

## PUBLIC

### THE LEGISLATIVE COUNCIL SELECT COMMITTEE INTO TASMANIAN CHILD AND FAMILY CENTRES MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON WEDNESDAY, 14 JUNE 2017

---

**Ms KIRSTY BARTLETT-CLARK**, ST GILES THERAPY SERVICES, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIR** (Mr Willie) - Welcome to the public hearings of the Legislative Council Select Committee inquiring into Child and Family Centres in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearings may not be afforded such privilege. Have you read the Information for Witnesses document?

**Ms BARTLETT-CLARK** - Yes.

**CHAIR** - The evidence you present is being recorded and the *Hansard* version will be published on the committee website when it becomes available. However, if you are at all concerned about the nature or appropriateness of any evidence you want to provide to the committee you can ask if we can hear that evidence in-camera. The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise if at any time you wish to make such a request to the committee. Would you please advise the committee of your field of interest and expertise.

**Ms BARTLETT-CLARK** - I am the Director at St Giles Therapeutical and Support Services. When I first started I was the allied health manager and I had quite significant involvement in the early stages of the child and family centres and then on an ongoing basis with the provision of services at a number of centres statewide. We have therapists I think at nearly all of the centres across the state. We provide some visiting therapy services and so forth at the ones that we are not located at.

**CHAIR** - I now invite you to make a verbal submission.

**Ms BARTLETT-CLARK** - As I put into writing on 16 March, at St Giles we have found our experience of the child and family centres to be incredibly valuable to the provision of services, particularly to families that we have found really difficult to engage in the past.

Using an anecdotal story, the final clincher for me in what level of involvement we wanted to have in the child and family centres was when I met a mother in the kitchen at St Giles when we were at Tower Road in New Town. She had three children with her and she told me she was in an absolute panic. I said to her, 'Are you okay?' because I wondered what was going on. She said to me, 'I have just had to catch three buses to get out here to my appointment and now I am late and I am not going to have enough therapy time.' I just thought, what are we doing to these people? She had come from Clarendon Vale and she had to catch a bus into Rosny, a bus over to Hobart and then a bus out to New Town. I thought, what are we doing?

These are people who really struggle financially, in terms of the cost of all of that for her, and also the whole stress, for any of us really, of getting three children ready to get on a bus and to then have the state of mind to be able to participate in a therapy session. I just thought, what are

## **PUBLIC**

we doing? Fortunately that was around the same time that the child and family centres emerged. I think it was David Bartlett who put it all on the table. I did a bit of investigation as to how to we can be involved and then how we can participate right from the beginning. We were fortunate to be a part of the local enabling group phase, which was that early planning phase which I believe is one of the key tenets of its success - that level of community engagement that occurred right from the word go.

Nobody made any assumptions about what this community needs or what that community needs. It all started with asking the community what they need. We were very lucky, I and other senior staff, at the time where we divvied ourselves up over the southern half of the state and we participated in those local enabling groups. As service providers, it was also to be able to provide some input around physical activity and supposed spaces that enable best development, particularly for children with developmental delays and disability because that is our focus. Then we got to be part of the openings and a number of us have sat on advisory groups at the centres. Now we have a lot of ongoing programs. We have been fortunate enough to be able to deliver would-be parenting sessions, speech and language groups, individual therapy, occupational therapy, physio and some psychology sessions across the state.

It has been an amazing opportunity for us to engage communities that, in the past, I do not think we would have had we just continued operating at a centre base kind of model and expected people to come to us. As it has turned out, there are families that we have been able to engage with that I honestly believe there is no way we would have been able to connect with. Some of those children had quite significant disability. They would have shown up in primary school with very little to no input and then they would have already been behind the eight ball by a long way. They would have hit the school system and would not have had any kind of speech or language or physio support, or equipment, or any of those things that enable them to engage in their education.

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

Child and Family Centres, from our experience, engage parents in their own development, which then leads, obviously, to better engagement with their child's education. We have sat on local enabling groups with mums who, when I first met them, if I was to be honest, were a bit confronting. Missing teeth and had obviously had a fairly hard life. These women are now engaged in the centres. Some of them are now working. One of the mums I met in early days at Clarendon Vale is now a teacher-aide at the local school.

Can you attribute the Child and Family Centre to that? I think you can contribute her experience of the Child and Family Centre and building a belief in her own capacity, her child's capacity. That led to better employment opportunities for her. That is where the Child and Family Centres are different to those standard education and care centres, where kids are dropped off and picked up. It is exciting to be part of that movement.

## PUBLIC

I cannot emphasise enough to this committee how important the community-led process is, particularly in that early phase. How important it is now. We are about seven or eight years down the track and there is another generation of mums and dads coming through. They are as passionate about the centre and what the centre does and the philosophy that underpins the centre as the original parents.

I always thought it was a potential risk that the parents who were really engaged at the start would have the ownership and that might fizzle out. I am not seeing that. What we are seeing is those parents are almost handing the mantle down to the next generation of parents who are carrying on. They are doing the volunteering and engaging in that parent development, which seems to be quite sustainable. It is early stages, but we are seeing a sustainable model.

The integrated health and education element is vital. This is an issue we are missing in general education, too. The engagement with mental health, physical health and education. It is entwined. Families and children do not live in isolated boxes like government departments. Their lives cross many areas.

The beauty of the Child and Family Centres is the engagement the centres have with health services, like Child Health and Parenting Service. Services like our own, therapy, dental services, sexual health, drug and alcohol support. I think they have some child safety at Clarence Plains. It acknowledges families do not operate in siloed spheres they operate as part of the broader community. The Child and Family Centres can facilitate engagement with that whole range to be able to meet your needs. If a family has mental health problems then that is going to directly impact on the child's capacity to engage in education, their own development. That is logical. That has been really important.

With future challenges one thing we are mindful of is the implementation of the NDIS and what impact that is going to have on our capacity to be out at those centres. We will bend over backwards to remain involved but it makes it difficult. A key element that has made the centres work is that we sign a working agreement arrangement with every centre. That reinforces the philosophy of that centre, the vision of that centre, and how that centre wants you to work. They are all quite different but we then have had to be very flexible in how we deliver services. We have felt it has been important sometimes to not just deliver directly to families but to go to a play group or be around so that the centre leaders and the centre staff or particular parents can more casually engage with a therapist before we make formal referral arrangements.

It enables that soft referral process for family. Perhaps a child is presenting with symptoms that look like autism. A lot of families are very reluctant to say 'Let us have a diagnosis'. Most of them are a bit fearful about what that means or what that implies. It allows us to have a therapist do that. The trendy term is 'professional loitering', you can just be around.

**Ms FORREST** - The NDIS does not fund that. That is what you are saying?

**Ms BARLETT-CLARK** - No, we will not be funded for any of that kind of activity. Maintaining the relationships will be a challenge for us. Block funding allows you to be a lot more flexible with where you direct your resources, whereas individualised funding means that unless that family chooses to have us there, how do we be there? We are committed to it and want to continue being involved with the Child and Family Centres because we believe it makes a big difference. We might need to find the resourcing to make it happen. That is probably the biggest risk at the moment in terms of how organisations will engage.

## **PUBLIC**

**CHAIR** - You are talking about reaching a number of kids earlier. Is St Giles tracking kids? Are you collecting data and trying to track those kids?

**Ms BARLETT-CLARK** - We do the best we can. The challenge with that is that there is a point where we are not going to be involved so it will be difficult for us to know, for example, how that translates into school. It is common wisdom that early intervention enables the best likely developmental trajectories. We believe that because we have been able to engage with families when their kids are very little, it means that we can get the strategies in place and provide the parents with an understanding of their child's needs and develop strategies to help, say, develop speech and language or gross motor development. We can track their progress when they are with us, but once they are in school or they have left it is very difficult for us to do that.

**CHAIR** - You would obviously agree that parental education would help when they reach the school system, so the parents know what to fight for.

**Ms BARLETT-CLARK** - That is what the Child and Family Centres do really well. They build a parent's understanding of the importance of learning and their child's learning and that instils that capacity to advocate for their needs. Our role is about getting the parents to understand what it is they need to be clear about when they are talking to the school teacher.

**CHAIR** - We are going to hear from a number of stakeholders later today and in their submissions they are talking quite a lot about duplication. Is there duplication with St Giles and the Early Childhood Intervention Service or St Giles and other services?

**Ms BARLETT-CLARK** - I do not think so. We work really closely with the Early Childhood Intervention Service and we have regular meetings with them to make sure there is not duplication of service. Or to make sure that if they are working on a particular facet of a child's development that we are not, and that we will be focusing on something else. At times we have discharged children who have been engaged with ECIS more than us. To me, it is about the relationships you have with the services around you as to whether it ends up being duplicating services or not.

**Mr DEAN** - You mentioned the parental engagement across that area and I do not disagree with what you are saying. That is what child and family centres are good at. The parents have to come in with the child. How do we get around the position though of the child whose parents will never go to any government centre or a child and family centre? How do we deal with those children in that circumstance, from your point of view?

**Ms BARTLETT-CLARK** - That is the golden question really, isn't it?

**Mr DEAN** - Yes, it is.

**Ms BARTLETT-CLARK** - How do you engage families who do not want to be engaged? That is really challenging.

**Mr DEAN** - It is those kids really that the child and family centres are all about.

**Ms BARTLETT-CLARK** - That is what we are seeing: the child and family centres seem to be able to do better than most of us.

## PUBLIC

We have been running family-centred practice for many years. That is a fairly standard best-practice approach for early intervention. One of the things I think distinguishes the child and family centres from anything else or anybody else is doing is that they seem to be in with the community. The community seems to trust the centre leaders. I don't get a sense they see it as a government facility. A lot of them have developed quite a strong sense of ownership over those spaces because a lot of them were involved in the original design, right down to the bricks and mortar elements. I remember sitting in a meeting at tagari lia Child and Family Centre, where they were choosing what bricks they wanted - that level of ownership where many of the community members feel they built it, like it is theirs rather than the government's.

I think that is a risk point down the track. If our state Government chooses to continue down this model and invest further money into it, the risk would be that we take a bureaucratic approach. That would be terrible. Then it would turn into a government institution and then it would be like anything the government takes over. They build something and no-one comes. Whereas I think the child and family centres do engage those families.

We have had an amazing example that I don't think I will ever forget for the rest of my life. There was a young child at New Norfolk who had quite significant cerebral palsy. Mum was a teenage mum. She did not want to be involved with anything. Grandma was really concerned. The centre subtly highlighted to us that there was this young girl out there they wanted us to be able to work with. Mum didn't want a bar of any of it. So, Nan worked alongside the centre and gradually we did a very casual 'Come to the playgroup, it is great fun, there are other mums' - all that kind of stuff. She gradually came to the centre and then over time the centre built the relationship with mum. They introduced her to our physiotherapist, who was able to develop a relationship with mum and then we managed to get her involved in a rehab program. This is one of the most severe little ones we have seen in a while. That ability of those centres to gently engage people, invite them in and make them feel welcome is what makes the difference and how I think it actually works with those more disengaged community members.

**Mr DEAN** - They are good at that.

**Ms BARTLETT-CLARK** - Oh, yes.

**Mr DEAN** - Two in my area, George Town and Ravenswood, are very good at bringing parents in but there are still those parents they cannot get in and that is an issue.

**Ms BARTLETT-CLARK** - I think child and family centres are well placed to address that. We work at Ravenswood as well. One of the things I find exciting is that the centres do not just accept things as they are. They seem to always want to think about what else they can do.

**Mr DEAN** - They do.

**Ms BARTLETT-CLARK** - Ravenswood and George Town are classic examples. Lynne Wyllie-Watson, the Centre Leader there is fantastic and she is in tune with the community.

**Mr DEAN** - She is.

**Ms BARTLETT-CLARK** - You see other community members talking to other community members who talk to other community members - that old word-of-mouth process.

## PUBLIC

**Mr DEAN** - She is an exceptional leader, Lynne -

**Ms BARTLETT-CLARK** - She is wonderful.

**Mr DEAN** - She has that capacity and ability to engage people.

**Ms FORREST** - Talking about the funding, there is very little doubt that CFCs have a positive impact on the communities and families that we are trying to target. Of course you cannot rest on your laurels but the word of mouth will hopefully continue to build that accessibility for all people and all families.

You mentioned funding in relation to the NDIS. You talked about block funding and allowing flexibility. Also, you have suggested -

We have concerns about the limited funding available to centres to run programs and capacity of the 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.

In some of these communities fundraising is difficult - people do not have any spare money. I fully back the NDIS in that it is an individual approach to an individual person. That is great, but I also understand the challenges of trying to provide a service that you are talking about that is just sitting with people. It is like being a midwife and sitting beside the bed talking to mum about taking a baby home. You sit there for an hour and half and people say you are not doing any work, but you are.

**Ms BARTLETT-CLARK** - Oh yes, you are.

**Ms FORREST** - It is not so bad these days but when I was a student nurse, you could not sit beside a bed and talk to a patient because that was not work. It is about understanding what work is, but how do you fund that? You have made one suggestion there. Are there other ways? This is the way in for those people who are really hard to reach. The young mum that you talked about is a classic example. Are there other options that need to be considered in making sure you do not lose that flexible approach, particularly for very difficult and challenging children and families?

**Ms BARTLETT-CLARK** - Yes, and those children often come with developmental delays so there needs to be some capacity. For example, the NDIS as well and we have the Early Childhood Early Intervention model on 1 July. My hope is that there is some capacity within that system that will allow those organisations to at least get the ball rolling with that gentle entry approach - fingers crossed that is what it will look like. At the moment we are not really sure. We would be encouraging the partners for the ECEI to consider how they are going to engage those families.

I mentioned the funding around programs and when I say 'programs', I mean those specific evidence-based models. We know that a lot of centres have wanted to run, say, Secret Agent Society, which is a program for children with autism, or Hanen, which is program specifically for autism and speech and language and those sorts of things. They have struggled to afford it because unfortunately therapists are not cheap.

## PUBLIC

**Ms FORREST** - And neither should they be.

**Ms BARTLETT-CLARK** - No they should not be, that is exactly right. If we want that high standard of programs out in those centres then it does cost a little bit of money. Our idea was, we need some way if the community does have a capacity to fundraise - it is not necessarily a bad thing for community ownership for them to be able to do some of that. I do not know how that works within government departments, to be allowed to do fundraising.

**Ms FORREST** - It is a bit like a P and F, surely?

**Ms BARTLETT-CLARK** - I would have thought so. My understanding is that some of the centres have created P and Fs. Maybe child and family centres have some capacity to apply for a fund like the Tasmanian Community Fund. They need to be able to provide evidence that this is what it is so that the government can be assured that what they are funding is valuable.

**Ms FORREST** - I see what you are suggesting here is an overarching funding pool. Whatever number of child and family centres there are, the government of the day sets aside an allocation of an amount that can be applied to run a particular program when it is identified by that centre. For example, this new family has moved to the area and has these needs, we need to apply this program that we do not currently have. Is that how you see it working?

**Ms BARTLETT-CLARK** - That sort of thing. What a lot of the centres seem to do is identify a need within the community. One of the interest areas of some of the centres is around nutrition, healthy eating and cooking, so it would be fantastic if they could apply for a grant to enable them to pay for a dietician, maybe deliver some cooking programs, to pay for the food for them to learn how to cook healthy foods.

I am not thinking of individuals, I am thinking more about a centre identifying a program they can deliver to many people because the program has met a need. They are very good at identifying the need.

**Ms FORREST** - Are you talking about time-limited or ongoing programs?

**Ms BARTLETT-CLARK** - You could do short-term or you could do long-term. It would vary. Long-term is obviously better because of continuity and hopefully longer term outcomes. In the short term, a nutrition group would work. Perhaps two a year that cost a certain amount of money and a dietician was with them for a certain time. A cook or chef could show them how to use utensils properly. You would be amazed at some of the skills that are missing.

**Mr VALENTINE** - You provide services outreach. How do you get your contacts for that if they are outside the Child and Family Centres? How do your contacts know this person is in need?

**Ms BARTLETT-CLARK** - It is community word of mouth. Because the centres are so engaged with their local communities they know who is out there. Mum A will say she saw Mum B at the shop with her child and her child was a bit unusual. Or she is two years old and still not walking. That allows the centre to be able -

## **PUBLIC**

**Mr VALENTINE** - You get leads from the centre for the most part? Rather than through some other notification?

**Ms BARTLETT-CLARK** - Yes, that's right. Most of the engagement we have had with the families you are talking about has been through informal means. We need to be very careful with privacy. The community will get behind the person and they will encourage the person to visit the centre. They will say, 'Kirsty is all right, you can talk to her.'

**Ms FORREST** - Community caring about others.

**Ms BARTLETT-CLARK** - Yes, community caring for community.

**Mr VALENTINE** - It is contacts. Anything but cold-calling. You never do that?

**Ms BARTLETT-CLARK** - Never. Because it does not work. If ever you try to do that the door does not open, or someone is not home, or no-one answers the phone.

**Mr VALENTINE** - What services are in the highest demand?

**Ms BARTLETT-CLARK** - Speech and language services are our longest waiting list, unfortunately. Being unable to speak or communicate will severely disadvantage a child.

**Ms FORREST** - You said the provision of groups for babies and expectant mothers recognises a child's development starts pre-birth and linkages to the child health and parenting services enables families to engage with support at the earliest stage possible. I could not agree more. We need to get to people before they get pregnant ideally. What role do the Child and Family Centres take in this area and how do you see that can be improved?

**Ms BARTLETT-CLARK** - It is having the capacity to deliver programs for expectant mums and fathers. That is important. They could do more in that area, but I do not know whether they have been able to, with some of the limitations. The focus is on early years but a lot of the centres recognise that early years start in utero.

**Ms FORREST** - Stop a woman smoking during her pregnancy, get her dental care during her pregnancy, give her good nutrition during her pregnancy -

**Ms BARTLETT-CLARK** - And give her opportunities to prepare for the impact of -

**Ms FORREST** - The reality of a baby.

**Ms BARTLETT-CLARK** - Yes. Even some basic things, such as when the baby comes you will need to have things like nappies, you will need to have a sleeping space organised, you need to understand how to position the baby for sleeping. The health nurses are amazing with that.

The centres that have the higher level of engagement with the CHaPS nurses are the centres that are doing better in those pre-birth programs. Some of the centres have had some challenges with -

**Ms FORREST** - What about a first-time teenage pregnant woman, is there any reason why she would walk in the door?



## PUBLIC

**Ms BARTLETT-CLARK** - That is probably a harder group to engage with. What we find is it is about the community passing that on, often to her mum. Grandparents have been vital in the success of these centres because the grandparents see the positive outcomes. At that point, a lot of those young women are happy to listen to mum - hopefully, not always.

**Ms FORREST** - They suddenly have a newfound connection when they become a mother themselves.

**Mr VALENTINE** - That is exactly right. They have somewhere to go for advice, and that is where they go.

**Ms BARTLETT-CLARK** - We all of a sudden understand our mums when we become mums, don't we?

**CHAIR** - In your submission, you have mentioned some communities that you have found difficult to reach. Is that backed up by your data collection?

**Ms BARTLETT-CLARK** - It is backed up by our limited capacity to get resourcing out there where we know we need to. For example, we have a speech and language therapist out at Sorell but it is not a great environment. The community health centres are lovely, but they are very medical. They are not very connected to the community. It is a comparative experience. The speech and language therapist at Sorell, for example, if you compare her experience with the speech and language therapist at Clarence Plains, it is completely different. The Clarence Plains experience is very much community-focused. They are very much embedded in that community and families are coming in. At Sorell, we are still running essentially a clinic, a medical model.

**CHAIR** - Would you say the Clarendon Vale -

**Ms BARTLETT-CLARK** - It is the comparative stuff.

**CHAIR** - The Clarendon Vale specialist is more effective?

**Ms BARTLETT-CLARK** - Absolutely, because the network that the speech and language therapist can engage in is much broader. The speech and language therapist at Clarendon Vale is not just working on her own. She is engaged with the centre leader, the inclusion officer, the women who come in and have coffees on a Monday morning, the play groups, whereas the speech therapist at Sorell in the community health centre is a speech and language therapist at a community health centre by herself.

Our capacity to influence any kind of change is limited. We do home visits and we do go out to health centres across the state; when we go out to these locations, for example, Scottsdale, we are still just an isolated service. It is that integrated model the child and family centres allow us to have. If you are a speech and language therapist over here by yourself, it is just not as effective.

**CHAIR** - To add to that, how important do you think the building is? We have heard from groups yesterday that said you could repurpose government buildings if you were to roll out more CFCs. Do you see the building as an important part, or is it more about the people?

## PUBLIC

**Ms BARTLETT-CLARK** - If you were to repurpose buildings that already exist, you would still need a very high level of community engagement in that whole process. It is possible, but there needs to be a high level of investment in that early planning phase, not to say, 'Here is your building and we are going to make it look like that, and in you come.' You may as well not bother.

Where the CFCs are unique is that they engage the communities from day one, and that is what you would need to do. You would need to say to the community, 'We have this building. We are thinking about it being a child and family centre. What do you think?' and for them to say yes and have that engagement at that very early stage, but I think it is possible.

The environments though at the current ones - as you know, Ravenswood is gorgeous - it has made a big difference because it makes the communities feel valued. They have these amazing spaces. New Norfolk has a crawling space above the roof where kids can walk up the -

**CHAIR** - Yes, I've been there.

**Ms BARTLETT-CLARK** - Yes, it is incredible, and that says to a community, 'We care about you, we value you and we want to give you this amazing space.' There would have to be a capacity for it to be more than just a daggy grey brick building.

**CHAIR** - Have you been to the Geeveston one that has been repurposed?

**Ms BARLETT-CLARK** - Yes and that is good, I like that one too. I still think the ones that were purpose-built are probably a bit more exiting but Geeveston has done an amazing job down there. We are at Geeveston every week, which we would not have been prior to the centre.

**Mr DEAN** - On that same topic, where would CFCs be best located in a community? If you look at Ravenswood, it is near the primary school, it is right near the Neighbourhood House, there is a child care centre in it as well - that is that location. George Town is different. In George Town it is situated in the middle of the town; it is not near a school. The schools are some distance away. Are they better located near schools? What is your view on that?

**Ms BARLETT-CLARK** - My opinion is that it has worked better when the centres have been close to the local primary schools. That is simply because you can almost bring the primary school into the community.

**Mr DEAN** - That is what has happened at Ravenswood.

**Ms BARLETT-CLARK** - Yes, and that has happened at Clarendon Vale.

**Mr DEAN** - The principal there is on the board.

**Ms BARLETT-CLARK** - Yes, and the same thing happened at Clarendon Vale because the centre backs onto the primary school. It does enable even further integration and allows assisting families and children with that transition from early childhood programs into the kindergarten and early education. I do think that is probably better.

## **PUBLIC**

**Mr DEAN** - In your position, what could CFCs do to provide better services to better community involvement? Is there anything you can see that they probably ought to consider or do, or are you reasonably happy with that?

**Ms BARLETT-CLARK** - Generally, our experience has been amazing, to be honest. What we like is that it is not an organisation like ours stepping in and saying, 'This is what you need', it is the community saying, 'This is what we need'. As long as the centres can maintain that culture where they listen and respond to the community rather than what us amazing middle-class professionals all think, you are going to find they will continue to be successful. We have to enable those centres to make decisions locally and about the local need, not some imposed models that we know do not work because they have never really worked.

**Mr DEAN** - Clearly, you need to get the right leader.

**Ms BARLETT-CLARK** - Yes, you need really good centre leaders.

**Mr VALENTINE** - It may already have been covered because Ruth asked something about funding. In your submission, you were talking about the individualised funding for NDIS and how that might be an issue. Did you cover that?

**Ms FORREST** - Yes. Unless you want to add anything else but I did ask about that.

**Ms BARLETT-CLARK** - It is a concern, Rob, to be honest. The concern is that when a family purchases a package, it is for their child and so it is not able to easily be translated into community-focussed activity. Because every organisation will be so highly accountable and will be delivering what they are paid for, there is a risk of some of that capacity for organisations such as ourselves to have that level of flexibility. It is certainly something that we need to be aware of.

**Ms FORREST** - So you need a bucket of money to enable to sit on the floor with families.

**Ms BARLETT-CLARK** - Yes.

**CHAIR** - On behalf of the committee, we thank you for coming and sharing your experience today. We appreciate it. Thank you the time that you put into the submission.

**Ms FORREST** - There is nothing you wanted to add that we have not covered?

**Ms BARLETT-CLARK** - Probably the only other thing that we did not talk about is the role that the child and family centres play around facilitation of engagement with service providers like ourselves and also that early identification. In all of the research, using autism as an example, we are now working on a project around early identification of autism. The centres play a vital role in early identification of issues around childhood development and disability. The health nurses play a role in that; the health nurses engage with some families. The families you talk about, who are not necessarily going to go a government-type place, the CFCs seem to grab them somehow through that word of mouth, through that engagement with the community. That role of early identification is vital in terms of what early intervention can then do to make a difference in children's and families' lives.

**CHAIR** - Thank you very much.

**Ms BARTLETT-CLARK** - Thank you for inviting me to talk.

**PUBLIC**

**Ms FORREST** - Thanks for your passion for the job you do.

**Mr VALENTINE** - It is obviously very valuable to a lot of people.

**Ms BARTLETT-CLARK** - Thank you, I hope so. We have to make a difference.

**THE WITNESS WITHDREW.**

## PUBLIC

**Ms ROS CORNISH**, CHIEF EXECUTIVE OFFICER, AND **Ms ANNETTE BARWICK**, MANAGER, LADY GOWRIE, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** - Welcome to the public hearings of the Legislative Council Select Committee inquiring into Child and Family Centres in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you any comments you make outside the hearing may not be afford such privilege.

