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Submission from St Giles Therapy Services to the Legislative Council Select Committee to inquire into and report upon the options for Tasmanian Child and Family Centres

St Giles appreciates the opportunity to provide comment on options for the Tasmanian Child and Family Centres (CFCs).

St Giles is the biggest provider of multi-disciplinary community-based Paediatric Allied Health services across the state. We have been privileged to have worked with the Child and Family Centre communities for over 7 years. We were part of the Local Enabling Groups (LEGs) across most sites and through this process established outreach and visiting services at most CFC locations across the state.

St Giles staff regularly participate on advisory groups and provide professional learning and programs for centre staff, and families and children to assist with achieving the vision and objectives established by each CFC.

St Giles has highly valued the relationships we've built through the establishment and implementation of the CFCs. The integrated model has enabled us to build relationships of trust with local communities whom we'd previously struggled to engage. This has allowed us to provide early interventions to children who may not have received any support until they were identified at primary school.

Below is a brief outline of the key points we wish to emphasise:

- Being a flexible organisation is imperative for a provider to be involved in CFCs, the implementation of the NDIS individualized funding approach may make this challenging in the future
- The Family Partnership Model is a key framework from which all providers involved in CFCs must understand and we support the ongoing funding of training in this approach, including the provision of training to external providers.
- The integrated model provides benefits to communities, staff working in the centres and professionals using the CFCs to deliver services, and the positive outcomes of the integrated approach far outweigh any challenges.
- The understanding of the role parents play in enhancing children's learning outcomes is what makes CFCs unique from other education and care centres, and leads to better outcomes in the long run.
- The CFCs are key facilitators to enable families to access the right service at the right time to reduce disadvantage.

- The focus of centres on early identification of need, and subsequent ability to link families to relevant providers, enables early intervention to occur improving developmental trajectories for children with developmental delay and disability.
- The centres provide a 'safe place' where families can access services in a non-judgmental environment. This leads to an increased sense of trust with providers working at the centres, and an increased capacity for families to engage therapy or other supports, leading to better outcomes for their children and themselves.
- There is a strong sense of community ownership over the centres, ensuring the level of engagement with the community will be sustained.
- We have concerns about the limited funding available to centres to run programs, and the capacity for centres to fundraise. We recommend 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 difficult or not an option.
- St Giles strongly encourages the state government to fund additional CFCs across the state, using the same community-led principals adopted by the current CFCs for all phases of planning, development and implementation.

Response to each of the 5 points outlined in the Committee's Terms of Reference.

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

The challenges of an integrated collaborative model for health and wellbeing, and early education and care, is ensuring that all of those involved are clear about the centres' vision and objectives. The centres outline this very clearly in various "working together agreements". We have found the agreement to be a positive way of reinforcing the centres' goals and ensuring that our staff are working respectfully with the staff and volunteers of each centre and are clear about the outcomes each community are striving to achieve.

This has required our organisation to be flexible with the time provided to staff to participate in joint professional learning and provision of services in the preferred method of each centre, requiring us to adapt our models of practice to suit the communities needs not the other way around.

This may be a challenge to providers in the future. With the implementation of the NDIS the ability to enable staff members to participate in activities that are unable to be billed becomes increasingly difficult. St Giles is keen to maintain our current level of engagement with the CFCs and will strive to do so, however the NDIS does run the risk of becoming an impediment to an integrated approach for CFCs..

The other common practice at CFCs is the use of the Family Partnership Model (FPM). St Giles has been privileged to participate in this training on numerous occasions as part of our involvement in the CFCs. Having the capacity to participate in this training allows our staff to have a deeper more connected understanding of the approach, and enhances our ability to collaborate with the centre staff and volunteers as we understand and use the same language and reflective practice approach. We would encourage the state government to continue to provide this training free of charge to any service provider who is regularly engaged with a centre. The FPM supports an integrated approach and community empowerment, the two key tenets that have underpinned the success of the CFCs.

The benefits of an integrated model of service delivery for health, wellbeing and early childhood education and care services are endless. To name a few, families benefit from only having to provide their story once, increased access to a diverse range of professional services, service delivery at their door step; reducing the cost of travel, and the delivery of services that they themselves have identified they need, rather than someone who may be considered detached or 'outside' of their community.

The benefits for professionals is that the CFC environment is child and family friendly, enables engagement with 'hard to reach' communities, allows professionals to build a relationship with the local community and thus a better understanding of their circumstances and needs. From our engagement with the centres we have enhanced level of trust from within the community and have found that the therapists who regularly attend centres become part of the 'centre' and hence perceived as part of the broader community.

We cannot state strongly enough the benefits we have experienced in engaging with families at CFCs and these benefits outweigh any challenges we may have experienced. We have delivered parent education programs, professional learning sessions, individual and group physiotherapy, occupational therapy, speech pathology and psychology services in settings where the community feel 'at home' and 'safe' to share their concerns and put into practices approaches that may be harder to embrace if delivered in a more clinical or unfamiliar setting.

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

The centres provide a point of facilitation, linking families to services and children to learning opportunities at the earliest point possible in an environment where families feel supported and safe.

