



Tasmanian Council of Social Service Inc

Submission to the Legislative Council Select Committee on Child and Family Centres

March 2017



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COMPASSION
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About TasCOSS

TasCOSS is the peak body for the community services sector in Tasmania. Our membership includes individuals and organisations active in the provision of community services to low income, vulnerable and disadvantaged Tasmanians. TasCOSS represents the interests of its members and their clients to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage and promote the adoption of effective solutions to address these issues.

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Introduction

TasCOSS welcomes the opportunity to respond to the *Legislative Council Select Committee on Child and Family Centres*. We commend the Legislative Council for turning its attention to this important issue.

TasCOSS's submission reflects the comments that we hear in the community sector from our member organisations and the communities they serve, particularly those who are low-income, vulnerable and disadvantaged in some way.

In preparing this submission TasCOSS has consulted with key stakeholders across the sector who have shared their considered views on the centres, both as a model and as they are working in practice. While this was a relatively small consultation their views represent a wealth of knowledge and experience that extends throughout the community sector in Tasmania and beyond.

Members of the Legislative Council are already well-informed about Child and Family Centres, particularly those with centres in their constituency. Members have received a briefing from Josh Willie, Member for Elwick, who proposed the establishment of the Select Committee, and from the Hon Vanessa Goodwin, member for Pembroke and Leader of the Government in the Legislative Council.¹ The Legislative Council has been informed of longitudinal data tracking the impact of CFCs on children's health and education being collected by the Department of Education, and of a recent national Health and Medical Research Council grant that will enable a consortia of researchers to assess the impact of CFCs on children's outcomes in Tasmania.

TasCOSS is aware that the following reports were noted and/or tabled by Legislative Council:

- *Tasmanian Child and Family Centres: Action Research Project Phase 1 report*²
- *Tasmanian Child and Family Centres: Action Research Project Phase 2 report*³
- The Telethon Kids' Institute report, *Engaging, supporting and working with children and families in Tasmania's Child and Family Centres. Report on the impact of Centres on parents' use and experiences of services and supports in the Early Years*⁴

We would also like to draw the Select Committee's attention to following reports produced by the Murdoch Children's Research Institute:

- *Supporting Tasmania's Child and Family Centres: The journey of change through a Learning and Development Strategy*⁵
- *Using the Family Partnership Model to engage communities: Lessons from Tasmanian Child and Family Centres*.⁶

These reports, and the extensive evidence they present, point to the success of the Child and Family

¹ Legislative Council of Tasmania, Tuesday 11 October 2016. Hansard record of proceedings.

² Murdoch Children's Research Institute. Community Child Health (2012) *Tasmanian Child and Family Centres: Action Research Project Phase 1 report*. Tasmania, Department of Education.

³ Murdoch Children's Research Institute. Community Child Health (2013) *Tasmanian Child and Family Centres: Action Research Project Phase 2 report*. Tasmania, Department of Education.

⁴ Taylor, C.T., Jose, K., Christensen, D., & Van de Lageweg, W.I. (2015). *Engaging, supporting and working with children and families in Tasmania's Child and Family Centres. Report on the impact of Centres on parents' use and experiences of services and supports in the Early Years*. Perth, WA: Telethon Kids Institute.

⁵ Prichard, P., O'Byrne, M. & Jenkins, S. (2015) *Supporting Tasmania's Child and Family Centres: The journey of change through a Learning and Development Strategy*. Murdoch Children's Research Institute: Hobart, Tasmania.

⁶ McDonald, M., O'Byrne, M., & Prichard, P. (2015). *Using the Family Partnership Model to engage communities: Lessons from Tasmanian Child and Family Centres*. Murdoch Children's Research Institute: Hobart, Tasmania.

Centre model in transforming the lives of individuals, families and communities.

Rather than reiterating evidence that is readily available to the Committee, this submission draws on intelligence among constituents and the community sector generally, to highlight some current considerations relating to the CFCs. This is done within the context of the Select Committee's Terms of Reference. It also includes some additional policy analysis about the importance of the following key areas when considering the Child and Family Centre models in Tasmania:

- The importance of drawing on local existing knowledge, capacity and culture
- The importance of social infrastructure, particularly in communities with high levels of disadvantage
- The critical application of the core elements of community development models when working to impact long term, entrenched disadvantage.