The evidence you present is being recorded and the *Hansard* version will be published on the committee website when it becomes available. However, if you are at all concerned about the nature or appropriateness of any evidence you want to provide to the committee, you can ask we hear that evidence in camera. The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise if at any time you wish to make such a request to the committee.

Can you advise the committee of your field of interest and expertise?

**Ms CORNISH** - We are here representing Lady Gowrie Tasmania. We are a community-based, not-for-profit organisation that provides a range of services to children, families and those who work with them.

**Ms BARWICK** - I am here representing Lady Gowrie Tasmania also. Ros has already explained Lady Gowrie.

**Ms FORREST** - Your role within the organisation?

**Ms BARWICK** - I am one of the senior managers and I oversee the professional development and support programs.

**Ms CORNISH** - My role is Chief Executive Officer.

**CHAIR** - We now invite you make a verbal submission to the committee.

**Ms CORNISH** - Thank you for the opportunity to make a submission to the inquiry. We truly appreciate and value that opportunity. In doing so, in our submission we alluded to some matters we believe could improve the child and family centre operations and indeed any future development of child and family centres.

One of the major aspects of our submission is that all children are vulnerable and there are different degrees of vulnerability. We appreciate the child and family centres that have been established and are operating are in areas of disadvantage, or considered disadvantage and high need, and rightly so, that is where they should be targeted. At the same time, we believe that all children and all families are vulnerable, to different degrees, and that all children and their families should have access to support services, regardless of postcodes or demographics.

There are a couple of points we would like to make. Child and family centres do not have child care services attached to them. There are a couple that do. That was always part of the brief: that they not be a child care service. We find that to be a disadvantage. We have had presentations with Margaret Whalley from Pen Green, who was one of the key agents the

## PUBLIC

government engaged with around the establishment. She reiterated to us as participants in the meeting that this was an error, that there should have been children's services attached because it was her firm belief that, first of all, relationships needed to be established. If there were child care services, that trusting relationship is built over time. Then you can support them into different support areas once that relationship and trust has been developed. We believe it was a flaw in the model.

**Ms BARWICK** - They do have adjunct care, but that adjunct care is not regulated and so, how is the quality of the provision for children measured?

**Ms CORNISH** - Because we are involved in early childhood, we are of the firm belief that qualifications matter. Early childhood qualifications and middle childhood qualifications matter. We are unclear that all the staff, and volunteers as well, are suitably qualified in the area of early childhood development. While we support volunteers, what sort of support and training have they had in order to fulfil some of the tasks required of them?

The other part of the child and family centres, because the majority do not have child care centres attached to them, they are unable to access the federal government's Inclusion Support Program. So children with ongoing additional high needs cannot access the free service that is provided by the Australian Government to support the families and their inclusion into mainstream services. That is a disadvantage to some of those children and families.

**Ms BARWICK** - Especially with speech and language. Definitely, there is a number of children requiring assistance. If they do have access to the Inclusion Support Program within the education and care sector, then we can be proactive in supporting the children from a very young age and supporting educators who are caring for and educating those children with key skills to support the language development and refer on.

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

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

The child care centre is full. The Child and Family Centre has programs, but not all are utilised. There is no interaction between the two, which concerned us in a community of high need. The families using the child care centre would receive the government benefit to reduce the cost of care.

The inequities in funding is huge. Child and Family Centres are well supported, not just with capital infrastructure when they were developed, but the ongoing operational costs that are extremely high, compared to the child care centre that I mentioned down the road. That is income in, expenditure out, with no government funding. Yet it is providing support for many of the children and families in that area.

## PUBLIC

Since they were established the government has instigated a number of programs, such as Launch into Learning and the LIFT program, which would have an impact on accessibility. Families who might be accessing the Launch into Learning or the LIFT programs may not then have the Child and Family Centres.

Again, qualifications matter if it is. We believe that the people delivering early childhood, social work or counselling services need to have qualifications and experience. Originally, there were going to be 30 Child and Family Centres in Tasmania, and we have 12. I know there is a push from one part of government to have more.

We would like different models of this service type to be considered and instigated. One size does not fit all. Outreach services could use existing facilities, whether it be a school, education and care service, a Neighbourhood House or a play centre. A range of models could be investigated, implemented and trialled without having more bricks and mortar.

**Ms BARWICK** - It has more benefit in reaching our most vulnerable. One of the intents of the current Government in lowering the school age was to ensure vulnerable children were supported. You could make an assumption that the Child and Family Centres are missing that cohort, because if they are not attending there, then they can start school at a lower age.

**Ms CORNISH** - The lowering of the school starting age was to attract vulnerable families. If the Child and Family Centres met their outcomes, that may not have been the impetus for lowering the school starting age. The connections between the Child and Family Centres and the education and care sector is minimal. That is a disadvantage for those children and families who may be accessing one service and not the other. The support is essential but there are different ways it could be delivered without the high cost of bricks and mortar and not undermining existing services but using the existing services - and a broad range of them - to support families in the communities in which they live and work.

**Mr VALENTINE** - How many of your intake accesses the Australian Government Inclusion Support Program. Do you have figures on that?

**Ms BARWICK** - Yes, statewide?

**Mr VALENTINE** - Yes statewide, preferably.

**Ms BARWICK** - In the past four months we have had more than 1200 referrals from education and care services.

**Mr VALENTINE** - 1200?

**Ms BARWICK** - Yes, and over 634 were in the past two months, and it was more than 600 the two months prior.

**Mr VALENTINE** - So when you say referral are you talking about what ends up being a person who accesses your service?

**Ms BARWICK** - Yes, we provide support, ensuring that they are included within an education and care service. There are strategies supporting their speech and language that refer

## **PUBLIC**

on to other specialist providers. That could be in a range of our priority groups: speech and language, disability, Aboriginal and Torres Strait Islander children, called families and children-

**Mr VALENTINE** - A range of services.

**Ms BARWICK** - Extreme behaviour also comes under this program.

**Mr VALENTINE** - Is there an average time that they use your services?

**Ms BARWICK** - It could be anywhere from one to two days to full-time.

**Mr VALENTINE** - So it varies dramatically? You cannot give an average.

**Ms BARWICK** - Absolutely.

**Ms CORNISH** - The high number of referrals we are getting, particularly about behavioural issues, is symptomatic of the pressure families are under, such as work-life balance, family responsibilities and lack of parenting.

**Ms BARWICK** - We are seeing a lot more children with trauma - domestic violence, family violence.

**Mr VALENTINE** - When you point people to the various services that you have a connection with, is there any follow-up? Or do you just say, there is the therapist that you need?

**Ms BARWICK** - No, the inclusions professionals work ongoing with the service as long as they need us to support the child and look at different strategies so the child is included. Not just at the centre but actively participating where they are.

**Mr VALENTINE** - You made a comment that some parents do not use Child and Family Centres because they are concerned that they might have their children taken from. Where is that coming from?

**Ms CORNISH** - From parents themselves.

**Ms BARWICK** - We have had that direct evidence from-

**Mr VALENTINE** - So the ones that are accessing you through the federal government?

**Ms BARWICK** - At one education and care centre there has been strong feedback. That has been provided to us.

**Ms CORNISH** - The words 'dobbed in' have been used by some of those parents.

**Ms BARWICK** - This service does have a number of children under child protection orders and is definitely a vulnerable area.

**Mr VALENTINE** - Thank you.



## PUBLIC

**Mr DEAN** - I am interested in some of the comments that you made and it is good to have a differing view on things. It is very helpful to this committee for that to be the position. You said all children should have access to support and assistance irrespective of financial positions. The CFCs, as I understand, do provide that. If a parent wants to take a child along then that is open to them but they were set up to target the vulnerable families - those kids who cannot afford any other services and the child centres. Some parents can afford to pay for that and they should, but other parents cannot and their kids miss out. That is the reason for the initiation of these centres. You would not disagree with that, would you, that it is a good model?

**Ms BARWICK** - The child and family centre does have some benefits but for the expense of a child and family centre structure and also the ongoing operational costs, there are many more models that can support our most vulnerable families who are not accessing child and family centres.

**Mr DEAN** - On that point, it is important though, isn't it, to have those accessible services in the community where these families are and that is a problem. The CFCs built so far are, and the others that may be built in the future will be, in the areas where communities are calling out for this type of support. They are easy to access, in and amongst their communities. Where do these others -

**Ms CORNISH** - It is really important to note that Annette has referred to culturally and linguistically diverse - CALD - families. In the North Hobart-Glebe area, there are hundreds of families renting properties and housed in that area.

**Ms BARWICK** - And refugee families.

**Ms CORNISH** - And refugee families. But where is the nearest child and family centre to that community?

**CHAIR** - Chigwell.

**Ms CORNISH** - Yes, Chigwell. Transport is an issue.

**Ms BARWICK** - There is a program where education and child care services actually provide spaces for families while they undertake their English classes, so there is already that connection and relationship built.

**Mr DEAN** - I do not disagree with the comment you are making about North Hobart and there are other areas around. But in the main, this is targeting, at this stage, the very vulnerable areas we can see in Tasmania. Sadly, most of them are the Housing Tasmania areas on broadacre lots, which now does not occur. If you look at Ravenswood, the Rocherlea area is another one that needs a centre. You have the other centres we currently have. George Town is another one that needed it. That is what they are doing.

You make an important point that with all of the other services that are available, and I agree, isn't it about time we started to bring all of these things together?

**Ms CORNISH** - Absolutely, I am with you.

## **PUBLIC**

**Mr DEAN** - There are so many of them. I get so annoyed with the number of these services out there which are providing similar services in many respects and nobody really knows what they are up to and what they are doing.

**Ms CORNISH** - I think you are absolutely right.

**Mr DEAN** - It is a crazy situation.

**Ms CORNISH** - We are working in silos; we are not working in a more holistic, integrated approach. One example recently is, we had a University of Tasmania faculty member meet with us. He is developing digital technology around speech. We spoke to him about child and family centres. He had no idea who they are and what they do - and this is a teaching college that is teaching students who are going to be out there working within communities.

I agree, Mr Dean, an holistic integrated approach is essential. We are operating in silos. We have the federal government, we have the state government and local government, and we need to work together in the best interests of children and their families.

We operate services around the state. I concur, these services were built in areas of targeted high need. There is no denying that. What we are saying is, there are vulnerabilities throughout our state. We operate an education and care centre in Battery Point, and one would think that would be an affluent client base. I can assure you, it is not an affluent client base. We have people accessing those services who are in dire need. Many of them are attending the Family Court around the corner at Salamanca and they come to us while they are going through family law, counselling and a range of activities.

**Ms BARWICK** - There is special child care assistance so there is no cost to families.

**Ms CORNISH** - Child and family centres without child care centres cannot access those services, so they are at another disadvantage.

**Ms FORREST** - It is always good to challenge the silo mentality. We had a witness this morning who said the complete opposite. It is good to have different views. Some people in their communities see the CFCs as a government agency, because it was the local enabling groups that were established right at the beginning.

**Ms CORNISH** - I was on one.

**Ms FORREST** - Yes, I was a member of one for the west coast. It was good and effective process. The other witness said it provided a local buy-in. The community sees it as their centre, not a government centre.

**Ms CORNISH** - Yes.

**Ms FORREST** - Some people even think their kids could be taken off them if they go to school, if it is a government school. There is always the fear when you are dealing with professional people that they may work for the government. Both sides of the argument can give similar stories, so we need to give equal weight to both.

## PUBLIC

The Child and Family Centres focus on the family, and a lot of their education is for parents. So if you can change a parent's attitude to learning and education, you can change it for their child. I know there is a connection with parents in the child care setting, but I do not believe to the same extent with the CFC. The point is, if you bring them together and almost co-locate them, then you get the benefits of the qualified people with a quality framework that they operate under, and these services hang off it.

Can you comment on that? The other thing I would like you to comment on was the suggestion that it is hard to connect these things when you have people accessing both public and private services.

**Ms BARWICK** - There are two different perspectives. In some cases there have been good outcomes. In other cases there is not yet enough evidence. In terms of connection with families, there are myths that children are dropped off at a child care centre and then they leave. The relationships with families are very strong.

Our educators act as referrals for families. They are a trusting person. We educators need to know the line between professionalism and when to refer on. The connections are very strong. Usually before children start in the education and care sector, there are settling-in visits, we get to know the family, their needs and their goals for their child. That continues throughout their time within the education and care services.

It is a true partnership, not a participation model. It is not about how many times families attend and statistics. I know they are important as a metric, but it is about those strong relationships and that non-judgemental connection that can occur and does occur.

**Ms FORREST** - We have heard that CFCs work with a family and identify that the family really need to see this service provider and that service provider, so they refer them to those service providers, who happen to be in the same building, which makes it seamless and easy.

You say you send them to someone else. How do they get there? Some of these people do not have transport. That integrated model benefits both. How do you manage that in a way that a Child and Family Centre does not? There may be a lesson in it for all of us.

**Ms BARWICK** - That varies. At Lady Gowrie we have a family support worker within our organisation. We also have the inclusion team that has many contacts. Family meetings are arranged with different providers. Families are required to give their permission for some of the inclusion support.

**Ms CORNISH** - External specialists and therapists.

**Ms FORREST** - Do they come to your site?

**Ms BARWICK** - Yes. They will come. There will be parent meetings with the inclusion professional and then the therapist will support the educators in their understanding, whether it is using specific specialist equipment or if there is specific pedagogy they need to put into the program where it is inclusive. It is not taking a child away for therapy and singling them out. We are actually including them with the whole group. All children are benefitting from a key focus on speech and language development. There might be some particular exercises that a group will undertake.

## PUBLIC

The key message we are putting forward is that there are many different models. There needs to be more integration. We are missing the point of children and families at the centre. If they are here we cannot have a service there and a service here. We all need to work together.

**Ms FORREST** - There have been suggestions that you could attach them to schools. You cannot have CFCs at every school. You cannot have a CFC at every early education and care centre. So if more are built then the community needs to have some say in where they think they are best physically placed. Can you give us your views on how outreach works?

**Ms CORNISH** - You are correct. You cannot have a CFC attached to every education and care service and every school. It is important to have a base with an outreach so those specialists are available to a range of providers, whether it be a school setting, educational care setting and so on.

**Ms FORREST** - So an outreach service could come to Lady Gowrie, for example, and pick up a family in a vehicle -

**Ms CORNISH** - Meet them there and support them.

**Ms FORREST** - Maybe it is a specialised thing they need to go to. Maybe it is the dentist.

**Ms CORNISH** - The demise of the child health system which supported new parents has been an added burden to families.

Having some sort of central spot makes sense with outreach. You might be facilitating a session for the new mum within the service, schools, childcare services or wherever, so you need a range of options for access.

**Ms FORREST** - It is the equitable access not equality.

**Ms CORNISH** - That is right.

As I said, if there was a family at Battery Point struggling with issues the likelihood of them going to Chigwell or to Clarence Plains is minimal, but how can we get to that family? What is the mechanism to get to that family?

**CHAIR** - Ruth touched on it briefly. Child and Family Centres are part of the model of building the capacity of parents. We have heard lots of stories of parents doing certificates in community services. How does your model build capacity for parents in that way and do you make referrals for the parents and work with other registered training organisations?

**Ms BARWICK** - We are a registered training organisation and we deliver qualifications in early childhood education and care statewide.

We are in the process of delivery Certificate 3 to a range of job seekers, which does include families that are struggling, which is at no cost. Our career start program for them. They may not go on to be an educator, however, being supported to gain their confidence as an adult learner can put them on a different pathway.

## PUBLIC

**Ms CORNISH** - And at the same time gain skills around parenting. We are teaching the learning path is about the importance of attachments in relationships and appropriate experiences for little people.

**Ms BARWICK** - There are also parent sessions. A number of services do sessions for families. Lady Gowrie is looking into more detail in expanding that. We have external people attached to us. We have a doctor and a psychologist who is supporting the area of resilience for children, and mindfulness. We have that commitment to an integrated model. We are out there trying to make it work.

**Ms CORNISH** - It is important also, and it happens particularly in one child and family centre where mostly mums come with their children and they are encouraged to participate in a qualification pathway. If those people have the right attributes, that is a big tick. But from an education and care sector view, we need to have educators who have the right attributes to work with young children in the most crucial years of their development. This is really difficult to say but it is important that we are just not training people up that may not succeed or secure employment. That is giving them a totally false sense of security about their future employability and jobs. Now you have to have a qualification to work in the education and care sector. Those qualification requirements increase in 2020 even further with more and more degree-qualified teachers working in our sector. It is really important that our sector is seen as a professional sector that contributes significantly to the health, wellbeing and educational outcomes of young children. It is not babysitting. It is really important for many of these - mostly - women, particularly at the one CFC that I contacted around this issue, that it is not being seen as being do-gooders - getting their hopes up with no opportunity for future employment.

**CHAIR** - Are you talking about employment within the education and care sector that CFCs offer courses broader than that?

**Ms CORNISH** - Yes, they do.

**Ms BARWICK** - Even before we started the Certificate 3 with the jobseeker program, there were about six weeks where we supported them in how to put a CV together. It was employability skills that we concentrated on as part of that program. That was our funding that went into that, not the Skills Tasmania funding. We thought that was important for people to build their confidence in that space. Then before they commenced, they were able to say, 'Yes, this is my pathway', or 'No, I am thinking of something else'. If they go into a qualification and get halfway through and think 'this is not me', then it is another failure. We need to be mindful of supporting families to succeed and be confident.

**CHAIR** - The theme I picked up on is that you would like to see greater collaboration, and you have identified in your submission a community where you would support a new child and family centre because you would like to collaborate. If there are more CFCs rolled out, isn't that an opportunity for Lady Gowrie, if the enabling groups in those communities decide that they want an early childhood centre attached to the CFC?

**Ms CORNISH** - It is not an opportunity for Lady Gowrie and we should not be couching that at all. That is not why we are here - touting business. Our board has committed a considerable amount of money to establish a service in the Sorell municipality. Why? Because we are already in that municipality providing services that are not meeting community need. When we talk about our commitment, and we have met with the council mayor, the school P&F,

## **PUBLIC**

the school principal, the facilities and the Education department, clearly we would like that on a school site, for obvious reasons.

With the lowering of the school starting age imminent, there is the importance of ensuring that children and families are supported with the appropriate wrap-around care that may be needed by some families - but it is more than that. We already operate in the Sorell area with child services plus training at the trade centre. Our board has committed significant - when I say 'significant', I am talking not thousands but a million - to establish the site. We just need some land. It will have a child care centre, linkages to the school and the broader specialist services - a social worker there, available all the time, not just for the child care centre but for the school community per se. You do not know how many barriers we face.

**Ms RATTRAY** - We have a fair idea.

**Ms CORNISH** - Yes, you can imagine. Here is an opportunity for a local government, state government and a community operator who is putting money in. What a great model.

**Ms FORREST** - Have they also looked at putting a CFC co-located as well, would that be an issue? You are all together and could work with each other.

**Ms CORNISH** - We need that now. We do not need it in five years' time. We already operate services in that municipality. It is not meeting community needs. It is the fastest growing municipality in Tasmania.

**Ms RATTRAY** - Don't we know it.

**CHAIR** - How many children under five years are in the municipality, do you know?

**Ms CORNISH** - Not off the top of my head, sorry.

**Ms BARWICK** - Lack of transport.

**Mr VALENTINE** - You are saying it is not meeting needs. Are you saying that simply because of the sheer numbers who want to access it or is it the services you currently provide there?

**Ms CORNISH** - We cannot provide the full range of services from where we are now. There is high demand and it is growing every day. We operate vacation care and outside-school-hours care on the school site and a long-day care centre at Midway Point and that is not suitably located. We only took that on with this bigger vision. If somebody could give us a block of land and the master plan of the school, there is plenty of land, we can build it.

**Mr VALENTINE** - To clarify an answer you provided earlier about the 1200 accessing the federal government money? What percentage of your whole intake is that, statewide?

**Ms CORNISH** - This is all providers, we would not have that. There are 22 000 children who access education and care in Tasmania.

**Mr VALENTINE** - Yours?

## **PUBLIC**

**Ms CORNISH** - No, statewide.

**Ms BARWICK** - Statewide, all services. This is not just the Lady Gowrie services.

**Mr VALENTINE** - No, I am talking about your services. You said 1200 access that federal-funded service.

**Ms BARWICK** - Not from Lady Gowrie; that is everybody.

**Mr VALENTINE** - That is all services?

**Ms CORNISH** - Yes.

**Mr VALENTINE** - I am glad I asked that question. How many are in your service?

**Ms BARWICK** - I would have to get those figures.

**Mr VALENTINE** - You don't have that?

**Ms BARWICK** - I have, back at the office.

**Mr VALENTINE** - Can you provide that to the committee?

**Ms BARWICK** - Yes.

**Mr VALENTINE** - In a percentage too would be good.

**Ms CORNISH** - We have a storage unit full of specialist equipment to support children - Wheelchairs, bikes, all sorts -

**Ms BARWICK** - Seating, change tables.

**Ms CORNISH** - A range of equipment to support their development.

**Mr VALENTINE** - If we can get some idea, it would be good.

**Mr DEAN** - I am looking at the population of Sorell.

**Ms CORNISH** - Good on you.

**Mr DEAN** - It is 2476 at the last ABS studies.

**Mr VALENTINE** - Sorell?

**Ms FORREST** - How many was it?

**Ms CORNISH** - It would be more than that.

**Mr VALENTINE** - This would be Dodges Ferry and everything access it, wouldn't it?

## **PUBLIC**

**Mr DEAN** - Sorell in Tasmania, north-east of Hobart, is located on the Tasman Highway. At the 2006 Census, Sorell had a population of 1546 and at the 2011 Census it had a population of 2476 so it is probably now 3000 or thereabouts.

You have talked about the qualifications. I think I am right in saying you are critical of the fact the CFCs are engaging volunteers who, in your view, have no qualifications. Is that what you are saying or do I have that wrong?

**Ms BARWICK** - We are probably unsure whether they have the qualifications. Under adjunct care, there is no requirement for qualifications or even a quality control mechanism. There are no standards.

**Mr DEAN** - Right. So you are saying there should be?

**Ms BARWICK** - If you are working with children, yes.

**Ms CORNISH** - Absolutely.

**Mr DEAN** - I do not disagree. They have to have the child carers working with certificates and all of that. You are right.

**Ms CORNISH** - You don't know what you don't know.

**Mr DEAN** - I don't really disagree with your position there.

Location, I think, we have now covered.

I have raised this previously: how do we measure the success of the CFCs? They have been operating now for four or five years. We have had sufficient time to be able to measure their success. Can we do that? How can we do it? We certainly should do it.

**Ms BARWICK** - One of our questions was, what is the evaluation framework being used to measure? Is it only statistics? The Commonwealth government programs are very much about statistics. What framework is being used now?

I know in the report there were surveys, but they were after. What was happening before? Were we talking to families before and then measuring anecdotally? It needs a very sound evaluation framework that takes into account all the variables in communities, but can actually produce measurements other than just the statistics of who is attending.

**Ms CORNISH** - It is not just how many people are attending, but what are the outcomes?

**Ms BARWICK** - Yes.

**Mr DEAN** - That was the point I made yesterday. The only way to measure it is to look at the families, see what has happened as a result of that. You are right. Statistics mean nothing as far as I am concerned.



## **PUBLIC**

**Ms CORNISH** - I could give you data of how many people come through our door, but of course we do have negative outcomes. We want to see what benefit it is to the child and to the family as a whole. You cannot separate the child from the family.

**Mr DEAN** - Yes. Thank you.

**CHAIR** - We are aware you need to catch a plane, but anything you would like to add before you finish?

**Ms CORNISH** - I will go to minister Birmingham next. That is where I am heading this afternoon.

**CHAIR** - Good luck with that.

**Ms CORNISH** - I am with you. I have not had much luck so far, so I live in hope.

**CHAIR** - Thank you for your time, and thank you for the time you put into your submission.

**Ms CORNISH** - Thank you again for the opportunity. It is a very sensible thing to have a review. We are not damning the Child and Family Centres, we just think it is time for a good evaluation, and what is the future direction.

**Mr DEAN** - I like your submission because you have a different view on the whole thing, and that means we get good decisions as a result of the position you put forward.

**Ms BARWICK** - It challenges your thinking.

**Mr DEAN** - Yes, it does.

**Ms CORNISH** - The second part of it, this is not just about Lady Gowrie, it is about our sector. Thanks very much.

**Ms FORREST** - I bring good wishes from the north east.

**Ms CORNISH** - Thank you.

**THE WITNESSES WITHDREW.**

## PUBLIC

**Mr MALCOLM ELLIOTT, PRINCIPAL, TASMANIAN PRINCIPALS ASSOCIATION, WAS CALLED BY TELEPHONE, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.**

**CHAIR** - Welcome to the public hearings of the Legislative Council Select Committee enquiring into Child and Family Centres in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearing may not be afforded such privilege. Have you read the Information for Witnesses document?

**Mr ELLIOTT** - I have.

**CHAIR** - The evidence you present is being recorded and the *Hansard* version will be published on the committee website when it becomes available. However, if you are at all concerned about the nature or appropriateness of any of the evidence that you want to provide to the committee, you can ask that we hear that evidence in-camera. The committee will consider your request to make a determination on whether to receive that information in private or public. Please advise if at any time you wish to make such a request to the committee.

Can you please advise the committee your field of interest and expertise?

**Mr ELLIOTT** - My field of interest is as President of the Tasmanian Principals Association and as an educator in Tasmania.

**CHAIR** - Before we start, at the table we have Ivan Dean, the member for Windermere; Tanya Rattray, the member for Apsley; Rob Valentine, the member for Hobart; and Ruth Forrest, the member for Murchison.

