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The Secretary
Legislative Council Select Committee – Tasmanian Child and Family Centres
Legislative Council
Parliament House
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Dear Committee Members

Please find attached a copy of the Tasmanian Government's submission in response to the Inquiry into Tasmanian Child and Family Centres.

Child and Family Centres are a key part of the Tasmanian Government's commitment to providing a range of quality early childhood services that support young children and families in Tasmania.

I hope the submission is useful in supporting the Committee's deliberations on the functions, role and impact of Child and Family Centres.

Yours sincerely

Jeremy Rockliff MP
Deputy Premier
Minister for Education and Training

Whole-of-Government submission to the Legislative Council Select Committee Inquiry into Tasmanian Child and Family Centres

Introduction

The Tasmanian Government welcomes the opportunity to make a submission to the Legislative Council Select Committee Inquiry into Tasmanian Child and Family Centre and report on the policy intent, role, experience, and outcomes of Child and Family Centres (CFCs), in line with the Inquiry's Terms of Reference.

The Department of Education (DoE) has led the development of this submission, which incorporates information from the Department of Health and Human Services (DHHS). DoE leads the delivery of CFCs in partnership with a range of other government and non-government organisations and services.

The purpose of CFCs is to improve the health and wellbeing, education and care of Tasmania's very young children by supporting families, strengthening communities and enhancing accessibility of services in local communities.

CFCs provide a single entry point to universal, proportionate universal¹, targeted and specialist early years services and supports, for families with children from pre-birth to age five. CFCs bring together services and community organisations in a single location to make services and supports accessible and appropriate to the specific needs of the local community.

Context

The Tasmanian Government is committed to improving the education, health and wellbeing outcomes of young children in Tasmania.

Evidence shows that quality early learning from birth to age five has significant benefits for children that flow through to adulthood. Research shows that while all children benefit from early learning programs, children from low socioeconomic backgrounds especially benefit.

CFCs are part of a continuum of DoE services and supports available to young children and their families, which includes *Launching into Learning*, *Learning in Families Together* and earlier universal access to kindergarten delivered through government schools.

CFCs provide quality early learning experiences in an environment where children and families can play and learn together, and access a range of wrap-around supports.

DoE is currently developing a *Birth to Eight* Early Years Strategy (the Strategy) to strengthen the seamless provision of programs and services for children aged birth to eight years and their families, and to increase collaboration across government, with the Early Childhood Education and Care Sector (ECEC) and with other external stakeholders. DoE has employed a Principal Project Officer – Early Years to lead the development and implementation of the Strategy.

¹ Resourcing and delivery of universal services at a scale and intensity proportionate to the degree of need.

Background

There are 12 CFCs across the state, located in Beaconsfield, Bridgewater, Burnie, Chigwell, Clarence Plains, Derwent Valley, East Devonport, George Town, Geeveston, Queenstown, Ravenswood and St Helens. The first centre opened in January 2011 with the most recent opening in December 2015.

CFCs are a place-based, collaborative service delivery model that bring together service providers from different disciplines, professions, government agencies, organisations and the community to achieve a common purpose – to engage, support and work with families to improve the education, health and wellbeing of young children and their families.

The services offered in each CFC are based on local needs, and may include antenatal services, early learning, child and family health, oral health, health, immunisation, nutrition, playgroups and children's therapies. Each CFC has the Child Health and Parenting Service as a collaborative service partner to provide child health, growth and development assessments, parent support and information, and early intervention services.

CFCs are located in low socioeconomic communities and work with families and the community to identify issues that are most important to them. CFCs facilitate referral pathways for parents and families in need of additional support, such as family violence referrals, counselling, legal and financial support services.

In partnership with their community, each CFC develops and works towards its own vision and aims to raise awareness of the importance of the early years by engaging parents and families. The vision of each CFC is developed in the context of four key priority areas and associated goals, outlined in the *Child and Family Centres Strategic Plan 2015 – 2017 (Attachment A)*:

Priority Area	Goal
Learning and Wellbeing	To provide high quality learning, health and wellbeing programs that support children and families to learn and thrive
Community Belonging	To build each community's sense of belonging with their centre as a place of importance
Working Together	To create and maintain strong and flexible partnerships between everyone involved in each centre's community
Measuring Outcomes	To develop tools that will show the difference the centres are making to the lives of children, their families, support services and the community

CFCs are guided by DoE's *Learners First* strategy and their practice is underpinned by *Being, Belonging and Becoming: the Early Years Learning Framework for Australia*. CFCs draw on international evidence-based practice and key data sets such as the Australian Early Development Census (AEDC).

CFCs have a number of health related goals, including improving health and education outcomes for children from birth to five years, building on the existing strengths of families, and responding to child and family needs in a holistic manner.

CFCs present the Child Health and Parenting Service (and many other population health services) the opportunity to offer clients integrated seamless support related to their parenting roles and enhance developmental outcomes for children.

