo partners, *Integration in early years services: Learnings for impact*, (2024)

Understanding the glue in practice: How integration works across different communities

Salvation Army Balga Community Services (Metropolitan WA)

The Salvation Army Balga ECH (Balga ECH) in Perth, Western Australia demonstrates how relational infrastructure, collective care, and local leadership can drive effective integration in a metropolitan context. The hub emerged from a shared concern that children in the community were not meeting key developmental milestones and needed a unique, holistic, and culturally safe approach. In response, the team adopted a place-focused, family-led model, that supports not only children but the entire family unit. Today, the Balga ECH brings together early learning, child health, family support, and community services in one coordinated, responsive system.

The Balga ECH's integration approach is deeply grounded in trust, strong local relationships, and a shared sense of purpose. The operations coordinator notes that the 'glue' that holds the hub together is not as a single role, but a collective capability shaped by deep service knowledge, relational leadership, and the ability to navigate and connect systems to bring people and services together. This role blends project management with relational leadership – brokering support, aligning services, and sustaining collaboration in the absence of formal policy levers.

However, despite their well-developed integration efforts, the hub faces critical infrastructure barriers. The physical facilities and layout provide several challenges largely due to the lack of operational flexibility. Funding parameters define the scope of grant funding availability for investment in physical set up and improvements, which limits the hubs' capacity to address accessibility and functionality issues. These challenges highlight the structural components of integration – specifically, the need for appropriate physical place-focused design to promote collaboration and facilitate service delivery.

The Balga ECH experience underlines the importance of clear purpose and team-based relational work. Staff understood the roles and priorities of allied services operating in the hub, such as speech therapists and child health nurses, and were better able to engage in relational coordination, build shared language, and create seamless referral pathways. Staff also valued soft skills such as emotional intelligence and building community trust as critical workforce capabilities which are just as important as professional skills. These insights show how relational infrastructure, collective care, and workforce capabilities operate in tandem to build integrated support around families. Since the hub adopted a more place-focused and family-led model, the Balga ECH has seen improved engagement with services, earlier identification of developmental concerns, and stronger connections between families and support networks.

> "The Hub needs to be human and relational. Key relationships are needed to make sure all services integrate and build that child up together...this is a communal, village approach."
>
> - Jo Ineson, Operations Coordinator, Salvation Army Balga Community Services

Burnie Child and Family Learning Centre (Regional TAS)

The Burnie Child and Family Learning Centre (Burnie CFLC) in Tasmania has been operating for 12 years and is part of a network of 18 integrated hubs across the state. It is a model widely commended for embedding integration into the system rather than leaving it dependent on short-term grants. Funded directly by the Tasmanian Government Department for Education, Children and Young People, it supports families with children aged 0-5 and operates under a place-based, community-led model working in close collaboration with Burnie Works (a place based collective impact initiative on the North West Coast of Tasmania tackling issues stemming from long-term unemployment). The Burnie CFLC has four full-time permanent staff and additional investment over recent years in professional support staff such as social workers, speech pathologists, and psychologists who work across schools and centres. Importantly, CFLCs do not have to apply or advocate for recurrent funding. Salaries, buildings, and maintenance are funded on an ongoing basis through the CFLC budget and central facilities budget, giving centres a level of stability and security that is rare in other hub models. This consistent government investment has enabled the network to grow and embed the conditions for integration such as relational infrastructure, cross-agency professional support, and place-based design features.

An evaluation of Tasmania's CFLCs found that these hubs increased access to services and supports and helped to strengthen communities[10]. The centre offers co-located and visiting services including Child Health Nurses, Anglicare, Aboriginal Education Services, Head to Health, and more. While the physical infrastructure includes consultation rooms, shared play spaces, and training areas, the real strength lies in its approach to integration and collaboration. Weekly team reflections, quarterly face-to-face meetings across the network, and additional meetings to discuss dilemmas helps hub leaders feel supported, connected, and share learnings and develop awareness of projects to potentially collaborate. The centre leader talks to the value this brings particularly when working through challenges, "you can just pick up the phone and call any of the 17 other centre leaders". Integration is embedded at both the site level and across the CFLC network - for instance, all staff undertake Family Partnership Model training to build shared values and align common language.