**Mr ELLIOTT** - Good morning.

**CHAIR** - Now I invite you to make a verbal submission to the committee.

**Mr ELLIOTT** - Thank you. The Tasmanian Principals Association, in its submission, has said that we regard the presence and operation of the CFCs as strongly positive. You will notice from the submission that it is written in fairly direct language, just to make the messages as clear as they possibly can be. My personal experience with the CFCs has been as a school principal at New Norfolk High School and observing the establishment phase of the ptunarra Child and Family Centre in Blair Street and then the first two or three years of its operation. Since then, having been President of the Tasmanian Principals Association, I have more closely observed the operations of the East Devonport Child and Family Centre, as well as having advice from school principals, members of the Department of Education leadership and people who are working within the child and family centres.

We see the child and family centres as wonderful beginnings to the start of education careers for many children and contributing very strongly to transition from preschool into schooling in both determined ways - in other words, organised programs of transition as well as incidental contact between schools and children and families.

We also see strength in the way that the child and family centres are able to welcome people who in the past may have been shy of participating in institutional programs, but the child and

## PUBLIC

family centres in particular seem to have a strength in welcoming males who may be otherwise not so closely connected with the parenting of their children.

Also we have seen some very strong evidence of the connection between partnering parents in the education of their children. I apologise for the hesitation here because I am getting a little bit of feedback in my telephone, so I am hearing myself speaking as I am going. It is quite -

**CHAIR** - You are going beautifully.

**Ms FORREST** - It is always quite disconcerting when you are on that end, though. You could always ring back in if it is too bad, because that often helps.

**Mr ELLIOTT** - That is okay. Thanks for the encouragement. That is great.

**Ms RATTRAY** - At least you will know what you have said and if you have made a mess of it.

*Laughter.*

**Mr ELLIOTT** - Maybe one day I will tell you a funny story about being on the PA at the school athletics carnival, but another time perhaps.

**CHAIR** - When we are not on *Hansard*.

**Mr ELLIOTT** - As well as some of the statistical information the anecdotal evidence I have heard from large numbers of people engaging with the child and family centres has been really encouraging, particularly when we are talking about ways of engaging the community in disadvantaged areas. Dare I say it, it is even heartwarming to see the efforts gone to and the level of comfort people show when they are participating in centre programs, whether they be incidental or very deliberately planned programs.

**Mr ELLIOTT** - We think that the child and family centres are such a great help in that vision of education from birth onwards, that consideration could and should be given to whether the number of those child and family centres should be extended. There are probably a couple of places around Tasmania, perhaps Glenorchy being one of those, where a child and family centre could be easily located. That is the basis of the submission. I am more than happy to answer any questions the committee may have.

**CHAIR** - Thank you, Malcolm. I am going to hand over to Ms Forrest to lead the questioning.

**Ms FORREST** - You said that one of the key strengths is engaging with children from disadvantaged backgrounds and circumstances.

**Mr ELLIOTT** - Yes.

**Ms FORREST** - How do you see them doing that? We have heard that is the case. We also know there are still some children or families who are very difficult to reach besides because they simply do not want to, but what evidence do you have of that? What mechanisms are they using that you are aware of that are actually achieving that?

## PUBLIC

**Mr ELLIOTT** - As I understand it, there have been a range of outreach strategies, if I might say that, in terms of identifying the numbers of families and the identities of families with young children. Efforts have been made to make contact. Through appropriate agencies, contact has been made and invitations issued, which have brought some people into the child and family centres.

Once there, people who could benefit from assistance have seen that this is a welcoming, purpose-designed place, which does not come with a heavy sense of authoritarianism or some sort of sense of institutionalised care, and that it is very encouraging, appropriate and fit for purpose.

By working hard to make a friendly front - and being successful from that point of view - they are literally able to model how successful parenting and play-based learning can occur with very young children. That has provided a platform of success.

**Ms FORREST** - We have heard from other witnesses that in some areas there is concern that it is a government agency, and you could be dobbed in and have your kids taken off you. Are you aware of feeling still exists in some sections of the community?

**Mr ELLIOTT** - I have not personally heard that, but I am not be surprised if some people felt that. Most people who work in areas of disadvantage would be familiar with that is a characteristic.

**Ms FORREST** - You also mentioned that one of the other strengths of the CFC is making male parents welcome. When some research was done looking at the success and the early outcomes - admittedly it is very early because you would need much longer to fully assess the outcomes from the CFCs - engagement with men was identified an area that was not as good at it could be more, and that work needs to be done. Do you have an opinion on how that could happen, particularly males in primary school - teachers and that sort of thing? We have lost one - he is sitting across the table here.

**Mr ELLIOTT** - Yes, gone onto higher duties one might say.

**Ms FORREST** - Yes, that is right. Some might say lower.

*Laughter.*

**Ms FORREST** - It is obviously an area needs attention because it is a fairly female dominated area and mothers have traditionally taken children to playgroups and services like that. How do you see that being a strength and how could they make it even better?

**Mr ELLIOTT** - I think the model that applies is one of action-research, so to speak. That is, to be patient but energetic in that patience - that is, by continuing outreach programs and empowering men who come as quasi-ambassadors. We know we do not want to overly formalise the nature of contact and to keep it as informal as possible, but some of the evaluation work I have seen, including a recent video presentation from the Burnie Child and Family Centre showed some really good evidence of a young man who had found a home so to speak in the child and family centre. That person has now made himself available for a publicly viewable video, which is a really great start, but I acknowledge there is more work to be done, including work in schools.

## PUBLIC

In my own circumstance we were talking about the life cycles. So when we are dealing with teen pregnancies, we have young fathers who relatively quickly become disengaged from their partner and their child. The child and family centre provides a place where that young man can go with his relatively young partner with their child to see how parenting can be conducted. These are the sorts of things we have to have patience with and be really determined about in our design in terms of engaging those young families. Other people may be coming from difficult circumstances such as someone trying to reconnect with their family following a jail term, for example.

**Ms FORREST** - The other point I raised with other witnesses is the fact the health and wellbeing of a child begins in utero and ideally at preconception if you can really get to that.

**Mr ELLIOTT** - Yes.

**Ms FORREST** - Do you think there are avenues for growth in terms of actually engaging pregnant women and their partners with the centre before they have had their first child?

**Mr ELLIOTT** - Yes, I do. We had some success with that with a pilot program involving family planning in New Norfolk where, as you say, we identified young parents and provided care.

I think you have identified a logical next step - to say to people who are pregnant, 'Let us now talk about how we care for the child in utero', and then how we care for the relationships while the child is in utero so that little one is born into the strongest possible partnership. If the relationship itself fractures, there will be the maximal and most effective support around the parent who is caring for the child.

**Ms FORREST** - You talked about the importance of parenting with families and education. This is again a strength - it is about a family approach as opposed to an education and care sector approach, which involves the family but is more about the child. How do you see that being a strength, and how does that need to be expanded, or does it need to be expanded further?

**Mr ELLIOTT** - I think child and family centres are an example of how the whole community expresses its responsibility for lifelong learning about being a community, a community made up of individuals, families, children, young parents, parents who are a little older, say. Again, please forgive me, I am in a school at the moment and instead of a siren, there is some beautiful guitar music playing.

*Laughter.*

**Mr VALENTINE** - I thought it might have been your telephone.

**Mr ELLIOTT** - I have my finger in my ear.

**Mr VALENTINE** - You are really having a bad time, aren't you? You have got echoes happening -

**Mr ELLIOTT** - It is great. I am enjoying myself thoroughly. If I concentrate really hard I will be okay. That whole community understanding - if the community can see that the CFCs are

## PUBLIC

a deliberate provision to support everybody in what can be the joy of life rather than the burdens of life, I think at that cultural level, they are a really important component.

At the technical level, to use a somewhat academic term, they are places where people can go and can be safe. They are also places of learning in ways that are appropriate to people who may have found school-based learning difficult in the past, where very high quality social learning can happen in an atmosphere of safety. My experience of the centre leaders has been that whoever did the recruiting for those positions did an exceptional job, because they are very impressive people with a wide range of skills, including those interpersonal capabilities, which make the centres as successful as they currently are.

**Ms RATTRAY** - It has been suggested, and your submission albeit supports this, that CFCs ideally should be located with schools or closely in proximity of schools to be able to work together.

**Mr ELLIOTT** - Yes.

**Ms RATTRAY** - Obviously, it is unrealistic to build a CFC at every school. Obviously every community has needs, but, in your assessment, with only 12 CFCs in place, how do we get equity across Tasmania for accessing the services?

**Mr ELLIOTT** - Yes. I completely understand the question. I guess it is one of those things where there is a CFC near a school, the advantages are clear. In my own case, while principal at New Norfolk High school, we were able to take the students just about 100 metres along the street to visit the CFC. That was great, but that is probably not a model we should stick to slavishly, if you will. Instead there are benefits in putting a CFC in a place that is easy for people to be literally able to push a pram to - it is that is straightforward - and perhaps some located in the centre of more heavily populated areas. That is something for us to consider. We would not be strongly advocating the positioning of a CFC on a school campus; rather we would say that there are advantages if it is, but there are other advantages if the CFC is otherwise located.

**Ms RATTRAY** - Given your comment about them being easily accessible - where you can push a pram - how does that really address the issue of families who are more isolated? My electorate has a lot of small, more isolated communities where you would be hard pressed to push a pram anywhere let alone to support services that could be very much needed. I am struggling to come to terms with this concept - they are so valuable, but we do not have enough of them, so where do you put them to actually achieve what they were meant to achieve?

**Mr ELLIOTT** - Again, completely agreeing and understanding. For example, this morning I'm at Deloraine. While Deloraine would not be regarded as a terribly isolated place, the truth of the matter is that to access some services, families need to go to Devonport or to Launceston. If you translate that to some of the locales on the west coast and the far north-west, obviously transport is a serious issue, particularly as poverty becomes more entrenched. Even if a family is fortunate enough to have a car or share a car with other family members, your costs become part of the equation.

**Ms RATTRAY** - Thank you. I do not know how old you are, but you may not remember this concept, but in the good old days, when I was growing up, there were mobile kindergartens. We actually had some evidence yesterday about those mobile services in the past. I know there is one service on the East Coast called Building Blocks which has always had an issue around

## PUBLIC

ongoing funding, but which does some fantastic work in outlying areas at Fingal and at Pyengana. Do you see that being a solution? Having that mobile aspect of bringing services to areas? For example, you could take a mobile service to Gladstone, you know, one day a fortnight for two or three hours, and they could meet at the local hall or something like that. Do you see any advantage in using some of those really successful projects of the past coming back to meet the needs?

**Mr ELLIOTT** - 'Yes' would be the answer. Yes, I do remember; I particularly remember the mobile library. I do not remember the mobile kinder-

**Ms FORREST** - Bookmobile it was called.

**Mr ELLIOTT** - The Bookmobile. It was fantastic.

**Ms RATTRAY** - You are obviously quite a bit younger than I am then if you cannot remember mobile kindergarten, but, anyway, it is good you like my concept.

**Mr ELLIOTT** - I have racked up a few years. Yes is the answer. In using that sort of service, dependability is absolutely critical. If it is going to be there on, say, a Monday morning, then it is there the next Monday morning and it's there the next, so that people can plan their lives around it and it becomes that linchpin. The second thing is if it could be more than that. We know that occasional services delivered to schools, for example, are easily disrupted through illness and so on. If it could be even a more ambitious project of delivering those mobile services - say, if they took three mornings a week - so that there is continuity and the learning can be embedded through that continuity, that would be even better. Yes is the answer.

**Ms RATTRAY** - Thank you, Malcolm. I appreciate that.

**Mr VALENTINE** - Malcolm, just listening to what you are saying and hearing your enthusiasm, is it fair - and I do not want to put words into your mouth - but is it fair to say that you see child and family centres as an opportunity to address intergenerational educational disadvantage - if I can put it in those terms - with the child and family centres probably being able to get to the parents as much as the child?

**Mr ELLIOTT** - I do. I am in strong agreement there, Rob. I think there is a lot of scope for work backwards and forwards between schools, not only early childhood years with the obvious transition work, but also into primary and high schools and later years, and then different styles of learning and recognition of learning for people accessing child and family centre services.

Reading and literacy work can be done, and parenting, social awareness and team-building work - there is no end of work that can be achieved. I noticed too in the video presentation I referred to from the Burnie CFC one gentleman started off his connection with the CFC doing volunteer handyman work for the centre and things like that. Now he is a regular participant in joint reading activities and so on. It is a very powerful medium for education flowing evenly and easily between schools and the child and family centres themselves and perhaps then integrating those outreach services with the mobile CFCs.

**Mr VALENTINE** - Presumably it is not the panacea of all the ills of our society, but do you see any gaps that are not being filled through this process that you think might be an advantage to have in child and family centres or wherever else?

## **PUBLIC**

**Mr ELLIOTT** - As always, it is how much the state can afford to provide. None of you on the committee will be a stranger to that idea. There were times at the Ptunarra Child and Family where more services were available than at other times because of the availability of professionals who might be volunteering some personal time. Really in my personal experience it is of that ilk. It is just a matter of how many people can we actually get to operate from the centres, and how do we then we integrate that with other community services without it becoming an amorphous or unfocused set of services? I think the volume, appropriateness and the focus of the services are the three important elements there.

**Mr VALENTINE** - Do you see any duplication it would be better not to have? Like certain government-funded services being provided in other areas that could well be provided through the CFCs or vice versa?

**Mr ELLIOTT** - Just struggling to give an answer to that question. There is no immediate duplication. I think sometimes we can afford a little bit of duplication if that is a way of getting the services joined up, which I think is one of the really important potentials. As I understand it, those joined up services are happening with CFCs' current practices. If there is a bit of overlap, that is not necessarily a bad thing.

**Mr VALENTINE** - Okay, thank you.

**Mr DEAN** - Malcolm, since the mobile kindergartens, of course, we have had things like computers, drugs and a few other things come on the scene.

**Ms FORREST** - They don't go together, Ivan

**Mr DEAN** - Things have changed a bit since that time. I want to address the last point Rob raised with you. We have a whole heap of child, children, kid activities out there which are focused on vulnerable kids, challenging kids, challenging families. Is it not it high time we started to bring some of this together? I do not disagree with your comments about overlapping services, but is it not it high time we started to bring some of them together? Amalgamate some of them? This is something that has concerned me for a long time, and I have raised it previously. There is some support for it, but others see it differently. I am of that view. What is your view on that?

**Mr ELLIOTT** - That is a very good question. From my perspective, I would start off with looking at [inaudible] non-government and other government organisations with similar aims. I think that is where we come to the question of focus. Like schools, CFCs are buildings that literally are there today and they are going to be there again tomorrow, and the people who work there will be there today and will be there again tomorrow.

If we can get those services integrated and focused through those particular institutions - that of schools and the CFCs - and maybe some other things like hospitals and those other important social institutions, we might be coming a step closer to getting maximal benefit from those.

I hasten to add this is not in any way a criticism because the work that is done is so valuable and is done under difficult circumstances.



## **PUBLIC**

**Mr DEAN** - The issue with a lot of them, of course, is they are competing against one another for funds as well. So at times it is a dog-eat-dog situation.

You touched on the next point I want to make - the value of the CFCs. Surely the value of a CFC has to be capable of measurement, and it is that measurement which determines their value. They have been operating now for about five years. The true measurement here in my view - and I will get your opinion on this, too - is whether CFCs are really getting to those very vulnerable and challenging families who are creating immense problems for us all, and whether the kids of those families are moving into educational areas in a better way, with more discipline and control and so on. A number of families going to CFCs will do quite well anyway; they do not need the support of CFCs or anything else. It is really those vulnerable families that are the measurement, in my opinion. Are you satisfied the CFCs are getting to them? Is there any evidence they are making any difference or any changes?

**Mr ELLIOTT** - When we talk about those really high level families, my view is each of those families just like a child who has additional needs or perhaps a disability, that each of those families need what we call a family plan or a learning plan.

Some years ago now in the era of the state education system of clusters, several clusters were doing some work around the empowerment of someone like a senior social worker to be the go-to person for identifying a family. They provided an established family plan with all those things we know families need, which may be as straightforward as budgeting for groceries, to how you integrate a family member returning from a spell in jail, to somebody who perhaps has further educational needs or to a child experiencing poor attendance. Many of these things, of course, aggregate in the same family. They then coordinated with authorities - government and non-government services - to ensure those things are delivered to those people. I think CFCs can play a part in that. I am not entirely sure they are equipped to actually address the needs of those very high level families who would be known to several branches of government, including education, police, health and human services.

I see them having a role to play. I think in terms of the evolution of the CFCs and our community's understanding of the community child and family centres and the integration of the role of the joined-up services, there is plenty of potential for delivery to those very challenging families our communities include.

**Mr DEAN** - Malcolm, you raised a very important point. This committee had evidence yesterday about the integration of services and being able to identify families who are vulnerable and families - you're right - where a parent, or both parents in some instances, has been to jail; sadly, there are quite a few of them. It is a very important point, and thanks for raising it. A good point. Thanks, Malcolm.

**CHAIR** - Malcolm, I am aware of the time and we have the next group here.

Just briefly, data-sharing has been raised by quite a number of stakeholders. From a principal's perspective, I am interested in whether that data is being shared by child and family centres to the school gate. Are principals able to match that data with families and see a difference being made anecdotally and also with that data?

## **PUBLIC**

**Mr ELLIOTT** - I can comment more on the anecdotal. I am sorry, I cannot find any more specificity about the data linkages because there are protocols around that. I would need to be clear on that before I was able to respond.

Certainly there is absolutely a potential there and anecdotally there is close linkage. If I go to my own experience, being able to work with grandmothers whose sons or daughters were having children at the same time they were having children in their late thirties meant there was a real narrative to those families' connection with the local school, the local child and family centre and with other health providers. That sort of thing is definitely happening. That example of grandmothers and mothers raising children simultaneously is not hugely common, but is not a terribly uncommon story and an example.

As the child and family centres continue to operate, I see that planning from in utero to inter-lifelong learning would strengthen.

**CHAIR** - Essentially you are answering my question that principals are very much part of that feedback loop.

**Mr ELLIOTT** - Yes, absolutely. Knowing the families before the children technically come anywhere near the school is a very important thing. It is just crucial to families feeling confident about the education provision for their children and feeling confident about approaching the school when that time comes, or already having an established relationship so no approach is needed - it is all just happening seamlessly.

**CHAIR** - Would you like to add anything before we finish?

**Mr ELLIOTT** - I thank the committee for its interest and the opportunity to speak with you this morning. My apologies for not being able to be present in person.

**CHAIR** - On behalf of the committee, we thank you for your time today, your valuable insights from a principal's perspective and also the time you have put into the submission. Thank you very much.

**THE WITNESS WITHDREW.**

## PUBLIC

**Ms ELIZABETH CRANE**, STATE EXECUTIVE OFFICER, AND **Ms EMMA ROWELL**, CHILD HEALTH ASSOCIATION WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** - I welcome you to the public hearings of the Legislative Council Select Committee inquiring into child and family centres in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearings may not be afforded such privilege. Have you both read the information for witnesses document? The evidence you present is being recorded and the *Hansard* of it will be published on the committee website when it becomes available. However, if you are at all concerned about the nature or the appropriateness of any evidence you want to provide to the committee, you can ask that we hear that evidence in camera. The committee will consider your request and make a determination on whether to receive that information in private or in public.

Please advise if at any time you wish to make such a request to the committee. Ms Crane, could you advise the committee of your field of interest and expertise?

**Ms CRANE** - I am the state executive officer at Child Health Association of Tasmania. My background is in community developments, working in disadvantaged communities through my previous role as a development officer in Neighbourhood Houses Tasmania and have now come into the early childhood sector in this role with child health.

**Ms ROWELL** - I am the program manager for the Family Food Patch program so I work in health promotion. I have been in this field for about seven years.

**CHAIR** - I invite you to make a verbal submission to the committee.

**Ms CRANE** - The Child Health Association is a statewide organisation so we cover many areas across the state. We have been operating for 100 years this year, which is exciting. We have worked traditionally very closely alongside the Child Health and Parenting Service, the child health nurses, to support new parents as they bring their babies into the world.

Traditionally, our role was very much fundraising to support that service, now we have broadened and we are offering education and support opportunities for parents of children zero to five for our core program and then zero to 12 for our Family Food Patch program. We offer a few different programs, one of which is our Family Food Patch program, which Emma will talk about shortly, and we also have The Haven in Hobart and The Haven in Launceston, which are spaces for families to visit and change a nappy, or they can participate in events. We run a number of educational and informational sessions across the state throughout the year. They are based on need and where we see the biggest need. We do things like playgroups and pram walking groups. We have resource libraries across the state and online forums where parents come into us and discuss their needs.

Our partnership with the Child Health and Parenting Service means we are oftentimes the first contact for parents. They will be given information about us as they visit with their child health nurse. They are told about our programs and they can make steps and engage with the services we offer.

## PUBLIC

We also work closely with Tasmania's child and family centres, and we use their venues deliver our services or go there to meet new parents, new mums, if the child health nurses are running new parent groups.

We also attend community expos, cooking demonstrations for kids, parent information sessions and things at the child and family centres or alongside the child and family centres. We have seen some really great cohesive support when working alongside the child and family centres. The staff within the centres have always been incredibly supportive of our programs, and have also participated in our programs, such as the Family Food Patch program. Emma, do you want to talk a little about that program before I continue with our submission?

**Ms ROWELL** - Sure. Our program has been running for 16 years, and with the child and family centres' evolution, I guess, in the last five years. We have had the great privilege of working around the state in many of the different centres. We run two training courses a year around the state. We need facilities with training rooms with adjunct care available and decent kitchen facilities. We operate a nutrition/physical activity information, and it is really about engaging vulnerable parents and carers and community workers around children around zero to 12. The facilities that are afforded through the child and family centres have been fantastic. We have been right around eight of the 12 places now. We see them as a really valuable hub where we can access some key peer educators in those little communities, but we still use a lot of the Neighbourhood Houses. We have been able to foster great relationships with those child and family centres and all volunteers within those communities, who have much reach across their regions rather than just staying in those hubs themselves.

**Ms CRANE** - We see huge benefits for the child and family centres, and we have also seen some great outcomes coming from that, whether that is us participating or seeing parents go through the centres. We strongly believe there needs to be more facilitation of pre-existing networks that need to come into the child and family centres.

I know that when they were initially established that might have been lacking a little; especially having worked with Neighbourhood Houses Tasmania, that was a bit of an issue. We see so many great community services that could operate really successfully from some of those child and family centres. We think a focus moving forward needs to be a development of partnerships to offer services.

We have heard over and over again that child and family centres have limited resources to bring in specialist programs, but so much of what is already happening out there could be done more effectively if those partnerships were better facilitated. We also strongly advocate a holistic approach to all kinds of health-related services. For example, integrating services within the child and family centres, whether that is child and health nurses, occupational therapists and speech pathologists - all those services families need and might necessarily not have the financial means to access. Integrating more services within the child and family centres would remove a barrier to health care access for families. We think those facilities could be provided on a rotational basis.

We advocate the development of more centres because we have seen, when looking for locations to deliver our services in places like Sorell - we identified Huonville and Triabunna on the east coast - that there were not any great facilities we could use to offer our Family Food Patch training, for example. For that training, we need to have a kitchen, a training room and childcare. We advocate the establishment of more streamlined centres that work on operational feedback from centres already in place, and that those practicalities should be taken into account when

## PUBLIC

developing and designing new centres. They should also be focused on the functionalities of kitchen and eating areas and having play spaces for children, which would encourage outdoor and nature play for children, spaces where they can be creative and run around.

As an organisation we would certainly advocate that. We think that having these play space centres within communities is really successful. As an organisation we have two locations that we work from but otherwise we would like to cover the whole state. Having facilities such as these we can work with are great. We have been chatting to the management of the child and family centres to see how we better integrate our services; moving forward that is something we will continue to do as we have the resources to be able to do it.

**Ms RATTRAY** - First, I want to say hi to Emma. I was invited to the St Helens community centre for the Food Family Patch celebration, the most recently completed program. I talked with the participants and it was fantastic. I have also been to the one held - I'm pretty sure that was the same one - at Scottsdale through the Dorset Community House; that was a Food Patch or was a food -

**Ms ROWELL** - Family Food Patch did a training at St Marys back in 2010.

**Ms RATTRAY** - It must have been something else, then. I have been to one at the community house or the Neighbourhood House and I have been to one at the CFC for the same type of program. We have had some evidence that there is some duplication of services, but then on the other hand we have heard that one size fits all communities. Given that you get around the communities as such, I am interest to learn whether you see a duplication of some of those services that support children and families in our communities. I do not mind if you both answer.

**Ms CRANE** - I certainly agree with that.

We often see that a big barrier for people is actually going out and seeking help. Once they then feel comfortable in a place, the next barrier would be for them to go out to somewhere they do not feel comfortable. If a service were happening at a Neighbourhood House and similar service was happening at a child and family centre, people might choose to then go to just the Neighbourhood House service because that is where they feel comfortable and supported. At the same time, I think we should be looking at pathways to support people to go out and actively seek because there does not seem to be any benefit to having a duplication of services.

In terms of coming back to those partnerships working together, if the Neighbourhood House and the child and family centres worked a bit more cohesively together, they could then support participants to move across to their services. There needs to be more connection between those services to be able to reduce that duplication.

**Ms ROWELL** - I certainly agree with that. I see the CFC's role, from my experience, is very much one of a hub, and so tapping into those services for people to be able to come and go. A lot of the CFCs seem to have core of families that go, and they transition over three or four years. I have certainly seen that as being a barrier for other families participating because some very strong personalities dominate those communal spaces. We see them probably needing to expand and do more outreach work.

One of the most successful CFCs I have seen in operation recently was the Chigwell Child and Family Centre. We did a training there in November and December last year and they really

## PUBLIC

dovetailed nicely with the Neighbourhood House and Mission Australia's Chigwell House. We recruited the 12 participants from that wider community in partnership between those two different settings. They would go out and do outreach and bring the families in. There was a kind of respectful partnership happening within that wider community, and then they have been able to continually support them since they did the training.