As the peak body for the community sector in Tasmania, TasCOSS takes a 'whole of community' focus. While the evidence at hand suggests that CFCs are fulfilling a very important role in the communities in which they are located, we would like to highlight the importance of more fully understanding how the CFCs have:

- Integrated with existing services and worked in partnership to enhance, not duplicate, existing services;
- The concept of co-design that ensures the voice of participants are included; and
- How the "what works" evidence base is used on an ongoing basis in the planning and delivery of services.

We are also very aware that the CFCs are not the only services working with vulnerable children and families in the early years and caution the Committee not to view CFCs as a relatively simple answer to a very complex area. It is critical to understand their role as part of the broader service system and community, not as the system.

The need for social infrastructure investment in disadvantaged areas

TasCOSS strongly advocates for additional investment in social infrastructure in areas of disadvantage in Tasmania. Our 2017-18 Budget Priorities Statement focuses on new ways of working with communities to facilitate social change.⁷ By tapping into the power of communities and providing people with the opportunity to shape them, locally driven options and solutions can be developed.

As in other jurisdictions, Tasmania has a history of creating unintentional pockets of disadvantage. In the late 20th Century broad acre public housing estates were established on suburban fringes where land was cheap and the assumption was made that infrastructure - including industrial development, employment, transport and social support systems - would inevitably follow. However, for various reasons this infrastructure was never fully developed and these housing estates became areas of locational disadvantage with high proportions of low income households, poor access to employment, weak social networks and poor indicators of health and wellbeing.⁸

⁷ TasCOSS (2017). *Community Innovation and Investment*, Budget Priorities Statement, 20017/18.

⁸ Flanagan, K. (2010). *There are people living here: exploring urban renewal and public housing estates*. Anglicare Tasmania, Hobart.

Disadvantaged areas often have a poor built environment which reinforces disadvantage. These problems get compounded by the increasing pressure on public housing and tightening of eligibility criteria, resulting in only people with the highest need and the most complex problems securing access to this housing.⁹

Locational disadvantage also characterizes some of our rural areas, where primary industries have declined, many secondary industries have closed, and there has been a drain of families and young people to more urban areas. Those who remain often have no employment prospects and lack hope in the future, a situation that is compounded by low population density and deteriorating infrastructure.

Community development approaches towards building social infrastructure in disadvantaged communities have demonstrated considerable success and lots of potential.

TasCOSS would like to see a more strategic approach to planning and investment of social infrastructure in Tasmanian communities – and specifically communities of disadvantage. We would like to see research undertaken to identify what the appropriate level of social support and infrastructure to give a community the best chance to be strong and resilient. Such research could then inform a *Tasmanian Social Infrastructure Investment Plan* which ensures priority communities for investment are identified and long term planning is well informed.

TasCOSS thinks it is important for the Legislative Council to consider ensuring that new infrastructure into disadvantaged communities is not developed at the expense of under-investment in existing infrastructure. Where relevant, it is critical that local services are key players in making decisions about investment.

What we mean by community development

Community development is based on the premise that ‘the community may have more to teach us than we have to teach them.’¹⁰ According to Ife¹¹, community development is about processes, not outcomes, and about trusting the community to know what it wants. This process is often difficult to implement by bureaucracies where processes are designed around objectives, outcomes and key performance indicators.

Community development processes are also necessarily long term. Building trust in communities long disaffected by a myriad of government services and systems that have failed to deliver what they need, previous short term programs that have been ineffective, and repeated consultations that appear to have gone nowhere, can take time. Once this process has begun, the building of individual and community confidence and efficacy must follow before communities are ready to take action for change.

This submission focuses on the community development work undertaken by the CFCs since their establishment and acknowledges the successes which are attributed to them. It is important to note that this work complements and builds on the efforts of the Neighbourhood Houses, collective impact initiatives, and other community development initiatives in many of these communities.

Why we need to invest in children in the early years

⁹ Ibid.