Still, integration isn't without friction. Each referring organisation has its own paperwork and consent protocols, and families can face duplicative or inconsistent service pathways. The Burnie centre leader notes that sustained integration depends on "how the scene is set at the start" - trust-building with new service providers, clear referral processes, and embedding cultural safety and family voice in service design. The team also notes that funding doesn't always match operational needs. With up to 65 families visiting the centre on busy days and only four permanent staff, services can be stretched thin. Administrative demands such as managing insurance, contracts, and facilities consume leadership time and can make it harder to focus on strategic integration. These challenges highlight that while Tasmania's CFLC model has addressed the fragility of short-term funding seen elsewhere, ongoing investment in coordination roles, streamlined systems, and integration infrastructure is essential to fully realise the benefits of the model.

The Burnie CFLC views effective integration as both relational and systemic. It is powered by trusted networks, embedded collaboration structures, and shared ownership across services – but it also depends on time, flexibility, and infrastructure that values the "secret ingredients" of integration: trust, deep conversations, and consistent support.

[10] Hopwood, N. (2018). *Creating Better Futures: Report on Tasmania's Child and Family Centres*. UTS School of Education. https://static1.squarespace.com/static/5a13bc2aaeb62559b9c7b21e/t/5c04da21575d1f312eafb455/1543821953254/Hopwood+CFC+Report+2018.pdf

Mirrung, Ashcroft Public School (Metropolitan NSW)

Located within Ashcroft Public School in South-Western Sydney, Mirrung is a school-based community led hub operating in a community with high levels of socioeconomic disadvantage. The hub was established in partnership with the NSW Council of Social Service (NCOSS) in 2022. Referencing the Our Place approach, Mirrung takes a family-centred approach to support education outcomes. Bringing together early learning, health, student enrichment, and family supports, the hub can meet the complex and intersecting needs of local families. Prior to Mirrung's establishment in 2022, families often described social, health, and early learning services as program-driven, fragmented, complex, and failing to take a contextual or culturally safe approach[11]. Since then, the hub has become a trusted entry point for families by directly engaging with the community to understand and respond to their needs, successfully integrating services into the school setting. Integration at Mirrung is underpinned by a strong focus on place-focused design, deep relational infrastructure, and collaborative systems that have helped transform service delivery from siloed and transactional to holistic and responsive.

One of the key figures behind Mirrung's success is Director of the School Gateway Project who plays a critical backbone role by building collaboration between education, health and social services, and identifying opportunities for integration. However, unlike Tasmania's CLFCs where core staff are permanently funded and supported by system-level investment through the Family Partnership Model, Mirrung's integrator role has been sustained almost entirely through short-term or philanthropic funding. Without guaranteed support from mainstream service contracts, the role remains precarious and vulnerable to turnover or shifting priorities. This lack of dedicated funding highlights a common systemic barrier: essential integration roles are rarely recognised or resourced even though they are crucial for collaboration. Without long-term investment, hubs like Mirrung face the risk that gains in trust, collaboration, and improved family outcomes cannot be sustained or scaled.

Mirrung also grapples with limited formalisation of partnerships. While staff have built strong relationships with external providers, the Director of the School Gateway project noted that the absence of formal agreements like a Memorandum of Understanding (MOU) constrains long-term planning, shared governance, and legitimacy of integration roles. Partnerships currently rely heavily on goodwill, which makes collaboration vulnerable to leadership changes or shifting priorities. By contrast, Tasmania's CFLCs benefit from a more structured approach, with a partnership agreement in place across the network between key government services – CFLCs and Child and Parenting Service (CHaPS) - as well as "Working Together Agreements" that involve all service partners. These formal mechanisms provide clear roles, shared accountability, and greater security for integration, helping to embed collaboration into the everyday operations of each hub. Mirrung's experience highlights the risk of informal arrangements and reinforces the value of formalised agreements that can lock in collaboration as part of the system rather than leaving it dependent on personal relationships.

Despite these challenges, Mirrung demonstrates several conditions of integration in action. The team operates with a shared vision and a culturally responsive, team-based model. Staff - including an Aboriginal Education Officer, an Arabic-speaking Student Learning Support Officer (SLSO), a Samoan-speaking SLSO, and playgroup leaders – offer seamless referrals and collective care. The use of shared language and frameworks across services reduces duplication and ensures families receive coordinated and holistic support. Mirrung also exemplifies the value of community-responsive

[11] NSW Council of Social Service, *Mirrung Impact Report 2024*, online. https://www.ncoss.org.au/ncoss-school-gateway-project/#Report2024

integration. Staff are closely attuned to emerging family needs – from food security to housing and financial stress – and can quickly mobilise support. This responsiveness is made possible by strong relationships with families and a service culture that sees integration as a shared responsibility, not the role of one individual.

