



2017

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## Parliament of Tasmania

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### LEGISLATIVE COUNCIL

### SELECT COMMITTEE

FINAL REPORT

ON

### *Child and Family Centres in Tasmania*

#### **Members of the Select Committee**

Hon Josh Willie MLC (Inquiry Chair)

Hon Ruth Forrest MLC (Inquiry Deputy Chair)

Hon Ivan Dean MLC

Hon Leonie Hiscutt MLC (to 30 March 2017)

Hon Tania Rattray MLC

Hon Rob Valentine MLC

## **Terms of Reference**

On Tuesday 20 September 2016, the Legislative Council resolved that a Select Committee be appointed to inquire into and report upon Tasmanian Child and Family Centres with particular reference to -

- (1) The challenges to and benefits of the provision of an integrated collaborative health and wellbeing and early education and care service delivery model;
- (2) The role of Child and Family Centres in providing early learning to children;
- (3) The role of Child and Family Centres in providing education and support to families and carers in their parenting role and participation in early learning programs.
- (4) The outcomes and broader impacts of Child and Family Centres to the communities which they are located in;
- (5) The level of government funding provided to Child and Family Centres and whether there is a need for more Child and Family Centres in particular communities or locations; and
- (6) Any other matters incidental thereto.

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## CHAIR'S FOREWORD

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On behalf of the Legislative Council Select Committee, it is my pleasure to present the Child and Family Centres Inquiry Report.

The Inquiry was established with a view that, as Child and Family Centres have been operating for a number of years, it would be prudent for Parliament to examine if the Centres were meeting their objectives and to provide a public forum to highlight the impact they are having in the community. The Inquiry offered the opportunity for stakeholders to consider the terms of reference, including the level of government funding provided to Child and Family Centres and whether there is a need for more Child and Family Centres in particular communities or locations.

The Inquiry highlighted the value of Child and Family Centres (CFCs). CFCs provide a supportive environment and improve the health and well-being, education and care of children 0-5 years and their families. CFCs provide place based access to services in the local community. Evidence presented to the Committee demonstrated that CFCs are delivering better outcomes for families and the communities where CFCs are located.

The Committee has made 14 recommendations. Recommendations include that existing CFCs be retained and additional outreach services provided to overcome barriers for families in accessing CFCs in regional areas. The Committee further recommends new CFCs be built in areas identified via mapping of service gaps. The need for improved data collection and sharing of data between CFCs and agencies was identified. The value of active Local Area Advisory Groups is recognised and promotion of the ongoing engagement of these groups is recommended.

Many individuals, organisations, the Department of Education and other government agencies assisted the Committee by sharing their opinions, expertise and evidence. A better future for children and families in Tasmania lies ahead if the passion and dedication of the people who work in the sector is any indication. The Committee shares the interest of those engaged in CFCs in ensuring our young people and their families have every opportunity to succeed. I'm extremely grateful to all of the people who made the effort to write a submission, appear at a public hearing or provide information requested by the Committee.

A moving quote from Ms Suellen Robinson highlights many of the sentiments presented to the Committee:

*The Chigwell Family Centre offers me the village I don't have at home. My children feel a sense of belonging, community and importance. I feel less isolated and lonely, more confident in my parenting and the knowledge if I reach out there is always a solution to anything.*

The Committee would like to thank CFC staff, service providers, volunteers, children and families for welcoming the Committee members during site visits and their willingness to share

positive stories and suggest improvements at a number of Child and Family Centre site visits across the State.

I was particularly pleased with the high level of engagement from my fellow Committee members and I thank them for their input and willingness to share their Parliamentary experience. I'd also like to express my sincerest appreciation to Natasha Exel and other Legislative Council and Parliamentary Staff for their excellent support.

Finally, the Committee hopes the Inquiry has facilitated discussion on how we provide quality support to children and families in Tasmania. The findings and the recommendations reflect the evidence provided by people who have the expertise, experience and passion to drive positive social change. I commend them on the positive impact they are having in our communities and wish them all the best for the future.

A handwritten signature in black ink, appearing to read 'Josh Willie', with a stylized, cursive script.

Josh Willie  
Chair

14 November 2017

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## INTRODUCTION

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1. On Tuesday 20 September 2016, the Legislative Council resolved that a Select Committee be appointed to inquire into and report upon Tasmanian Child and Family Centres (CFCs).
2. CFCs were established in Tasmania in 2009 with the objective of improving the health, well-being, education and care of Tasmania's young children, particularly in lower socio-economic communities. They cater for children from pregnancy through to five years which is currently the Tasmanian compulsory school starting age<sup>1</sup>
3. CFCs aim to support parents and provide 'one-stop shop' access to a range of services which would otherwise be spread throughout the community. Services provided by CFCs include early learning, child and family health, oral health, immunisation, child therapy and playgroups. CFCs partner with the Child Health and Parenting Service to provide child health, growth and development assessments, parental support and early intervention services.<sup>2</sup>
4. CFCs are overseen by the Child and Family Centre Interdepartmental Committee which includes membership from the Department of Education, the Department of Health and Human Services, the Tasmanian Health Service, Tasmania Police and the Department of Premier and Cabinet.<sup>3</sup>
5. There are currently twelve CFCs in Tasmania located in the following regions:
  - North**  
Beaconsfield, St Helens, George Town and Ravenswood
  - South**  
Bridgewater Tagara lia, Chigwell, Clarence Plains, Derwent Valley ptunarra, and Geeveston wapraratee
  - North West**  
Burnie, East Devonport and Queenstown
6. The Inquiry was established with the view that, as CFCs have now been established for several years, it would be timely to examine how effectively they were fulfilling their objectives and their impacts on the communities they were located in. The Inquiry also believed it would be useful to investigate any constraints to their effectiveness and whether there was a need for additional CFCs in Tasmania and, if so, what areas might be prioritised.

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<sup>1</sup> <https://documentcentre.education.tas.gov.au/Documents/Overview-of-Child-and-Family-Centres.pdf>

<sup>2</sup> Written submission, Government of Tasmania, p.3

<sup>3</sup> Ibid, p. 4

7. The Government advised the Inquiry that demand for the services of CFCs was generally high:

**Table 1: Maximum and average visits per day – by Census and by Centre<sup>4</sup>**

Centre	May 2016		November 2016	
	Max	Average*	Max	Average*
Beaconsfield	158	98.3	191	121.3
Bridgewater	80	46.3	221	75.1
Burnie	108	70	144	73.5
Chigwell	359	153.3	258	150.1
Clarence Plains	392	95.6	148	88.3
Derwent Valley	141	71.1	132	87.3
East Devonport	152	86.2	123	73.6
Geeveston	88	31.2	78	31.2
George Town	104	62.6	87	54.4
Queenstown	103	51.6	228	163.9
Ravenswood	141	99.9	188	109.7
St Helens	116	58	101	39.8

\* Averages are calculated based on a five day week and do not take into account weekend programs that have been undertaken by some centres or weekdays where a centre has been closed.

**Table 2: Total visits across all CFCs**

All Centres	Aug 2015	May 2016	Nov 2016
Total visits	18,892	20,412	23,659
Average visits	1,324	1,701	1,972

8. The Government also provided the Inquiry with figures on attendance rates at Child Health Assessments (CHAs):

**Table 3: Attendance rates at Child Health Assessments (CHA) 2016-17**

CHA	Total clients available to receive Child Health Services			Clients attending Child Health Centres (CHC)			Clients attending Child and Family Centres (CFC)			% of all ChaPs clients attending at a CHC	% of all ChaPS clients attending at a CFC
	Clients registered	Attended	%	Clients registered	Attended	%	Clients registered	Attended	%		
6 Month CHA	5,644	4,119	73	4,719	3,413	72	834	629	75	60%	11%
12 Month CHS	5,731	3,528	62	4,823	2,955	61	827	504	61	52%	9%
2 Year CHA	5,893	2,727	46	4,978	2,267	46	824	396	48	38%	7%
Healthy Kids Check	6,176	2,532	41	5,532	2,203	40	621	328	53	36%	5%

9. In undertaking the Inquiry, Committee Members conducted site visits to CFCs in Beaconsfield, Burnie, Break O'Day, Bridgewater, Chigwell, Clarence Plains, Derwent Valley, Geeveston and Queenstown Child and Family Centres.