Governance

At the commencement of the roll out of the Child and Family Centres, the Early Years Interdepartmental Committee provided whole of government oversight.

More recently the Centres have been overseen by the CFC Interdepartmental Committee (IDC).

From 2017, the functions of the CFC IDC will be incorporated into the Early Years Strategy Interdepartmental Committee, which includes membership from DoE, DHHS, the Tasmanian Health Service, Tasmania Police and the Department of Premier and Cabinet. This will provide the opportunity to consider the ongoing development of the Centres in the context of the Government's broader early years initiatives, including the development of the Birth to 8 Strategy, lowered school starting age, and promoting collaborative relationships with the Education and Care sector.

Staffing

Staffing in CFCs consists of a Centre Leader or CFC Coordinator, a Community Inclusion Worker, an Education Officer and an additional 0.4 FTE staff with a role that is determined by community need.

Four CFCs also include an Aboriginal Early Years Worker (AEYW), with three more CFCs to recruit AEYWs in the near future. THS provides a Child Health and Parenting service on each CFC site.

Safe Homes, Safe Families support staff are located in CFCs, to facilitate a coordinated approach to supporting families experiencing family violence, particularly for families who may not have a child enrolled at school.

The General Manager, Learning Services, DoE, in conjunction with the Principal Network Leaders, DoE, provide line management for the day-to-day operation of CFCs. Curriculum Services, within Support and Development Division, DoE provide strategy and policy oversight. Education Performance and Review, DoE provide support around the census data collection.

1. The challenges to and benefits of the provision of an integrated collaborative health and wellbeing, and early education and care service delivery model

Benefits

CFCs are a place-based collaborative service model that aims to support families with young children in their local communities. CFCs offer family friendly, safe and culturally welcoming spaces for families with young children.

CFCs provide both universal support to families in each community, and provide targeted support to families with additional needs, in partnership with local service providers such as the Child Health and Parenting Service.

Community engagement and participation is an integral part of the CFC model and ensures that people have the opportunity to shape the decisions that may affect the children and families living in their community.

CFCs work collaboratively with community, families and service providers to consult, plan and implement community programs and services that are responsive to the needs of families and young children, in particular socially excluded or at-risk children and families.

Collaborative service delivery allows professionals to work together and achieve shared outcomes for families. It reduces duplication and results in families only telling their story once. It allows information sharing between service providers (with the appropriate privacy protections) and a common vision for holistic service delivery.

Advisory bodies located in each CFC consist of parents, community members, and service providers, who work together to identify community goals and priorities. Advisory bodies promote community control and joint decision making as well as connecting parents with other parents and strengthening relationships with service providers.

Advisory bodies also monitor the effectiveness of strategies implemented in CFCs by using outcomes based monitoring to determine if outcomes are realised and strategies are working as intended, in line with the *Child and Family Centres Strategic Plan 2015 – 2017*.

CFCs are intentional in their design and delivery to create environments that encourage the participation of families in which they are located. This includes families who have a history of disengagement with school and lack of trust of government departments and other services.

Practice in CFCs is based on the Family Partnership Model which provides the framework to build quality relationships and partnerships with parents and families. The model is used as a reflective practice framework to measure the effectiveness of family centred practice and to determine if strategies will need to be modified to meet the goals of the parents. Reflective practice also supports inter-professional team building, trust and collaborative decision-making as a process of continual development.

CFCs provide adjunct care for children, while their parents or carers remain on site or within close proximity, for training and other activities. CFCs do not provide early childhood education and care (ECEC) services. Independent ECEC services are co-located at a limited number of CFC sites.

Through the CFCs, vulnerable families become less isolated and more connected to their community by accessing supports and programs, joining in activities and developing their networks.

Child Safety Service (CSS) staff refer and encourage vulnerable families to attend the CFCs to link them in with available programs and support provided there. CFCs are also used by the CSS as a venue for access visits between children in out-of-home care and their families, or as premises for family meetings, as they provide a safe, welcoming and neutral venue.

The Family Violence Counselling and Support Services Adult Program (FVCSS) may use CFCs for counselling appointments where clients are accompanied by a young child. The FVCSS Children and Young Peoples Program also use CFCs to see and monitor clients who access the service.

Challenges

Data collection and outcomes measurement

A key challenge of the place-based collaborative service model is the complexity of effectively measuring long-term outcomes associated with participation in CFC programs and services.

Time involved in collection and reporting, also impacts on frontline service delivery.

CFCs contribute to community-level education, health and wellbeing outcomes for children, and outcomes may be measured via community-level data sets across education and health.

DoE is currently investigating a number of opportunities to improve on present data collection and enhance the ability to provide evidence-based recommendations. Preliminary work is underway to determine the feasibility of a more comprehensive data collection framework that could facilitate improved individual tracking mechanisms. For example, this could include linking families who have attended a CFC with the Kindergarten Development Check (KDC) data that is collected on entry to kindergarten.