While still early days, Mirrung is already creating impact – contributing to improved access to early years education, access to health and wellbeing services, and greater family engagement in school life[12]. These gains are mirrored in educational and developmental outcomes. Between 2023 and 2024, school attendance at Ashcroft Public School increased significantly, and more students achieved stage-appropriate results in core areas. Comprehension scores rose from 29.5% to 36%, numeracy from 18% to 28%, and phonics from 26% to 30.5%[13].

> "Who makes up the team is critical from a cultural safety perspective – for example, we have a big team of hub players including an Arabic speaking SLSO, and an aboriginal education officer... there's no wrong door, families can approach anyone in the school and they will refer into the hub and help families. It's everyone's responsibility, and collective care is so important."
>
> - Olivia Wright, Director of the School Gateway Project, NSW Council of Social Service

[12] NSW Council of Social Service, 'Mirrung: Creating a Thriving Learning Community,' November 2023, online, https://www.ncoss.org.au/wp-content/uploads/2024/03/Mirrung-Creating-a-Thriving-Learning-Community-2023.pdf

[13] NCOSS (2025). *Mirrung Impact Report 2024*. https://www.ncoss.org.au/wp-content/uploads/2025/03/NCOSS1005-Mirrung-Impact-Report_web.pdf

Key insights and recommendations: What makes integration work effectively

Research and stakeholder interviews highlight that when the conditions for integration are properly established, supported and maintained, ECHs are more effective at delivering improved community outcomes through holistic, responsive services. These insights demonstrate the need for policy and resourcing strategies that support locally led integration over time, with a particular focus on funding flexibility, workforce capability, and embedded system design. To achieve this, the Commonwealth Government must provide national leadership through long-term, flexible funding and clearer policy settings that prioritise integration and recognise the 'glue'. Governments, private and philanthropic funders, and service systems must work together to align investment, governance, and evaluation practices that embed integration into service delivery. At the local level, hub leaders must intentionally design and sustain the conditions for integration – through strong relationships, clear roles, and inclusive, community-led governance.

1. Commonwealth policy and funding levers

The Commonwealth government plays a critical enabling role in embedding integrated models in Australia's ECEC system. Beyond supporting integration at existing hubs, national leadership is needed to grow a strong, high quality ECH sector over time. This requires more than funding through a pilot or discretionary grants – it involves a commitment to embed integration into policy and funding frameworks. The current ECEC Pricing Review and broader affordability reforms present an opportunity to design recurrent funding that explicitly resources integration enablers in hubs. This could take the form of direct grants for integration roles and shared infrastructure in hubs, or additional allowances in future ECEC funding models to pay for integration activities. The objective is to ensure integration funding is stable, ongoing, and nationally recognised as essential infrastructure, not as a short-term add-on.

To achieve this, the Commonwealth government must provide a clear policy direction that supports place-focused, integrated service delivery as a core feature of the ECEC landscape. This includes expanding the number of ECHs across Australia in communities where they are most needed, resourcing their foundational and operational infrastructure, and supporting long-term, flexible funding for sustained collaboration and impact.

At the heart of sustainable integration is flexible, long-term funding that supports embedding the 'glue' - the relational and operational infrastructure that holds integration together. Research consistently shows that short-term, fragmented and inconsistent funding undermines the legitimacy of integrated models. A recent study on Child and Family Hubs in NSW found that the under-resourcing and instability of key coordination roles (such as hub coordinators) were major barriers to translating policy to practice[14]. International evidence reinforces this, highlighting that without stable and flexible financial commitments, integrated service models struggle to build trust, align services, and demonstrate sustained outcomes[15]. Flexible funding is not just about security – it enables

[14] Calik, A., Liu, H.M., Montgomery, A. *et al.* Moving from idea to reality: The barriers and enablers to implementing Child and Family Hubs policy into practice in NSW, Australia, *Health Research Policy and Systems*, 22, 83 (2024). https://doi.org/10.1186/s12961-024-01164-0

[15] Hope, S., Stepanova,E., et.al. 'This needs to be a journey that we're actually on together' - the introduction of integrated care systems for children and young people in England: a qualitative study of the views of local system stakeholders during winter 2021/22' *BMC Health Services Research,* 23, Article number 1448 (2023)

responsiveness. It allows ECHs to tailor their integration strategies to local conditions: geography, demographics, workforce capacity, service gaps, and maturity stage. For example, a newly established ECH may use integration funding to hire a dedicated hub coordinator and begin building strong partnerships and lead co-design with community. In contrast, a more established hub may instead focus on embedding shared data systems, strengthen governance, or run a locally managed brokerage fund that supports families with complex needs. This flexibility enables hubs to provide timely, community-specific responses – whether that means setting up a food pantry, subsidising transport, or purchasing a pram for a new parent.