<sup>4</sup> Ibid, p.7

10. The Committee also received evidence from the Office of Early Childhood Development and Learning, Department of Education, Western Australia in relation to the model adopted in Western Australia.
11. Inquiry Members extend their sincere thanks to all individuals and organisations that provided input to the inquiry process and to the Child and Family Centres and the Department of Education Tasmania for facilitating site visits to the Centres.
12. This report should be read in conjunction with the submissions and Hansard transcripts which can be accessed via the Inquiry webpage at:  
<http://www.parliament.tas.gov.au/ctee/Council/LC%20Select%20Tas%20Child%20Family%20Centres%202016.html>



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## FINDINGS

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1. CFCs are providing beneficial health and education outcomes to families with children aged 0-5 years in the communities in which they are located.
2. There are not enough CFCs or outreach services to meet the needs of Tasmanian families with children aged 0-5 years.
3. CFCs in some other states and territories cater for families with children aged up to 12 years.
4. CFCs are providing access to social support and services that improve health and well-being outcomes for families who access the centres.
5. CFCs are providing place-based access to a range of services that are designed to meet the identified needs of the community.
6. CFCs provide access to integrated services, however, the extent of coordination and linking of services between government departments was questioned.
7. CFC Local Area Advisory Groups identify the specific needs of the local community.
8. Access to CFCs enables early identification of childrens' specific needs facilitating referral to the appropriate service.
9. Child Health and Parenting (CHaPs) nurses are operating in the majority of CFCs, increasing engagement with services and providing significant benefits.
10. Some families across Tasmania are unwilling or unable to access CFCs due to a range of barriers including:
  - the absence of a local CFC or outreach service in their community;
  - a lack of transport;
  - past experiences with government-provided services;
  - social circumstances;
  - limited capacity of infrastructure;
  - hours of operation; and/or
  - a lack of awareness of CFCs and the services they provide.
11. The requirement for parents and/or guardians to accompany children to CFCs can be a barrier to some children accessing a CFC.
12. Despite the benefits of CFCs and the best endeavours of staff, some families remain difficult to reach.
13. Outreach services will improve access to the services provided by CFCs across Tasmania. A hub-and-spoke model has been effectively used in other jurisdictions.
14. CFCs have access to and/or employ specialised staff with experience in early childhood development.
15. CFCs rely on and benefit from the involvement of volunteers.

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## **FINDINGS continued**

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16. Fragmentation and/or duplication of services occurs in some communities where CFCs and Neighbourhood/Community Houses are located.
17. Services are streamlined in communities where there is collaboration and communication between CFCs and Neighbourhood/Community Houses.
18. CFC services are being delivered effectively from purpose-built and re-purposed buildings.
19. Community input to the establishment of CFCs is important to promote community engagement.
20. Data collection and sharing across CFCs and government agencies is inconsistent.
21. Programs such as Launching into Learning (LiL) help transition children and families to the school environment and are valued by the community.
22. Some CFCs are utilised to provide a safe environment for supervised access visits.

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## RECOMMENDATIONS

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### **The Government -**

1. Commit to retaining existing CFCs and provide appropriate human and financial resourcing.
2. Commit to additional outreach services from existing CFCs and provide appropriate human and financial resourcing.
3. Engage relevant stakeholders to source current data and map current service gaps to identify areas that would benefit from the establishment of CFCs.
4. Commit to building additional CFCs; that are strategically located and facilitate outreach services to meet the needs of Tasmanian families with children aged 0-5 years, and ensure appropriate human and financial resourcing.
5. In planning new CFCs, access barriers should be taken into consideration, including:
  - social demographics;
  - transport availability;
  - capacity of existing or need for new infrastructure; and
  - hours of operation.
6. Establish an inclusive communications and marketing strategy to promote CFCs across a range of media platforms.
7. Develop and implement a statewide administrative data collection system for CFCs.
8. Establish a framework to facilitate the connection of CFC administrative data with other related datasets to enable longitudinal research into the educational and health and wellbeing outcomes of Tasmanian children.
9. Coordinate the linking of services between CFCs and the relevant government departments.
10. Establish protocols to share relevant government agency data, including newborn notifications, with CFCs as appropriate.
11. Engage local communities in the consideration and planning of new CFCs and expansion of outreach services.
12. Explore opportunities to re-purpose existing buildings into CFCs.
13. Commit to monitoring and actively promoting the involvement of Local Area Advisory Groups.
14. Negotiate and implement a Memorandum of Understanding that clearly articulates the roles, responsibilities and scope of services provided by CFCs and Neighbourhood/Community Houses.

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# 1. EVIDENCE

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## Benefits of CFCs

1.1 Virtually all evidence received indicated that Child and Family Centres played an invaluable role in providing an integrated range of services to Tasmanian children and families.

1.2 Ms Jenny Mountney, Centre Leader of East Devonport CFC, provided the following observation:

*Our services work very differently, collaboratively and sincerely in supporting families. We find a heater for the family with a two-week old baby that does not have a heater; we get an urgent doctor's appointment for the child with suspected meningococcal; we think about how to support that child with speech delays, but there is no transport to the appointments; we feed the family who have left a violent situation.*

*We do all those things and there is no data, no forms, and no reports that can describe what and how we do it. It is a privilege and a humbling place to be where we are not experts, but we are facilitators or triage for families in need, as well as providing the opportunities and access to high-quality play experiences.<sup>5</sup>*

1.2 When visiting Beaconsfield CFC, Members of the Committee heard the co-location of services on the school grounds provided a great opportunity for collaboration between services (child care, Child and Family Centre and Neighbourhood House). A Dad's program was also offered in the evening. A child health nurse, social inclusion worker, education officer, on-line access manager and visiting psychologist were all available at various times if needed.

1.3. The Inquiry noted evidence that it is critical to promote parental engagement and early learning opportunities at an earlier age than a child would normally enter school. Ms Elizabeth Daly OAM, former Chair of the Tasmanian Early Years Foundation, advised the Inquiry that there was a noticeable difference in the developmental progress of children who had spent sufficient time in childcare, early learning or a CFC, compared with children who hadn't. Ms Daly stated that it was important to define the difference between simply lowering the kindergarten entry age as parental education and engagement is critical to the long-term impact on a child's ongoing education.