I think that kind of model would work very well. One of the things we identified was removing as many barriers as possible. So one of the things we have done this year is get a community mobile kitchen so that we can do satellite work in partnership with the TSCA, so the TSCA can use it as a canteen mobile kitchen for schools that do not have access to canteens or when they need some support with their canteens.

For us to be able to access regional and rural communities that do not have CFCs, do not necessarily even have neighbourhood houses, our latest training is going to be at Risdon Vale Community Centre. We had actually wanted to do in the southern region. We trained at Geeveston in the child and family centre in 2014. There is no neighbourhood house nor a CFC in Huonville; there is nothing further down the channel, so it is either Geeveston or Kingston. It is a huge area that does not have any services, really. One of the things, as I said before, we need to have is something that reduces the barriers for families, so that is having adjunct care on site. Some schools have really fantastic facilities, but they would not be able to offer adjunct care within school hours because all their services are being used within the school parameters.

We see these great CFCs as being help. There needs to be more of them, but I think they can also probably adopt their model to be a little bit more involved in outreach and doing the connections with other existing programs.

**Ms RATTRAY** - That is something that we have heard - they are terrific programs. I am happy to come back.

**CHAIR** - Talking about duplication, it seems to me, with the presentations we have had, that in some communities there is very good coordination between services and different programs and things happening, while in some communities, that is not the case. Is that relationship-based, do you think, with the individuals working in those communities communicating and working in a collaborative way?

**Ms ROWELL** - Yes, I think it can be both. For instance, when we went to Queenstown, we saw it was just the general logistics - people from Zeehan do not go to Queenstown, people from Rosebery do not go to Queenstown, people from Strahan do not go to Queenstown. When we went to Queenstown with our training everybody that participated in the training was from Queenstown.

**Ms FORREST** - They are getting better at that. The Rosebery people won't, because they all go up the coast.

**Ms ROWELL** - The same thing happened when we visited the Rocherlea Neighbourhood House, and Rocherlea people from George Town did not want to come down. That is just Tasmania; that is the nature of trying to engage people from a wider -.

**Mr DEAN** - It is three-quarters of an hour drive from George Town to Rocherlea.

## **PUBLIC**

**Ms ROWELL** - When we are offering them free transportation or we are saying we can run two trainings a year and we can give them travel reimbursement, the chances are we are not going to be doing another training 45 minutes away from where we have already done it. We have to be incredibly strategic about where we actually foster these peer educators. The relationships and the strength of those partnerships within those staff networks is incredibly important with the way that they engage with other services and how they support those relationships in an ongoing manner.

**CHAIR** - You see quite a lot of the CFCs operating in different communities. Do you think further work could be done around professional learning and collaboration and things like that?

**Ms CRANE** - Yes, I absolutely do. I think those relationships could be fostered a lot better and that networks within communities could share information, resources and support services. I also see that all services based around early childhood could be getting together as a statewide network to share resources and support. I think that could be fostered from a higher level to be able to support that because it can work successfully but it needs to be driven and it needs to be supported. For that to actually happen, it needs to be fostered.

**Ms ROWELL** - In one child and family centre we had really good volunteers and really great relationships. We had really good volunteers within the child and family centre; we had really great relationships with the centre leaders and the community inclusion workers, but the child health nurse was contacting me for resources and information about something without realising that we had only just held a training in that centre. Where is that road block in terms of the internal communication? How do they not realise that this is?

**Ms RATTRAY** - It is a 12-week program?

**Ms ROWELL** - We allow for six weeks. One of the community inclusion workers is a family food educator. There are things that you just think perhaps there could be more of a broad spectrum template to say, whether it is by annual meetings to facilitate a network within their region, 'Well, what other services are there to help one another and who can we refer on to?'

**CHAIR** - We have heard from a number of stakeholders that it is not necessary to establish a brand-new child and family centre on a greenfield site with architecturally designed buildings that are \$4 million. Would you agree that government buildings can be repurposed? As long as there is input from the community in that ownership through the enabling groups and things?

**Ms CRANE** - That method definitely needs to be encouraged, for communities to take ownership of the development of them. We could absolutely be repurposing facilities. We have seen that some of them are not necessarily as functional as they could be anyway, even though they look amazing and it is nice to come into them. Big high ceilings might be intimidating for families.

**CHAIR** - We had a parent from Ravenswood yesterday and she said it is about the people, not building. Do you agree with that sentiment?

**Ms ROWELL** - Yes.

**CHAIR** - Obviously you'd not like a kitchen there ever -

## PUBLIC

*Laughter.*

**Ms ROWELL** - That is the thing - of the kitchens we have worked in those eight centres, I cannot think of more than two that are really fabulously functional kitchens. Most of them are really quite dysfunctional and they do not foster community, they do not foster good role modelling in terms of the parents and the carers working in those places and the children who are witnessing those adults. They are not functional spaces; they are almost mini-silos within the centres. I would definitely encourage that with any new facilities or any retrofitted facilities, the pros and cons of the existing centres be considered quite strongly.

**Mr DEAN** - I think you know my pet areas. One is the integration of services, which it has been touched on already. We have so many organisations out there - yours is one of them. I do not know how many there would be - 40 or 50 I would suggest, probably even more - providing services to vulnerable and challenging families and children. I am not convinced any of you are really touching on the very families we are targeting. We are targeting the families who are breeding our next lot of criminals and Centrelink clients. They are the families we should really be looking at and closely working with. Are you satisfied that the CFCs are targeting those families? How do you ensure you get to them?

**Ms CRANE** - I do not see that any one service can directly target and give those families all the support they need. Coming back to integration of service, that needs to be across the board. We need to have facilities and capabilities to share with the Department of Justice or with Child Protection and with all the other services because I do not think there is any one-size-fits-all solution. We need to target those families that are very vulnerable and have generations of people who might have been in prison or who might be reliant on welfare services. We need to have a really comprehensive approach to how we can target and support them because there is never going to be any one service. There is never going to be any one way in which we can help them - they need cohesive services. With the child and family centres, while you might not see it, so many small things can be an outcome.

**Mr DEAN** - There were many people who said an almost identical thing to what you are saying now about the Service Tasmania model when that was first mooted - that bringing all these services under the one roof was not going to work because of the differences of views and so on, but that has been a very successful model. In fact it has probably been too successful in a way - people often say that. My view is that CFCs could be expanded. Another question other members have asked is: how do we know which families in an area we should be targeting? You should all be sharing information so you can target those particular people. I just see CFCs could be expanded to include a greater role.

**Ms ROWELL** - Absolutely, but I think the way they are currently designed - as a familial hub where families are encouraged to go, but where behaviour is very strictly monitored - a lot of outreach would be necessary and a lot of the families you are referring to would probably not be very welcome in the centres. As Liz said, a complexity of services is required to address all those different needs. We are addressing nutrition and physical activity. The peer education model we use is about targeting key individuals within a community, which then has a ripple effect. It is about strengthening that kind of model. Having a service delivery approach where you go in and say 'this is necessary and this what you need to do' does not work.

**Ms CRANE** - I think we also need to be really open to what an outcome is. For some families, just stepping over the threshold and going into a centre like a child and family centre,



## **PUBLIC**

where they are exposed to all this different information and access to services, is something that might never have happened in the last 50 years of their family. That is actually a big outcome but it is going to take generations and ongoing resources to influence some real change. Just for them to take the step where, say, instead of feeding their children Coke, they switch to only feeding water - that is a massive outcome that will have lasting effects, but it is not necessarily the big change we are possibly looking for.

**Mr DEAN** - Another reason to integrate is that you are all fighting for the same dollar. That is an important issue so we need to get that right.

**Ms CRANE** - We do end up bashing heads because we are all -

**Mr DEAN** - Where is the measurement on the success of CFCs? Is it in kids from these vulnerable families going through the education system and coming out at the other end as good or reasonable students? Or is it fewer people on the Centrelink lines?

**Ms CRANE** - What is a measurement and what is an outcome for us is not necessarily what is going to be an outcome for a very disadvantaged family that is very disillusioned with life. For them, just making some little changes might be an outcome. Working in community development, this is the problem we have had for 100 years. Bums on seats are not necessarily outcomes. Getting people through the door is not necessarily an outcome, but having people engaged and actively seeking help and actively making changes is an outcome. How do we track that? We might have had someone who has gone through a Family Food Patch program and then has gone out and spoken to 20 of their immediate family members, and they have all made little changes. That is an outcome, but how can we track that? How do we then prove that has happened? It is so variable.

**Mr DEAN** - Yes, sure.

**Ms FORREST** - You have explored it a little bit but you talk about, in your view, the future development of partnerships to try to avoid duplication as much as anything. Who do you see these key partnerships are with? You have covered some of these, but are there others you have not mentioned? How do you see that working?

**Ms CRANE** - It is just about bringing in the key service providers. There are so many organisations within government and within the not-for-profit sector. We also have big faith-based organisations and things like Colony 47, which are also offering services that might be seen as similar or could be complementary to what we are delivering. There needs to be some capacity to share the information and to bring in big key player organisations.

**Ms ROWELL** - With the new Preventative Health Strategy we have recently been looking at models such as the healthy kids toolkit that has been tabled. For the Family Food Patch we are looking at that zero to 12 remit; we are looking predominantly at the parents' side of things. There are programs like Move Well, Eat Well in the early childhood sector that are obviously now morphing over to using child and family centres, as well as long family day care.

There are also the primary school Move Well, Eat Well program and the Tasmanian School Canteen Association. We have strategically come together to share resources, knowledge and those kinds of different conduits and have the healthy Tasmania Kids coalition. All our resources will be put onto the healthy Tasmania toolkit website portal. There could be something similar to

## PUBLIC

the child and family centres functioning around that, focusing on the zero to five age group, with the B4 Coalition, whether it is with CHaPS or child health nurses.

There is huge scope. It does not necessarily have to be very resource heavy. I know many child and family centres use social media. That has the capacity to be much broader and more useful, and means you have online services available through local hubs that understand local community needs. You do not necessarily have to go into the child and family centre to access that information. It is the soft entry points, I guess, isn't it?

**Ms CRANE** - In terms of the partnerships, maybe it needs to be led from the top down. Any government funding agreements could have as standard practice that they need to identify like-minded organisations to partner with and start those conversations. I have been to so many networking events, and when I say, 'Hi, I'm Liz from the Child Health Association', they say, 'Oh, I have never heard of you before. I have never heard of your services before,' and it is just -

**Mr VALENTINE** - It is 100 years old, but -

**Ms CRANE** - Exactly, but we have been working very much in the background for the last - just fundraising for child health nurses so they can have services. Now we do not need to do that anymore. It has only been since the 1980s that government actually took over paying for - the organisation used to fundraise to pay for the location, the clinic, the resources, any toys, the nurses' phones, everything.

We do not need to focus on that anymore. Now our focus is on people moving out of the service. I am happy to go out and talk to a lot of people and make noise about our organisation, but I think the heads of organisations need to have as a focus the creation of those cohesive -

**Ms FORREST** - It can become almost overwhelming for someone who is probably functionally illiterate to understand what is there and even to use a computer, and say, 'What is it I need looking at this portal?' It can be very difficult.

**Ms ROWELL** - I find that fascinating working with the child and family centres now. St Helens was one of them. Within the six weeks we were there, they went from having a sign-in sheet to having a tablet where you had to come and navigate your way through the computer and then to do an e-signature. It is amazing technology but it is a huge barrier for families and there is no directive saying this is what you need to do when you enter the building. It is right across the other side of the hallway. You could possibly access other parts of the centre before you even see it. There is great value and great technology and great cost involved in certain aspects of this.

**Mr DEAN** - It is the value of what you get out of it. You are right.

**Ms ROWELL** - Yes. How are you going to measure the things? Do you just want to have names? We have had other centres where -

**Ms FORREST** - We want outcomes, not outputs. I bang on about this all the time.

**Mr VALENTINE** - I have realised for the first time who it was that provided the child health centre at Dunalley in the late 1950s - probably your lot. That shows my age a bit. Do you see the various avenues of funding as being a bit frustrating across the different services? You have

## PUBLIC

federal funding in certain circumstances, you have state funding in others and then local government. Do you see that as a big issue or problem at all?

**Ms ROWELL** - It could be a huge strength. You have the federally funded buildings and you have state-funded programs and staff going in. You could have more strategic local programs being run by local councils within those services. The Department of Education and the Department of Health could probably dovetail a little more with the child and families centres, given the education and health outcomes there.

**Mr VALENTINE** - They do or they could?

**Ms ROWELL** - They could. There is potential rather than it being very much focused on the Department of Education. There are a lot of health outcomes, and I think that having a broader approach across government would enable the child and family centres to be a lot more successful.

**Ms CRANE** - A health-in-all-departments policy, where health is considered in funding of any government service.

What we find more frustrating is the lack of flexibility. You might see a grant out there - while this looks great, I want to be able to deliver this service - but you are so limited by 'We are not going to fund wages, we are not going to fund resources, we will only fund this particular thing'. If we had a bit more flexibility to say, 'We want to offer this program that probably does not necessarily fit in the guidelines but can we be a bit creative about that?'

**Ms ROWELL** - Even that creativity within centres where we have seen them say they cannot do this, but as long as you are an external organisation doing, for instance, cooking programs, if you want to cook and give people some food to leave the centre with, to freeze or to eat with their family that night, some centres will not allow that because of whatever interpretation is there - health and safety, food safety -

**Mr VALENTINE** - The local health and safety laws.

**Ms ROWELL** - Having consistency across the board, making things more accessible and more user friendly to the families would be huge. It would be a much better use of resources than people fighting bureaucratic labels and red tape for everything they want to do. For instance, in St Helens, Building Blocks is fantastic because such a melting pot of people did that training. There were Playgroup Tasmania facilitators within the child and family centre and we had two Building Blocks staff who shared those messages out more broadly within the community. For the CFC to be able to do what the participants requested, which was to run a food program where they could do lunchbox recipes, share produce from the local area, bring it in and access it - they can access Foodbank, but the CFC was hamstrung and said they could not allow that to happen under their remit, but if you come in and do it under a different head space, that is okay - it is not cohesive.

**Mr VALENTINE** - Are there gaps in certain services that you can see clearly that should be provided?

**Ms ROWELL** - I have blinkers on because my space is -

## **PUBLIC**

**Mr VALENTINE** - If there are none, say so. I am just interested to know.

**Ms CRANE** - I think that the preventative health budget forming less than 2 per cent of the overall health budget is a massive gap. Obviously, if we want outcomes, we need to invest money in preventative health, which creates generational change.

**Mr VALENTINE** - You would get general agreement around this table.

**Ms CRANE** - I think that is a pretty big gap. If we are talking about funding, we want more money too.

**Ms ROWELL** - One of the tools we have identified is looking at plain language and health literacy and saying, 'You can go to these centres' - whether it is a child and family centre or it is a neighbourhood house, but people are getting donations from SecondBite and Foodbank. A lot of the stuff is sitting there because nobody knows what to do with it and there are only two staff members who are paid and they do not have the capacity to train everybody. We are in the process, through a 26Ten grant, looking at developing a visual aid toolkit to help people understand simple recipes.

**Mr VALENTINE** - It is a great program, 26Ten.

**Ms ROWELL** - Yes. Things like that. You can have all these different outcomes from all these different grants that dovetail nicely with one another.

**Mr VALENTINE** - Do you have any connection with community gardens? Is that anything to do with you?

**Ms ROWELL** - No. We can, that was one of the points of the community mobile kitchen with ourselves and the TFCA - that we would be able to go community gardens and look at what is in season and show people how to cook what is in season and be mobile enough to do that, whether it is in a school setting or a neighbourhood house.

**Ms CRANE** - We have a lot of resources we would offer to organisations if they were interested, whether that is recipes cards or -

**Ms RATTRAY** - Very good recipe cards, I can attest to that.

**Mr VALENTINE** - Thank you.

**CHAIR** - Anything you would like to add before we conclude?

**Ms ROWELL** - Only that I would really love to see them have more of a transition phase from that zero to five. I know some families have expressed that as soon as their children turn five, they felt they needed to leave the service. Just having that transition period, whether it is a slow transition over two, three, five years, or expanding the scope of the child and family centres in that way.

**Mr VALENTINE** - It is pulling them out of their networks.

## **PUBLIC**

**Ms ROWELL** - Yes. It is a security net. Chris at Chigwell identified that as a real issue for a lot of the families who have relied on that centre for five years, then all of a sudden they are released out into their community without that network and support.

**CHAIR** - Thank you for the time you have put into the submission. On the behalf of the committee, thank you for appearing today and sharing your experience.

**Ms CRANE** - Thank you for listening to us.

**Ms RATTRAY** - Keep up the good work.

**Ms ROWELL** - Thank you.

**THE WITNESSES WITHDREW.**

## PUBLIC

**Mr BRAD FREEMAN, AND Ms PENNY JOULES** WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** - Welcome to the table, Brad and Penny. Welcome to the public hearing of the Legislative Council Select Committee Inquiry into Child and Family centres in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearing may not be afforded such privilege. Have you both read the information for witnesses document?

**Ms JOULES** - Yes.

**Mr FREEMAN** - Yes.

**CHAIR** - The evidence you present is being recorded, and the *Hansard* version will be published on the committee website when it becomes available. However, if you are at all concerned about the nature or appropriateness of any evidence you want to provide to the committee, you can ask that we hear that evidence in camera. The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise if at any time you wish to make such a request to the committee. Would you please advise the committee your field of interest and expertise? I will start with Penny.

**Ms JOULES** - Interest and expertise?

**CHAIR** - Yes.

**Ms JOULES** - I do not think of myself from that point of view at the moment. I have a PHD in child development and a clinical masters in clinical psychology, and I worked at the Sydney Children's Hospital for 10 years. I then worked in private practice, in a centre a group of us from the kids' hospital - a child psychiatrist, a social worker and myself - set up. Our focus was working with children and families in the inner-city Sydney.

I have been living in Tasmania for three years and in semi-retirement. Brad and I were married two years ago and we asked people who came to our wedding to donate towards our project, which is Feed and Read. That involves us going out to Ptunarra in the Derwent Valley Child and Family Centre, for a few hours every Wednesday morning. Here we run something we have thought a great deal about and believe in, which is called Feed and Read.

We take food. We read to the children and the parents there. We provide a nutritionally good lunch, but the purpose is to provide support for the bonding, the relationship between the parents and children, and to promote literacy. That is our aim. They are sort of dual aims. Brad has been consulting to these centres for many years, through Child and Adolescent Mental Health Services. I have been consulting with the team leader there, the manager there, for the last couple of years.

**Mr FREEMAN** - I am a clinical psychologist.

**Ms JOULES** - I am, too.

**Mr FREEMAN** - Most of my career has been working in the area of child and adolescent mental health with CAMHS teams in Sydney, and for the last 10 years here in Tasmania. I am no

## **PUBLIC**

longer working for the CAMHS team, and have had a concurrent private practice for the last 20 years with a speciality in autism, early childhood and child and family work, but particularly with the under-five group.

We have been doing the Feed and Read, which is tailored specifically to address a need that partly arose from a consultancy I had done with four of the centres, since the inception of the project. This started with Geeveston and involves going to the other centres and meeting with centre leaders and some of their staff, on a monthly basis for about the last three or four years. I am familiar with several of the centres in the south.

**CHAIR** - I invite you to expand upon those comments and then make a verbal submission to the committee. If you want to talk to your submission.

**Mr FREEMAN** - We wondered what is an issue for yourselves as a subcommittee, and how can we finetune what we might have to say to address the things you are most concerned about. It would be very helpful for us if you were able to give us a more focused context.

**CHAIR** - The committee will report on the terms of reference, which you are no doubt aware of.

**Ms JOULES** - Yes, which is how we structured our report.

**CHAIR** - The purpose of the committee is to provide parliamentary oversight, as child and family centres have been around since the first established in 2011. Is that enough context for you?

**Ms RATTRAY** - We are interested in whether the 12 established in Tasmania are reaching the community and the families in those communities they are designed to reach, and whether there should be a rollout of more of those child and family centres.

**Mr DEAN** - Can we make them better?

**Ms RATTRAY** - Or are the services already being provided in some of those communities from other areas? Do they need some more coordination? That is one thing I am addressing my mind to as we go through this process.

**Ms JOULES** - They are good points. Good on Tasmania for doing this. It is a fabulous initiative. You should all feel really proud because it is a world-class intervention.

**Mr VALENTINE** - That indicates you think it is not happening anywhere else.

**Ms JOULES** - In Perth and in parts of the United Kingdom they have something not dissimilar. This is innovative and absolutely what these communities need.

**Mr FREEMAN** - Tasmania needs it as well because it drops into a slot of reduced literacy and poor school participation.

**Ms FORREST** - The demographic around the state is their other challenge.

**Ms JOULES** - Sorry, what was that?

## PUBLIC

**Ms FORREST** - A dispersed population around the state is another challenge we face because more than 50 per cent of our people live outside the greater Hobart area.

**Ms JOULES** - Yes, you know very well because that is your electorate. It is part of the literacy problem in this state. If children are going to progress in education, they need the support of their parents. I was interested in your biography and how you talked about your parents being the first generation to go to university and you had that support. For a lot of Tasmanians, their children being educated means they will lose them - they will move out of the state, out of the area - and that is a significant issue.

You need to work with parents and children around education; it is not enough to separate the children and educate them. The parents need to be on board to understand the importance of education and in a way to be able to bear the loss that might entail.

**Mr VALENTINE** - You are helping the parents as much as you are helping the children.

**Ms JOULES** - That is the value of these centres. Reading through all the submissions, there were two critical feedbacks, one was the community houses and the other was Lady Gowrie. Lady Gowrie does a great job with childcare and family-based care, but it does not work with the parents. They would argue they do, but it is in the context of dropping of and picking up. The parents at the CFCs are there all the time; it is a very different model.

**Mr FREEMAN** - From our experience of working in the area of early childhood, all learning really takes place in the context of relationships. If there is not a capacity to actually have relationships in families and between parents and children, learning is inevitably impaired. One of the things the child and family centres are getting right is the opportunity not just to work with children. They are also helping provide the basis for them to sit and listen to stories, be in an environment like a classroom, where there are friendly, helpful adults, which is a fabulous experience for children to have. Not just with parents providing parents' group, but to actually work directly with the relationships occurring in the centres. To be able to notice what is happening and bring children up with parents and link parents up with children is helpful work done by the staff.

The model is not well understood by either the Department of Education because its brief is children or by Mental Health Services. The Adult Community Mental Health Service has a very adult focus and Child and Adolescent Mental Health Services are very thin on the ground. Its capacity to reach people is very limited. The most vulnerable families can only be reached and responded to if there is an atmosphere of trust in a containing, helpful, trustworthy environment. The work of the centres in integrating with the community has been crucial in helping those communities begin to feel trust in the staff and the centres, which allows really crucial work to be done.

**Ms FORREST** - I would comment on a few of the things you have touched on and link to some of the criticisms made in the submission from Lady Gowrie Tasmania. Representatives from the Lady Gowrie spoke to us this morning about their submission. They do not support the lowering of the school starting age but they made the suggestion if child and family centres were meeting that need of engagement of disadvantaged families in the first place to even consider it. I do not know if that is the motivation or not, but there are children in disadvantaged circumstances who are not connecting with quality early learning opportunities.



## PUBLIC

You also say you do not support lowering the school starting age in your submission. You made the point younger children thrive in family-sized groups, not classrooms -

Parents provide this opportunity while allowing important child to child social opportunities.

A little further on, you say -

The younger the child, the more likely the child is on the success of their primary attachment relationship; provide stimulation and cognitive, emotional and physical achievement. This is especially in households which are economically and socially disadvantaged.

I appreciate the case studies you put in there too, it helps to illustrate this.

Early education and care centres often have larger groups of children comparative to the number of adults caring for them, particularly over the age of three where the staff-to-child ratios change. Is this a real strength of the family and child centres? Do we need to do more in engaging those children as allegedly lowering the school starting age is set to meet their needs? What is it we need to do?

**Mr FREEMAN** - There is a real case for doing more child and family centre model work in the community. We are already hearing anecdotally the children who have been through the centres are more school ready and receptive.

This morning I was sitting with three mothers, and there were five babies, between the ages of three and nine months. Those babies were socialising with their parents, reaching out, touching and exploring each other. The mothers were tuning in to 'Is it a bit too rough?' and 'Is it okay?' There was so much happening and those children, having had that kind of experience, will inevitably be able to get on better with other children.

**Ms FORREST** - Self-regulation is part of the learning for that?

**Mr FREEMAN** - Yes.

**Ms JOULES** - When the babies come in, it is often in the context of seeing the child health nurse about breast-feeding issues. The mothers are sitting there as a group feeding, and there is a lot of support from the group and a discussion amongst them of what the issues might be, or about an older child who is jealous of the breast-feeding and so on. There is support amongst the group, as well as non-expert, non-judgemental support from the staff there.

**Ms FORREST** - Anecdotally, according to the government, there still appears to be some families out there who are not engaged.

**Ms JOULES** - That is the next thing I was going to say.

**Mr FREEMAN** - Most of the parents at Ptunarra this morning had come in their own cars. Ptunarra does go out and if they have been referred a family by a service or have been identified by someone else, they try to go and pick them up. One limitations is the lack of a service to

## PUBLIC

supports families who might not have access to transport. When I have done home visits and suggested they could to the local child and family centre, the parents have said, 'It is cold outside and I have three children and trying to get three children on the road to walk down to the centre is very difficult'.

**Ms FORREST** - Transport is an equity-of-access issue?

**Mr FREEMAN** - Transport is a crucial issue.

**Ms JOULES** - Allison, the community liaison officer collected two families with about six children between them at about 12 o'clock.