DoE, with DHHS and DPaC, is now engaged in a joint project with the Telethon Kids Institute, the University of Tasmania, the Menzies Institute for Medical Research, and the University of Western Australia called the *Tassie Kids* study. Using data linkage, direct observations of service delivery and interviews with parents and service providers, the project will track the progress of 12,000 children from birth to age five to identify what services are valuable to families to support the health, wellbeing, education and care of their children. *Tassie Kids* will also gather further evidence on the effectiveness of the 12 CFCs.

Demand

Some CFCs are experiencing a very high demand for services. In May 2016, one of the 12 CFCs averaged attendance of over 100 individuals, and in November 2016, four out of the 12 CFCs averaged attendance of over 100 individuals, as shown in Table 1 below.

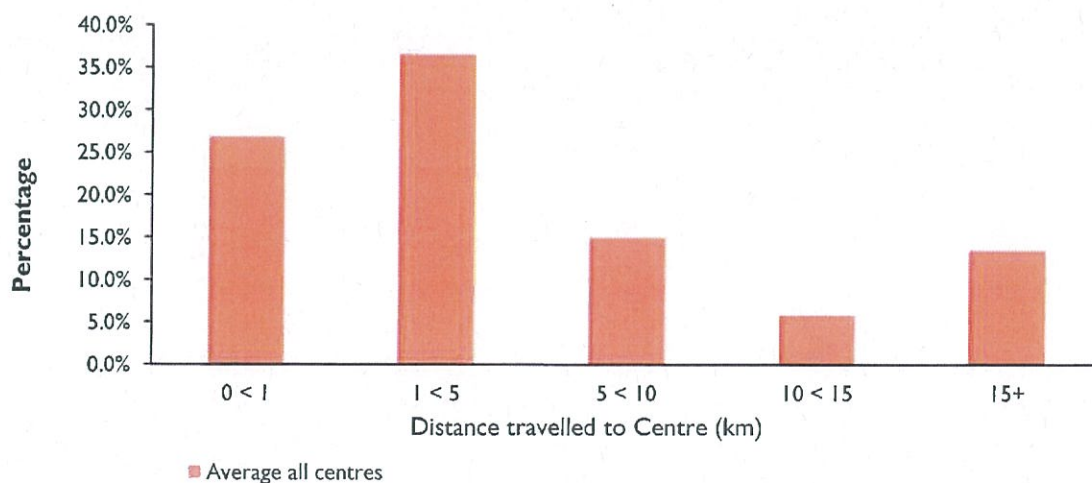
Table 1: Maximum and average visits per day – by Census by Centre

Centre	May 2016		Nov 2016	
	Max	Average ¹	Max	Average ¹
Beaconsfield	158	98.3	191	121.3
Bridgewater	80	46.3	221	75.1
Burnie	108	70.0	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	58.0	101	39.8

Note: 1. 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.

While the majority of CFC participants are from the local community, there is evidence that a significant portion (13.5%) of individuals are willing to travel distances greater than 15 Km to attend a CFC (as shown in Table 2 below). This also raises potential issues around the accessibility of the centres to local groups or those who may not have access to transportation.

Table 2: Average distance travelled to CFCs



Note: Distances are calculated on a point-to-point basis from home to CFC and do not reflect actual travel time.

Service provision

Additional staffing has been provided since 2015, however the complex needs of some families, especially those affected by mental health issues, mean that at times CFCs, have limited capacity to proactive in the interventions . CFC staff providing administrative support for visiting services can also impact on service delivery.

2. The role of Child and Family Centres in providing early learning to children

CFCs are a key part of the Government's commitment to ensuring all children have access to quality early learning. Early learning is one of a range of services and supports delivered in CFCs, under an integrated service delivery model that aims to provide wrap-around support for families with young children.

Parent and family engagement is a priority across all early learning services and supports delivered by DoE, and is a key feature of early learning in CFCs. CFCs provide a continuity of engagement with families from pre-birth to preschool (kindergarten) and full-time school, and work closely with parents, carers and families as key partners in a child's learning.

CFCs provide children with quality play-based learning environments where they have opportunities to form relationships with other children in their community and have fun, as well as develop physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills and general knowledge.

CFCs provide opportunities for young children to be engaged in early learning, who may not have otherwise been, and endeavour to facilitate earlier identification of children who may have additional developmental needs. Targeted specialist services in CFCs include speech and language pathologists, occupational therapists and early childhood intervention services.

CFCs provide an environment to promote early learning with flexible programs and a shared space. Early learning programs in CFCs are developmentally appropriate and scaffolded for age from birth.

Early learning programs with a qualified educator are delivered as supported play sessions, approximately 1.5 hours in length, parents attending with their children. Supported play sessions for children in different age groups may be held once or twice a week.