*The difference in language development and social development of those particular children who have not had that opportunity, and I hate to mention it, but my own grandchildren, the difference is - just compare a child who has been to child care for enough hours to make a difference, or a child who has been to a play group, to early*

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<sup>5</sup> Hansard transcript, Jenny Mountney, 13 June 2017, p.42

*learning at a CFC - if they have had a significant amount of time, and it is more than two or three hours - that is what a lot of them are getting, two or three hours. The kids who go to child and family centres or child care are getting so much more, and there is a big difference.*<sup>6</sup>

- 1.4 Professor Cate Taylor, representing Telethon Kids, believed that CFCs are an opportunity to reach families that mainstream departments have not traditionally reached and that Telethon Kids research indicated that this was able to be measured:

*....because the Department of Education is collecting enrolment information, we know which children in the population are using child and family centres. We can start to understand the characteristics of the families and the children who are using these services in centres compared to the rest of the population.*

*That is the goal of this partnership project, which is the departments of Education, Health, and Premier and Cabinet coming together to bring together the administrative data so that we can take that longitudinal view. It is very different from looking at the proportion of children who are attending a CHaPS visit at any one age. We are starting with children from birth, their first appointment at CHaPS is at two weeks, and we are going to be following them through all the services that are delivered as they are in the mainstream, as well as in child and family centres.*

*That is our approach to understanding what the add-on benefit is and who is using the services. We really need to know that for every child born in Tasmania, which is what we are doing at the moment.*<sup>7</sup>

- 1.5 George Town CFC noted that some families have other crisis needs and CFCs can connect parents with essential services, agencies and organisations. Councillor Peter Parkes, representing George Town CFC stated:

*Child and family centres are where the rubber hits the road for government and other services to the community. They are a one-stop shop for parents and carers of children aged zero to five. They provide expertise in a wide variety of services, which would otherwise be spread throughout the community or region. Without such critical infrastructure, services risk becoming siloed and spread throughout the region, which would not necessarily work together, and would present their own challenges and barriers to access, such as distance, capacity or limitations on physical space, which presents its own entrenched barriers for parents and carers who have transport issues or do not wish to visit certain services.*<sup>8</sup>

- 1.6 Ms Helen Bowring, Child Health and Parenting (CHaPs) Nurse, representing George Town CFC noted that, within a CFC, families could have many of their issues addressed in a friendly, non-stigmatising way, but also receive subliminal messages around such things as social connectivity, nutrition, dental, promotion of breastfeeding and physical activity in a way that offers ongoing support. To illustrate her point, Ms Bowring described a typical child health and parenting visit:

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<sup>6</sup> Hansard transcript, Elizabeth Daly, 13 June 2017, p.5

<sup>7</sup> Hansard transcript, Prof Cate Taylor, 13 June 2017, p.55

<sup>8</sup> Hansard transcript, 13 June 2017, Peter Parkes, p.12

*A young mum and her partner have recently moved to George Town with their two-year-old son and their new baby. They attend the CHaPS service for their baby's eight-week nurse health assessment.*

*They do not have any family or friends living here and the father is unemployed. They have moved into a very small flat without a yard and they do not own a car. They acknowledge that they are finding things difficult financially and the mum is suffering from some mild depression.*

*The mum is breast-feeding but not sure if she will continue. I notice an issue with the baby's head shape and discuss with the parents the benefits of having a physiotherapist check this. They are worried about the cost of this and they do not know how they could travel to Launceston to access this service.*

*I reassure them that the St Giles physiotherapist offers a free outreach service to the Child and Family Centre and I can introduce them to the therapist as she is visiting today and will be at a baby playgroup that the mum is now invited to attend.*

*As we leave the room, I introduce the parents to the Community Inclusion Worker, who makes them a coffee and offers them some free bread available today.*

*Their two-year-old wants to stay and play with the bikes outside and has a lovely time in the sandpit too. Some other dads are here today and they strike up a conversation with the young father and let him know about a TAFE course they are doing at the LINC starting next week.*

*A couple of the PYPs - which is Pregnant and Young Parents - mums are breastfeeding their babies on the couch and the new mum sits down with them to feed her baby too. They tell her about the PYPs group and invite her to come along next week. They are going to be doing some cooking with kids, so lunch will be free that day.*

*The two-year-old says he is hungry and the Community Inclusion Worker points out some free fruit in the kitchen area and offers him a drink of water.*

*Previously, this family would have seen me and left with some suggestions or referrals which they may or may not have followed up on.<sup>9</sup>*

- 1.7 Ms Kirsty Bartlett-Clark, Director of Business Design and Development, St Giles Therapy Services, noted that CFCs provide a community-lead process that provided an opportunity to engage parents in a way that child care centres cannot. She believed that that the benefits of CFCs could be inter-generational, with just one example being of long-term unemployed parents finding employment as a result of their engagement with CFCs.

*It has been an amazing opportunity for us to engage communities that, in the past, I do not think we would have had we just continued operating at a centre base kind of model and expected people to come to us. As it has turned out, there are families that we have been able to engage with that I honestly believe there is no way we would have been able to connect with. Some of those children had quite significant disability. They would have shown up in primary school with very little to no input*

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<sup>9</sup> Hansard transcript, Helen Bowring, 13 June 2017, p.17

*and then they would have already been behind the eight ball by a long way. They would have hit the school system and would not have had any kind of speech or language or physio support, or equipment, or any of those things that enable them to engage in their education*<sup>10</sup>

- 1.8 Mr Malcolm Elliot, President of the Tasmanian Principals Association, saw CFCs as an extremely positive development, with a clear vision of education from birth onwards with the key strength of being targeted towards children from disadvantaged backgrounds. Mr Elliot believed that CFCs had the advantage of feeling like friendly, welcoming and non-judgemental places, rather than authoritarian institutions.
- 1.9 Ms Jenny Mountney informed the Inquiry that in addition to the universal services offered by CFCs, the East Devonport Centre offered additional targeted and therapeutic programs such as a GP clinic, counselling, music and language therapy and a solicitor that offered pro bono work.<sup>11</sup>
- 1.10 Ms Elizabeth Crane, State Executive Officer of the Child Health Association, pointed out that the overall success of CFCs was difficult to measure:

*What is a measurement and what is an outcome for us is not necessarily what is going to be an outcome for a very disadvantaged family that is very disillusioned with life. For them, just making some little changes might be an outcome. Working in community development, this is the problem we have had for 100 years. Bums on seats are not necessarily outcomes. Getting people through the door is not necessarily an outcome, but having people engaged and actively seeking help and actively making changes is an outcome. How do we track that?*<sup>12</sup>

- 1.11 TasCOSS, in its written submission, stated:

*...in some communities, the CFC model is extending far beyond the centres and is being instrumental in transforming these communities. The community engagement and empowerment on which the CFC model is predicated is now broadening out to the rest of the community in which these CFCs are located.*<sup>13</sup>

- 1.12 Alcohol, Tobacco and Other Drugs Tasmania Council Inc. (ATDC) in its written submission highlighted key opportunities to work in partnership with CFCs:

**Key opportunity:** *to work together to increase access to mainstream health and welfare services for socially isolated and low socio economic clients.*

*ATDC member organisations welcome the opportunity to further work with CFC staff to enhance early intervention services and improve service and staff networks. Our goals, service model and target clients are analogous and we support the continuation and enhancement of such important community services.*<sup>14</sup>

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<sup>10</sup> Hansard transcript, Kirsty-Bartlett Clark, 14 June 2017, p.2

<sup>11</sup> Hansard transcript, Jenny Mountney, p.39

<sup>12</sup> Hansard transcript, Elizabeth Crane, 14 June 2017, p.41

<sup>13</sup> Written submission, TasCOSS, p.12

<sup>14</sup> Written submission, Alcohol, Tobacco and Other Drugs Council Inc., p.2

- 1.13 Mr Adam Quarrell, stay-at-home parent, expressed his overwhelming support for CFCs:

*...the Child and Family Centres are providing, in my experience, an enormous amount of community wealth, well being and healthy families, providing positive educational and play spaces for not only children, but parents and caregivers alike. If there was an investment worthy of continual investment and funding, to benefit not only vulnerable children and families, but other communities and the wider Tasmanian community, then a Child and Family Centre is it.<sup>15</sup>*

- 1.14 Ms Suellen Robinson, parent, in her written submission, noted:

*The Chigwell Family Centre offers me the village I don't have at home. My children feel a sense of belonging, community and importance. I feel less isolated and lonely, more confident in my parenting and the knowledge if I reach out there is always a solution to anything.<sup>16</sup>*