¹⁰ Ife, J., as quoted in Flanagan, K. (2010). *There are people living here: exploring urban renewal and public housing estates*. Anglicare Tasmania, Hobart, p. 42.

¹¹ Ibid, p. 42.

TasCOSS's 2016-17 Budget Priorities Statement¹² proposed that Tasmania adapt and implement the UK's *1001 Critical Days* model of parent and infant service delivery to improve outcomes for Tasmanian children.

As discussed in this submission, early childhood experiences have life-long consequences and can increase susceptibility to chronic diseases, cancers and other health conditions. An unsafe home environment can affect a child's ability to control emotions, focus on tasks and form healthy relationships. Children from low income households are at greater risk of impaired early childhood development.

Enhancing support for parents and babies in the first two years of life can greatly improve their outcomes and reduce the incidence of violence and trauma in the home.¹³

¹² TasCOSS (2016). *Budget Priorities Submission 2016/17*.

¹³ *Ibid*, p. 7.

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

Some benefits

There is extensive support for the CFCs among the stakeholders consulted for this submission. They frequently described the CFCs as 'life changing', particularly for people who had previously been totally disengaged with services.

There are amazing examples across the CFCs of families that would have done anything not to visit a nurse, attend a playgroup or spend time in any type of service setting.

There is also considerable pride in the CFCs; there is a view among service providers that the CFCs have put Tasmania on the map nationally.

There is no model in Australia that goes as far as we have in Tasmania with the CFCs in bringing down the historical barriers for hard to reach people and actively engaging them in the system.

Stakeholders report that the features of the CFCs which are significant to service users are: the friendly welcome they receive, the lack of a reception area, the casual environment and the breakdown of the traditional professional-client boundaries.

An integrated service delivery model has major benefits for children and families; this view is supported by a wealth of research evidence. Stakeholders report that the Centres have been very successful in integrating services on the ground across education, health and the community sector. Some report that the experience for clients is 'almost seamless'. Further to this has been getting services to actively engage with service users.

Most stakeholders said that the CFCs are offering a good balance of health and education and these two aspects of the program are gelling well. Most centres have many visiting services, usually organised in discussion with parents. For example, in response to a strong push from parents, one centre has a focus on nutrition and food security.

Some stakeholders reported that by nurturing children with their parents in a friendly, supportive environment, the CFCs were successful in preparing children for school.

The flexibility of the model is also seen as a key benefit, enabling services and activities to be contextualised to the local community.

What is fantastic is that we can respond to what the local community say they want as well as the needs they see for themselves as well as the needs that we see...

The dynamic nature of the CFC model is another benefit, allowing each centre to keep evolving and bringing in new services in response to local needs. Centres continually strive to connect with those families who are hardest to reach and often this means going to where these people are and designing programs that they will respond to.

One of the challenges however, is how the integration into communities can occur in way that ensures the existing services are genuinely engaged in the local service design and decision making. Our consultation demonstrates that for Neighbourhood Houses who have a long, proud and important role in Tasmanian communities, this integration was not always as constructive as it could be. It is critical to ensure that the introduction of government run models and services do not overshadow the grassroots work and commitment of existing organisations.

Community engagement

For individual community members, the community engagement processes that are central to the CFC model and the shift that has resulted in terms of active community involvement and individual capacity-building are perhaps seen as the greatest success story of the centres. This focus has benefits for all who come through the doors, as well as for the communities in which they sit. Most stakeholders report that these processes are resulting in much higher self-esteem among parents. Some parents report that they now feel valued and are much happier about where they live, and are able to have a say in their community.

As noted above, the challenge of ensuring long term co-design and community engagement does need to be considered. Equally, in the scoping and planning of any new CFCs in Tasmania, a strong community engagement and community decision-making framework will be important.

Individual capacity-building

When connecting with individuals, CFCs are often building on very tenuous foundations. They are working in communities with high levels of disengagement from services, and with people who often feel they have been disconnected and disempowered in their experiences with services and institutions. Building trust and relationships that enable people to engage in self-advocacy takes time.