**Mr FREEMAN** - That is happening but it is harder. The other aspect is what of the pathways into the centre? Our observation is there are informal community leaders, even in the most vulnerable and adversely effected communities. If those community leaders, often women who are in position of respect or authority or power in some way in the community, if they approve of the centre, then their cohort of people are connected with them. Ptunarra is very lucky as Vicky, a very active volunteer worker does a lot of cooking there. She does a great job. She has been a child care day care mother in that community for 15 to 20 years and has brought a whole cohort of mums into that centre.

**Ms FORREST** - That is a really good point. How do you engage these?

**Mr FREEMAN** - One of the things which has fallen back is that when the centres were set up, there was a community involvement/community inclusion model. They all have community inclusion workers. Those workers are now so plugged into the centre, the connection with the community has probably dropped away. The level of suspicion has risen in some respects because the child and family centres are now more bureaucratised. There are more professionals coming in, which is no bad thing, but the people who have had exposure, for instance, to child protection are very alert. It needs a lot of spadework to build up relationships with them to get those connections going.

**Ms FORREST** - Are the local enabling groups established to actually identify community need and to drive the process still operating?

**Mr FREEMAN** - They are operating in a formal capacity, but in the last two years or so I have not seen them involved in the way they were when they were designing the buildings and consulting about bricks and mortar. It is really hard work doing that.

**Ms FORREST** - It was when I was on the West Coast-Queenstown one. It seems there is an opportunity here to reinvent, even for existing CFCs, to make sure community participation is broader than the people using it. I was not using the centre; I was there as a community leader. Any new ones proposed or areas identified where a service like this is needed, obviously use it because it worked well. Is there an opportunity here to reinvent this in the current centres?

**Mr FREEMAN** - Absolutely an opportunity. One of the places you can see the opportunity lagging is in the critical response to the subcommittee from the community houses submission. They have lost connection or there was some kind of implicit rivalry.

**Ms FORREST** - Duplication of services.

## PUBLIC

**Mr FREEMAN** - Duplication and feeling services they provided have gone to the child and family centres and they have lost some of their connections. It would be good if something could be done to heal that and-

**CHAIR** - It is not the case in every community because we have heard some communities are working very well with the CFC and their neighbourhood houses.

**Ms FORREST** - Ones close by.

**Ms JOULES** - The neighbourhood house at New Norfolk is about to move next door. The people there are going to work very hard on fostering that relationship, which has been somewhat hostile. However, the woman who is in charge of the community house, Lexia, came to the reading, where across Australia everybody-

**Mr FREEMAN** - Read the same story.

**Ms JOULES** - Read the same story at 11 o'clock. She came in and that really went well. That was the first step in fostering. I wanted to respond to what you said, Ruth - Ptunarra has started a men's group. In our submission we mentioned there were four suicides in the Derwent Valley last year. They set up the men's group in response. A lot of the men who come have quite significant mental health issues - depression, drugs, the usual things. That seems to be going well. One of the men who was part of the group has now become a worker in the centre. He comes with his daughter and he is terrific. An important link from the centre to the community.

**CHAIR** - In your opinion with engagement with dads, do you think there needs to be more opportunities outside the normal opening hours? We have heard from a centre up north which opens to 7.30 p.m. on Thursdays to allow working dads to get along to the centre for a cooking activity. Do you think those sorts of things should be expanded?

**MR FREEMAN** - Definitely. Ptunarra has done some of that and some other centres have done Saturday. There is a demand on the staff in doing that.

**Ms JOULES** - The staff are so tired by the end of the day.

**Mr FREEMAN** - We have some thoughts about how to look after the staff. To your point again, Ruth, I completely agree with your comment about outcomes rather than outputs. But one of the things is there is no research that identifies who is not coming to the centre and why. It would be good to establish and how that happens.

**Ms FORREST** - That is really difficult [inaudible] engagement they might actually then come. It is finding them a lot of the time, isn't it?

**Ms JOULES** - That is quite true and what I was also going to say. The sort of people who are most in need of the CFCs are the most resistant and difficult to find. Generational poverty breeds its own barriers against any sort of intervention, even one as benign as the CFCs.

**Ms FORREST** - In terms of the impacts of trauma.

## PUBLIC

**Mr DEAN** - That is the very point I have been making ever since this committee was set up. Are we accessing the families out there we should be accessing to get into these child and family centres? We really do not know. One centre said they had a fairly good understanding of it but I do not really accept what they said. The very families the CFCs were set up for are those families where the next lot of criminals are being bred - the next lot of drug offenders and Centrelink clients. They are the families we really do need to target.

How can the CFCs get to those families, to get them in? The good thing about the CFC model is that the parents have to be there.

**Mr FREEMAN** - Or carers.

**Mr DEAN** - Guardians, carers or grandparents. In reality you are not going to get in some of those families. The police will tell you that. How do we get to those kids who deserve a chance? How are we assured we are getting to the right families?

**Ms JOULES** - Somewhat indirectly, we mentioned a woman in our report. She was a very socially isolated woman, who obviously cared about her daughter, but did not have any contact with the other parents at the centre. Gradually over the year, we saw she made more friends and disclosed she was a victim of violence and abuse. During the school holidays she brought her little girl in, who is now at school. She said this little girl has made a friend from the centre and she and this mother now see each other socially. The children spend time in each other's houses. It is not quite as direct a link as you would like, but seemed to be evidence of something very positive the centre provides for families.

**CHAIR** - We heard that from the Child Health Association, but some things are hard to measure.

**Mr DEAN** - We did.

**Ms JOULES** - It is a very good question and one that should be exercising all of us because it is a crucial issue.

**Mr FREEMAN** - There needs to be enough staffing and it is starting to happen. With enough staffing, there can be outreach into people's homes and we can start the connection in providing transport into the centres. We do not use a home visiting strategy in Tasmania enough. It is a very challenging thing to go into someone else's home and compete with television and whatever family squabbles and things going on.

**Ms FORREST** - And to feel safe when you are there. As a midwife I used to do home visits. You have no protection, you are on your own.

**Mr FREEMAN** - Now the centres' average is getting up to a hundred visitors a day, I wonder whether the child and family centres might need to specialise their days and offer more than one kind of programming on some days. Some of it might be more middle class-oriented and some of it friendlier or more available to some of those families who find it very tough.

**CHAIR** - Is there not a social mix ideal though, in those programs, because you have middle-class mothers modelling parenting to somebody who has -

## **PUBLIC**

**Mr FREEMAN** - It does happen informally to some standard.

**CHAIR** - What I am saying is the social mix can be important too because of that peer learning.

**Mr DEAN** - Did you comment there is evidence those attending are more school-ready?

**Mr FREEMAN** - Anecdotally.

**Mr DEAN** - Right, because that is a true measurement of the success of CFCs, and why I keep raising this issue. We need to measure whether the CFCs are successful. It is all very well having them there and these services because a lot of the families accessing these CFCs will do quite well anyway, whether the CFCs are there or not. I go to the ones in my area fairly frequently, and the families I see there are quite well; they will not be the troublesome families of children they were set up for.

**Ms JOULES** - I do not know I could say that about Ptunarra.

**Mr FREEMAN** - Could I address that directly? There is a good mix there, and some of the most vulnerable families are actually attending. At the same time, there are families and subcultures that are still very suspicious of centres. They have learned to be very careful about people having overview and they feel very vulnerable to child protection, particularly at Clarendon Vale. When the centres were first set up, a lot of those more disadvantaged families were actually suspicious of the shininess and the resources. Overtime, that is becoming less and less. Bridgewater particularly is now genuinely engaged with some families who were initially very wary. Bridgewater is a very challenged community, and some of that challenge is happening in front of your eyes in the centre and the staff are trying to respond to it.

**Mr DEAN** - It is a very important point about the shininess and bureaucracies et cetera. I have seen that in my work. I have had many calls out. Criminal family elements say to me, 'You are not now a copper, so I will talk to you'. You have to break that culture, that position they hold, that they will not talk to authorities and some of them see the CFCs as having that authority and is what we have to break down.

**Mr FREEMAN** - Why the CFCs are so crucial is a lot of the schools are getting vandalised by 8- and 9-year-old children who do not know how to relate to a friendly, supportive adult. It is not in their experience. If those families engage with the child and family centres when the children are 18 months old, two years old, three years old, they have a different way of understanding who those adults are.

**Ms JOULES** - I am very interested. We mentioned in our report the case of one woman who was driving under the influence and one of her children was killed. She has been bringing the other child to the centre, and she came in an incredible mess. She was expecting to be judged because she is subject to criminal prosecution, and the centre was very supportive of her.

I am very interested with your vast experience in the police: what you think the CFCs could do to bring in some of these semi-criminal families, the generational poverty ones and the ones who are drug-involved?

## **PUBLIC**

**Mr DEAN** - My view, which we discussed yesterday, is that there needs to be a closer association with all government departments and CFCs. CFCs should know who are in the areas they cover, who fits into that category. There should then be some direct approaches made to those families by the right people from within the CFC or whomever they are able to get to go to those families. That is an important part of it.

There has to be an effort made to talk to those families, because you can turn some of them around. With the right work and background, you would get most of them into those centres. It has to be a direct approach to each particular family.

**Ms JOULES** - You are thinking about the local police groups, aren't you?

**Mr DEAN** - Yes, local police are a major part of this whole thing.

**Ms JOULES** - When I worked at the kids' hospital, local police were very connected to the child abuse team. That was a very good, cooperative relationship.

**Mr DEAN** - If you go to the police now, and mention Ravenswood and Rocherlea, they will tell you exactly who the next lot of criminals are and who will be on the Centrelink lines and all the rest of it. They know who they are going to be. It is those families we need to get to. The kids in those families need a chance, they need an opportunity. Unless we can get to them, they are going to miss out and that is sad.

**Ms FORREST** - If we have those informal community leaders you spoke about, for some people their radar just goes on full alert when they see a police car or a police uniform.

**Mr VALENTINE** - Especially if they are delivering something you do not want to get.

**Ms FORREST** - If they are delivering good news, those people are already in the position where they are going to fight, fly or freeze. That is what is going to happen.

**Mr DEAN** - I am not advocating the police do it. I am advocating they talk to police and get the families involved.

**Ms FORREST** - No, what I am saying is we need to get these community people -

**Mr FREEMAN** - Part of that it requires the child and family centre staff to have training and trauma management. To understand fright and flight responses, understand about how to work supportively with children at risk, and negotiate that with the families. And something to support the staff in thinking about how to engage with the families. They are so full-on at the coalface there is not sufficient timeout for the staff to gather themselves up and plan.

**Mr VALENTINE** - They are not getting that training?

**Mr FREEMAN** - I do not think they are getting adequate training in that area.

**Ms FORREST** - That is one of your dot points in your conclusion I think you wanted to mention.

**CHAIR** - You are not able to apply that action research, test something and -

## **PUBLIC**

**Mr FREEMAN** - Yes, that is it. The child and family centres are a new beast. It is not as if there is someone who can come along and say, 'Do this because this is right.' It is still in the experimental, exploring.

**Mr VALENTINE** - You talk about the mental health issues, child and adolescent teams can only get there on a monthly basis.

**Mr FREEMAN** - I do not think it is even monthly at the moment.

**Mr VALENTINE** - Is it the children you are mainly concerned with there, or is it the parents actually connecting to the centre who also need these services? Is it a mix?

**Mr FREEMAN** - There are levels to it. Children have their own needs and children's needs under five are developmental. The younger the child, the more physical the intervention needs to be. With an 18-month old, you cannot educate the child. It is about using the parent and shaping the interaction. The parents also have their own needs, and the centres work very well in providing a social context for lots of parents to reduce their isolation. Absolutely spot on.

The staff also need to have some kind of skilling in the area of mental health work. At the moment their response to that is to get psychologists in on a sessional basis. That is not really supporting the staff. There is some training that is being provided through the Department of Education. They are getting two professional days a year, it might be more than that. It is inadequate to what they are actually dealing with. They are more on the coalface than any of the professionalised mental health services because is happening in front of them.

**Mr VALENTINE** - What level of attention is this needing? Is it only 5 per cent of the people who come to the centre that could do with these sorts of services? Is it significantly more? Do you have any gauge?

**Mr FREEMAN** - We did a census recently. We thought probably about a third of the children at Ptunarra would have been broadly children at risk in some way, which is quite a high proportion. Probably half of the attendees there would be families in some degree of adverse circumstances and that is probably increasing all the time. Every family struggles to provide the best for its children. In a way, whatever you can provide to any families is increasing the capacity of the community. One of the things done in a place based delivery of services, is even if you are working with probably the people who are more capable in that community, you are reshaping the values of that community and supporting them and the expectation. Also you are modelling something that might be more constructive or more productive for the families.

**Ms JOULES** - We have been really impressed with the capacity of the staff. Brad knows about a lot more centres and I have been to Bridgewater, but I have now spent a year at Ptunarra and it would be better to get them more skilled rather than to bring more people in. They have the relationship with the staff, kids, community and the families. What they need is more understanding of real mental illness and real developmental problems when they strike them. Without disrespecting my own profession, a newly graduated psychologist really does not have all that much to offer to a centre.

## **PUBLIC**

**Mr VALENTINE** - The last comment from you is regarding the separation at five years of age. Do you see that as being an issue? Others have suggested the transition away from the centre needs to be more gradual.

**Mr FREEMAN** - It is really worthwhile to prioritise under-fives. Once you start getting older children in they rocket around in a different kind of way. At the same time it can be a rigid cut off because children love coming back to the centres.

**Ms JOULES** - Yes, during the last school holidays.

**Mr FREEMAN** - The centres I have observed try to do something that allows families to remain involved during the school holidays and having special events from time to time the older ones can come to. It is about getting the balance right between servicing early childhood families with young children and recognising children grow up and families get older. A good model that has not been taken up is to have a larger volunteer cohort. To have some kind of program that upskills volunteers so volunteers can provide some kind of resource for the centre. That enables those communities to graduate people into having a new kind of leadership role in their community as exemplars of what the Child and Family Centres can do and for them to feed back into the centres. That is very intensive work. It is very challenging to run volunteers and to get them functioning effectively, but is really worthwhile and addresses this issue.

Maybe it is the volunteers who can maintain more continuity and allow the staff to concentrate more. The earlier you get the intervention the better, that is why it is prioritised.

**Mr VALENTINE** - Do you think it is where Neighbourhood Houses come into it? From the perspective of the parents, the networking that the parents get as a result of having a child connecting with that centre is valuable, in terms of reducing this intergenerational educational disadvantage. Would you see Neighbourhood Houses playing a greater role?

**Mr FREEMAN** - I do not know much about Neighbourhood Houses but I could see that could be very helpful.

**Ms JOULES** - Schools themselves, as I demonstrated with the woman who was the victim of abuse - she made friends with another mother from the centre and that relationship continued into school and the kids are now friends in the class. It is important to start kids at kindergarten who already have a cohort of kids that they know. That is a huge advantage.

**CHAIR** - I am making a statement here. I do not have evidence to support it, but I assume parents that have a good experience at child and family centres would be more willing to engage with the school. Once their child reaches school they could do parent help, they can work in the canteen, those sorts of experiences.

**Ms JOULES** - There is a report from the Principals Association that suggests that. It is only anecdotal. I agree with you, Mr Dean, about the need to get more data but it is hard to do.

**Mr FREEMAN** - Schools could be more inclusive of the child and family model in some way, especially if the school age is dropping. Maybe there are ways that they could do something which is a bit more permeable. It is not just taking the children from the parents but including the parents in what is happening; that is the model that schools could adopt.



## **PUBLIC**

**CHAIR** - Is there anything you would like to add before we conclude?

**Ms JOULES** - One of the great things that the centres do is they provide continuity in their relationships with the families and the children. Much as I love the school system you do get a lot of different teachers and turnovers. I do not know whether that is so much the case in country areas.

**Ms RATTRAY** - It certainly is.

**Ms JOULES** - We have been there for a year and the staff has been stable; it has increased. That is our commitment, too. A lot of people come in on a project, they are funded for a year and then they go. We are there as long as we are walking.

That continuity of relationship is hugely important because so many of these single parent families have lost children, they have lost relationships. They are often alienated from their own families.

**Mr VALENTINE** - Just to clarify, when you talked about a third of the children needing some form of mental health, were you talking about one centre, or were you talking about across the gamut of centres that you have anything to do with?

**Mr FREEMAN** - One of the pieces of research that the Menzies Centre is doing is putting together the data from education, health and child protection. My sense is that I do think about a third of the children there could be broadly considered at risk.

**Mr VALENTINE** - Across a number of centres?

**Mr FREEMAN** - Yes.

**Mr VALENTINE** - That is all I wanted to clarify. Thank you.

**CHAIR** - On behalf of the committee, I thank you for the quality of your submission and also taking time out today to appear before the committee and share your experience and expertise.

**Ms JOULES** - We feel very strongly about it. The Government's submission was also a very good submission. It was very comprehensive and very good. We appreciated being able to read to that.

**Ms RATTRAY** - Ruth's comment about having those case studies is really helpful. Thank you.

**THE WITNESSES WITHDREW.**

## PUBLIC

**Ms KYM GOODES**, CHIEF EXECUTIVE OFFICER, TASCOS, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIR** - Welcome to the public hearing of the Legislative Council Select Committee into Child and Family Centres in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearings may not be afforded such privilege. Have you read the Information for Witnesses statement?

**Ms GOODES** - Yes.

**CHAIR** - The evidence you present is being recorded and the *Hansard* version will be published on the committee website when it becomes available. If you are at all concerned about the nature or appropriateness of any evidence you want to provide to the committee, you can ask that we hear that evidence in-camera.

The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise if at any time you want to make such a request to the committee.

Could you please advise the committee of your field of interest and expertise?

**Ms GOODES** - I am representing the Tasmanian Council of Social Service. We are the peak body for the community sector in Tasmania and we also represent Tasmanians who are low income and disadvantaged. We advocate and amplify their voices in terms of needs, particularly in disadvantaged communities. I present today wearing both of those hats.

Our sector works closely with child and family centres across Tasmania. We have a working relationship and a community-based relationship. Equally, many of the people whose voices we try to bring to government are also target groups and users of child and family centres.

**CHAIR** - It is a very good submission, and you have clearly consulted widely. I now invite you to make a verbal submission.

**Ms GOODES** - I will not reiterate too strongly anything that we have put into the written submission but we are happy to ask questions or answer anything at a deeper level.

There are some specific areas that we thought would be very good to be able to highlight to the committee today. We would describe the child and family centres as highly valued, both in terms of their work with families in a range of disadvantaged communities in Tasmania but also, predominantly, but not completely, with their relationship with the community sector organisations that work within and around the same families.

I wanted to talk today a little bit about some research we have done around disadvantage, particularly at the early years end, for the Education department, to try to capture the voices of families who really struggle to get their kids to school, to start school, to maintain school and for that older group of young people who are disengaging from school. We have started to do some research, which we are in the final stages of at the moment, for the Education department to make sure that when changes to the Education Act are being considered, there is focus on the fact that the act is reported to be about helping disadvantaged children, particularly to access school earlier. We wanted to make sure the voices of disadvantaged families were part of that, and that it

## **PUBLIC**

was driven by what we know, for those families, are a very broad range of barriers and not making an assumption that there was a one-size-fits-all approach to that.

As part of that research, we are doing the analysis now of interviews with about 45 families across Tasmania. We looked at some specific communities where we saw some results from early school enrolment and school attendance that you might say are punching above their weight in the profile of those communities.

We looked at a couple of communities where we know that the attendance rates are well below even what you might see when you factored in disadvantage. In doing those really in-depth discussions with those families, we could try to drill down and understand what are the family circumstances that make school participation really challenging, what happens in a community to present barriers or enablers to school attendance, and what happens in a school environment that supports or presents barriers.

We approached that research looking at those three key areas. As part of that, child and family centres featured very strongly for all of the communities that we talked to. That is expanding on our written submission because have now done that deeper research with families, trying to represent what they have told us works for them in those centres and what they would like to see more of or less of. For the evidence today, it would be really good to be able to put that voice more firmly on the table than we do in this submission, which probably talks more from the perspective of our sector.

One of the strongest factors that came out through that research, even though we are in the very early stages of analysis, is how important it is for parents to be able to be the experts in their children's lives, and to feel confident that they are the ones leading what happens for their children, as opposed to having it done to them.

One of the exemplars of this in the New Norfolk ptunarra Child and Family Centre is that parent-led approach that is taken in a centre like that. The parents that spoke to our researchers expressed a very strong sense of confidence parents, that their engagement for the first time with what is a more institutional model was not about their deficits as parents or deficits of their children, it was actually about the strengths of themselves as parents and the strengths of their children. That has come through quite strongly through all of the people we have spoken to in that research.

The child and family centres created an environment for those families to feel like they were taking charge of their role as a parent, as opposed to being referred somewhere because they were doing something wrong. We know that a lot of the families that are accessing centres and struggling with a range of income, family priorities et cetera, have often themselves, through different parts of their life, experienced high levels of 'intervention' and are almost over-social-worked. What was very critical in what we could hear coming through was a different dynamic in the relationship starting point. It was not starting from an intervention, it was starting from proactive and positive sort of sense. Really listening and leveraging off what is, at a starting point, a good relationship, is actually paying dividend down the track when those parents start to try to engage at a school level, where they themselves may not previously have felt comfortable doing that. The nice balancing act in the child and family centres is that while they are predominantly government staff and trained in areas that are based around teaching and other practitioner areas, because they are located outside of what is more of a traditional

## PUBLIC

institutionalised model like schools, those relationships are built really strongly at that starting point.

In the communities that we talked to, we only heard positive feedback around the child and family centres from parents. They gave some incredible examples of that lifting of their own confidence in their parenting even though that was not the target. They did not feel like they were going along to enrol in a parenting program, they were there to engage, play and work with their children at a local level. That was a very strong point. The brokering of relationships between those families and their local school meant that by the time they reached school there was already a nice, formed relationship. We heard examples of where the early learning teacher from the primary school would come in and deliver programs at the child and family centre so that the parents had up to a two-year relationship before the child entered school, where they already had a very good trusting relationship with the school and the school staff, who would then take over the role of teaching. That in itself is a bit of standout in terms of that research as a model.

I do not know if you have any questions about that, otherwise I can go on to talk a little bit more about what is wrapped around that.

**CHAIR** - You keep going and then we will save questions for the end.

**Ms GOODES** - There were layers to what we looked at, both in this research and in putting together this submission. That is to also understand that while we talk about the child and family centres and the view of them is this shiny new building in a community where not much is shiny and new. We have to be really careful not to lose sight of what is wrapped around that. We have some strong grassroots work - organisations, programs - whatever you want to call them, already in those communities. That interface is critical because they are potentially the steps into the building but if they are not working closely together - I am using examples like play groups, which are very long traditional model but they still operate very successfully across Tasmania.

Playgroup Tasmania is very proactive in making sure that there are contemporary models of playgroups but we should not lose sight of how important those more grassroots level community-based programs are. One of the areas that some child and family centres or some communities have struggled with is how they get a consistency or that balance right between not pushing out too far what were the original programs that were working well with children and families, at the expense of a child and family centre and vice versa. A part of that is our neighbourhood houses as well.

I am not sure if Neighbourhood Houses Tasmania are presenting in person but certainly from the conversations John and I had in the lead up to the submissions going in, there has certainly been a sense of displacement of some of the good work that is happening. We have talked about how potentially some of that may be in the establishment phase and how engaged local grassroots organisations were in those original local enabling groups. In some parts of the state where I was involved at that early point, there was a very strong input and engagement from neighbourhood houses or playgroups and other similar very small voluntary organisations, but not in other areas. I think that has carried through in terms of the culture of how in some communities this is not an issue and in other communities it is.

If the consideration is about whether you would want to establish more child and family centres in Tasmania, we have as much to learn about the model of what is happening in the buildings. The buildings themselves are not the means to the end. The other observation that we

## PUBLIC

would make and we have touched on in our submission, but again it is coming through strongly in the research that we are doing at the moment, is the broader understanding of what is the appropriate social infrastructure for any community, which is beyond just a child and family centre. It is beyond just a neighbourhood house. It is to say, if you have a community whose demographic profile looks like  $x$ , what do you need to provide that community in social infrastructure to have a highly resilient, strong and functioning community? That is a broader question, even outside of the area of children and families.

If you have a community with an ageing demographic, for example, what social infrastructure are you ensuring is available to that community to enable connectedness? If the things that you know are in place, the community will be stronger and have better outcomes across all indicators.

While it sounds like a slight diversion, I talked about this even in the pokies discussion. If the only place a community has to go to socialise is a pub because of pokies, we are failing in our provision of social infrastructure. We should have a range of places within communities, and they do not all have to be buildings, particularly in disadvantaged communities where there are high numbers of children and families, at a minimum we should have public open spaces that are well maintained, well fenced and have the right equipment. We need to make sure that there are a range of activities that help families and children be connected socially, outside of the playground. We need to make sure that they are digitally enabled communities so that families can access the support they need online and offline.

I would say that the child and family centres are one part of what the key social infrastructure of the community is, but if we just think that every community that has a child and family centre is now well looked after with social infrastructure, we would be under-selling the needs of those communities.

Going back to that question of where we have seen some tensions between local grassroots organisations and the child and family centres, is that because we do not have the appropriate mix of social infrastructure in some communities? In others, where it is a rich and diverse infrastructure, is that why we have better connections and there are joined up approaches to the way those services are coming together to work and therefore better outcomes for families?

**Mr VALENTINE** - I hear the message about not to view them too simplistically. That is a point quite well made. When you are talking about playgroups, neighbourhood houses and displacement, how do we approach this then to make sure that the services that are needed in the community are actually there? Do we do it through local government? Is that an avenue that you would say is the best way to approach this so you do not alienate people who have been doing certain things for years on end and then all of a sudden, they are no longer wanted and so they get upset by that and that causes disharmony through the community, and you are starting from a minus base rather than something positive?