### **Challenges to CFCs**

- 1.15 Mr Mark Morrissey, the then Commissioner for Children expressed the view that, despite efforts to offer coordinated services across departments, there is often no 'stitching together' of services between different departments, i.e. family violence, education and antenatal services.<sup>17</sup>
- 1.16 Lady Gowrie Tasmania advised that it had been a major omission not to include education and care within all CFCs as it had made the CFC model too exclusive and resulted in lost opportunities to engage and limited clientele who could access support services. Lady Gowrie Tasmania expressed the view that all children should have access to support, regardless of location<sup>18</sup>
- 1.17 Lady Gowrie Tasmania also advised that because CFCs do not provide education and care, they are unable to access the Australian Government Inclusion Support program that supports children with a disability, language and speech delays, autism and behavioural problems. Lady Gowrie Tasmania believed that this resulted in a group of children not being diagnosed early.<sup>19</sup>
- 1.18 This was highlighted in evidence provided by Mr Brad Freeman

*We did a census recently. We thought probably about a third of the children at ptunarra would have been broadly children at risk in some way, which is quite a high*

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<sup>15</sup> Written submission, Adam Quarrell, p.3

<sup>16</sup> Written submission, Suellen Robinson, p.2

<sup>17</sup> Hansard transcript, Mark Morrissey, 22 August 2017, p.3

<sup>18</sup> Written submission, Lady Gowrie Tasmania, p.2-3

<sup>19</sup> Ibid, p.2



*proportion. Probably half of the attendees there would be families in some degree of adverse circumstances and that is probably increasing all the time.*<sup>20</sup>

- 1.19 Lady Gowrie Tasmania also highlighted concerns about the qualifications of some CFC staff and believed there were better models available for the cost. It recommended the establishment of different models, including establishing an outreach service, supporting professionals located at existing education and care services and programs of parent/family workshops facilitated within local communities.<sup>21</sup>
- 1.20 Mr John Hooper, Executive Officer of Neighbourhood Houses Tasmania advised that there was some perception that CFCs may not be reaching the most vulnerable families. It had received reports that CFCs were being used by families outside their catchment area or by middle class families with the result that it made lower socio-economic status clientele feel uncomfortable.

*The other key concern we wanted to raise that is in our submission is the perception of the houses that the CFCs may not be reaching the low-SES families they are targeted to challenge. There is a perception of the drive-in families using the centre. Again, that can be great if it integrates a community better and a greater disparity of incomes coming together in the community. The sense is that there can be a lot of SUVs in the car park of a CFC. That would not be problematic, but one of the concerns raised by members and some of the feedback is that it can make it difficult for low-SES families who are not comfortable to access them if that happens.*<sup>22</sup>

- 1.21 Mr Gary Barnes, Manager, St Marys and Fingal Early Years Reference Group was of the view that CFCs were not the right model for the Fingal area. Mr Barnes believed it would be ideal to establish a kindergarten to provide child care and support services aimed at targeting the whole community, not just those who could afford child care. Ideally, such a kindergarten would be linked to St Helens CFC to continue the provision of integrated services.<sup>23</sup>

## **Duplication of services**

- 1.22 Neighbourhood Houses Tasmania advised the Inquiry that it has been involved with CFC development over the past eight years. It raised some concerns around the duplication of services between the two. Whilst stressing that it regarded CFCs in a positive light, it noted that it had given up its programs for 0-5 year olds in good faith but that CFCs are not referring children over the age of five back to Neighbourhood Houses.<sup>24</sup>
- 1.23 Neighbourhood Houses Tasmania also expressed the view that CFCs were under pressure to claim favourable statistics. It advised that it had created programs for which CFCs had been able to claim statistics but had not returned the favour. Neighbourhood

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<sup>20</sup> Hansard transcript, BradFreeman, 14 June 2017, p.55

<sup>21</sup> Written submission, Lady Gowrie Tasmania, p.6

<sup>22</sup> Hansard transcript, John Hooper, 14 June 2017, p.75

<sup>23</sup> Hansard transcript, Gary Barnes, 13 June 2017, p.66

<sup>24</sup> Written submission, Neighbourhood Houses Tasmania, p.2

Houses also advised that CFCs that have lost some families when children reached school age were now looking to Neighbourhood Houses to develop programs to cater for those children.<sup>25</sup>

- 1.24 Ms Jenny Mountney informed the Inquiry that East Devonport CFC had an ‘amazing’ relationship with its local community house and referred clients to it. Ms Mountney advised that the centres shared the costs of a community eight-seater van.<sup>26</sup>

- 1.25 Ms Jenny Gale, Secretary of the Department of Education commented:

*I cannot speak for Neighbourhood Houses, but I know that in some child and family centres there are very strong relationships between the neighbourhood house and the child and family centre, and they do work well together. I also know that that is not necessarily the case in every child and family centre..... There was some opposition right at the outset of child and family centres from Neighbourhood Houses, because they believed at the time - some people believe, not all, certainly - that the child and family centres were trying or would take away their role. That has never been the purpose or the intent of the child and family centres.....*

*I hope that in child and family centres once trust is established if there was a need to access some training or some service through the Neighbourhood House that our staff would reach out to the staff of the Neighbourhood House and work out how that could happen. I would really love it if it also worked the other way. If Neighbourhood Houses identified needs, particularly to do with children and those kinds of family services, that they would work with the child and family centre to establish relationships and build that trust across the two.<sup>27</sup>*

- 1.26 Ms Kirsty-Bartlett-Clark advised that it had worked closely with the Early Childhood Intervention Service to avoid duplication of services and noted that relationships between the organisation and the clientele were the most important factor; St Giles noted that CFCs seemed to be able to engage some families better than most organisations as the community seemed to trust them and generally does not regard them as a government facility.<sup>28</sup>

- 1.27 Mr Malcolm Elliot advised that he was not aware of any immediate duplication, but highlighted that some level of overlap was not necessarily a bad thing as it provided additional opportunities to provide services. Mr Elliott did, however, note that he saw opportunities to integrate a range of services including government services and organisations with similar aims via schools and CFCs.<sup>29</sup>

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<sup>25</sup> Written submission, Neighbourhood Houses Tasmania, p.3

<sup>26</sup> Hansard transcript, Jenny Mountney, p.41

<sup>27</sup> Hansard transcript, Jenny Gale, 22 August 2017, p.91

<sup>28</sup> Hansard transcript, Kirsty Bartlett-Clark, 14 June 2017, p.4

<sup>29</sup> Hansard transcript, Malcolm Elliot, 14 June 2017, p.32

## Data collection

- 1.28 An issue commonly raised throughout the course of the Inquiry was data collection. A number of witnesses and submissions raised the point that better data collection would result in better targeting of CFC efforts, particularly in relation to vulnerable families that were not in contact with a CFC.
- 1.29 The Government advised that the Department of Education is currently investigating opportunities to improve current data collection. The Department is also participating in a joint *Tassie Kids* study with Telethon Kids Institute, the University of Tasmania, the Menzies Institute for Medical Research and the University of Western Australia. The study will track the progress of 12,000 children from birth to age five and will also gather evidence on the effectiveness of the 12 CFCs.<sup>30</sup>
- 1.30 Ms Sandy Freimond, Senior Consultant at the Office of Early Childhood Development and Learning, Department of Education Western Australia advised the Inquiry that Western Australian Department of Education collects data on attendances at each Child and Parent Centre program, as well as services offered across all WA Centres. The Department also conducts point-in-time collections and surveys to understand more about the communities that are using the Centres.<sup>31</sup>

## Data sharing

- 1.31 Another issue frequently raised in submissions and by witnesses was that information was not being exchanged between relevant organisations and agencies that would promote better use of resources and better targeting of families.
- 1.32 Ms Jenny Gale advised that the Department of Education held a large dataset from schools, as does the Department of Health and Human Services. It advised the Inquiry of the action research project between Burnie CFC and some schools which is looking to outreach using a systematic approach to identify and contact families. To date it has established a database of 59 families.<sup>32</sup> Ms Gale also advised of the 'Launching into Learning' (LiL) program which is available at all Tasmanian Government schools to children from birth to four years of age. The program fulfils some of the functions of a CFC.<sup>33</sup>
- 1.33 When Committee Members visited the Derwent Valley ptunarra CFC, a desire was expressed for the sharing of data between both the Department of Health and Human Services and the Education Department, along with notifications being provided as newborns arrived in the area.