Other examples of early learning programs include: Dads' Playgroup, 'pop-up' playgroups and outreach programs, story time sessions, water awareness programs and parenting programs.

Families can also enjoy the open play space with their child daily, and resources are available to support children's individual interests and abilities.

Engagement with early learning programs in CFCs

There is significant engagement with early-learning programs in CFCs. These programs recorded a total of 11,935 visits in May 2016 and 10,837 visits in November 2016 (shown in Table 3 below). This represented 58.5 and 45.2 per cent of total CFC participation in May 2016 and November 2016 respectively.

Table 3: Early learning program visits by centre

Centre	Visits May 2016	Visits Nov 2016
Beaconsfield	1,231	1,273
Bridgewater	569	882
Burnie	878	823
Chigwell	2,569	2,176
Clarence Plains	1,135	880
Derwent Valley	1,134	1,281
East Devonport	674	571
Geeveston	295	289
George Town	1,076	797
Queenstown	595	569
Ravenswood	829	748
St Helens	950	548
	11,935	10,837

Some of the specific early learning focused program themes included:

- Drop in and play
- Reading/literacy
- Music/singing
- Launching into Learning
- Outreach and home visits
- Fire station school
- Learning in Families Together
- Craft activities
- Dad focused activities

CFCs and earlier access to kindergarten

The purpose of delivering early learning programs and supports in CFCs is distinct from the purpose of providing earlier universal access to kindergarten, under the change passed by Parliament² to lower the voluntary kindergarten and school starting ages. The two streams of service delivery are complementary and not interchangeable; the service delivery models and platforms are distinct and serve different purposes.

The primary aim of early learning in CFCs is to engage parents, carers and families in the learning and development of children from birth to five years, particularly in lower socioeconomic communities. Early learning is one of a range of wrap-around supports offered to families with young children, tailored to the needs the community.

The primary aim or lowering the voluntary kindergarten starting age to three years and six months from four years, and the voluntary school starting age to four years and six months from five years, is to ensure all children in Tasmania have equitable access to quality early learning. The change to the kindergarten and school starting age will provide all parents and carers with greater choice and access to early learning options for their child, regardless of where they live or their family background.

Kindergarten is delivered through the universal platform of government schools and provides young children with 15 hours per week of quality early learning, in line with national and international standards and evidence.

² Subject to a Ministerial Order, to be approved by both houses of Parliament.

CFCs provide drop-in early learning opportunities for young children and their families that is not sustained over a defined number of hours or weeks.

In the context of the change to the voluntary kindergarten and school starting age, CFCs will have an opportunity to provide greater focus on programs and services for children from birth to three and a half and their families – a critical period in child’s development that has long-lasting effects on a child’s life into adulthood.

Practice across all DoE services and programs for children in the early years, including CFCs, is guided by *Belonging, Being and Becoming: the Early Years Learning Framework for Australia*. This provides a consistent, best practice approach to supporting learning outcomes for young children, regardless of the program or setting.

CFCs work in close partnership with schools in their local area, and in some cases ECEC services, to support smooth transitions to kindergarten and full-time school. Staff in CFCs work to develop clear transition processes for parents, and support them to build connections with other parents during their time at the CFC, which continue in the school environment.

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

CFCs provide parents, carers and families with local access and choice regarding the type of services and supports they wish to participate in. The place-based model also provides an opportunity to build on and strengthen relationships with families over time, and to build on the strengths and competencies of parents.

Parents, carers and families participate in all forms of early learning that is delivered in CFCs, and a range of programs and services are available to support parents and carers in their parenting role and in the development of their own skills and abilities.

Support for parents offered through CFCs may include parenting programs, literacy, training and transition to employment programs. The types of services and programs delivered through each CFC is determined in collaboration with families and community, depending on the particular needs of a community. Therefore, the range of support programs can be different between CFCs

CFCs are opportunistic in using everyday interactions with parents to role model and highlighting parenting skills such as attachment and bonding as the building blocks for safe, secure and resilient children.

Parents have the opportunity to learn alongside their child and may be involved in a parenting program such as *Being a Parent* or the *Circle of Security Parenting Program*. These parenting programs support parents to have a deeper understanding of their child’s social and emotional development and strengthen secure attachment between parent and child.

CFCs can intercept some of the possible barriers to parents accessing the necessary supports required to promote healthy development. For example, CFCs provide a range of services locally, transport for families to access other essential services, and a mix of service provision strategies, such as outreach visits.

Adult literacy has a direct impact on the education and learning of children and CFCs aim to create learning opportunities for children and adults. For example, parents may undertake a Certificate II or III qualification at a CFC to support their entry or re-entry into the workforce.