**Ms GOODES** - I think local government has a role to play. Coming back to the heart of what good community development is, the starting point is that you assume the community knows the answer to that question itself. In each community that might be slightly different. Having some process around the starting point is to ask the community what is the natural and existing points of support in this community. How could we leverage off them to create a greater sense of that, or provide a higher level of support than we currently provide? That means that you are not assuming any one player is the most critical in this space. In one community it might be that you

## **PUBLIC**

have a council, and I use an example from work that I have done around the state: West Tamar Council is a great example of where there is a strong community. There is a child and family centre at Beaconsfield. Their approach to community development is a very strong approach.

You might have another council that is completely separate and isolated from that kind of model but in that community it might be that the neighbourhood houses are the places to go to. What you really need to do is have a starting point in a community where you bring together the community to ask that very question.

**Mr VALENTINE** - Build on the strengths, is that what you are saying?

**Ms GOODES** - Yes, it is an assets-based model where you say, what are the assets already in this community and how do we leverage off those and build on those?

**Mr VALENTINE** - In your submission you talk about location disadvantage. Local government is going to know where those pockets are, probably Tania's area, Dorset. Areas where there has been a downturn in forestry. There are people who have moved out of the district and you have the ones who are really disadvantaged that might be left. They have no capacity to be able to go services because they might not have cars or transport. That might be a possible point to start.

**Ms GOODES** - There is a bigger question around how we then help some local government areas that do not have the internal skills and understanding of community development in its best form. How do we help and invest for local government to be able to do that? To assume all councils are able to -

**Mr VALENTINE** - No, they would not be able to. They would not have the resources.

**Ms GOODES** - I do not want to speak on behalf Neighbourhood Houses, but some of their discussion is to say, let us look at where the investment will give you the outcome. It might not always be the investment needs to be in a model as specific as a child and family centre. It might be that if you put similar dollars into a community to invest and leverage off some other really good things they would actually get the same outcomes. We do not know the answer to that question because we have not invested at this level in other areas.

**Mr VALENTINE** - So it is softly, softly rather than one approach. It is not one size fits all.

**Ms GOODES** - You are right in saying that if we were to look at a greater investment and take the learnings from the initial child and family centres and try to scale that up in a greater way, we should be very clear about what communities and what level of disadvantage we want to target next. Those who are still under serviced and not able to access this sort of model are well and truly -

**Mr VALENTINE** - Do you see any service gaps that are out there?

**Ms GOODES** - Last year we went to 10 communities across Tasmania and talked to people at a local level. We did not lead with any questions that were issue based. We asked them what the strengths of their community were. What were the biggest challenges in their community? What worked best? What would they like to see done differently? One of the issues that came out that was quite a dominant issue and went right across the span of a child's life was support for

## PUBLIC

parents. We do front load a lot in the early years and that is critical because we know that not just intervening early but investing early, will hopefully bring us better outcomes for children in the longer term.

There were real points of a child's life where it became quite a constant theme - around year's three, four and five there was a real dip in service availability. We know the investment for young people in Tasmania is pretty low. Taking the model of a child and family centre and creating it at a youth end of the age group potentially would give you similar outcomes for young people who are struggling and disengaged. Parenting skills, not just for parents who have pressures around income, was a really high need area. People felt particularly isolated. They had nowhere to go to get that support.

**Ms FORREST** - Where they would not be judged. I apologise if you did say this in your opening comments, but how did you select the families that participated in the research?

**Ms GOODES** - We went through our community sector organisations. We were wanting to talk to families from birth up to early entry level of school or older, young people who were not attending school any more or who were up to about 21 and had their own experiences of education that were not positive. Many of the organisations that are TasCOSS members are funded to do work particularly with intensive family support models. We worked with the Tasmanian Aboriginal Centre, which is a member. They are delivering a lot of early years' programs across Tasmania. We did de-identified interviews over the phone with those families who volunteered to be able to -

**Ms FORREST** - There were families who volunteered then?

**Ms GOODES** - Yes.

**Ms FORREST** - Sometimes families who volunteer are a snapshot but not truly reflective.

**Ms GOODES** - Yes.

**Ms FORREST** - It is important to hear the voices. I am just interested in the old standard random control trial.

**Ms GOODES** - That is right. Our research is not at that scale.

**Ms FORREST** - No. You cannot with qualitative research it is rather difficult.

**Ms GOODES** - That is right. They were families referred to us by service providers, who contacted those families on our behalf to say, 'Look, this organisation is doing this research. We think you have probably got some thoughts and perspectives to contribute,' and they either agreed or not.

**Ms FORREST** - I look forward to reading it when you get it done. One of the things that has been raised by some and there are different views on this, and looking at the CFCs and what their role and function is, there is a very clear expectation that it is about families and children in families, not children on their own. There are other services that say they do that as well, particularly the educational care sector.

## PUBLIC

As I understand it, when they were established, they were not to be education facilities as such, they were supposed to be different from that. You have made a number of points I will just point to in your submission, 'Several stakeholders commented that the focus of the centres should shift from early learning and pre-school years towards more parenting support in the very early years. Many saw early parenting support as most crucial, and potentially an effective intervention'. You could argue this was the place to be.

Then further over, 'Some stakeholders reported that Department of Education created some tensions for the CFCs, as there is a tendency for the department to see the CFCs as centres for the provision of educational opportunities'. Then the question is posed, 'there is seen to be a need for the collaboration amongst services evident in centres to be mirrored in high-level systems, with more collaboration and information sharing in place between the departments of Education, and Health and Human Services'. If we can take from that what your members are saying, there has been some confusion about what the role actually is. Can you comment more broadly on that?

**Ms GOODES** - Yes. We know that is the variance that we are seeing. In some of the communities, and again I will go to New Norfolk where we have been doing more of that really intensive consultation recently, it is because their centre does not set itself up to be an early learning centre it is actually not seen as that by parents. It is seen as the place you go to engage positively across a range of areas, from gardening and cooking through to playtime with children.

It feels to us like that is the model that families are much more comfortable entering. I cannot go around the state and tell you which child and family centres fit which category, but I suspect the ones where we see more tension are the ones that are set up very specifically to do more of that early learning sort of role. They take on a more traditional Department of Education run model, than those that feel to us, and this is just our perceptions as we move around the state, are coming from much more community-driven model. This is what a community would like to be able to do in terms of the space of children and families in this community, and this is the building that is happening in.

**Ms FORREST** - The question then is, do we try to have child and family centres focus on parenting and family engagement, cooking, gardening and playing, and then integrate that with early education and care and with entry to school, rather than saying that perhaps the CFCs should take over that role?

**Ms GOODES** - What you just described is the ideal model in saying what is the problem we are trying to solve? What are we trying to do? That is to create an environment that gives children and families the strongest start they can have in terms of not just their education, but their health, their relationships, their connectedness to a community -

**Ms FORREST** - Resilience.

**Ms GOODES** - That is right. All the things we know will help either a child or a parent have successful longer-term outcomes. A lot of the things we take for granted, I guess, when we are middle class and privileged in terms of our capacity to engage in any community. Having a sense of confidence, having a sense that you are respected as a parent in the way that you interact with your child. They are the things that parents tell us they value most about a child and family centre. They are saying that the relationship with school seems much more comfortable and their transition is much more seamless - that is implicit. What is explicit is their sense of self and their community is enhanced by a good child and family centre.



## PUBLIC

**Ms FORREST** - There were some witnesses that suggested that currently it is the case that these workers in the centres are not early education trained. Even with the adjunct care there is no quality framework that they operate under. There is no requirement for people to have an education qualification in providing that care. Do you think it is important that they do at least have that or is it not what they are there for? I am trying to understand what the best model is here.

**Ms GOODES** - Our perspective would be very much that it is a community development model and you know how to refer up or down in terms of the family's needs. If it is a clinical need you know where your referral point is for that. If it is a lower level need in terms of something to do with a skill or a parenting need, there are other people in your community or in your networks you refer to. However the work within the centre should very much be focused around a community development framework. If we try to make them so institutionalised that they are just mirroring child care or education providers, then the very families who we are trying to bring in or-

**Ms FORREST** - They will be scared off even further.

**Ms GOODES** - Yes, that is right. What we hear in terms of engagement is where it is more of a community development model, you can layer all of that stuff around it but the heart of it is community development.

**Ms FORREST** - It is easier to get to those children and families who actually need it.

**Ms GOODES** - That is right.

**Mr DEAN** - Kym, I am just going to page 12 of the report under the role of child and family centres providing early learning to children. The comment made there is, 'stakeholders said the CFCs were very effective in engaging parents in their children's learning, especially during a pre-school phase'. Is that saying they are reaching those very disadvantaged families - the ones that are going to be the next lot of criminals or the next lot in the Centrelink queues? How can we be satisfied that they are targeting those families because it is those families that the CFCs were set up for originally? That is why they are in the Ravenswood areas, the Georgetown areas, the East Devonport areas and so on. How can we be satisfied that they are actually getting those people into the centres? That has been my question all through.

**Ms GOODES** - I do not know what data has been collected to give you more of a quantitative answer to that question. What we have observed as we have moved around the state in our consultations both for the education project we are currently doing and last year in our own community consultations is that there is only a tiny group of people in every community that may go on to commit crime. Very few people are on long-term Centrelink so we are talking about the tiniest percentage there.

**Mr DEAN** - The ones on Centrelink now are third and fourth generation families. We know who they are and it is the criminal families too - we know who they are.

**Ms GOODES** - I do not know whether the child and family centres collect that data to drill it down to the level you are asking. What you could assume though is if you are working in a community where a child and family centre is, for example, Ravenswood, and if you looked at the

## PUBLIC

data in that community in terms of social security payments, if you looked at the data around criminal - whether that is prison entry or whatever - and then looked at how many of those families had children and worked that out in terms of percentage of families using the local child and family centre, you could probably answer that question. We have not studied it at that level so I cannot answer your question in that regard.

What I do know is that the families that we have interviewed and the people that we have spoken to in community consultations are families that are doing it very hard. They are people who are living on the lowest of incomes, who struggle to put food on the table. Their sense of worth in their engagement with the child and family centre, their confidence in parenting, their sense of respect in the centres is high. What we also can see quite clearly is that the transition for those families into school appears to be at a much higher level. I do not have the data to answer the deeper question you are asking at that level.

**Mr DEAN** - Would you agree that we do need to try to get into those families; to get out there. CFCs are meant to do that, to get the data and to at least target those families?

**Ms GOODES** - I do not know if it is the role of the CFCs to be getting that data. Certainly to be working with families with the most need would be the role of the CFC, I would assume. I do not know about the data collection. I am not familiar enough with what the mandate of a child and family centre is to answer that question.

**Mr DEAN** - I would argue it is the role of the CFC to do that, because it is their role to try to get those families into their centres. There is no way they can do it other than getting the data that supports and backs that up. That is my view.

**Ms GOODES** - I am not sure.

**Mr DEAN** - A couple of other comments made, Kym. If we go to page 13 where we are looking at some of the concerns relating to existing CFCs, one there is lack of staff capacity to deal with new people coming into the area and to reach disengaged families. What was that about?

**Ms GOODES** - The model itself is set up the way it is but from the sector's perspective, the capacity for outreach of the staff from the centre is fairly limited in many instances. They only have the number of staff they have. For a lot of families who are quite disengaged, you cannot assume they are going to come to the centre. Often the model of outreach is the right model for those families, at least initially, while you are building some relationships and some trust. For example, in the work that some of our sector organisations are funded to deliver in intensive family support, a lot of the work that the TAC do with their families is not in any buildings. It is out in the family's home, or it is in local community areas.

What we heard in our consultation in putting the submission together is that staffing numbers in child and family centres often prevented them getting out and doing a lot of that outreach work because they did not have enough people. It was not that they did not want to do it, it was their capacity to do it.

**Ms RATTRAY** - Thank you, Kym, it always interesting to hear your views. In relation to the B4 Early Years Coalition versus the Early Years Foundation, I was interested in your

## PUBLIC

comments around the fact that there is a loss of that effort going forward. Could you expand on that?

**Ms GOODES** - We spend a lot of time questioning what works and how we get better outcomes when we actually already know the answer in many cases. We constantly create, dismantle, create, dismantle, create, dismantle what are really good models. All cycles of government, all colours of government federal and state, do it all the time.

**Ms FORREST** - Particularly in education.

**Ms GOODES** -Yes, they do. We talk a lot about change fatigue for staff working in education in a whole range of areas. Equally there is family fatigue, because they build trusting relationships, or at the level you are describing, Tania, we have strong governance. We have experts at a table who have been brought to a task and bring many years of experience to that, and then we dismantle that and go again.

How do we push back against this? I guess it is about good policy versus good politics, and so what we are looking for is actually good policy. We lose good policy because of politics, very often. That happens as a constant.

**Ms FORREST** - Because of election sign-offs?

**Ms GOODES** - Yes, that is right. That happens as a constant. It even happens over the cycle of a government, where a new minister will come in and think there is a better way of doing something. If we could reinvest the money we constantly spend reworking what we are already working - I would love to see how much money that would add up to over the lifetime of a child, let alone a community. Could you imagine, I know I am old now because I am on my third cycle of a Youth at Risk Strategy for Tasmania that has never actually.

**Ms RATTRAY** - Got implemented.

**Ms GOODES** - Yes. The previous government had a Youth at Risk Strategy and we have a new Youth at Risk Strategy. Both of them are brilliant documents that both talk about the most appropriate things and you cannot argue with them. I wrote about this recently - we need to turn the rhetoric and the money into changing people's lives. Not just this is the new model we are putting on the table. In answer to your question, we had a strong model in the Early Years Foundation.

**Ms RATTRAY** - We have lost the momentum.

**Ms GOODES** - That is right. The Kids Come First data, we have lost and so now it will take another two years to rebuild, so yes, we have lost the momentum.

**CHAIR** - Following on from that and your comments with the local enabling groups, Kym. Is there, in your opinion, space for further work to keep those consultation groups alive so Child and Family Centres do remain community development models?

**Ms GOODES** - Yes, definitely.

**CHAIR** - There is work there for professional learning, but also bringing people together.

## PUBLIC

**Ms GOODES** - Again, what we end up with and it is not unique to Tasmania, but I see it from a Tasmanian lens, is the person dependency around that. You mentioned earlier you had spoken with Lyn Wyllie-Watson yesterday from the Ravenswood Child and Family Centre. She was on the original local enabling group for that Child and Family Centre. She is the constant, she has built those relationships, built the trust with the service system, with the government system, and with the families and the community. How do we capture that in this model? A lot is so intangible but is what makes it or doesn't make it work.

In reviewing and investing in evaluation, that would be a really strong starting point. When the cycles of government and ministers come and go, what remains is those local people who are either the strength or are not able to provide the voice required.

**Mr VALENTINE** - That must be frustrating sometimes.

**Ms GOODES** - Yes, it is.

**CHAIR** - Hence my next question. This has been stated by a number of people: we do not necessarily need a greenfield site with an architecturally designed building. It is about the process and the community involvement in that process, where you can take a government building somewhere and say, 'what would you like to do with it?'

**Ms GOODES** - That comes back to what I mentioned previously. How do we go to a local community and ask them if we were to work, get support and activity that will help children and families in this community? What is already here you like and is it working well for you? What would you like to add to that? These are the outcomes we are looking for.

One of the pieces of work in the health area in Victoria is, what would happen when you go to a community and say to them, 'this is what the data looks like from your community'. In some ways it has happened in Launceston, with the Communities for Children model. Where, in previous work, we prepared and developed the State of Launceston's Children report. We took five domains of children's lives and looked at what the data showed us for Launceston, for Tasmania and for Australia. We said to that community, 'this is where children in Launceston are sitting in terms of the state and the national averages across these things. What do you think are your priorities as a community?' Not, 'this is your priority and this is what we want you to do', but 'what would you like to focus on first'.

When you let communities drive that and help them understand those things, they actually have their own ideas and their own solutions.

**Ms FORREST** - Their ownership of it.

**Ms GOODES** - We very quickly lose sight of the fact real knowledge sits within those communities themselves and you do need to spend a lot of money on big buildings to help change happening in communities. The best starting point is to ask a community, 'what do you think?'

**CHAIR** - An example of a community targeting the need in the broader community, and it was said yesterday with the Ravenswood accreditation too, they recognised that they needed to engage dads more, so they have altered their hours. On Thursday nights they stay open until 7 p.m. and they do a cooking program with dads. Would you like to see those sorts of things

## PUBLIC

more widespread? The child and family centres across the board though are doing great work trying to engage dads.

**Ms GOODES** - Yes, that is a really great example of drilling in and asking at a local level, if this is our goal, we want more dads engaged, what does that look like? What are the barriers currently? The first and obvious one is the hours of day that you are operating. Local communities will know that. They will know where the gaps are, and they will know how to meet those gaps.

Sometimes we have to take a step back and just listen for a little while, because we are really good at assuming that we know the answers to all of those questions. We are doing this work with the proposal that we put to Government around community innovation and investment. If we sit down with local people in communities who are looking for work and ask them what their barriers are, and we sit down with local employers and say, 'What do you want,' and we take out of that scenario for a little while Job Active providers and Centrelink and everybody else, and just ask those two groups, I am very confident - in fact, I would bet my last dollar - we will very quickly help local people get local jobs. What we have done is make it so complicated, and actually at a really local level it is -

**Ms FORREST** - The compliance and all that -

**Mr DEAN** - I bet you would not have said that at the last committee you gave evidence to, you would bet your last dollar.

**Ms GOODES** - No, that is right, Ivan, I would not have. I would not use the word 'punters' either. A different level of betting, that is for sure.

**Mr DEAN** - Following up from Tania. You were saying that they start off and they get rid of and they do all of that. I have raised the issue, and others have here as well a number of times, it is the number of services that we have that are providing support to families and children in particular. I do not know how many there are or whether your organisation has counted them, but I would probably say it would be in the 20s, 30s, probably 40-odd different organisations. A lot of them are government organisations or government-funded organisations as well. Having said that, is there a chance here with the CFCs to pick up more functions for more integration of their services and so on, to move forward with? Is that an opportunity?

**Ms GOODES** - It is, but I am always wary in that space, because we sometimes try to set up what we think is the right approach, which is more of a one-stop-shop, let us make it easy, let us put all services under one roof. When you do that, what I have observed over many years now is sometimes that prevents people accessing the heart of what you set up for in the first place. Because, if suddenly that is the place you need to go to get Centrelink support, legal advice, mental health services, and all you want to do is go in and work around your parenting and your children, you may stop going there. You have to be careful.

In some communities that would absolutely work, but that goes back to asking that community, 'Is there a range of wraparound services that you think are gaps in your community? Is this building the place for that, or are there other ways we can help to bring that in and out?' That comes back to the heart of what we are doing in a child and family centre model, I would hope, is just strong community development, and higher-level interventions should be carefully wrapped around that, not integrated into the heart of it always.

## **PUBLIC**

**Mr DEAN** - You might have covered this point as well. If you have, just say you have. Where do you think the CFCs are best located? Near what services or where? You have not answered that?

**CHAIR** - She has in a way, saying it has to be driven by the community.

**Mr DEAN** - I know that, but that is another point, driven by a community. We have had people saying they should be near schools, co-located at a school. Some are saying they should be co-located with neighbourhood houses and all the childcare facilities and so on.

**Ms GOODES** - That comes back to, how could we better map social infrastructure in a community, just like we do in any other planning, any land use planning, how would we say, 'Here is a community,' and again what are the issues and the needs for this community?' Then go into that community and understand what else is there and say to the community, 'This is the range of social infrastructure that you already have. Where do you think we could value-add in a model like a child and family centre,' by showing them the map of what that looks like.

Coming back to what Josh said, I do not think there is one answer to that question. I can give you examples in Tasmania through the work we have been doing in the last few months on a range of things where some would definitely say right next to the school is critical, but others would say it needs to sit very separate from the school. We have different answers to that question in different communities.

**Mr DEAN** - The problem with going into the community just for that, the community would not have the information necessary, unless it was all given to them.

**Ms GOODES** - That is what I am saying. What we should be doing is actually helping a community by giving them the information and saying, 'This is what it looks like. What would you like to do?'

**Mr DEAN** - Yes. The Ravenswood one, for example, is ideally located, in my opinion, because it is right next door to Neighbourhood House. It has a childcare centre in it as well, and it is across the street from the primary school.

**Ms GOODES** - That is right. That precinct is very nicely located.

**Mr DEAN** - That is right.

**CHAIR** - Take that as a closing comment. Is there anything you would like to add before we go?

**Ms GOODES** - No. All good.

**CHAIR** - On behalf of the committee, thank you for the time you have put in to the submission. It was very comprehensive, it was consulted widely and very informative. Thank you for that and the time that you have given to that.

**Ms GOODES** - Thank you.

## **PUBLIC**

**Ms RATTRAY** - You must be full-time writing submissions.

**Ms GOODES** - We are, yes.

**CHAIR** - You are very good at it.

**Ms GOODES** - Thank you.

**CHAIR** - Thank you.

**THE WITNESS WITHDREW.**

## PUBLIC

**Mr JOHN KENNETH HOOPER**, EXECUTIVE OFFICER, NEIGHBOURHOOD HOUSES TASMANIA, AND **Mr MICHAEL JOHN HIGGINS**, GEEVESTON COMMUNITY CENTRE, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**Ms TRACEY CARTER**, EAST DEVONPORT COMMUNITY HOUSE AND **Ms LEXIA BROWN**, COORDINATOR DERWENT VALLEY COMMUNITY HOUSE, WERE CALLED BY TELEPHONE, MADE THE STATUTORY DECLARATION AND WERE ALSO EXAMINED.

**CHAIR** - I welcome you to the public hearings of the Legislative Council Select Committee Inquiring into Child and Family Centres in Tasmania. All evidence taking at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearing may not be afforded such privilege. Have you read the Information for Witnesses document?

**WITNESSES** - Yes.

**CHAIR** - The evidence you present is being recorded and the *Hansard* version will be published on the committee website when it becomes available. However, if you are at all concerned about the nature or appropriateness of any evidence you want to provide to the committee, you can ask that we hear that evidence in-camera. The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise if at any time you wish to make such a request to the committee.

Can you please advise the committee of your field of interest and expertise? We will start with John.

**Mr HOOPER** - I am the Executive Officer of Neighbourhood Houses Tasmania. Eight of the nine neighbourhood houses operate in communities where the child and family centres operate.

**Mr HIGGINS** - I am the manager of Geeveston Community Centre. We have a Child and Family Centre in our community and I am the Vice-Chair of the NHT Board.

**Ms BROWN** - I am Co-Coordinator of Derwent Valley Community House. We have a Child and Family Centre in our community.

**Ms CARTER** - I am the Coordinator of the East Devonport Community House. I am on the NHT Board and we have a Child and Family Centre in our community.

**CHAIR** - I thank NHT for the comprehensive submission and now invite you to make a verbal submission to the committee.

**Mr HOOPER** - Thanks, Josh. I have an opening statement here. Thank you for your time and for inviting us to the hearings and accommodating the regional nature of our members on the phone. This has not been an easy submission for us to write and we are quite aware, and we spend a lot of time discussing, how to do this submission. It has not been put in lightly.



## PUBLIC

Some of the houses have already had feedback from the CFCs that they are unhappy about our submission but we knew that was potentially the case. I want to make clear that when we did choose to make it public and not do it in-camera or make a confidential submission, although we thought about that, we thought we if we are going to say what we are thinking, we needed to be open and upfront about that.

By speaking up about some of the challenges, it does not mean we are not committed to continuing on in the partnership vein we have been for seven years. My members really hope, in raising concerns about the CFCs through this process, that it does not mean their relationship with them is hampered or that that has blowback in the community. None of us can control that.

The other hard part about presenting this information is that it feels like somehow speaking about raising critique around the CFCs is a bit like - I made the joke yesterday about kicking baby harp seals. All of us want better early intervention for families and children in our community. Of course we want that investment, particularly for children in low income SES communities to have better access to education and to change those pathways that have been part of their parents' and intergenerational poverty.

But it has often felt, over the last eight years, that it has been very difficult to say we are uncomfortable with some of the processes of the rollout and how things are happening in the community. That contextualises why it has been hard to raise at times. Also, we are not raising this as a point in time. I have been in the role for eight years. We were asked by the premier of the day, by media and release and other means, to support the rollout of CFCs into the communities where we knew that their community development focus and the Neighbourhood Houses' would overlap and potentially be difficult. We all wanted that investment into the early years in our community. I just want to make really clear that we are not speaking lightly. We are not speaking from just a point in time or disrespectfully about the CFCs and that we are not criticising any particular CFC and it is actually considered over seven years.

**CHAIR** - On behalf of the committee, we welcome the frank approach, if that makes you feel more comfortable.

**Mr DEAN** - It helps us get a better position and decision at the end of the day.

**Ms HOOPER** - Some of our members just did not feel comfortable speaking up, even though they contributed to our submission. All the centres that overlap with the CFCs have contributed to our formal submission, which I will refer you to. Probably the other thing to say is, it has often been seen as us being just grumpy about the funding - the disparity between what a neighbourhood house gets and what a child and family centre gets and maybe between the infrastructure of a neighbourhood house and a child and family centre. I must admit we would love to see then equally funded and that would be awesome. Some of you know that we have been campaigning along those lines and we believe this well worth doing, but that has not driven our submission.

You have heard all the positives about CFCs, I know from other submissions so it is fair if we talk about the challenges we have seen at a community level with the rollout.

One of the key concerns is around the duplication that has happened and is happening. The CFCs are for families of children aged zero to five. Neighbourhood Houses chose to give up programs to integrate because Neighbourhood Houses had child health nurses embedded in them.