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<sup>30</sup> Written submission, Government of Tasmania, p.6

<sup>31</sup> Hansard transcript, 18 September 2017, Sandy Freimond, p.2

<sup>32</sup> Hansard transcript, Jenny Gale, 22 August 2017, p.85

<sup>33</sup> Ibid, p.89-90

- 1.34 Ms Freimond advised that the Western Australian Department of Education had developed an online database that could be accessed by both the Department and individual sites on a real-time basis.<sup>34</sup> Ms Freimond also advised that the Department had developed a mechanism whereby the school system could identify flagged children who had been involved in a regular Child and Parent Centre program.<sup>35</sup>

### **Outreach and parental engagement**

- 1.35 The Inquiry noted that general community awareness of some CFCs did not appear to be high in some locations but was not an issue in some other locations.
- 1.36 The Inquiry also noted that suspicion and fear of authority, particularly in relation to children being removed from parental care, was a commonly expressed theme raised by people providing support to disadvantaged families.
- 1.37 Ms Ros Cornish, CEO of Lady Gowrie Tasmania, expressed the view that CFCs were regarded as a government agency by some communities and this presented a number of challenges:

*We visited a couple of child and family centres. Sadly, one was almost empty - no children to be sighted at all. We talked to some volunteers, and they indicated in that community there was a level of fearfulness about their children being taken from them because of their lack of parenting. They saw it as a government agency, which was a disincentive to access.*

*Some are co-located with Service Tasmania and LINC, so clearly they see it as a government agency and not a place that is necessarily welcoming to them and their families. There were concerns about what might happen should they disclose any information to those people. An example is at Bridgewater, where there is a Child and Family Centre and also an early childhood education care centre. We spoke to the providers of the child care centres, and there were no linkages whatsoever. This does not seem to equate in a community of high need.<sup>36</sup>*

- 1.38 However, Ms Kym Goodes, CEO of TasCOSS, noted:

*The child and family centres created an environment for those families to feel like they were taking charge of their role as a parent, as opposed to being referred somewhere because they were doing something wrong.<sup>37</sup>*

- 1.39 Ms Trudi Cross, Centre Coordinator of George Town CFC, noted that not everyone will come into the centre for a variety of reasons but the work of CFCs nevertheless flows out into the community. It advised that it has 180 registered children plus another 100 that use the centre. It advised that it has identified another 100 children who are not engaged with it and it is working to engage these families. Ms Cross advised:

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<sup>34</sup> Hansard transcript, Sandy Freimond, 18 September 2017, p.9

<sup>35</sup> Ibid, p.10

<sup>36</sup> Hansard transcript, Ros Cornish, 14 June 2017, p.14

<sup>37</sup> Hansard transcript, Kym Goodes, 14 June 2017, p.59

*In George Town we have a fantastic approach to outreach. We acknowledge that not everybody is going to come into a centre for a host of reasons. That does not mean our work stops at the door of our centre, it filters into the community. I imagine most centres will tell you the same thing.<sup>38</sup>*

- 1.40 Ms Lynne Wyllie-Watson, Centre Leader of Ravenswood CFC advised that Ravenswood CFC has 160 registered families use the centre regularly but that it also visits families who are difficult to engage and finds that only a minority of cases fail to engage. Word of mouth referrals from other parents helped alleviate suspicion about approaching the CFC and Ms Wyllie-Watson believed that the Centre had exceeded expectations in reaching hard-to-engage families.<sup>39</sup>

- 1.41 Dr Kim Jose, Post Doctoral Research Fellow at the Menzies Institute for Medical Research, representing the Telethon Kids Institute, made the point that it was important that parents were able to access certain services without their families being aware. Dr Jose made the following statement:

*Obviously, having services co-located addressed a lot of those barriers to access, whether it was transport or time and cost, so having them located within communities was really important. Families told us they were getting to appointments for their children because it was much easier.*

*Another important part of the co-location was the fact for some parents, who may not have wanted to disclose they were attending counselling or those sorts of activities to family members, could just say they were coming to the centre with their child, and would not necessarily have to disclose that sort of information. That is a really important element for some of our parents.<sup>40</sup>*

- 1.42 In discussing how CFCs identify families that need their services, Ms Helen Bowring advised that the Child Health Association collects data on 98% of children born in Tasmania. Ms Bowring believed that data on 100% of children could probably be achieved when notifications from hospitals were combined with CHaPS records attached to the CFC.<sup>41</sup>

- 1.43 Ms Jenny Mountney made the observation that creating productive relationships takes time and thought:

*We test with families. At the moment we are going into a process of, 'Here is a menu. Which things would you like to do? What is it you see as something valuable to you or your child?' ..... We are constantly testing what we are doing because we do come from a middle class mindset and we have to be very careful we are tailoring for them....<sup>42</sup>*

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<sup>38</sup> Hansard transcript, Trudi Cross, 13 June 2017, p.13

<sup>39</sup> Hansard transcript, Lynne Wyllie-Watson, 13 June 2017, p.37

<sup>40</sup> Hansard transcript, Dr Kim Jose, 13 June 2017, p.52

<sup>41</sup> Hansard transcript, Helen Bowring, 13 June 2017, p.15

<sup>42</sup> Hansard transcript, Jenny Mountney, 13 June 2017, p.46

- 1.44 Ms Lynne Wyllie-Watson informed the Inquiry of the importance that Ravenswood CFC places on outreach:

*...we have people in the centre who come because of our outreach plan. We never ever believe build a centre and they will come, because they did not. It was about going out there and having pop-up playgroups at the shopping centre, knocking on doors. Child health, when they think it is the six-week check, they do the permission to share information. Phone calls are made to ask if we can come by, or do you want to find out about baby playgroup or whatever.*

*The vast majority of people who come are there because we have reached out to them, not that we have waited. That is happening less. Over four years, more people are coming through word of mouth than reaching out. Very much, outreach is a really important strategy for engagement.<sup>43</sup>*

### **Engagement of fathers**

- 1.45 Ms Wyllie-Watson informed the Inquiry that Ravenswood CFC had collected data on the reasons for fathers visiting the Centre and had made changes to the Centre's routine to accommodate them:

*Now we know what they come for, we have changed our operational hours on a Thursday night. There are the equivalent of three full-time staff plus an Aboriginal education worker who is funded through the department. Two of us now start later in the day, so that we can work through until 7.30 p.m. The following week, the other two start later, so they can and we, in partnership with St Giles, have a fellow who comes in and runs what we call 'Dad's Play' and the dads cook...That is just for dads; that is on every week. Once a month, the dads can bring their partners and their other children to that as well. That is engaging dads who cannot come at other times, and other dads we have often missed because they are the ones that actually have some paid work.<sup>44</sup>*

### **Opening hours**

- 1.46 Operating hours of CFCs varies slightly but most are generally open to the public from 9.00 am to 3.00 pm Monday to Friday but many reported flexibility to fit in with client needs. A number of centres provided examples of opening for extended hours for specific events or client appointments. Ms Mountney advised that East Devonport CFC holds a Saturday morning men's playgroup with staffing resources covered by time-in-lieu.<sup>45</sup> Ms Wyllie-Watson advised that Ravenswood CFC remained open until 7.30pm on Thursday nights to provide a cooking class for fathers.<sup>46</sup>