However, stakeholders indicate that the CFCs have been very successful in this regard. There are numerous success stories of parents reluctantly engaging with the centres, progressively building up their confidence and self-esteem, then progressing through job-readiness programs into the workforce or further education.

Community development

Stakeholders believe that the community development model on which the centres are based is having a positive effect on CFC communities. Some stakeholders commented on changing attitudes in some communities with, people becoming actively involved in community events and having a sense of pride in areas that have traditionally been strongly branded with negative stereotypes.

Please see the previous section (p. 5 *What we mean by community development*) for more detailed comments about the importance of community development.

Service co-location

The co-location of CFCs and other services in service 'hubs' is generally seen to be a good thing, enabling cross-fertilisation of ideas, sharing of resources and facilities, and greater service collaboration and integration.

There are however mixed views about this from Neighbourhood Houses and examples of where services that had co-located with a Neighbourhood House may have moved to the CFC due to the service type fitting within the age group of the CFC client group.

With service co-location, TasCOSS considers it important that there is a structured process to support the group mapping of services for a community. Strategic group mapping enables the people engaged in the decision making to understand the service mix in their community, the factors affecting those groups and their impact on the local community. This can then lead to shared discussion and decision making about the most appropriate location and/or co-location of various services to ensure the maximum outcomes for the client group.

Staffing

Stakeholders consulted indicated that the CFCs had been very successful in attracting staff who are committed to community development work with families and to integrated service delivery. The reported that these staff have a strong sense of passion and commitment that goes far beyond a good work ethic. Some CFCs have successfully recruited people who were originally clients of their services into paid positions, this was as a result of the increased skills and confidence they had gained as a result of engagement with the centres.

Some challenges

Equitable access

A major issue for Government is the provision equitable access to the benefits of the CFC model for children across Tasmania. 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 and remote 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. Several low income communities, both urban and rural, were mentioned as potential sites for new centres.

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.

Implementation of the CFCs

Some stakeholders were concerned that CFCs had been introduced into communities without any consultation with services already operating in these communities, some which were undertaking similar roles. They felt that the establishment of the centres had been a political move and was not based on analysis of gaps in services.

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 notification rates, rates of incarceration, etc. There is also a need to talk with local providers and identify any potential areas of service overlap.

Systemic integration and engagement

It appears that some of the goodwill and collaboration in evidence in service delivery is not mirrored by funders and other key government agencies, where traditional silos and systemic barriers often caused problems in the community. Difficulty in sharing service user information was noted as a big hurdle for services working in the CFCs.

You can do all this stuff at the coalface with the best will in the world but it's only as sustainable as the vertical structures of policy and bureaucracy that enable it to be sustained.

Some stakeholders suggested that the government could learn from the community engagement and collaborative approaches implemented in the CFCs. A paper on *Citizens' engagement in policymaking and the design of public services*¹⁴ is a useful read in this regard.

...effective engagement by a citizen-centric public service requires political support for the genuine devolution of power and decision-making to frontline public servants and professionals – and to the citizens and stakeholders with whom they engage.

CFC scope and focus

Several stakeholders commented that the focus of the centres should shift from early learning in the pre-school years towards more parenting support in the very early years. Many saw early parenting support as the most crucial and potentially effective intervention. It has been suggested that Gateway family support providers could be located in CFCs.

Other suggestions from stakeholders included that there should be flexibility regarding the age range of children catered for in the centres. Problems arose with families who had school aged children, particularly in school holidays. Some parents' attendance at the centres dropped off during holidays as they did not have any alternative care arrangements for their older children.

¹⁴ Holmes, B (2011). *Citizens' engagement in policymaking and the design of public services*. Parliament of Australia, Research Paper No.1 2011-12.

http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1112/12rp01

Greater use of volunteers in centres is seen as a potential avenue for further development but this is a strategy that would need to be resourced. It could include co-opting retired professionals to provide support, as well as a more formal way to recognise users of the centres so they could graduate to become volunteers.

Increasing complexity of issues

The CFCs are struggling to deal with demand. With their success in reaching out to those who are most disengaged with services has come a new cohort of service users with increasingly complex issues. As one provider said, not many people in their catchment area were just 'doing ok'. Most were in crisis of one type or another.