LINC Tasmania has connections with all CFCs, and two CFCs are integrated with a LINC Tasmania site under a 'hub' model that aims to improve early, family and adult literacy and learning. LINC Tasmania's objective is to provide CFC families with the opportunity to discover LINC Tasmania services, in particularly children's programs such as *Rock and Rhyme* and *Storytime*, adult literacy and learning services and borrowing of books and other resources.

4. The outcomes and broader impacts of Child and Family Centres to the communities which they are located in

Effectively measuring the outcomes and broader impacts of CFCs is an ongoing priority for DoE, as identified in the *Tasmania's Child and Family Centres Strategic Plan 2015-2017*.

General participation data

DoE undertakes a twice-yearly census of CFC program participation (since August 2015). These census provide a snapshot of CFCs based on data collected across a reference month³.

Participation in CFCs remains strong across the State and there is some evidence to suggest that community engagement is increasing over time. There were 20,412 visits in May 2016 representing an average of 1,701 visits per centre for the month. In November 2016, the average number of visits increased to 1,972 visits per centre (shown in Table 4 and 5 below).

Table 4: Total visits across all CFCs

All Centres	Aug 2015	May 2016	Nov 2016
Total visits	15,892	20,412	23,659
Average visits	1,324	1,701	1,972

Centre averages	Aug 15	May 16	Nov 16	Change (Aug 15-Nov 16)
average number of visits per month	1,380	1,701	1,972	+48.9%
average number of visits per day	69	74	75	+8.7%

³ It is important to note in the interpretation of the Census data that:

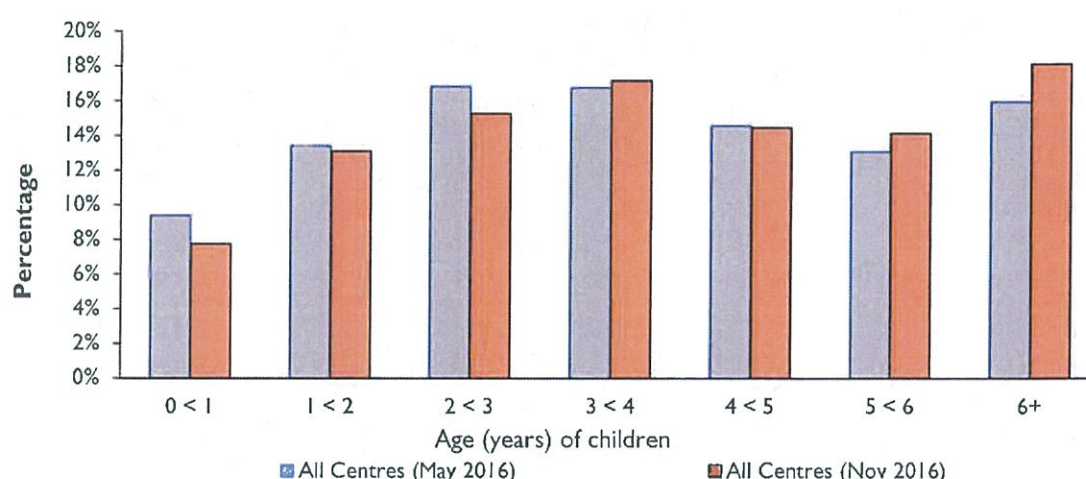
- There are some issues around the comparisons given that different months have been used in the 2015 and 2016 Census.
- Due to data collection issues, average distance travelled to CFCs and participant age profile data is based on data collected for 11 centres.

maximum number of visits in a day	132	162	163.5	+23.9%
minimum number of visits on a day	25	28	25.5	+2.0%

Table 5: Average Centre visits summary

CFCs maintain records of active participants. These do not necessarily reflect attendance in a given month. From the intake forms collected in the 2016 Census, there were 2,033 and 2,627 children for May and November 2016 respectively, under the age of 10 across 11 centres. The age profile is shown in Table 6 below.

Table 6: Children's age profile across all centres



Note: Age profile data for May 2016 and November 2016 is based on 11 Centres.

Telethon Kids Institute

Previous evaluation work undertaken with the Telethon Kids Institute was published as *Engaging, supporting and working with children and families in Tasmania's Child and Family Centres* (the Report). This work included quantitative (survey) and qualitative (focus groups and interviews) analysis methods to identify trends in parents' experiences and their use of preschool services and support. The research focussed on two CFCs in particular.

Some of the key findings indicated that:

- CFC users were more likely to report that the services they had accessed had helped them prepare their children for school
- CFC users were significantly more likely to report that the services they had accessed had helped them make closer links with the local school, and
- CFC users were significantly more likely to report that the services had helped them feel valued as members of the community.

The report made two recommendations for future research:

- Continue to develop a statewide administrative data collection system for CFCs, and
- Explore the possibilities of connecting early years administrative data so it can be used to investigate the impact of CFCs on children's health and education outcomes over time.

These recommendations will be addressed in the *Tassie Kids* study, under a Multi-Agency Agreement between government partners, universities and the Telethon Kids Institute.