Importantly, integration is not achieved through a fixed model but through adaptive, community-led processes. Different communities in and across urban, regional, and remote areas, require different combinations of support based on community needs. By committing to dedicated, adaptable, and multi-year funding cycles, the Commonwealth and State and Territory governments can give ECHs the stability needed to foster partnerships, build operational cohesion, community engagement, and improve outcome measurement. Flexible funding also supports evidence-informed approaches by enabling communities to define what integration success looks like, investing in the systems and practices that support that vision.

> "The glue functions more like a recipe than a prescribed framework. Ideally it should be adaptable to the local context and build around common ingredients such as trust, collaboration, capability, leadership and resourcing. Some communities need a basic recipe while others a bespoke version, depending on existing strengths and barriers. Each community needs its own version of the recipe depending on context."
>
> – Linda Barach, Strengthening Communities Alliance

Key recommendations for the Commonwealth government:

1.1 Commit to systematically funding integration as core infrastructure within the ECEC system by providing flexible, long-term integration funding cycles of 5-10 years (with opportunities for co-investment from private sector and philanthropic funders). The Commonwealth should establish recurrent, flexible funding arrangements to resource the essential integration function of hubs – such as hub coordinators, partnership roles, shared systems, governance, and professional development. This funding should be provided on 5–10 year cycles to give hubs stability and the capacity to sustain trust, relationships, and cross-sector collaboration. Over time, this investment should be embedded into mainstream policy settings, including recurrent grants in the near term and adjustments to ECEC pricing and Foundational Supports so that integration is explicitly resourced within service funding streams. This would move integration funding from a patchwork of pilots and discretionary grants to a nationally recognised, ongoing commitment, giving hubs the security to invest in the 'glue' and enabling hubs to scale and deliver consistent outcomes.

1.2. Invest in scaling high-quality, integrated ECHs across Australia. Establish a national growth strategy, supported by dedicated funding streams, to enable new ECHs in communities facing service fragmentation and disadvantage. Before establishing new hubs, undertake a readiness assessment to ensure the right foundations, local leadership, and enabling conditions are in place so that hubs are sustainable and effective from the outset.

1.3. Align integration funding to community-defined priorities, not just fixed outputs. This ensures ECHs remain responsive, flexible, culturally safe, and locally led. Funding should support activities identified through community co-design (especially in communities historically underserved by mainstream services). This includes brokerage funding for urgent, wraparound support for families who might face immediate barriers – such as transport, food, or essential items.

1.4. Develop national and state-level guidance on the conditions of integration. The Department of Education (DoE) should have accountability for this guidance and work in close partnership with the National Child and Family Hubs Network and the Department of Social Services (DSS). The guidance should include shared principles (e.g. trust, collaboration, and cultural safety) and practical implementation tools such as an integration maturity self-assessment for hubs, sample role descriptions, governance and evaluation templates. This approach balances national consistency with local flexibility, supporting hubs to embed integration in ways that suit their context and stage of development.

1.5. Provide tailored access to evaluation capability for ECHs. Rather than leaving hubs to conduct evaluations ad hoc, the Commonwealth should establish a panel of accredited evaluation partners (with expertise in early childhood, integration, and culturally safe approaches) that hubs can draw on. This would support hubs in monitoring progress, refining models, improving quality, and ensuring continuous improvement. This also supports shared learning across sites and strengthens the national evidence base on integration effectiveness.

1.6. Embed integration as a core line item in policy, funding agreements, and performance frameworks. The Commonwealth should require ECHs to show how integration is resourced and embedded, with funding agreements that treat integration as core infrastructure rather than discretionary extras. Performance frameworks should include measures of family experience and relational outcomes alongside standard outputs. To strengthen cross-sector coordination, DoE should lead an interdepartmental working group (with Health, DSS, and State/Territory counterparts) to align funding and accountability settings. This mechanism would embed integration into the

machinery of government, ensuring sustained collaboration across education, health, and family services at a national level.

