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Submission to Legislative Council Select Committee- Child and Family Centres

Tasmania's Child and Family Centres (CFCs) are increasingly being recognised as highly successful models, particularly recognised for their good practice in genuine community engagement within place-based initiatives to address persistent disadvantage. They have proven ability to engage and build trust with families, many of whom have traditionally been non-users of services. This has been demonstrated in the recent report on evaluation of CFCs by Taylor et al (2015), funded by the Tasmanian Early Years Foundation, which examined the impact of Centres on parents' use and experience of services and supports in the Early Years.

The benefits of an integrated service delivery model for young children and their families are many and varied, but crucially are dependent on **how** the services are delivered, and how well service providers can adhere to the underlying vision and philosophy of the Centres.

Benefits of CFCs include:

- Ease of access to services, with services all located in one place, including both government and non-government organisations, together with clear referral pathways;
- Educational and health services for children provided in a non-threatening way by trusted staff, that have the potential to significantly shift wellbeing and educational trajectories;
- Services and supports that are tailored to the particular needs of a community;
- Outreach and visiting services from specialists such as paediatricians, child and adolescent mental health staff, oral health services;
- A safe and welcoming venue that is non-judgemental and not intimidating;
- All staff working to the same vision and towards the same desired outcomes, avoiding conflicting messages to families;
- Families and community members are respected and valued, encouraged to take "ownership" of the Centres and are involved in all decision making, leading to increased confidence and empowerment;
- An intergenerational approach, with programs benefiting parents and carers as well as children;
- Reduction in social isolation and exclusion; building of social capital.

There are also important **economic benefits**, with increasing evidence from around the world that investment in the early years, particularly integrated approaches with intergenerational models, have between a 7-10% return on investment (see for example Heckman, 2000). The return is through better outcomes in education, health, sociability, economic productivity and reduced rates of crime.

Because the CFC model in Tasmania is relatively new, it is too early to know the long term outcomes for children attending the programs on offer. It will be important to continue to collect robust data so this can be evaluated over time.

Need for an ongoing Learning and Development Strategy

In relation to **how** services are delivered, the work of the Centre for Community Child Health (CCCH) in developing and leading the Learning and Development Strategy (LDS) for CFCs has been critical to supporting new ways of working with parents and communities. This Strategy, developed in partnership with DOE but delivered independently, was funded by the then Tasmanian Early Years Foundation, which invested close to $1 million over 6 years. It ensured that both service providers and community members went through a comprehensive program leading to a shared understanding, shared vision, and change of culture in the way services were delivered. It was unique in offering opportunities for parents and community members to participate in all learning and development activities, alongside service providers (see Prichard et al., 2015) . One of the main elements of LDS was Family Partnership training (Davis and Day, 2010) which was felt to be key to changing attitudes and culture and to ensuring that services worked in genuine partnership with families.

One of the challenges for the future will be to ensure that long term support and ongoing skills development and training continue to support existing CFCs, especially when there are changes in staffing, with new staff appointed who may come from more traditional ways of working. Family Partnership Training should continue to be a core element of this, as well as Aboriginal cultural competency,

It will also be critical for the development of any new CFCs that sufficient resources are allocated to ensure a similar strategy can be put in place from the outset to support the change process.

DHHS Input

Another challenge is to strengthen the input of DHHS into CFCs. Although DHHS are represented on the CFC Steering Committee, and DHHS staff, particularly Child Health Nurses, deliver services at CFCs, there is need for a more pro-active and expanded role. It is unclear how high a priority this is for DHHS, but there is certainly the need and potential for strengthening Family Support Services at CFCs, increasing Mental Health Services, and developing integrated health promotion approaches to some of the important health challenges affecting children and families, such as obesity and smoking.

Mental health problems, both in children and adults, are an increasing challenge in the twenty first century, needing skilled support and management both at primary care and at

specialist level.*[1] While some CFCs receive limited services and support as outreach from Child and Adolescent Mental Health Services (CAMHS), this is predominantly in the south of the State, and is limited by resources. Many issues can be resolved before they escalate, with skilled early intervention. It would be helpful to explore how such services could be strengthened to support CFCs, both in staff support and training as well as for individual clinical management.

A further issue here is information sharing. For instance currently CHAPS nurses do not inform CFC colleagues of new births in the locality, although it should be straight forward to ask parents' permission to do this. Hence Centre staff have no way of knowing how good their coverage of service is, and lose the opportunity to promote programs to new parents such as playgroups or parenting programs. It would be helpful to develop policy and protocols for information sharing, an issue which has been on the agenda for quite some time.

Strengthening community ownership of CFCs

Ongoing community ownership of the model, and involvement in management and service delivery, will be crucial to the continuing development of Centres to meet changing community needs. In some Centres the Advisory Groups are dominated by service providers, effectively damping down the community voice; at least 50% of members should be drawn from parents and community members. It would seem sensible to explore the advantages of more autonomy being given to these groups over time.

Engaging fathers and male care givers.

All CFCs welcome fathers, and most have at least one program for 'dads'. However the reality is that engagement is predominantly with women, and many fathers and male caregivers find the centres less accessible than their partners do. This issue was highlighted in the evaluation report by Telethon Kids Institute (Taylor et al, 2015), which recommended developing strategies to engage fathers and male care givers.

Broader impacts of the Centres

There is a wealth of anecdotal evidence from parents and community members of the broader impacts of CFCs on the community. There are certainly ripple effects of programs such as Empowering Parents Empowering Communities (EPEC) (where parents are trained to provide parenting programs to their peers) and Family Partnership Training, with skills learnt being shared with partners and friends, and more respectful ways of communicating being modelled in the community. With the growth in confidence many parents then become better engaged in their child's school and in other local activities.

[1] Basic mental health training was the most frequently requested topic by staff during a review of learning and development needs in 2013.

With the demise of the Tasmanian Early Years Foundation, EPEC is now only offered in the north, through Communities for Children in Launceston and surrounding districts. Negotiations are ongoing with Relationships Australia to see if this evidence-based program can again be offered through CFCs in other parts of the State.

The linkages between CFCs and TasTAFE and the LINCS are important for supporting parents to re-engage with education or training, which can prove life changing. Where courses are available on site at CFCs, with adjunct child care provided, many of the usual barriers to accessing such opportunities are overcome.

CFCs offer many opportunities for volunteering, with volunteers being critical to the ongoing running of the Centres. These volunteers are encouraged and recognised, and are often given opportunities to engage in local training.

Reducing social isolation and increasing connections to other families and the broader community are important spin offs of CFCs. The role of the Community Inclusion Worker is crucial here, and sensitive outreach to more vulnerable families is an important part of the role.

In conclusion, an expansion in the number of Child and Family Centres in Tasmania to less-advantaged communities would be a welcome development, bringing many benefits to local communities and ultimately to the wider economy. These Centres can provide pathways out of poverty for parents and community members, as well as contributing to improved educational, health and social outcomes for young children. Discussions with families reveal many stories of lives being turned around through the support of CFCs. It will be important that lessons from the implementation of CFCs to date can be learnt from, and built on, to reflect changing community needs and circumstances, and that adequate resources be provided to address some of the current challenges.

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