## PUBLIC

They had family support workers embedded in them. Many of our members chose to integrate those and even their childcare workers moved to the CFC. The child health nurses stopped being embedded at the Neighbourhood House; Geeveston Community Centre still has a room with a sink and everything.

**Mr HIGGINS** - We had a child care centre joining our space which is now integrated into the Child and Family Centre.

**Ms FORREST** - A child care centre.

**Mr HIGGINS** - That is run by the council. All those visiting services that used to come with the child health nurse now all go to the Child and Family Centre.

**Mr HOOPER** - Again, that made sense; if that was going to give access to those families that would great. What we are perceiving and the evidence from our members is that they have moved services, allowed it to be part of that integration. The concern is that there does not seem to be active pathways back into the neighbourhood houses. If those families are going to be continued to be supported in the community once their children are over five, the sense from our members is that CFCs are not actively enabling that and that relationship building is not happening.

Some of the CFCs are talking in the public literature about being zero to eight, or zero to 12 and, again, we feel that is a breach of faith in what we all agreed to at the beginning of what the focus of the CFCs is. Some of the management are saying we need to stay true to what our targeted base is but these are certainly some of the community conversations.

A lot of neighbourhood houses have seen that many of the programs that were their bread and butter or training programs around vocational education that happened in their community have moved to the CFCs or, to use a terrible word, actively poached, because they have a much prettier building. Training providers are thinking they can use the CFC as a building to house their training. There is great catering there, there is a coffee machine in the front - and we get that; that is their choice. Some of the concern is operational - and it is building over years - that the way some CFCs have chosen to act has been to poach programs that they know bring local people in.

I do not know how the committee can give advice to the way the centres are managed but we did want to point to the Clarendon Vale centre where there has been a consistent manager there with a background in community development, Ian Brown. The house, the school and that centre seem to be more consistently working well together in partnership. There are still problems but it seems to be a model that I can point to and say over the seven years consistently everyone is happy with that model.

**Mr HIGGINS** - In contrast, in Geeveston I have been at the Neighbourhood House for four and a half years and we have had five managers at the Child and Family Centre.

**Ms RATTRAY** - Not for the lack of pay.

**Mr HIGGINS** - No. On short six-month contracts, they come in with a different vision than the previous manager.

## **PUBLIC**

**Ms FORREST** - Why were they on six-month contracts? You might not know the answer to that.

**Mr HIGGINS** - I feel that they are moving them through the Education department.

**Mr HOOPER** - We believe it is about redeployment roles.

**Mr HIGGINS** - What happens is, the management changes, everything stops for a while, a new manager comes in with a vision, things start up again, the manager leaves, there is a hiatus for a while and the community is in a bit of limbo. We have seen that cycle five times in four-and-a-half years.

**Mr HOOPER** - Unfortunately it is not an uncommon story. I do not know whether it is because of the principal level salaries and it means that redeployments are happening through the way the Education department organises. That is a concern and you, in your role, know building partnerships in communities takes time to get that trust level back, particularly where people are falling over each other a bit. That change at a structural level has not been helpful. It is interesting, and I do not want to say only Clarendon Vale, but where there has been consistency it is better. That is a management thing, I guess.

The other perception amongst our members consistently is of the pressure the staff in the CFC feel around the need to claim stats. They know they have to demonstrate their worth, as we all do. It often feels like the Neighbourhood House does all the work around creating a program, bases it at CFC, then the stats are claimed for the CFC. The partnership back the other way is not very common, unfortunately. The CFCs will work with the houses when they need to access families that they know the houses are connected to, or where the house has access to the low-SES families but I think you said it yesterday, Michael, that works back the other way.

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

We have had that happen in Neighbourhood Houses in the past, too. They become middle-class adult learning centres and we have worked hard to broaden that. Again, that is a perception there. Tracey and Lexia, I think you have both commented that is part of the sense that you get from your CFCs.

**Ms CARTER** - In East Devonport, we have the child health nurse that is available to the community but that is irrespective of parents' economic status. We have a situation where 33 per cent of the CFC participants drive over five kilometres to get there, where the cohort that the CFC is designed to cater for is within two kilometres of the CFC. They are getting a lot of people from outside the area which they are designed to cater for coming in.

**Mr HOOPER** - If that is managed well that can be better, it is just that you can get the click happening or other families struggling to connect with the centre because there is that sense of not feeling comfortable around a group of people with different income.

## PUBLIC

**Ms BROWN** - We definitely have seen that here at Derwent Valley Community House. We see that in our community, which is a low socioeconomic community. The other day we had national simultaneous story time at our CFC, I counted 25 brand new or very new four-wheel drives on my way into the front door of the building. All the parents in there were all shiny and wearing expensive shoes and clothes. On one side there were two ladies that I know from the centre and their children, and you could tell that they really felt different to everyone else who was in there. It is certainly not the ethos of the community house.

**Mr HOOPER** - Thank you, Lexia. The other key issue that we were hoping to raise is around the equitable funding that we see that neighbourhood houses are in retrofitted public housing buildings, which the previous Labor government and the current Liberal Government are putting money into to fix up, which is really welcome. We have Ravenswood Neighbourhood House, as Ivan knows, sitting right next door to a \$4 million building. Some of that disparity would be great to fix over time. You have zero-to-five families and neighbourhood houses trying to deal with the whole community. I appreciate that Labor have made a commitment around infrastructure and recurrent funding to Neighbourhood Houses.

**Ms RATTRAY** - There are six new child and family centres.

**Mr HOOPER** - We are aware of that, yes. That is one of our recommendations. Basically a principal-level salary would fund the neighbourhood house itself in terms of the recurrent versus -

**Mr HIGGINS** - The salary of the key staff member at the Child and Family Centre is at core funding from the state Government, which pays six days a week of salary and opens our building for 12 months. There is a bit difference.

**Mr HOOPER** - Again, that is up to Education to manage. I think they wanted to create a leadership that was a valued thing but I wonder whether that has led to some of the redeployment issues, I am not sure.

For the current or potential future governments, there is something that has to be looked at with a future role out of CFCs about which communities they go into and how they go into, and if the current operational challenges between neighbourhood houses and CFCs are addressed and worked through. I had not planned to say this but the other thing I know in my role is that CFCs began under DHHS under the great leadership of some good people in the department, then it moved to Education. We feel it in HT also; our connection with the leadership around CFCs when the Early Years Foundation was more involved, we could have robust conversations, and did. It has almost felt like we are touching shadows since then. We have had conversations with local CFCs. The statewide leadership and direction around the centres may be happening but we found it really hard to have some of these difficult conversations with them. As you know, our guys are quite prepared to say what they think and that it has been quite difficult.

**CHAIR** - Over the last couple of days in the hearings, it has become apparent that in some communities the relationship between Neighbourhood Houses and CFCs is quite fractious and in other communities it is working very well. You mentioned Clarendon Vale; when we were in Burnie they said they had a very good relationship.

**Ms FORREST** - They are not co-located there, you have to go over to the creek.

## PUBLIC

**CHAIR** - We had Kym Goodes from TASCOS in earlier and she was saying that potentially - but she would have to check - some of that could be to do with the enabling groups at the start and the collaboration that happened. That has continued on and so there has been clear delineation that those relationships build up over time. Would you agree with that point, if there were to be further CFC rollouts, that it would be an important process to map the services in the area, work out what is there and let the community drive it so that there is no overlap?

**Mr HOOPER** - Su Jenkins, in the original role, talked about even a virtual CFC where it potentially it was not even a building but it was an integration for existing things. But because it then became about the building it meant that all the services co-located. There is something there about being clear. To be honest, why move the child health nurse from Geeveston Community Centre when they were there two days a week, where people were accessing it from the low-income public housing community into this new building that was not near the school? It is some of those things - the location of the building. The enabling group process is important and how you do not accidentally, which is what happened, pull apart good partnerships and collaborations, through the desire to co-locate into a building.

One of our recommendations would be that there are communities that are crying out for a neighbourhood house that may fit where the need is around the CFC and it would be great potentially to look at a gap fill - because we would like neighbourhood houses everywhere. Potentially some of those sites that do not fit the low-SES community that neighbourhood houses are targeting, and that could be also be potentially part of the rollout. It would be interesting for someone to have a conversation behind closed doors, which is what this is, but with some of our long-term staff who are part of those enabling groups, like Nettie at Ravenswood, who has been part of that all the way through, who can be honest about what worked and does not work. They have a good partnership there too, but there are also those challenges as well.

Part of it is the community development nature of Neighbourhood Houses is going to overlap with the CFCs and that we are worried that our centres will lose connection with those families in the longer term if they do not come back. That is probably why some of the services are moving back to Neighbourhood Houses where it is not working with the CFCs.

**CHAIR** - There needs to be more work, it seems to be what you are saying, in transitioning families from CFCs to Neighbourhood Houses once they have reached five.

**Ms BROWN** - Yes, I agree with that. We have noticed a change in attitude from the people at our CFC. They are now realising that they are going to lose some of their families because the children have all reached school age and what are the parents going to do now? I have had conversations with the people at our CFC about whether we can take those people and what we can offer them. What services can we give them? I think, 'Oh! Okay, so you want us now.'

**Mr HOOPER** - We all know unless there is an active bridge-building there, those people could fall through the gaps again and then all that good work is lost, which would be tragic.

**Ms BROWN** - Exactly.

**Ms RATTRAY** - We heard today that you are actually moving right next-door to the CFC. We heard about the fact that you turned up to the 'read day'.

**Mr HOOPER** - It was a house-led day and then it got based at the CFC.

## **PUBLIC**

**Ms RATTRAY** - That is why you turned up, you had organised it.

**Mr HOOPER** - Yes, the books came from us.

**Ms RATTRAY** - With that move - and I know this is quite a specific question about your situation and your work in the community - are you hopeful that that will lead to a more collaborative approach working together?

**Ms BROWN** - I would hope so. With the present staffing both here and there, I think that we can reach that. Being closer to each other will show them that we are not dangerous and it will show us that they are not dangerous. We are here for the community and it is not about egos. That is something the CFCs need to learn better and there is nothing better than the community house to show them that.

**Ms RATTRAY** - Thank you, I appreciate that honest answer. Can I take you to the comments you made about the Early Years Foundation and the very good work and the fact that you had a really strong communication before. How are you getting on with the B4 Early Years Coalition? Is that working?

**Mr HOOPER** - We do not have a connection, unfortunately, and I do not know whether locally that is happening. Lexia or Tracey, does it mean we have lost it?

**Ms RATTRAY** - It is fairly early days for the B4 Coalition but when they have taken over from the Early Years Foundation, I would have thought that they had all the contacts in place. It has been a while now since they have been appointed, it feels like a while anyway. What is the relationship and what has been happening there?

**Mr HOOPER** - We have not had a connection or been actively reached by them unfortunately -

**Mr HIGGINS** - Not as a network.

**Mr HOOPER** - Not as a network. It may have happened at a local level.

**Ms RATTRAY** - Girls? Has anybody heard from the B4 Coalition yet?

**Mr BROWN** - No, I am sorry, I haven't.

**Ms CARTER** - Unfortunately that was before my time as well.

**Ms RATTRAY** - This is new, Tracey. They have taken over, they are to replace the Early Years Foundation so I would have thought -

**Ms BROWN** - No, I haven't.

**Ms RATTRAY** - That's fine. We have heard some very good things about the work the Early Years Foundation had done in this space.

## PUBLIC

**Mr HOOPER** - Yes, but it was dropping a model in and they talk about integration and virtual CFCs and bringing things together - that was how it was talked about with our members and local enabling groups but it didn't always happen that way. It just then became about all the programs getting centralised with experience of that. Like Josh has pointed out, within some communities it was not like that.

**Ms RATTRAY** - Something that we have heard over the last couple of days in our hearings is that not one size fits all communities. You cannot slot that model into a community and say that one will fit in St Helens and equally fit in the Derwent Valley.

**Mr HOOPER** - Absolutely, and ideally, that was how they were supposed to happen - differently and adapted for each community.

**Mr DEAN** - I have a number of concerns and issues raised. You said that some of the CFCs have gone outside their purpose of zero to five. Was the zero to five set in policy by the government?

**Mr HOOPER** - That is our understanding of what their brief and target is, or was at the beginning, and how it got talked about because they were trying to bridge the kids into schools - that is their key focus.

**Mr DEAN** - That was my understanding of it. At Ravenswood I have had quite a lot of involvement trying to get into the families that should be involved with the CFCs. They are very small children that are in very challenging families. From your perspective, can you see that they are getting into those families? The ones that really do need support, not the ones that go there in new 4x4s and things like that - and there are lot of them there as well, I see them all the time. Are they really targeting the families that need to be targeted? Is there any evidence of that?

**Mr HOOPER** - I will speak for the network saying that some of the CFCs are reaching some of their target group but also some of the houses are concerned that it is not the breadth that we had all hoped for.

**Mr HIGGINS** - Out in the community they are working to the target brief. Each of the previous managers have changed the age cohort slightly. When I started, no we do not work from zero to five, we work from prebirth to nine; then a new person comes in and they are going back to the zero to five. Someone else has come in and they had gone from zero to 12, so I think in a small community the numbers are really not there. They have had to do that to get the numbers as well.

**Mr DEAN** - Would it be right to say that in some areas, the work that the Neighbourhood Houses had or were doing has reduced because of the CFC taking on some of those roles and, to use your words, 'poaching' activities?

**Mr HOOPER** - The answer is yes. Sometimes it was the houses choosing to do the right thing and integrating their programs across because it felt like what was expected and what should happen and therefore we could put more energy into other cohorts. East Devonport redefined itself in some ways and maybe regrets it a little bit. They became focused on older people, didn't you, Tracey -

**Ms CARTER** - Yes.

## **PUBLIC**

**Mr HOOPER** - as a centre rather than those young families. That is some of the concern, that maybe not every zero-to-five family from a low-SES community goes to a CFC. Maybe some of them go to neighbourhood houses and some of them should go to the CFCs but that integration became one or the other.

**Mr DEAN** - Neighbourhood Houses at Rocherlea, Ravenswood and George Town are doing some superb work and they are credit to Neighbourhood Houses and their communities.

**CHAIR** - We will head down to Mr Valentine.

**Mr HOOPER** - You can be the independent observer without a neighbourhood house in your electorate.

**Mr VALENTINE** - I do not have one but I am aware of one at Dunalley. If CFCs are going to concentrate from zero to five and Neighbourhood Houses outside of that -

**Ms RATTRAY** - 'Zero to dead', I think it was in the newspapers.

**Mr VALENTINE** - How do you see them collaborating together because sometimes you get families that have two, three or four kids and they are all different ages. What is the solution? Is there a solution?

**Mr HOOPER** - There have to be co-programs for when the children are zero to five because otherwise it will be potentially 12 years or however longer, depending on how many children are zero to five. If the children are 18 but they have a child under five, the CFC is still connecting with that family. We are not desperate for work but it is a concern that those families do not eventually move across. It is like any program where you need people to build relationships across, whether it is someone exiting prison needing to connect with services, it is the same with anyone transitioning from one service to another. They need to have involvement with the neighbourhood house to feel comfortable. We cannot force that but it is necessary if they are a struggling family.

**Ms FORREST** - It is not dissimilar to transitioning from Child Mental Health Services to Adult Mental Health Services. With the passage of time and suddenly you fit into another category. You have to make sure that people do not miss out and fall through gaps. It is building those linkages.

**Mr HOOPER** - That is right, and we become silos.

**Mr VALENTINE** - It is the same parents, two different lots of kids going to different places.

**Mr HOOPER** - Maybe the neighbourhood houses are doing the vocational training with the parents rather than CFCs so they have a relationship with the parents.

**Ms FORREST** - Earlier you were talking about how in Geeveston you did have the CHaPS nurse in the building. Are there any other neighbourhood houses where the CHaPS is in the building?



## **PUBLIC**

**Mr HOOPER** - There used to be; in all the houses where there is a CFC that is not the case, it was a directive that the CHaPS nurses move. Zeehan still has a visiting child health nurse, probably not as often as they want. I couldn't say for sure. Recently that is a whole other program with the CHaPS nurse but it would be great if they were more targeted too.

**Ms FORREST** - There is nowhere else for them to go in a place like Zeehan.

**CHAIR** - The last thing I would say is, a lot of people have been talking about outreach. Would that be potentially something that could happen between Neighbourhood Houses and CFCs, say, at Queenstown, which is away from Zeehan? If there were resources available, could they outreach to, say, Zeehan and use the Neighbourhood House programs.

**Mr HOOPER** - They would welcome that, certainly. I think that would be a good solution. I dropped into to Zeehan the other day and getting any visiting programs there is hard. If CFCs have any resources to do outreach into more communities, it makes a lot of sense. But also, to base more programs in the neighbourhood houses so that those relationships happen. Then parents can get involved in the community garden or the community lunch and all the other things that a neighbourhood house has that may not be about the children.

**CHAIR** - Before we conclude, is there anything you would like to add?

**Mr HOOPER** - No, I just want to say thank you. We are not naive enough to know that the relationship difficulties are always two-sided and some of our previous colleagues may have challenging personalities and at a local level partnerships do fall a bit on personalities. We are aware of that and that the same mud could be thrown at us, too. This is, again, not a point in time, it is a building feedback that we felt we had to give. We hope that your inquiry can lead to that working better for communities because it is not as good as it should be right now.

**Ms FORREST** - All playing nicely in the sandpit.

**Mr HOOPER** - I do feel like Neighbourhood Houses have given up a lot and tried really hard and are frustrated.

**Ms RATTRAY** - Not all families get on all of the time.

**Mr HIGGINS** - That is right. From our Community House in Geeveston, we were unfortunate in that we lost a couple of hundred jobs in the timber industry, so we focused on training and employment and we are really busy. We have a community employment hub, we have established a labour hire company and we are still engaged with all levels of the community but for some neighbourhood houses there are still difficulties.

**Ms RATTRAY** - Yes, you have reinvented yourselves.

**CHAIR** - On behalf of the committee, I thank you for your time today. Thank you for the time you have put into the submission and thank you, Tracey and Lexia, for calling in.

**THE WITNESSES WITHDREW.**

## PUBLIC

**Ms JENNIFER GALE**, SECRETARY, AND **Mr TIMOTHY BULLARD**, DEPUTY SECRETARY, DEPARTMENT OF EDUCATION TASMANIA, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** - I welcome you to the table. I will start by thanking the department for the comprehensive submission. It has been recognised by the committee and there were comments today about other stakeholders enjoying reading the submission.

Welcome to the public hearing of the Legislative Council Select Committee inquiring into Child and Family Centres in Tasmania. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside the hearing may not be afforded such privilege. The evidence you present is being recorded and the *Hansard* version will be published on the committee's website when it becomes available.

If you are at all concerned about the nature or the appropriateness of any evidence you want to provide to the committee, you can ask we hear that evidence in-camera. The committee will consider your request and make a determination on whether to receive that information in private or public. Please advise if at any time you wish to make such a request to the committee.

Please advise the committee of your field of interest and expertise.

**Ms GALE** - I am the Secretary of the Department of Education and I have been an educator since 1974. I was involved in the original setup of the child and family centres as the Chair of the Early Years Interdepartmental Committee which took the idea, because it was provided to the Department of Education, of child and family centres. I worked with my colleagues across government to develop the concept of child and family centres, including the buildings, the policy position et cetera.

**Mr BULLARD** - I am the Deputy Secretary of Strategy and Performance in the Department of Education. Many years ago, I was the director of policy in the Department of Premier and Cabinet and, with Jenny, I was involved in establishing the original child and family centres.

**CHAIR** - I invite you to make an opening statement.

**Ms GALE** - Thank you very much to committee members for the opportunity to speak today on child and family centres. This inquiry has provided an opportunity to showcase the good work of the CFCs and to continue the conversation about how we can best support young children and their families, an area of strong personal and professional interest for me. Unequivocal evidence has demonstrated the benefit of quality early learning for all children and its particular benefit for children and families from low socioeconomic backgrounds.

In the Tasmanian context where we have many disadvantaged and vulnerable families, our priorities are making sure the provision of early years' services is as equitable as possible. To give a little bit more context about that, we have at the moment about 35 per cent of our families in the government schooling system who are eligible for our Student Assistance Scheme, which has a lower threshold than the Healthcare Card. The issue about disadvantage and vulnerability is a very important one for Tasmania.

In relation to CFCs, I will start with an overview. The Department of Education leads the delivery of CFCs in partnership with a range of other government and non-government

## PUBLIC

organisations and services. They are part of a continuum of services and supports available to young children and their families before children reach school age. They are about improving the care, health and wellbeing of very young children by supporting parents and providing access to a range of services.

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. Engaging with parents and families is a priority across all leading services and supports are delivered by the department. Child and family centres provide an effective platform for parent engagement before children reach school age.

CFCs will complement the proposed changes to the kindergarten and school starting ages in the local communities they service where CFCs can continue to support families and children to transition seamlessly to kindergarten.

It is important to note the difference between the proposed changes to the early starting age, and to the voluntary early starting age, and child and family centres. While child and family centres provide a universal service in their communities, they are not universally located. The proposed changes to the voluntary starting age is about universal access right across the state to high quality early learning earlier. That is important because even though child and family centres currently are located in areas of high disadvantage, we also know there are pockets of disadvantage in all other areas of Tasmania. There is a multiplier effect in areas of low disadvantage, but even when we have highly disadvantaged families in other areas of the state, they also, probably not to the same extent as others, have strong needs we need to address.

The great benefit from the child and family centre model stems from the high level of collaboration with the strong community and family. I was interested to hear a couple of the comments from the previous speakers. Their start-up was often way ahead of the building being built in the community. We first established locally an enabling group, which took a community view about what the needs of the community were, and therefore what their local CFC should consist of, and the kinds of services they should have.

Those local enabling groups have now morphed into advisory groups in most of the centres, who take a more of a community focused view about what the needs are of a child and family centre.

I had three years away from work a few years ago, and during that time I was chair of the advisory committee for the wayraparattee Geeveston Child and Family Centre, so I can speak about that with quite some knowledge. As a collaborative service delivery model, CFCs bring together service providers, professions, government agencies, organisations and the community, to achieve a common purpose. The centres provide universal support to families in each community and targeted support to families with additional needs, in partnership with local service providers, such as the Child Health and Parenting Service. Those service providers vary amongst child and family centres, again because of need in the local area.

When I was volunteering at wayraparattee in Geeveston, for example, the centre there recognised a strong need to have additional social work capacity, so the centre found ways in which that could happen. At that time pre natal and other services families in Geeveston were not easy to access.

## **PUBLIC**

We have seen strong outcomes from the child and family centres, as highlighted in the evaluation undertaken by Telethon Kids Institute you would be familiar with. I brought a copy of that with me. I am not sure if you are interested in that, but that is what it looks like.

The Department of Education is continuing to invest in child and family centre monitoring and evaluation to ensure we have a clear picture of the effectiveness of the services.

The Department of Education is partnering with the Department of Premier and Cabinet and the Department of Health and Human Services in conjunction with the Telethon Kids Institute, the Menzies Research Centre and the University of Western Australia to track 12 000 students, from birth through to age five. This will determine what services are valuable to families to support their health and well being, education and care of children. It is underway, and will be a very important research to determine what the future needs of Tasmania is in relation to that support to children and their families.

Demand for the services provided by child and family centres continues to be strong. The latest child and family centre census snapshot showed almost 24 000 visits were made to CFCs in one month. There is a lot of visitation and a lot of connection with families through them.

Having said that there are some challenges in relation to child and family centres and we are taking an ongoing evaluative role in relation to the work of CFCs. We do have an officer who nominally works across all CFCs who meets with the CFC leaders, helps them to think about what their issues are and how they might be solved.

One of the key challenges for us is ensuring that the services and supports provided through the child and family centres are provided to the highly vulnerable families who need it the most. We can talk a bit about that and perhaps your questions might get to that as well. We know that in some cases we have families from outside the community in which the child and family centre is located trying to access the services through the child and family centres. We also know that for very vulnerable families an outreach model is highly effective, however child and family centres often have limited capacity to provide outreach in the face of high demand for services on site.

Some of the work that we have done through Launching into Learning is instructive here. We know that we have a need for outreach services for vulnerable families through Launching into Learning. Some time ago Launching into Learning was made more universal in that funding went to all schools to provide Launching into Learning services. We know also that because of the discomfort that some families have in making connections with other families, having a more universal access often turns people away. Often it is the people that we want to provide support to that are the ones that feel reticent to come amongst broader company for want of a better way of describing that.

In relation to Launching into Learning there is such a range of positive impacts from that program on attendance, on school attendance, school achievement but connecting with the vulnerable families is one of our most challenging issues that we have in that program. It is a key purpose of Launching into Learning and we find that providing outreach programs is important in ensuring the aims of that program are achieved and we think that we can translate that across also to child and family centres.

## PUBLIC

There is a fantastic example of this currently in Burnie. There is an action research project at the moment between the Burnie Child and Family Centre, Montello Primary School and Romaine Park Primary School in Burnie which is providing an excellent example of the benefit of additional outreach capacity to support vulnerable families with young children. Those three settings have partnered together and they have employed a teacher based at the child and family centre who is dedicated to working in an outreach capacity across each site. The teacher has established a systematic approach to identifying families not connected to a school site. Access to data is an important feature for the success of child and family centres. As a result a database of 57 previously unknown families has been collated and shared across each setting. Of those 57 families, 31 have engaged with a service or setting since the start of the project with 22 of those families showing increasingly involvement. That dedicated outreach role has also enabled cross checking records across each setting and collaborative planning around family engagement.