2. Collaborative action across government, private sector, and philanthropy

Successful integration is relational by nature – it depends not just on the connections between families and services, but on meaningful collaboration across the entire service ecosystem. Governments, philanthropic organisations, and the private sector each hold unique levers that, when combined, can create the conditions that allow ECHS to deliver integrated, community-responsive services. Evidence shows that pooled or co-funded models offer more than just greater flexibility – they foster shared learning, reinforce long-term commitment, and build collective accountability for outcomes[16]. When integration strategies are co-designed and shaped in partnership with communities, they are more likely to reflect local contexts, improve service alignment, and result in sustainable change[17].

Research and interviews with hub and sector leaders reinforce that integration cannot be delivered through rigid, one-size-fits-all frameworks. Instead, successful integration emerges through adaptive, community led processes that evolve over time[18]. This requires a balance where systems must invest in integration but also give communities autonomy in shaping how the 'glue' functions in practice. The national evaluation of the *Communities for Children (CfC)* initiative provides a compelling example: in sites where backbone functions such as local coordination, community leadership, and shared decision-making were supported, communities reported more responsive service delivery and improved child and family outcomes[19]. To support this, system-level actors must adopt a situational yet replicable approach – providing clear national guidance on core integration principles, while enabling communities the autonomy and resourcing to adapt integration locally. Integration is not a one-off initiative; it is a dynamic and iterative process requiring structures that support ongoing learning, refinement and responsiveness.

Multi-tiered and cross-sector governance structures also play a critical role in aligning intent and action. When senior decision-makers from partner organisations and government agencies sit alongside local representatives and community leaders, it helps bridge the gap between policy and lived experience. These bodies should embed accountability to community-defined priorities and help steer system settings (such as shared data, funding models, and outcome measurement) in support of integration. However, formalising these partnerships is also essential. Tools such as Memorandums of Understanding (MoUs), shared outcome frameworks (such as explicitly calling out relational work in staff role descriptions), practice frameworks and ways of working, and consistent language across all services help operationalise shared purpose and embed collaboration in everyday practice. These tools legitimise the relational work of integration, empowering staff to prioritise collaboration and ensure shared purpose is embedded into everyday practice.

Alongside governance, day-to-day integration also depends on operational infrastructure. Even when full-scale data sharing or joint case management may not yet be feasible due to legal or clinical constraints, practical steps can still be taken. These include warm referrals, shared case discussions where appropriate, and helping families navigate complex service systems so they feel supported rather than bounced between disconnected services. Regular cross-sector check-ins, shared

[16] Reiter, A., 'Philanthropists embrace collaborative funding to multiply their impact,' *Financial Times,* 2004, https://www.ft.com/content/8403a83d-e375-4996-89c4-a5abe6097d6b

[17] Montgomery, A., Honniset, S., Hall, T. *et.al.* Co-designing integrated child and family hubs for families experiencing adversity, *The Medical Journal of Australia*, 221, 10 (2024), https://doi:10.5694/mja2.52486

[18] Social Ventures Australia, *Happy, health and thriving children: Enhancing the Impact of Our Integrated Child and Family Centres in Australia*, May 2023, https://www.socialventures.org.au/wp-content/uploads/2024/07/Enhancing-the-impact-of-our-Integrated-Child-and-Family-Centres-in-Australia.pdf

[19] Australian Institute of Family Studies, National Evaluation of the Communities for Children Initiative, Family Matters, no.84 (2009), https://aifs.gov.au/research/family-matters/no-84/national-evaluation-communities-children-initiative

language, and locally tailored referral pathways can all help build alignment and trust across teams, laying the groundwork for stronger integration over time. Consent-based information-sharing protocols – such as shared intake forms or common assessment tools – can also reduce duplication, streamline access to services, and uphold privacy and cultural safety. By enabling continuity of care, these approaches reduce the burden on families to repeatedly tell their stories and strengthen collaboration among providers.

Finally, ECHs need support to build internal capability and reflect on their practice. While many frontline workers excel in relational roles, they often lack time or support for data tracking, systems thinking, or formal evaluation. Backbone infrastructure – whether through in-house teams or external evaluation partners – can help hubs embed continuous learning, monitor integration outcomes, and adapt their models to better serve local needs.