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<sup>43</sup> Hansard transcript, Lynne Wyllie-Watson, 13 June 2017, p.36

<sup>44</sup> Ibid, p.32

<sup>45</sup> Hansard transcript, Jenny Mountney, 13 June 2017, p.47

<sup>46</sup> Hansard transcript, Lynne Wyllie-Watson, p. 32

## Age range of children

- 1.47 Although CFCs were established specifically for children 0-5 years of age, the Inquiry considered the question of whether CFCs should be limited to children under the age of five, or whether their services should be extended to children of school age.
- 1.48 Several witnesses were of the view that a more flexible transition once children turn five would be ideal, with the option to extend engagement with a CFC for a few more years. This would also assist parents and guardians with care arrangements for older children, for example, during school holidays.
- 1.49 TasCOSS, in its written submission, drew the Inquiry's attention to reports of lower rates of parental attendance at CFCs during school holidays due to some families not having alternative care arrangements for their older children.<sup>47</sup>
- 1.50 The Commissioner of Children recommended consideration of extending the age range of CFCs beyond age five in line with some other states and territories. For example, Child and Parent Centres in Western Australia focus on birth to four years, but also provide services for families with children aged up to eight years. CFCs in the ACT provide programs for children up to 12 years.<sup>48</sup>

## Unaccompanied children

- 1.51 A topic raised throughout the course of the inquiry was that children could not attend CFC programs unless they were accompanied by a parent or guardian.
- 1.52 Ms Elizabeth Daly was of the following view:

*.....to go to a child and family centre the parent has to be there. We have to look at ways of enabling a parent to bring and leave a child, because if we do not, we are punishing the children. One project the Smith Family did some years ago at Chigwell had volunteers including workers go to the house and to pick up the child. They picked up or walked the child to the centre. That group of parents ended up forming their own little playgroup.<sup>49</sup>*

- 1.53 The Government advised that CFCs provide adjunct care for children while their parents or carers remain on site or within close proximity. The Government noted that whilst CFCs do not provide early childhood education and care services, these services are co-located at a limited number of CFC sites.<sup>50</sup>
- 1.54 Ms Trudi Cross advised that George Town CFC was one of the CFCs that is co-located with an early childhood education and care centre where children can be left

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<sup>47</sup> Written submission, TasCOSS, p.10

<sup>48</sup> Written submission, Commissioner for Children, p.3

<sup>49</sup> Hansard transcript, Elizabeth Daly, p.5

<sup>50</sup> Written submission, Government of Tasmania, p.5

unaccompanied. Ms Cross also noted, however, that CFCs provide a unique opportunity to engage with the entire family.<sup>51</sup>

1.55 Ms Kirsty Bartlett-Clark expressed the following view:

*The other thing that makes the child and family centres unique is the focus they have around parental engagement in children's learning. This is where child and family centres really differ from a standard child care centre. Child care centres generally are where families who are working drop the child off, give them a kiss at the door, 'see you later' and then you pick them up at the end of the day. There is interaction. Child care centres are important places of learning. What they lack is the capacity to engage parents and to have that parental involvement. Parental engagement is a huge determinant for children's learning and development outcomes in the long run and ongoing trajectory through life and future education opportunities. Child and Family Centres, from our experience, engage parents in their own development, which then leads, obviously, to better engagement with their child's education.<sup>52</sup>*

### **Access (transport/regional areas)**

1.56 TasCOSS, in its written submission noted a lack of equitable access to CFCs for many Tasmanian children:

*With only 12 of the 30 centres originally planned for Tasmania now in place, there are clearly many more children and families who could benefit from these services. Stakeholders pointed to the volume of unmet need in rural communities of Tasmania where people are often under significant stress due to the downturn of primary industries and cataclysmic weather events, and which lack many services, including even any local child care facilities.<sup>53</sup>*

1.57 Ms Jenny Mountney of East Devonport CFC advised that over 35% of the centre's families did not have any means of transport.<sup>54</sup>

1.58 Ms Elizabeth Daly recalled that mobile kindergartens had operated in Tasmania in the past:

*Once upon a time, we had mobile kindergartens that used to go up to Derby and Winnaleah and [Mrs] Lester. Some of those kinds of things, which not only would be able to provide a session for children, but it would be able to teach some in the community to run another session themselves and perhaps the school run another session so they end up with something like 15 hours.<sup>55</sup>*

1.59 The written submission from TasCOSS recommended consideration of satellite, hub and spoke and virtual CFC models (discussed further in paragraphs 185-187 below):

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<sup>51</sup> Hansard transcript, Trudi Cross, 13 June 2017, p.15

<sup>52</sup> Hansard transcript, 14 June 2017, Kirsty Bartlett-Clark, p.2

<sup>53</sup> Written submission, TasCOSS, p.9

<sup>54</sup> Hansard transcript, Jenny Mountney, 13 June 2017, p.5

<sup>55</sup> Hansard transcript, Elizabeth Daly, 13 June 2017, p.6



*Stakeholders acknowledged that the replication of CFCs in every town across Tasmania is unrealistic. However, some saw potential in developing a CFC model using existing local facilities, perhaps as 'satellites' of existing centres, or as hub and spoke clusters. Local schools were seen as being the most logical sites for these virtual CFCs. A flexible model, perhaps a mobile service, could be explored.<sup>56</sup>*

1.60 St Marys-Fingal Early Years Reference Group submitted a proposal for the establishment of a dedicated early learning and care facility to be established at St Mary's District School due to there currently being:

- Poor quality space within the kindergarten;
- Lack of long day care facilities; and
- No dedicated space for community based 0-5 outreach programs.<sup>57</sup>

## **Buildings**

1.61 The Inquiry noted that most CFCs were housed in purpose built buildings. Whilst it was generally felt that a purpose built building was ideal as spaces were specifically designed to be welcoming, a number of other parties were of the view that re-purposing existing buildings as CFCs was a workable option.

1.62 Ms Liz Crane and Ms Emma Rowell of the Child Health Association believed that repurposing existing buildings was a reasonable option but would require a high level of community engagement in the planning process.<sup>58</sup>

1.63 Ms Bartlett-Clark also recommended that, ideally, CFCs would be located close to local primary schools as is the case with Ravenswood and Clarendon Vale CFCs.<sup>59</sup>

1.64 Lady Gowrie Tasmania recommended that, ideally, CFCs would be co-located with child care centres.<sup>60</sup>

1.65 Mr Adam Quarrell in his written submission noted:

*The centre at Chigwell is probably outgrowing itself physically, and could do with more rooms for nursing, for more confidential spaces for situations when staff work with people in domestic violence or family crises, and in general for storage and play. There is a lack of parking space and though the neighbours must be very used to it, the surrounding streets do become very busy.<sup>61</sup>*

1.66 Ms Kylie Widdowson, parent and volunteer at Ravenswood CFC, expressed the view that people were more important than buildings:

*It has nothing to do with the building. It is more the people in it and how you are treated in it and the services you can get from CFC.<sup>62</sup>*

<sup>56</sup> Written submission, TasCOSS, p.9

<sup>57</sup> Written submission, St Marys-Fingal Early Years Reference Group, p.3

<sup>58</sup> Hansard transcript, Liz Crane and Emma Rowell, 14 September 2017, p.39-40