The biggest needs of clients were noted to be for mental health services and parenting support. In-centre mental health services enabled people to access these services in a non-threatening environment and without all the red tape and out of pocket expense that more mainstream services entail.

While CFCs all received a welcome injection of funding in 2015-16 – the equivalent of one extra staff person - most of them now find their resources and physical capacity are fully stretched. There appears to be ongoing need, particularly for more parenting support, social work support, and psychological support.

The two Aboriginal CFCs have a significant point of difference from other centres and are engaged in more culturally appropriate and healing processes. There is seen to be an unmet need for Aboriginal staff in other centres.

Community engagement

The main community engagement challenge noted by stakeholders is the need for ongoing training to prevent a drift back to old models of practice. There is a perceived need to continually sustain and nurture the new paradigm of professionals practising alongside parents rather than returning to the 'expert provider' model. This nurturing is seen to be particularly necessary for new key staff coming into communities.

The Learning and Development Strategy put in place through the Tasmanian Early Years Foundation is said to be key to this paradigm shift. Concerns were expressed regarding ongoing sustainability of this work now that funding and external facilitation had ceased.

We (the professionals) need to be supported through external facilitation to broaden our lens and think of things in different ways alongside parents. Because of our business, it's easy to say it's too time consuming and snap back into the most time-efficient way of doing things that's a whole lot less convenient for the parent and the child.

Governance

Questions were raised about whether governance and funding of the CFCs should sit within the Department of Education (DoE), given the much broader scope of the centres. It was noted that centre

managers are required to attend DoE meetings and staff development activities. It was suggested that their time and energy could be much more effectively spent building a network of like-minded community development managers across the country to support managers working at the cutting edge in early childhood education.

While the involvement of parents in centre governance is seen to be very positive, some stakeholders said that this representation should also be reflected in over-arching governance structures.

Some stakeholders reported that DoE created some tensions for CFCs, as 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.

There is seen to be a need for the collaboration among services evident in the centres to be mirrored in higher level systems, with more collaboration and information-sharing processes in place between the Departments of Education and Health and Human Services.

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

Stakeholders said the CFCs were very effective in engaging parents in their children's learning, especially during the pre-school phase. The big advantage of CFCs is seen to be their ability to support children and parents together.

However, as mentioned above, there is some concern that the focus of the CFCs should shift towards more parenting support and parent engagement in the very early (pre 2½ years) learning years.

The more we can support parents with very young children, the more the gap will narrow.

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.

As mentioned above, CFCs are generally regarded as being very successful in engaging families and children in early learning programs. Some said there should be an emphasis on parenting support for families with very young children. The location of family support workers within the centres has been suggested.

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

Observations are that, 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. The extent of this impact appears to vary, depending on the centre, the skills of

its staff, what other services they connect with, and the 'readiness' of the communities in which they are located.

Several CFC staff who were familiar to respondents were named up as being highly effective in engaging parents and promoting community development. While this could indicate a degree of dependency on these staff for continuity, the fact that community development has occurred in all CFC communities indicates that this process can at least partially be attributed to the model rather than to the skills of individual staff.

Some of the parents who have become involved in their community through the CFCs had gone on to employment, volunteering, local service management, fund-raising, etc. In some areas parents had begun running parenting programs. Through their engagement with the CFCs parents are gaining confidence in what they have to offer and contribute to their community.

Some stakeholders said that there had been a flow-on effect to other services in the CFC area in terms of community development activity. One informant commented that the CFCs have paved the way in the community towards a way of working that the people really like and respond to, and now the community is actively advocating for this type of 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.

More resources for existing centres

Stakeholders consulted indicated that the extra resources provided to CFCs in 2015-16 had made a big difference to centres and had helped them respond better to the needs of their service users, as well as to provide more outreach to the very vulnerable and hard to engage people in their communities.

Some of the concerns relating to existing CFCs were:

- The need for more certainty regarding the future of the CFCs and their long term resourcing
- Lack of staff capacity to deal with all the new people coming into their area, and to reach disengaged families
- The need for more physical space and storage
- The need for more adjunct care to enable centres to run more programs
- A perceived need for a non-specific pool of funds that centres could draw on to facilitate community-led projects.