Key recommendations for governments, philanthropic funders, and private sector partners:

2.1. Fund capability-building as relational infrastructure. Provide operational funding and protected time for integration activities across services – such as fortnightly team reflection, joint planning sessions, partnership meetings, cross-sector strategy sessions – to support culture change and collaboration across services.

2.2. Establish inclusive, multi-tiered and cross-sector governance structures that embed family and community voice (including parents, Aboriginal and Torres Strait Islander leaders, and local community representatives), alongside senior decision-makers from partner organisations and government agencies. These bodies should be accountable to local priorities and will help drive alignment and whole-of-government support for integration efforts.

> **2.2.1. Strengthen the role of Aboriginal Community Controlled Organisations (ACCOs) in high Aboriginal and Torres Strait Islander population areas.** Integration governance in these areas should be led or co-led by ACCOs to uphold self-determination, cultural safety, and community leadership. This aligns with SNAICC's recommended policy framework and funding models, which calls for sustained, long-term direct investment in ACCOs to lead culturally responsive and holistic early years services. Integration efforts in these contexts should be grounded in community-controlled governance, ensuring services are accountable to local Elders, families, and community priorities[20].

2.3. Formalise partnership arrangements (e.g. MoUs) that define shared goals, clarify roles, support shared language and outcome frameworks, and embed expectations for relational work.

2.4. Integrate iterative learning into funding and policy design, ensuring multi-year programs are underpinned by regular, community-led review cycles to adapt strategies based on lived experience and emerging evidence.

2.5. Invest in coordination systems and backbone infrastructure to support functions that enable daily integration – such as cross-sector coordination, shared data systems, referral processes, joint case management, and mechanisms for real-time collaboration.

[20] SNAICC, 'Funding Model Options for ACCO Integrated Early Years Services: Final Report,' online, available: https://www.snaicc.org.au/resources/funding-model-options-for-acco-integrated-early-years-services-final-report/

2.6. Support the development of consent-based information-sharing protocols that uphold privacy while enabling seamless service access for families. This may include shared intake forms, digital referral systems, or common assessment tools governed by agreed principles.

3. Hub-level levers for collaborative change in partnership with communities

ECHs are where integration becomes tangible for families. The effectiveness of integration depends on the people within hubs who build trust, foster connection, and create welcoming environments – often local community members, volunteers, or staff without formal qualifications, but with deep cultural knowledge, lived experience, and trusted relationships. These individuals are often best placed to link families across services and build collaborative, culturally safe support systems. Yet this relational work is frequently under-resourced and undervalued. Research shows that when relational infrastructure is poorly defined or rely on a single staff member without support, efforts are quickly fragmented and there are missed opportunities for collective impact – especially in the face of staff turnover or shifting priorities[21]. To make integration sustainable, ECHs must intentionally embed it as a core, team-wide function. This means clearly defined roles, protected time for collaboration and building relationships with families or undertaking community outreach, and shared accountability for outcomes. It also means shifting towards strengths-based hiring practices – such as prioritising behavioural qualities (for example, empathy, cultural awareness, and a collaborative mindset) - and providing clear training and support pathways for these individuals to be employed and retained in these hubs[22].

Importantly, collaboration must be measured by its impact on families, not its convenience for service providers. Professional services exist to carry the burden of system navigation so that families don't have to[23]. To assess whether integration is achieving its purpose, ECHs should measure the experience of families, not just back-end coordination. This could include regular surveys of families on how easy it was to access and navigate services, qualitative insights from families about their emotional and relational experience with hubs, and quantitative tracking of outcomes for families engaged with hubs compared to families not accessing hubs.

High-functioning hubs also embed community voice in governance and decision-making. Integration is strongest when hub staff, families, and community leaders co-design solutions together, drawing on their collective expertise to shape priorities, reflect on impact, and adapt practice over time. This inclusive governance is especially important in Aboriginal communities where community-controlled governance upholds cultural safety, local leadership, and self-determination. When integration is intentionally embedded across workforce, measurement, and governance, ECHs become resilient, adaptive, and better positioned to deliver improved outcomes for families.