<sup>59</sup> Hansard transcript, Kirsty Bartlett-Clark, 14 September 2017, p.10

<sup>60</sup> Written submission, Lady Gowrie Tasmania, p.2-3

<sup>61</sup> Written submission, Adam Quarrell, p.3

<sup>62</sup> Hansard transcript, Kylie Widdowson, 13 June 2017, p.37

## Funding

1.67 The Government advised that, since 2016, it has been the sole funder of CFCs.<sup>63</sup>

**Table 2: Total funding (salary and non-salary) allocations<sup>64</sup>**

Child and Family Centre	2014-15 \$	2015-16 \$	2016-17 \$	2016-17 FTE Profile	
Beaconsfield	293,556	376,899	434,656	3.00	
Burnie	279,037	357,755	414,795	3.00	
East Devonport	287,696	366,211	425,070	3.00	
Ravenswood	278,250	385,338	447,228	3.00	
St Helens	288,759	367,216	423,836	3.00	
Bridgewater**	428,448	443,842	460,105	3.40	3.00 FTE from 1/1/17
Chigwell	288,437	364,644	411,786	3.00	
Clarence Plains	280,899	353,735	408,801	3.00	
Derwent Valley	278,929	405,572	415,834	3.00	
Geeveston**	441,082	438,686	458,213	3.40	3.00 FTE from 1/1/17
George Town*	265,010	318,751	374,292	3.00	
Queenstown*	265,010	318,751	374,292	3.00	

\* George Town and Queenstown CFC operate as a hub within a co-located LINC. This facilitates sharing of resources resulting in slightly lower than average operating costs.

\*\* Funding for these centres was provided under the Australian Government National Partnership Agreement for Indigenous Early Childhood Development (Child and Family Centres) until 31 December 2015. From that point the funding for these centres has been fully met from State funding.

1.68 Whilst many CFCs believed that they were adequately funded in terms of buildings, some reported that they did not have funding to employ an optimum number of qualified staff. For example, Ravenswood CFC believed that a large number of families required the services of trauma specialists but it did not have sufficient funds to employ one.<sup>65</sup>

1.69 Mr Mark Morrissey noted that funded staff members are sometimes provided according to a one-size-fits-all model, where, for example, all CFCs are given an Education Officer even though there may be a greater need in some CFCs for a Family Violence worker.<sup>66</sup>

1.70 George Town Council advised that one of its biggest challenges to its CFC was gaining the necessary staff training. It believed that a level of discretionary funding would provide it with more flexibility to buy in skills and/or programs on a short-term targeted basis.<sup>67</sup>

1.71 St Giles expressed concerns about the limited funding available to centres to run programs and the capacity for centres to fundraise. St Giles recommended that consideration be made to a funding pool for centres to apply to that either matches fundraising efforts or fully funds key programs should fundraising be problematic.<sup>68</sup>

<sup>63</sup> Written submission, Government of Tasmania, p.15

<sup>64</sup> Ibid, p.16

<sup>65</sup> Written submission, Ravenswood CFC, p.1

<sup>66</sup> Written submission, Commissioner for Children, p.3

<sup>67</sup> Written submission, George Town Council, p.3

<sup>68</sup> Written submission, St Giles Therapy Services, p.2

## Governance

1.72 The Government advised that Centres are currently overseen by a CFC Interdepartmental Committee which is intended to be incorporated into the Early Years Strategy Interdepartmental Committee which will include membership from the Department of Education (DoE), Department of Health and Human Services (DHHS), the Tasmanian Health Service, Tasmania Police and the Department of Premier and Cabinet.<sup>69</sup> Individual CFCs are currently managed by a Centre Leader or CFC Coordinator.

1.73 TasCOSS raised the question as to whether governance and funding of CFCs should sit within the DoE given the much broader scope of the centres. TasCOSS noted that CFC managers were required to attend DoE meetings and staff activities and that their time could possibly be spent more constructively elsewhere. TasCOSS also reported a stakeholder perception that:

*There is a tendency for the Department to see the CFCs as centres for the provision of educational opportunities, with staff as educators, whereas some of the most useful work of the centres is considered to be not educationally focussed, but working with families on social and emotional issues, and family functioning.<sup>70</sup>*

1.74 TasCOSS also highlighted a need for collaboration among services, particularly in relation to information-sharing processes between the DoE and DHHS.<sup>71</sup>

1.75 Senior Clinical Psychologists Mr Brad Freeman and Dr Penny Joules, in the conclusion of their written submission, stated:

*We would urge consideration of the Child and Family Centres being recognised as a new kind of facility which is neither a medical style practice functioning by specialist appointment, nor a school for parents that excludes children, or a school for children that tends to exclude parents. The centres primary work is with relatedness of children and adults. They operate as milieu environments with their own unique dynamics, requiring specialist governance, management and staffing which may not be best understood within the framework of the Department of Education. Consideration might be given to whether the centres should be more effectively linked to health, or child protection or the Attorney General's Department, or held in some unique matrix relationship with all relevant agencies.<sup>72</sup>*

1.76 Ms Jane Roberts, Senior Consultant at the Office of Early Childhood Development and Learning, Department of Education Western Australia informed the Inquiry that the Department had established a letter of agreement for the provision of programs and service in WA's Child and Parent Centres. Ms Roberts advised:

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<sup>69</sup> Written submission, Government of Tasmania, p.4

<sup>70</sup> Written submission, TasCOSS, p.12

<sup>71</sup> Ibid

<sup>72</sup> Written submission, Brad Freeman and Penny Joules, p.7

*The purpose of that agreement was to outline the collaborative intent of the departments of Education and Health.....That agreement has been really useful in assisting all the players. The Health department is quite a big and unwieldy beast. It helps us to look at how we can collaborate, plan and deliver the programs from a strategic and operational perspective.*

*We then used that model of letter of agreement because we found it quite a useful tool, especially where we were supporting agencies, health services et cetera when we were out in the community.... Sandy Freimond, I and our manager, Robin Kincaid, visit the 21 sites on a fairly regular basis. When there was a misunderstanding or perhaps there was not the clarity having come down from the central offices, we were able to use that document to assist workers on the ground with their understanding of the initiatives.<sup>73</sup>*

## **Role of volunteers**

- 1.77 The Inquiry received evidence of the invaluable role of volunteers in CFCs, both in providing general support and facilitating parental engagement. Ms Gail Eaton-Briggs was of the view that:

*The volunteers are sometimes those people who have the connections out in the community and who can, with a bit of general encouragement, get somebody to come along who otherwise would be invisible.<sup>74</sup>*

- 1.78 Some concerns were raised as to the qualifications of volunteers to work with vulnerable people. However, it was also noted that volunteers now have the opportunity of working towards a Certificate II in Community Services.<sup>75</sup> The Inquiry heard that volunteers had clearance to work with children.
- 1.79 TasCOSS recommended consideration of co-opting retired professionals to provide support, as well as a more formal way to recognised users of the centres so they could graduate to become volunteers.<sup>76</sup>

## **Additional centres**

- 1.80 The Government advised that decisions regarding the location of CFCs were made according to the following criteria:
- A higher than state-average percentage of children under four years of age;
  - Demographic characteristics that exhibit one or more of the following in percentage higher than the state average – Aboriginal families, sole parent families, very young parents (maternal age less than 19);
  - A high score on individual measure of social and economic exclusion including, for example low educational attainment, housing stress, adult unemployment, and family income supplements;

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<sup>73</sup> Hansard transcript, 18 September 2017, Jane Roberts, p.4