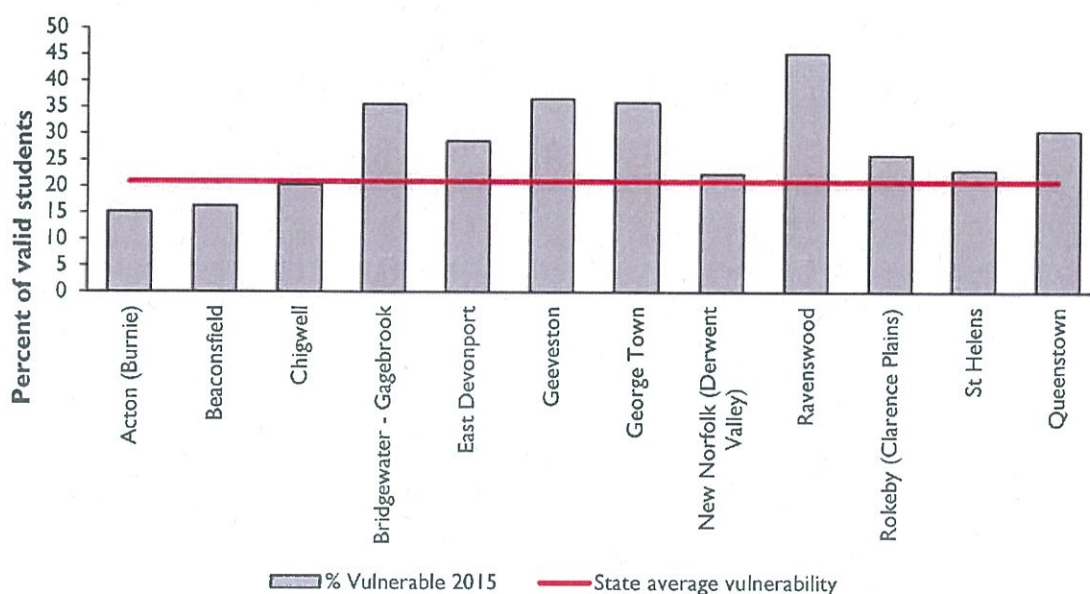
Community level data

The Socio-Economic Indexes for Areas (SEIFA), developed by the ABS, ranks geographical areas in Australia according to relative socioeconomic advantage and disadvantage. The indexes are based on information from the five-yearly Census of Population and Housing. The ABS SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) ranks the Tasmanian communities in which CFCs are located amongst the most disadvantaged in the State. These communities are ranked in the lowest two deciles.

In 2011, all 12 communities were above the State average level of unemployment and median weekly household income was below the State median for all communities. 11 communities had a larger proportion of children under the age of ten relative to the State average. Ten communities had a greater proportion of families who were single parent families with at least one child relative to the state average. Eight communities had higher levels of teenage pregnancy relative to the State average. Further detail is at **Attachment B**.

From the 2015 AEDC data⁴, nine of the 12 communities where CFCs are located showed a higher percentage of children vulnerable on one or more domains relative to the State average (shown in Table 6 below). This highlights the level of vulnerability prevalent in school age children within these communities

Table 6: AEDC – percent of prep student vulnerable on one or more domains by CFC community, 2015



There is insufficient information at this stage to comment on the impact CFCs are having on levels of student vulnerability reported by the AEDC. This is in part due to the comparatively recent introduction of

⁴ See <http://www.aedc.gov.au/data>

CFCs, with Centres being constructed between 2011 and 2014, and timing issues with the AEDC, which is undertaken every three years with latest data available for 2015.

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

Funding

Funding provided to CFCs enables the employment of teaching, social worker and administrative staff to provide services.

CFC budget allocations – Consolidated Fund

Total funding (salary and non-salary) allocations:

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	313,251	368,792	3.00	
Queenstown*	265,010	318,751	374,292	3.00	
TOTAL	\$3,675,113	\$4,491,900	\$5,043,408	36.80	

*George Town and Queenstown CFC operate as a hub within a co-located LINC. This facilitates sharing of resources results 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.

Indigenous CFCs

Two CFCs with an indigenous focus, located at Bridgewater (tagara lia) and Geeveston (wayraparattee), were originally funded by the Australian Government under the National Partnership Agreement for Indigenous Early Childhood Development (Child and Family Centres) (the NP).

Under the NP funding was provided for the construction and operation of the two centres. The NP ended in 2014, however, operational funds received was sufficient to meet the costs of these centres to the end of 2015. The Tasmanian Government has been the sole funder of CFCs since 2016.

Salary funding

Each CFC was initially provided funding to employ 1.0 FTE Band 8 Centre Leader (1.0 FTE Band 6 CFC Coordinator in Queenstown and Georgetown) and 1.0 FTE Band 4 Community Inclusion Worker.