Extension of CFCs

The need to extend CFCs to other areas that are missing out was a common theme in discussions.

Suggestions were made for new centres in areas such as Launceston's northern suburbs, Glenorchy, Gagebrook. There was also mention of rural towns (Scottsdale, Winnaleah) where centres could play a key role.

Lack of support for families in rural and remote communities is of concern, particularly those areas that had suffered from environmental crises and were 'doing it tough'. Stakeholders pointed out that a physical building is not necessarily essential to the CFC model. Both Geeveston and Georgetown CFCs had operated for a lengthy period as 'virtual' centres, using existing local facilities. Co-locating with local schools is seen as an option for further exploration, as were models where local providers could be engaged to run programs under the auspices of a lead centre.

Support for other Early Years interventions

Stakeholders pointed to other services that are working on the ground in communities that also play an important role in supporting families with young children. For example, Neighbourhood Houses play a pivotal role in communities and operate off a very low resource base. Considerations regarding funding for CFCs should also look at resourcing some of the organisations with whom they partner.

6. Any other matters incidental thereto

Cessation of funding for the Early Years Foundation

While the B4 Early Years Coalition is supported by a range of stakeholders, the demise of the Early Years Foundation (EYF) and its pivotal role in the establishment and ongoing resourcing of CFCs continues to be seen to be a significant loss.

If they do decide to finance new centres the Government needs to realise that the success of the centres was down to the independent investment of the Tas Early Years Foundation whose job through learning and development and action research was to truly focus on practice change.

It is assumed that the government would be continuing some of the family partnership model training that had been part of the EYF Learning and Development Strategy. However, in the absence of a well-resourced external agency to work alongside government and provide expertise on new and innovative solutions, there are concerns that some of the energy and creativity that characterised the work of the EYF might be lost.

There is also concern about the loss of much of the research effort instigated by the EYF. Although the new work being undertaken under the National Health and Medical Research Council (NHMRC) is welcomed, there is seen to be much value in the participatory research instigated by the Murdoch Children's Research Institute.

Other research and data issues

While the existing data collections were seen as valuable, centre staff would like more capacity to share information across government and the community sector, particularly where children are at risk. Data linkage processes could enhance the capacity of the system to smooth the trajectory of people through the system.

While large-scale research such as that proposed under the NHMRC grant is welcomed, stakeholders also saw a need for ongoing action research, involving service users and communities. It is noted that

CFCs do not have the staff or capacity to do this research at the moment and would need external support to undertake it.

As mentioned earlier in this document, the need to undertake research that provides insight into what is an appropriate level of social infrastructure in a community, and specifically, disadvantaged communities is needed. This would provide the basis for longer term planning and investment to ensure all Tasmanian communities have the best possible chance to be strong and resilient.

CFCs and the broader service system

CFCs are a key part of a broader service system supporting the health and wellbeing of children and families, including the prevention of family violence and child abuse and neglect. As such, there is a need to fully recognise CFCs and the pivotal role that they play in prevention and early intervention.

CFCs are named up in the *Safe Homes, Safe Families* strategy and further resources to support a psychologist and social worker in each region have been committed, but the role of CFCs is not so apparent in the *Strong Families – Safe Kids* child protection services redesign documents.

CFCs, however, should not be seen as the only response to issues facing families with young children. There is an ongoing need to build connections and capacity outside of the centres and develop a strong and integrated service system that supports families in their critical parenting role and helps build strong and resilient children. This means taking a ‘whole of community’ approach and recognising and supporting the work of all the services working with families of young children who may be vulnerable in some way.

Conclusion

We would like to conclude by reiterating two key points: the importance of investing in the early years of children, and the value and importance of community development approaches towards building social infrastructure in disadvantaged communities.

A strategic approach to supporting communities to draw on their own strengths and potential will ensure the richness and strength of the responses to the disadvantage these communities are grappling with. Co-design of the service landscape is central to the planning and implementation of this future.