<sup>74</sup> Hansard transcript, Gail Eaton-Briggs, 14 August 2017, p.9

<sup>75</sup> Hansard transcript, Lynne Wyllie Watson, 13 June 2017, p.31

<sup>76</sup> Written submission, TasCOSS, p.11

- High socioeconomic area disadvantage.<sup>77</sup>
- 1.81 Ms Liz Crane advocated for more centres to be built or developed and advised that the Child Health Association had identified Sorell, Huon and Triabunna as areas of particular need. Ms Crane advised that the Child Health Association would be in a position to integrate its Family Food Patch program in these areas.<sup>78</sup>
- 1.82 Mr Malcolm Elliot recommended that additional CFCs be developed, particularly in the area of Glenorchy.<sup>79</sup>
- 1.83 Ms Gail Eaton-Briggs advised that southern support workers had expressed their desire to see additional centres established at Kingston, New Town, Moonah, Glenorchy, Rosny and Sorell.<sup>80</sup>
- 1.84 TasCOSS reported that it had received stakeholder suggestions for new centres in Launceston's northern suburbs, Glenorchy, Gagebrook, Scottsdale and Winnaleah.<sup>81</sup> TasCOSS urged that:
- If other centres are to be established, several stakeholders pointed to the need for better research to find out where the children are who are particularly vulnerable and who may not be getting any early support. Some key indicators could be those towns without child care, towns with the highest child protection notifications, rates of incarceration etc. There is also a need to talk with local providers and identify any potential areas of service overlap.*<sup>82</sup>
- 1.85 The Inquiry also considered other models of service delivery.
- 1.86 Ms Sandy Freimond informed the Inquiry that Western Australia has 21 child and parent centres. Western Australia was also implementing a hub and spoke service delivery model whereby the hub would either be on or near a host school and the spoke would be a combination of identified host schools, including non-government schools, as well as community locations. These are operated by selected non-government organisations.<sup>83</sup>
- 1.87 Ms Jenny Gale expressed the following view:
- I believe that any expansion of the model needs to think outside a brick and mortar-type expansion. In many ways a more virtual approach that prioritises outreach may well be a more effective way to engage vulnerable and hard-to-reach families.*<sup>84</sup>

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<sup>77</sup> Written submission, Government of Tasmania, p.17

<sup>78</sup> Hansard transcript, 14 June 2017, Elizabeth Crane, p.36

<sup>79</sup> Hansard transcript, Malcolm Elliot, p.27

<sup>80</sup> Hansard transcript, Gail Eaton-Briggs, p.2

<sup>81</sup> Written submission, TasCOSS, p.13

<sup>82</sup> Ibid, p.10

<sup>83</sup> Hansard transcript, 18 September 2017, Sandy Freimond, p.2

<sup>84</sup> Hansard transcript, Jenny Gale, 14 June 2017, p.85

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**Josh Willie MLC  
(Chair)**

**14 November 2017**

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## APPENDIX 1: LIST OF SUBMISSIONS, MEETINGS AND HEARINGS

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### LIST OF SUBMISSIONS

1	Anita Nutting
2	Kristy-lee Booth
3	Angela Norton
4	West Tamar Council
5	Telethon Kids Institute
6	Suellen Robinson
7	Alcohol, Tobacco & Other Drugs Council
8	Adam Quarrell
9	East Devonport Child & Family Centre
10	St Marys-Fingal Early Years Ref Group
11	Murdoch Childrens Research Institute
12	Madeleine Shuey
13	Lady Gowrie
14	Brad Freeman and Dr Penny Jools
15	Tasmanian Library Advisory Board
16	Men's Resources Tasmania
17	Australian Education Union Tas
18	St Giles
19	Breastfeeding Coalition Tasmania
20	Child Health Assoc Tasmania
21	Tasmanian Government
22	Northern Early Years Group
23	Tasmanian Principals Association
24	Sexual Assault Support Service
25	Cr Peter Parkes
26	George Town Council
27	Ravenswood Child & Family Centre Board
28	Yvonne Young
29	TasCOSS
30	Elizabeth Daly OAM
31	Sue Jenkins
32	Youth Network of Tasmania
33	Legal Aid Commission
34	Neighbourhood Houses Tasmania
35	Commissioner for Children

## MEETINGS CONDUCTED AND ATTENDANCE RECORD

DATE	DEAN	FORREST	HISCUTT	RATTRAY	VALENTINE	WILLIE
8 December 2016	✓	✓	✓	✓	✓	✓
1 February 2017	✓	✓	✓	✓	✓	✓
13 April 2017	✓	✓	n/a*	✓	✓	✓
13 June 2017	✓	✓	n/a*	✓	✓	✓
14 June 2017	✓	✓	n/a*	✓	✓	✓
22 August 2017	✓	✓	n/a*	✓	✓	✓
18 September 2017	✓	✓	n/a*	✓	✓	✓
3 October 2017	✓	✓	n/a*	✓	✓	✓
13 October 2017	✓	✓	n/a*	✓	✓	✓
31 October 2017	✓	✓	n/a*	✓	✓	✓
1 November 2017	✓	✓	n/a*	✓	✓	✓
9 November 2017	✓	✓	n/a*	✓	✓	✓

\* Mrs Hiscutt resigned from the Committee from 30 March 2017 due to her responsibilities as Leader of Government Business.

### SITE VISITS

#### 21 February 2017

Break O'Day CFC

Beaconsfield CFC

#### 22 March 2017

Queenstown CFC

Burnie CFC

#### 28 March 2017

Chigwell CFC

Bridgewater – tagari lia

Derwent Valley - ptunarra

#### 29 March

Clarence Plains CFC

Geeveston - wayraparattee



## **HEARINGS AND WITNESSES**

### **13 June 2017, Launceston**

Elizabeth Daly, OAM

George Town Child and Family Centre

Cr Peter Parkes

Ms Helen Bowring, CHaPS nurse

Ms Trudi Cross, Centre Coordinator

Ms Ann Blythman, Hub Manager

Ms Deborah Donald, parent

Ravensood Child and Family Centre

Ms Lynne Wyllie-Watson, Centre Leader

Mr Zachary Taylor, Principal Ravenswood Heights Primary School

Ms Lisa Mulvey, Occupational Therapist, St Giles Therapy Centre

Ms Kylie Widdowson, parent

Ms Jenny Mountney, Centre Leader, East Devonport Child and Family Centre

Telethon Kids Institute

Prof Cate Taylor, Senior Principal Research Fellow/Co-Head Human Capability

Dr Kim Jose, Post-Doctoral Full Research Fellow, Menzies Research Institute and University of Tasmania

Mr Gary Barnes, St Marys Fingal Early Years

### **14 June 2017, Hobart**

Ms Kirsty Bartlett-Clark, St Giles Therapy Services

Ms Ros Cornish, CEO Lady Gowrie Tasmania

Ms Annette Barwick, Manager, Lady Gowrie Tasmania

Mr Malcolm Elliot, Principal, Tasmanian Principals Association

Ms Liz Crane, State Executive Officer, Child Health Association

Ms Emma Rowell, Program Manager, Family Food Patch

Mr Brad Freeman

Dr Penny Jools

Ms Kym Goodes, CEO, TasCOSS

Mr John Hooper, Executive Officer, Neighbourhood Houses Tasmania

Mr Michael Higgins, Coordinator, Neighbourhood House Geeveston

Ms Tracey Carter, Coordinator, East Devonport Community House

Ms Lexia Brown, Coordinator Derwent Valley Community House

Ms Jenny Gale, Secretary, Department of Education

Mr Tim Bullard, Deputy Secretary, Department of Education

### **14 August 2017, Hobart**

Ms Gail Eaton-Briggs, Assistant Deputy Secretary, Children and Youth Services, Department of Health and Human Services

### **22 August 2017, Hobart**

Mr Mark Morrissey, Commissioner for Children

Ms Teagan Pearce, TYF Policy and Project Officer, Youth Network of Tasmania

**18 September 2017, Hobart**

Ms Sandy Freimond, Senior Consultant, Early Childhood Development and Learning,  
Department of Education Western Australia

Ms Jane Roberts, Senior Consultant, Early Childhood Development and Learning, Department of  
Education Western Australia