[21] Calik, A., Liu, H.M., Montgomery, A. *et al.* Moving from idea to reality: The barriers and enablers to implementing Child and Family Hubs policy into practice in NSW, Australia, *Health Research Policy and Systems*, 22, 83 (2024). https://doi.org/10.1186/s12961-024-01164-0

[22] SVA & dandolo partners, *Integration in early years services: Learnings for impact*, (2024)

[23] Toomey, J., 2024, 'Managing difficulty in social service systems – implications for future system design,' Connell Advisory, online, https://www.linkedin.com/pulse/managing-difficulty-social-service-systems-future-system-james-toomey-qnwzc/?trackingId=yrw9AigsTB%2BAXnEhdYkQEw%3D%3D

Key recommendations for hub leaders and community partners:

3.1. Hub leaders to establish clearly defined integration roles and embed integration as a shared team function. Integration should not be confined to a single position but embedded across the team by formally allocating a percentage of frontline staff time to integration functions. This percentage should be tailored to the specific needs and contexts of each hub, ensuring that integration responsibilities (such as coordination, relationship-building, and joint planning) are embedded across teams and reflected in job descriptions and performance reviews.

3.2. Adopt strengths-based, community-first hiring practices that prioritise behavioural capabilities, cultural fit, and community trust – including paid traineeships or pathways for current hub users or volunteers to step into staff roles.

3.3. Build understanding of evaluation practices among staff to ensure consistency in outcome tracking and adapting to local needs.

3.4. Embed measurement of family experience as a core system indicator. Fund periodic feedback from families on their experience of accessing hub services – including both qualitative ('customer experience') and quantitative data – to understand how integration is improving accessibility, responsiveness, and outcomes from a family's perspective. Integration should be measured not only by systems working together, but by whether it reduces effort and stress for families.

3.5. Integrate community accountability mechanisms to incorporate regular community input, transparent reporting against shared outcomes, and decision-making processes that ensure governance bodies remain grounded in local priorities.

3.6. Invest in participatory co-design processes, bringing together families, frontline staff, and community leaders – particularly those from culturally and linguistically diverse or historically underserved communities – to shape integration enablers that reflect local values and contexts.

3.7. Establish and strengthen peer learning and collaboration across hub sites to share insights, tools, lessons learned, and practical strategies for implementing integration enablers across diverse communities.

Conclusion

While the focus of this report is on enabling integrated service delivery, the purpose of that integration is clear: to reduce fragmentation for families and improve outcomes for children, families and communities. Successful integration in ECHs cannot rely on goodwill and co-location alone. It is a complex and long-term process that requires intentional design, sustained investment, and a supportive policy and funding environment. This report has demonstrated that while ECHs offer a powerful model for delivering holistic, coordinated support to families, their success hinges on successfully embedding conditions of integration or the 'glue'. Through an extensive literature review and engagement with hub and sector leaders, this report has identified five domains of integration which brings theory into practice – ranging from relational infrastructure and backbone systems to collective care and cross-sector governance. These elements are essential for ensuring services work seamlessly together to deliver the right support at the right time.

Yet despite their significance, the conditions for integration remain undervalued, underfunded, and largely unrecognised from policy and service design. Fragmented funding models, misaligned incentives, workforce pressures, and the absence of formal collaboration mechanisms continue to impede integration. Without addressing these barriers, ECHs may miss opportunities to be more effective in assisting families experiencing multiple forms of disadvantage.

There is a clear opportunity for funders and governments to grow and strengthen ECHs by investing in the conditions for integration or the 'glue' – including through flexible, long-term funding, shared infrastructure, and local capacity building. At the same time, hub leaders can enhance their impact by prioritising integration in everyday practice – embedding coordination roles, strengthening governance, and fostering a culture of collaboration. Realising the full potential of ECHs requires shared responsibility and deliberate investment in the invisible, relational, and structural work that drives meaningful change for children and families. Just as core staff roles are funded in a school or health clinic, integration roles should be recognised as essential infrastructure – not discretionary extras. Without this 'glue', services cannot function as a cohesive system.

Crucially, integrated hubs also provide a pathway to whole-of-system reform. They demonstrate how government departments, funders, and service providers can align around common goals, breaking down siloes and reshaping behaviours across education, health, and family support systems. When properly resourced, hubs deliver more than outcomes for families: they model how government themselves can work differently. By increasing the efficiency of service delivery, strengthening workforce retention, and improving the return on investment in early years, integrated hubs provide both a service model and a blueprint for whole-of-system reform. This report shows that integration is not only possible – it's already happening in ECHs across Australia. To make this widespread and sustainable, we must invest and support the infrastructure that enables integration to thrive – and in doing so, harness hubs as both a service model and a catalyst for system reform.

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