However, the Indigenous CFCs operating under Australian Government funding were funded for an additional 1.0 FTE Base Grade Teacher and 1.6 FTE support staff until the NP ceased. At that point, staffing for the Indigenous CFCs reverted to 3.0 FTE in line with the State funded centres.

In 2015-16 the Secretary, DoE approved an additional 0.40 FTE Band 5 Community Worker for the two indigenous CFCs (Geeveston and Bridgewater). This was one off funding for the 2016 calendar year.

The Community Workers were originally funded through Australian Government Closing the Gap program. When federal funding ceased, both centres were funded for a further twelve months by the State Government to employ a Community Worker for two days per week. This additional funding provided an opportunity for the community to transition to a State Government funded Education Officer position.

In 2015-16 the Minister for Education and Training approved that all CFCs would receive the equivalent of 1.00 FTE Education Officer (Base Grade) on a recurrent basis. \$1.069 million was set aside to support the education, health and wellbeing of children birth to five years in each CFC. Each of the 12 CFCs received \$89,000 in 2016 (\$44,500 in 2015-16 year).

Salary funding is indexed each year.

Non-Salary funding

Additional non-salary funding of \$200,000 was provided to CFCs in 2015-16 (excluding those based in LINC) to assist with the costs of energy and maintenance. This funding is ongoing. The breakdown of this funding is as follows:

Child and Family Centre	Energy \$	Maintenance \$	Total \$
Beaconsfield	8,464	11,299	19,763
Burnie	8,606	8,010	16,616
East Devonport	4,766	7,796	12,562
Ravenswood	27,331	15,177	42,508
St Helens	8,308	7,689	15,997
Bridgewater	20,056	5,683	25,739
Chigwell	6,770	5,750	12,520
Clarence Plains	4,500	7,889	12,389
Derwent Valley	6,036	6,418	12,454
Geeveston	17,753	11,700	29,453
TOTAL	\$112,590	\$87,411	\$200,000

Note: LINC based CFCs (Georgetown and Queenstown) did not receive additional funding as they are included within the overall LINC budget.

Each CFC has been allocated \$9,000 per annum additional funding for staffing relief while the Centre Leader or Community Liaison Officer takes leave. This allocation is equivalent to approximately two weeks relief for the Centre Leader and Community Liaison Officer. CFCs operate for 50 weeks per year.

Non-salary funding is indexed each year.

Future need for CFCs

Decisions in regard to the current 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
- High socioeconomic area disadvantage.

Community consultation on potential sites provided an opportunity for the contribution of community level data, identification of community assets and strengths, gaps in service delivery for families, and the development of leadership capacity to establish the design and location of a CFC.

The Early Years Strategy Interdepartmental Committee will consider the future development of integrated service delivery for young children from birth to 5 years. This will include an investigation of the most effective mode of delivery to improve outcomes for young children and their families, particularly high needs and vulnerable families (e.g. via outreach and mobile access).

Tasmania's Child and Family Centres STRATEGIC PLAN 2015–2017



OLEARNERSFIRST

Our Vision

We aim to develop successful, skilled and innovative Tasmanians.

Our Mission

To provide every Tasmanian with the opportunity to continue to learn and reach their potential, to lead fulfilling and productive lives and to contribute positively to the community

CFC Vision for 2015-2017

All Tasmanian children have the best possible start in life, are healthy, safe and curious learners, nurtured by confident, capable families living in strong supportive communities

Our Purpose

Child and Family Centres aim to improve the health and well-being education and care of Tasmania's children (pre-birth to 5 years) by supporting families and improving their access to quality services in the local community

Our Priorities

Child and Family Centres are a Whole of Government initiative with an important role in achieving the Learners First strategy that includes a focus on Bright Beginnings for the Early Years and these strategic priorities:

- Planning and delivering high quality education and care programs and services for babies and young children, so they develop as confident and curious learners prior to beginning school.
- Engaging, supporting and working with local children and families in a collaborative way by connecting to and working with relevant health, well-being, education and community services.
- Developing and maintaining strong relationships between families, schools, services and the broader community.
- Working with children and families using the Early Years Learning Framework for Australia.

The beliefs that guide us in our work

Children and families are our focus	Appreciating difference and diversity	Being part of the community	Active learning for children, adults and community members	Working collaboratively to build positive environments and community capacity	Creating fair access to resources and support	Ensuring high quality
<ul style="list-style-type: none"> Working with families/whānau, supporting them as their child's first and most important teacher. Using an holistic approach builds connections between children, families and communities and recognises the importance of shared relationships and partnerships for learning and development. 	<ul style="list-style-type: none"> Our centres are welcoming places and inclusive of local community members being accessible and accepting. Everyone has the right to engage in learning opportunities in culturally appropriate settings. 	<ul style="list-style-type: none"> Our centres are respectful and culturally responsive to the needs of families and groups in our local communities. Enabling effective partnerships that support families' access to services within our programs and communities. 	<ul style="list-style-type: none"> We deliver creative, supportive, and shared learning programs in environments which support and provide opportunities for lifelong learning. We work together with services to deliver high quality educational programs for children and families. 	<ul style="list-style-type: none"> We work together with families and a range of health and community services to create ongoing positive change. We collaborate to provide appropriate, timely and practical responses to support children, young people and their families. 	<ul style="list-style-type: none"> Working with local communities and families enable us to provide appropriate support and make referrals as required. Our centres aim to meet the changing needs of our communities. 	<ul style="list-style-type: none"> We deliver effective programs with families that support healthy development in children from before birth. Our services are planned and delivered using evidence-based best practice.