What makes CFCs unique from standard early learning and care programs is that it has a holistic approach that sees the connection between children's learning and families' capacity to engage in a child's learning as a key factor in a child's development. CFCs provide parenting programs in environments where families don't feel judged as being incompetent and feel safe to share their experiences, as the centres themselves were designed by the community for the community.

The provision of groups for babies and expecting mothers recognizes that a child's development starts at pre-birth and the linkages with Child Health and Parenting Services enables families to engage with supports at the earliest stage possible, enhancing the likelihood of healthy developmental outcomes.

For St Giles this early stage engagement has led to earlier identification of concerns, and has enabled us to engage with families and children at a much earlier point, meaning a higher likelihood of a better developmental trajectory from those who are identified later. It is now accepted wisdom that the earlier children with developmental delays are engaged in therapeutic intervention the better their educational outcomes and long term prospects.

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.

The CFCs focus on parenting as a key determinant for children's development and learning has seen many families engaged in their own personal development. Prior to the CFCs being in place, there were very few 'safe' community spaces for families to explore and develop their parenting style. From what we have observed through participating in the LEGs, Advisory Groups and working alongside centre staff and volunteers, the focus on parenting and participation of children in early learning programs has led to significant changes in people's lives. Through the use of the 'community volunteer' model, used in many centres to promote and train other families to develop their skills, we are seeing families aspiring for more, for their children and themselves.

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

From our experience we have seen families from communities whom we struggled to engage with in the past, regularly attend therapy sessions, engage in groups run by the centre and therapists, participate in parent education, and generally take a positive interest in the development of their children and themselves. Prior to the establishment of CFCs there were very limited spaces that were child and family friendly enough to support high quality therapy sessions (group and individual) in the community. With the establishment of the CFCs St Giles has been able to move away from a centre based approach and provide a more outreach/community based model in communities of greatest need. This has allowed us a higher level of engagement with these communities and better outcomes for children with additional needs.

The National Guidelines for Best Practice in Early Childhood Intervention (ECIA, 2016) strongly support the provision of early intervention services occurring where children live, play and interact. The CFCs have enabled St Giles to deliver this approach in communities where there is often great need for early intervention services. Many families would not have engaged with our services had we required them to come to a clinical, centre-based setting, nor would they be comfortable with therapists coming to their own homes. The CFCs provide an agreeable 'half way point', providing a place where families can engage with therapy services in their own communities in a familiar environment.

Our engagement with the CFCs has also led to mutual benefits for the centre staff and therapists. Therapists have gained a better understanding of the communities they are working with, and better able to adapt their programs to meet the individual needs of specific communities. Centre staff have built their knowledge and understanding of how to work with families who have children with developmental delay and disability through their relationships with St Giles' therapists and the provision of informal and formal professional learning provided by therapists accessing their centre. The mutual exchange of expertise can only enhance outcomes for communities linked with CFCs and is the very essence of a successful integrated health and wellbeing service.

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

St Giles strongly encourage the state government to consider funding the development and implementation of additional centres across the state, as well as increase in funding to support the delivery of programs within centres across the state.

The community-led approach to planning and delivery of the centres resulted in a high level of engagement with the community. We encourage the state government to continue to utilise this approach, with enhancements from the learnings of this inquiry, to deliver future centres.

We have observed that even with the 'new generations' of families accessing the centres there is still a strong sense of ownership and a high level of commitment to continue to develop the centres and services to meet the communities' needs. This would suggest that the community-led approach is sustainable and enables the centres to continue to grow to meet the needs of individual communities.

We are aware that some centres have struggled to obtain adequate funding to run programs that the community have identified as being necessary to achieve their vision. Some centres have resorted to the creation of associations, similar to parent and friends groups, to enable fundraising and the ability to apply for grants. Whilst fundraising has its place, it puts additional pressure on the largely volunteer base who work tirelessly to achieve the best outcomes for children in their early years. We would suggest that consideration be made to the establishment of a 'funds matching' arrangement between centres and the Education Department, or a pool of funds that centres can apply for when fundraising is unable to raise the capital required to run a specific evidence based program.

St Giles believe that it is important that all centres are operated as inclusive environments, accessible to all Tasmanians; regardless of their postcode, and believe that this ethos must be embraced by all current and future centres to ensure that all Tasmanian families have access to high quality support in the early years.

From our experience of working across the state we would suggest that the following communities would benefit greatly from having access to a Child and Family Centre, as these are communities we continue to struggle to engage: Sorrell, Triabunna or Orford, Bicheno, Dover or Cygnet, Scottsdale, Deloraine, Campbell Town (or somewhere in the Midlands), Ulverstone, Smithton, and the West Coast.

Thank you for this opportunity to contribute to the inquiry, we hope that our thoughts assist with the committee to determine the future direction of this successful model of community engagement for children in the early years and their families.

If the Committee require additional information or further insights into any of our comments, please contact Kirsty Bartlett Clark, Director of Business Design and Development – 0457 751 708 or kirstybartlettclark@stgiles.org.au