How we will achieve our vision and monitor our progress

Priority Areas	Goals	Progress Measures
Learning and Wellbeing	To provide high quality learning, health and wellbeing programs that support children and families to learn and thrive.	Delivery of quality programs to children and families involved in the centres.
Community Belonging	To build each community's sense of belonging with their centre as a place of importance.	The number of families, children and community members actively participating at the centres.
Working Together	To create and maintain strong and flexible partnerships between everyone involved in each centre's community.	The number of partnering organisations and services involved in the centres that are working collaboratively and effectively with families, schools and each other.
Measuring Outcomes	To develop tools that will show the difference the centres are making to the lives of children, their families, support services and the community.	The tools and the data collected by these tools meet the needs of centres and reporting requirements.

Data Sources

Our planning and work will be informed by the following:

- Child and Family Centres data collection (Holistic)
- Evaluation Project data
- School data sets (eg. Launching into Learning Kindergarten Development Check Performance Indicators in Primary School NAPLAN)
- The Australian Early Development Census
- Other health and wellbeing data as available
- Community engagement in governance processes

Attachment B: Select *quickstats* from the 2011 ABS Census of Population and Housing

Community	People	Median age (years)	Families	Aboriginal and Torres Strait Islander people (%)	Median weekly household income (\$)	Index of Relative Socio-Economic Disadvantage (SEIFA IRSD)
Beaconsfield	1,199	42	326	4.3	680	837 (1 st decile Tasmania)
Bridgewater	4,125	32	1,081	10.8	680	717 (1 st decile Tasmania)
Burnie - Acton	3,307	37	907	6.7	732	872 (2 nd decile Tasmania)
Chigwell	1,811	33	489	5.9	794	837 (1 st decile Tasmania)
Clarence Plains (Clarendon Vale)	1,348	30	365	11.1	641	661 (1 st decile Tasmania)
Derwent Valley (New Norfolk)	5,243	41	1,435	4.3	761	851 (1 st decile Tasmania)
East Devonport	4,200	39	1,115	7.2	690	822 (1 st decile Tasmania)
Geeveston	1,431	41	405	10.4	765	896 (2 nd decile Tasmania)
George Town	4,304	38	1,201	5.5	700	807 (1 st decile Tasmania)
Queenstown	1,975	39	510	6.8	821	882 (2 nd decile Tasmania)
Ravenswood	3,974	33	1,040	7.0	620	714 (1 st decile Tasmania)
St Helens	2,173	51	571	3.6	662	892 (2 nd decile Tasmania)
Tasmania	495,354	40	134,193	4.0	948	

Community	Unemployment rate	teenage parents (% females 15-19 with 1 or more children)	% of families that are couple families with both parents/partners unemployed ¹	% of families that are one parent families	% of families that are one parent families with a child under 15	% children < 10
Beaconsfield	9.4	0.0%	30.0%	22.0%	14.1%	13.5%
Bridgewater	13.7	10.7%	31.5%	37.8%	26.3%	17.9%
Burnie - Acton	10.0	3.2%	31.6%	23.6%	14.2%	12.6%
Chigwell	8.1	9.3%	26.0%	31.8%	20.9%	15.7%
Clarence Plains (Clarendon Vale)	19.0	9.6%	41.6%	46.8%	30.4%	20.9%
Derwent Valley (New Norfolk)	10.1	1.7%	30.0%	21.8%	12.9%	13.2%
East Devonport	11.5	9.4%	35.3%	24.5%	16.3%	14.7%
Geeveston	7.4	0.0%	29.1%	16.3%	9.6%	13.8%
George Town	12.3	12.7%	35.1%	23.8%	15.9%	15.7%
Queenstown	9.5	7.0%	21.5%	18.2%	12.0%	14.1%
Ravenswood	16.2	6.8%	34.6%	35.0%	24.9%	17.4%
St Helens	7.6	0.0%	37.4%	18.0%	10.0%	9.8%
Tasmania	6.4	3.0%	23.1%	17.0%	10.0%	12.4%

Note: Couple families are based around a couple relationship between two people who are either married or in a de facto partnership and usually resident in the same household. It includes couples with or without dependants, and same-sex partners.