A key finding of the project is that a variety of outreach strategies is essential to work in a supportive way with the most vulnerable families. A team approach to working with families is growing and having a dedicated CFC based outreach teacher has enabled open, flexible and collaborative communication between the three settings. As I said each school is committed to providing 0.2 staffing from their allocations to enable that role to continue through 2017 with the CFC exploring funding possibilities also through grants.

In closing, I would like to highlight that whilst CFCs have been shown to have a positive impact I believe that any expansion of the model needs to think outside a brick and mortar-type expansion. In many ways a more virtual approach that prioritises outreach may well be a more effective way to engage vulnerable and hard-to-reach families. We clearly should continue to maintain the strong collaboration in community and family engagement demonstrated in the current CFC model and build on this in a way that ensures vulnerable families do not miss out.

The department is currently developing a birth to eight early years' 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 within the education and care sector, and with external stakeholders. To that end we have employed a principal project officer early years to lead the development and implementation of that strategy, which by its very nature will have us thinking about child and family centres as part of that.

I referred to the Early Years Strategy Interdepartmental Committee earlier that was there at the outset of the child and family centres, that fell away - for want of a better word - over the past few years - Tim, you might be able to put a better time frame on that - maybe the last three years. We have now re-instigated that so we have strong buy-in from DPAC, DHHS, Justice and Education, Police is also involved, and THS. We have called it again the Early Years Strategy Interdepartmental Committee. That group is considering the future development of integrated service delivery for young children from birth to five years, as opposed to the birth to eight strategy, which is about schooling as well. The interdepartmental committee is looking at the birth to five years, which is that age group that the child and family centres applies to.

We will be looking at the most effective way of delivering to improve outcomes for young children and their families, particularly high needs and vulnerable families. Thank you very much for the opportunity to make that statement.

**Ms FORREST** - That leads nicely into the first area that I wanted to go to, and that is data, data collection and data sharing. In the written submission it talks about the key challenge of

## PUBLIC

play-based collaborative service model is complex and effectively measuring long-term outcomes associated with CFC programs and services. We all get that we are going to have to wait a while. I hope we do not keep throwing the baby out with the bathwater on this, because if we do it makes it impossible.

It went further on to say:

DOE is currently investigating a number of opportunities to improve on present data collection and enhance the ability to provide evidence-based recommendations.

Clearly there is going to have to be a degree of data sharing between all of those stakeholders. Has that actually starting yet?

**Ms GALE** - No that hasn't, but we are looking across government at data sharing through a range of other programs that are happening. When the first IDC was formed we used the Kids Come First data and we also used some data that was coming out of State Growth - Tim, you can speak about that - the SIP data to put together a view of communities across Tasmania and where the highest needs were, which is where the determination of the first child and family centre sites came from. Since then, the Kids Come First data is no longer collected, I think I'm right in saying that. We have had some discussions with Health about the possibility of starting that back up again.

**Ms FORREST** - What was collected through that process?

**Ms GALE** - A whole lot of social data to do with families. Things like teenage pregnancies, about smoking habits, drug usage, breastfeeding.

**Ms FORREST** - A lot of this data is collected by the Council of Obstetric and Paediatric Mortality and Morbidity, is it not?

**Ms GALE** - I couldn't comment on that, but it may well be.

**Ms FORREST** - It is, yes.

**Ms GALE** - At a regional level?

**Ms FORREST** - No, state. This is the squillion pages of paperwork you fill out when a baby is born and then there is a follow through then from child health.

**Ms GALE** - One of the areas that we are looking at is how we can access data from child health and from DHHS more broadly. We have started doing that through the Strong Families Safe Kids Program. We are well underway to thinking about how we can make sure that we get that data exchange working better than we currently do. It used to be an issue in the Department of Education as well in getting access to certain reports that specialists may have undertaken in schools, our internal staff. We have busted that open, if you like, in terms of making sure that we share the data for the purpose for which it was intended, which is the betterment of children, and we are working now across agency to try to make sure we get that strong data-sharing happening as well. So that work has started.

## **PUBLIC**

**Ms FORREST** - There is an intention then to collate the data in one place that looks at pre-birth data like smoking rates, alcohol intake, recreational drug usage during pregnancy, et cetera, premature birth, mode of birth, breastfeeding rates, immunisation rates, all that sort of thing in one place.

**Ms GALE** - That would be our goal in working through that. We don't have agreement about that yet but that would be where we would like to go. It is so useful to -

**Ms FORREST** - And that is what this committee is working on, is it?

**Ms GALE** - It will go there. We have only just reconstituted, Ms Forrest, so it will be a while before we hit our straps in terms of exactly the work that we are going to do.

**Ms FORREST** - You have to admit, it makes it really hard to determine what is needed if you don't understand the data in a meaningful form.

**Ms GALE** - That is why it was so important to do what we did and have those projects running initially with the child and family centres because they were able to target exactly where we needed to have them.

**Mr BULLARD** - There is two levels of data. There is location-based data which allows you to design a service need or a service focus, which might be local or even smaller. We went down to lower areas when we were looking at the centres would go. What we are trying to crack is personal data about individuals provided under the right privacy settings but which then allow a targeted intervention or range of interventions for that individual. We are looking at that in the early years but we are looking at it more generally in schooling as well because we hold a large data set about students and so do human services. To bring those together provides a more targeted response.

**Ms FORREST** - On page 7 you have the maximum average visits per day. Queenstown's maximum in May 2016 was 103, an average of 51.6; and November - six months later - it was 228 with the average of 164, effectively. That is double or more so what happened?

**Ms GALE** - I guess it waxes and wanes. It depends on, particularly in Queenstown - although I will need to get that information directly from the hub manager in Queenstown - where there is a more transient population, people coming in and out. Sometimes it takes a while to build up trust in the community. In the early days of the child and family centres one of the biggest focuses of the local enabling group and others was to build trust within the community to encourage people to come. We clearly cannot force people to attend, and it does go up and down over time depending on what the needs of the community are.

**Ms FORREST** - In the time frame that is there, it wasn't immediately after the mine disaster. It was some time later. I would be interested to know because it could be a snapshot into whether there is a sudden increase in the need or whether the word of mouth is working really well and many more parents feel comfortable using it.

I found this a bit confusing, and I think of people have, under the terms of reference 2 - the role of child and family centres in providing early learning to children, it says here -

## PUBLIC

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 the range of services and supports delivered in CFCs under an integrated service delivery model that aims to provide wraparound support to families and young children.

I think it could come to the matter of interpretation and how you read that. I went to page 5 where it says -

CFCs do not provide early childhood education and care (ECEC) services. Independent ECEC services are co-located at a limited number of CFCs.

I think there has been some confusion here about what we are talking about. We tend to use the term 'early learning' to cover learning opportunities that families have in child and family centres, as opposed to the early learning that is delivered at an education and care centre.

Can you comment on that and clarify that?

**Ms GALE** - The difference between the two is that in child and family centres if there is early learning taking place it is with the parents being there as well. In an education and care setting, children are dropped off and the early learning occurs with the educators who are working in that service.

Occasionally in child and family centres, if there is some vocational training happening or professional learning or some meeting happening, the child and family centre may arrange adjunct childcare so the children are supervised in meaningful activities while their parents are participating in whatever is happening. That does not happen all the time. Where there is a need for that, adjunct care is in place and children would be learning in some way during that.

**Ms FORREST** - There has been some criticism from some quarters that adjunct care is provided without any quality framework, without any care providers with the expected qualifications in the education and care sector. What do you say to that?

**Ms GALE** - Because it is adjunct care, it does not come under the national regulations. These are learning places as well as places where we deliver services from and centre leaders would be very experienced and in most cases highly qualified people, so I would be surprised if the programs offered in adjunct care were anything other than high quality. I will have to look at the details to know, in terms of ratios or numbers of children, because it depends on the need in the centre at that time and how many people are accessing the learning.

It is important to note that vocational learning is not a primary responsibility of child and family centres. They are there to provide a service to children and their families. It is dependent on the local community and what their needs are. At Geeveston, at the time I was there at wayraparattee, there were some courses run that were about developing self-esteem, about developing pre-employment skills, et cetera, as a way of instilling some confidence within the parents who were working and going through the child and family centre. The primary goal is not to provide vocational learning, although occasionally that happens.

**Ms FORREST** - Comments have been made by others in their submissions, and in their verbal evidence, that if the CFCs were working well we would not need to reduce the starting age of school because children would be able to access quality early learning and particularly if the



## PUBLIC

CFCs were aimed at reaching the most disadvantaged as well as others, but they were located for that reason and established for that reason, with looking at local community need.

You have written in your submission, the primary overflow into voluntary kindergarten starting age from three-and-half years from four years and the voluntary school starting age of four years and six months from five years is to ensure all children in Tasmania have equal access to quality early learning. How does the presence of absence of CFCs impact on that? That is what they have been and are for and have been successful in engaging those families.

**Ms GALE** - We have a high throughput through the child and family centres. As I indicated in my opening statement, we still believe we are not getting to the most vulnerable families necessarily. One of the challenges we have is to not allow child and family centres to become places where everybody goes and, to some degree, the numbers might indicate that is what happens in some places. That is challenging for centre leaders because we do not want to be turning people away but we know, anecdotally, if we have masses of people coming through child and family centres it makes them a less attractive place for those highly vulnerable families to come in a safe and secure environment and get the support they need with their parenting skills or whatever the support is that families need. There needs to be a balance between those two things.

The proposed changes to the starting age are meant to be universal for every family to access if they wish to across Tasmania. We know the most vulnerable families will, of course, be advantaged most through that access and we also need to keep in mind that child and family centres work from birth through to age five, whereas the proposed starting age is only from three-and-a-half onwards and it is voluntary.

All of the research that I have seen and particularly more coming out now talks about the importance of learning and support for families from birth all the way through. There is a lot of evidence now to suggest that two years universal access to preschool, so in Tasmania that would be the equivalent of our Prep and our Kindergarten because of the way that we are set up here, is in the best interests of all children and of most benefit to the most vulnerable children.

They have different purposes, I believe, and child and family centres are not universal and they are highly supportive of vulnerable families and children. Are they enough? I think that is the question that we would want to be asking and given Tasmania's significant challenges we would argue that we would need both.

**CHAIR** - I accept they are different models in their characteristics and what they deliver lowering the school age and child and family centres.

I want to go back to the point of centres that are in high demand and how that is challenging, wouldn't that indicate that there probably is a need for more centres within that region? For example, Chigwell in the Glenorchy area I know is under pressure, and the next child and family centre is in Geeveston to the south or if you go east it is Clarendon Vale, or you go north it is Bridgewater. Is that not an indication that potentially there is a need for one in say Glenorchy or another population centre close by?

**Ms GALE** - I think the original proposal by Government was to have up to 30 child and family centres. Since that time, however, Launching into Learning has been strengthened across the state. Once upon a time Launching into Learning was only available in certain schools, now it is available in all schools so that is one of the ways of reaching more families. I certainly would

## **PUBLIC**

not say that there is no need in other areas but I would like to back that up with data. That is one of the reasons why we have reformed the IDC so that we can have a look at what the needs of families are and the best way to meet those needs. Certainly the proposed change to the voluntary starting age is another universal way of providing high quality early learning sooner than currently is available in Tasmania.

**Mr VALENTINE** - I was interested in the way the Education department is managing these. Tell me the history there. Was it originally with DHHS?

**Ms GALE** - No.

**Mr VALENTINE** - Never was?

**Ms GALE** - No. It has always been with the Department of Education.

**Mr VALENTINE** - I thought that was stated earlier. So that is not the case?

**Ms GALE** - No.

**Mr VALENTINE** - Some would say that these child and family centres are as much about services to adults connected with the kids and an opportunity for them to play catch up a bit with what they have missed out on when they were kids through their education path. I hear all of the educational aspects to your presentation but I do not see where the parents figure very highly in that. Is that something that has been missed here? Do you have some other idea as to how their needs are going to be met? Is it through neighbourhood houses perhaps? I do not know. Can you address that question?

**Ms GALE** - Yes, I have a view as well. Parents are integral to child and family centres. They are there all the time with their children. Part of the support that is there is as a result of having them bring their children. Then the staff at the centres can work with the parents and identify what their needs are and put them in touch other service providers who might be able to support them. That is the way they were intended to work.

**Mr VALENTINE** - Is it a secondary thing, or is it a primary focus? To my mind you don't get that change in intergenerational disadvantage without focusing on what the reason for that is and that is the parents.

**Ms GALE** - It is a primary focus of the child and their parent together, or the child and their family together. When I spoke about vocational learning I meant things like undertaking a business admin course. If those needs were there, if parents had those kinds of needs, I would hope that child and family centre leaders and staff would be brokering those from elsewhere. Essentially what child and family centres do is help parents identify what their needs are and then put them in touch with people who can help to support them, either their own needs or the children's needs.

**Mr VALENTINE** - Do you see the IDC as having a role to play in, say, because it has DHHS as one of those departments that there might be greater collaboration between Neighbourhood Houses and CFCs to round out the needs that are out there in these disadvantaged areas or not?

## **PUBLIC**

**Ms GALE** - I would hope so. I cannot speak for Neighbourhood Houses, but I know that in some child and family centres there are very strong relationships between the neighbourhood house and the child and family centre, and they do work well together. I also know that that is not necessarily the case in every child and family centre.

**Mr VALENTINE** - They feel a bit threatened at the moment, I think.

**Ms GALE** - There was some opposition right at the outset of child and family centres from Neighbourhood Houses, because they believed at the time - some people believe, not all, certainly - that the child and family centres were trying or would take away their role. That has never been the purpose or the intent of the child and family centres. The intent is to have children and their families supported in a way that helps to recognise their needs and to broker other services. I think they are quite different, but they should be complementary. Certainly through the IDC we would be hoping that we would get a better understanding across the state about how Neighbourhood Houses and child and family centres can work together.

Back in the early days one of the reasons why we were able to get child health and parenting services to locate in child and family centres was the commitment of the relevant DHHS person who was on the IDC at the time. The IDC would discuss what the issues were, about how we wanted the child and family centres to work, and how they needed to be community driven and so on. Once an agreement was made at the IDC then the relevant officers went back to their various agencies and made it happen. That was one of the ways in which we got such good buy-in, as well as the fantastic work the people on the ground did in the local communities in building relationships and so on, which is another key part of the work that we do.

I hope through the re-establishment of the IDC that we would be able to identify other ways that we can work together to benefit families in those areas.

**Mr VALENTINE** - Clearly Neighbourhood Houses might wonder where the boundary lies, what their turf is and what the CFCs is and how they might better integrate.

**Ms GALE** - It would be great, wouldn't it, if we could collaborate and support each other's work. The original premise of the child and family centres was basically about developing trust and, once trust is established, then people can be put in contact with other people and other services.

Getting people to trust institutions or people from institutions or people from the government is often the very first most difficult step. Once you have established that then you can outreach, develop relationships and so on. I hope that in child and family centres once trust is established if there was a need to access some training or some service through the Neighbourhood House that our staff would reach out to the staff of the Neighbourhood House and work out how that could happen. I would really love it if it also worked the other way. If Neighbourhood Houses identified needs, particularly to do with children and those kinds of family services, that they would work with the child and family centre to establish relationships and build that trust across the two.

**Mr VALENTINE** - It was suggested that Neighbourhood Houses might run the VET courses as opposed to CFCs running the VET courses?

**Ms GALE** - Yes.

## **PUBLIC**

**Mr DEAN** - So I am clear and I haven't read the policy, the position is that it is nought to five, is that it, for the child and family centres?

**Ms GALE** - Yes, that is the primary focus.

**Mr DEAN** - Child and family centres, as some evidence we were given, want to target from zero to eight or nine?

**Ms GALE** - That would not be acceptable. Occasionally when families come to a child and family centre, they will need to bring older siblings with them because it will be after school or it will be whenever and the siblings will be there. The services are for the birth to five and their families.

**Mr DEAN** - I am saying services are birth to five. I am not worrying about them bringing their eight, 10 or 20 year old in. They can bring their 20 year old if they want to.

**Ms GALE** - I will qualify that, Mr Dean. Occasionally our child and family centres are used as a safe place for non-custodial parents to access their children. I could not categorically say there were not children older than five who were included in those family access visits. That is common sense.

**Mr DEAN** - The question I keeping asking and I get different evidence is: how can we be assured these centres are targeting the families they were set up to target, the real families in need and not the families that we have been given evidence of today, driving around in their new 4x4s and bringing their kids in? How can we be assured they are getting to those families where we are seeing lots of issues coming from and the police will tell you there is an ongoing thing with generation after generation, these kids continue to be our criminals, continue to be on the Centrelink lines? How can we be certain we are getting to those people? I am not certain we are but we are not in some cases.

**Ms GALE** - As I indicated in my opening statement, that is one of our big challenges. We have had occasions where parents, I am not sure what they were driving, would come from outside the community in which the child and family centre is located, to bring their child to have a lovely time with their child in the child and family centre. It is very difficult for a centre leader to say, I am sorry, you cannot come through the door. It is by education and talking and sending messages. We do not want the child and family centres to become so popular and for people to understand them to be a universal service, because they are not, that we have people coming in and therefore the most vulnerable people and the families that need to access the services feel they cannot or do not want to.

That is the intention and the centre leaders are becoming quite skilled at working that through and I am reasonably confident we keep that as a primary focus in the discussions. One of the most important things for us is that we know people, irrespective of who else comes, who do not come and they are the families we want to outreach which is why we want to get the data to find out where those families are and think about how we might approach them in a different way, not necessarily within the four walls of building.

**Mr DEAN** - It is fair to say you are looking at that right now.

## **PUBLIC**

**Ms GALE** - It has been and ongoing consideration.

**Mr DEAN** - It is ongoing as to how you can get to those families and you are accepting the fact you are never going to get to all of them.

This is about parents as well. We know very well some parents will never go to child and family centre but they are going to have kids who are in a real vulnerable group. Have we looked at making some changes there? I know you do not want it to be drop-in centres, where they drop their kids off and go. I know that. How do we look after those kids who are in a really vulnerable group where their parents are druggies, et cetera, and will never go to a child and family centre? What can we do for them?

**Ms GALE** - There are a range of reasons why parents may not want to visit a child and family centre or where they cannot visit because they do not have transport or for a lot of other reasons. Part of the consideration of the IDC will be, what other models are there in operation elsewhere that we could adopt. Some people have spoken about pop-up child and family centres where we might, I am not sure it would be a mobile van, take people somewhere like to our libraries to our LINC. They are in a range of places across Tasmania. Where we have hubs operating at the moment which includes Service Tasmania and LINC Tasmania and child and family centres, they work really well. One possible thing would be to determine a suitable venue in a community where people could go to meet with parents, for example. Or it might well be a mobile van. We are looking at innovative ways of outreach so that we can access or provide support to those families.

**Mr DEAN** - The statistics referred to on page 7, what do they really mean? What I am getting at here is if you look at Beaconsfield, for instance, they were having an average in May 2016 of 98.3 visits in a day. In November they were having an average of 121.3. That is a population of about 1000 in Beaconsfield. What the visits are for, I think, is the real indication of how good these centres are. There are lots of families and lots of kids going in there that do not need the service. I am not sure that these stats tell us anything at all. We have been given evidence in this committee that some centres are probably more on wanting to build up statistics than they are anything else as well. I don't know if that is true or not, I am not saying that is true, but that is some of the evidence that we have been given and I expect those people believe it to be right in telling us that. What does it really mean?

**Ms GALE** - I wouldn't agree with that statement. Every centre is aware of what their core purpose is. They would certainly be trying to make sure that they get as many families who need support through the centres as they possibly can. I will say that measure, which is basically an activity measure, isn't the most robust in identifying the success of child and family centres. This type of qualitative research holds up strongly that they are in fact achieving the goals that they were aiming to. The new research that we are doing will be very robust as well, so I am looking forward to that.

We do know that internally we need to develop better outcomes measures than the activity measures that we have there. I can tell you from some of the visits that I've made to child and family centres, some of those would be just through - and I am not sure what the right word is - for activity groups. There might be, for example, a play gym set up in a child and family centre and families come. Often those are ways of encouraging people to talk to others about what they can do at the child and family centre in the hope that those relationships are built up outside and the more people come in. Other times it is one-on-one families coming in.

## PUBLIC

We have had parents coming into child and family centres, for example, who are so shy and so unsure of themselves, or they don't feel safe at all in institutions, who come. For example, if they were wearing a hoodie they would not raise their eyes from underneath the hoodie, but over time by making child and family centres a safe place for them to be they gradually build trust, they start to understand what is available for them, the veils come down if you like -

**Ms FORREST** - And the hood goes back.

**Ms GALE** - The hood goes back and they become contributing members, as well as getting the support they need. It would never be a one-size-fits-all because everybody is so individual. I cannot give specifics, because it would identify people. In a child and family centre there was a parent who came with their child who had a particular condition, because of the -

**Ms FORREST** - Do you mean the child, or the parent?

**Ms GALE** - The child did. Because of the way that the child had been parented basically and I am not going to give you any details about that. Through a very softly, softly approach with the staff who helped to model the ways that parents raised their children who talk about the importance of certain activities and so on, over time they were able to educate that parent. The child's so-called condition - it wasn't a medical condition - improved. That child, for all intents and purposes, you wouldn't have known what was happening beforehand, is healthy, active, contributing and so on.

It is easy to get into 'this is what they should be'; what they should be is reflecting the needs of the community. The people who staff the child and family centres are very skilled at identifying what needs are and how best they can work to serve those needs. If it is one family or two families or three families per child and family centre that turn out to have fantastic outcomes for their children then that is basically what the child and family centres were about.

**Mr DEAN** - You heard the tail end of the evidence from the neighbourhood houses. Evidence was given that there has been some poaching of some of the activities carried out by neighbourhood houses by CFCs. Also, neighbourhood houses have some concern and you have read their submissions anyway in relation to the funding of the CFCs, and the CEO of the CFC gets more in their salary than what the neighbourhood houses get all told in government funding or something. They are referring to the discrepancies in the funding and so on. How can we get the message through that they do need to work very closely together and that it is not about CFCs taking the services of neighbourhood houses, and that there should be more collaboration between the two. We have some evidence that there is good collaboration in some cases, but evidence that there is not in other cases.

**Ms GALE** - Maybe we should address the discussion about funding first of all. When the child and family centres were first put forward the concept was that you would build a building and then service providers would come to the building, and then families could come and access the services. That was never going to happen really and so government sensibly thought about what do we need to do to make sure that we have people who are skilled, who can negotiate service delivery, who can build collaborative relationships and so on. The decision was made that they needed to be staffed with a centre leader. Obviously when we are dealing with children and families, the centre leader needs to be a professional who understands the business and who can undertake the tasks that they are required to.

## **PUBLIC**

**Mr DEAN** - Wouldn't neighbourhood houses need something similar?

**Ms GALE** - I cannot comment on -

**Mr DEAN** - I know that but I am just throwing that up.

**Ms GALE** - neighbourhood houses because they are not within my department. I am not really necessarily across the role that they provide. Tim may be able to.

**Mr BULLARD** - I think that if you back in time to when CFCs were established, neighbourhood houses raised the question with the Department of Health and Human Services about why that funding could not have come to them to provide the service. The government though had made a decision at the time that child and family centres' very targeted services were about the health and wellbeing of families not general services - and we know that they are of value to communities but they look very different depending on site. Some would not go anywhere near children, they would be very adult based. Some would have had some sort of child and family provisions.

The government had made the decision for the child and family centres. That tension has remained all along. They are two different departments that deal with them. The funding and resourcing for neighbourhood houses, as Ms Gale has said, is really a matter for Health and Human Services. They run that program and run the grant funding, but that tension has remained and it probably has not supported good relationships. Certainly in the early days I know from anecdotes that I heard that neighbourhood houses said to the child and family centres 'we are not going to work with you'. Over time of course that has changed and I had hoped that it would change. We would continue to encourage those positive relationships and sharing of resource because that is what the child and family centre is about.

It is not about providing one program or a set of provisions that you will see in every centre. It is about looking at community need and looking at community provision and how those different players can work together.

**Mr DEAN** - Thanks for that, Tim. I appreciate that.

**CHAIR** - Given what we have heard the last couple of days and the feedback, I suggest that funding that the centre leaders are paid is worth every cent in the work that they are doing.

**Ms RATTRAY** - The point was that when neighbourhood houses see that and that it is the whole of their funding and they are trying to deliver a service as well that they felt like they were the poor relations. You can't blame them for that.

**Ms GALE** - If I may, they are quite different services. That is the distinction that we need to continue to make. Child and family centres are very much about answering a need where it exists -

**Mr DEAN** - Neighbourhood House does to.

**Ms GALE** - I think that in the case - and I can speak with some authority here in relation to wayraparattee, some of the young people that were undertaking some very basic courses in

## **PUBLIC**

Geeveston would not have gone to a Neighbourhood House to do that. It really is about trying to build, as I said, capacity of parents and to build their confidence and so on. Many of them now would be able to and they probably do now, but they certainly wouldn't have been able to in the early days. That is a feature of the child and family centres in building parental confidence so they can go out and access things elsewhere. Whereas in the early days or the first time that they visit they certainly could not have done that.

**Ms RATTRAY** - I think vice versa too.

**Ms GALE** - Possibly.

**Mr DEAN** - I support the child and family centres and I work closely with them.

**CHAIR** - I have a quick question, it is the advisory groups, how active are they and they are essentially a check and balance on keeping that community development model in place, aren't they? The child and family centres do not come to department-led that they are addressing the community needs. How active are the advisory groups across the 12? We did hear some concerns today.

**Ms GALE** - I would have to take that on notice. I could speak about wayraparattee and what was happening there, but to be honest I would need to get some information about that.

**CHAIR** - If you could do that.

**Ms FORREST** - I am interested in much more than that, not just the number of things. I am much more interested in how they are engaging in the community. When they were first established they were very much embedded in the community and drove the nature of the service, what was provided and the building itself even. There has been some comment that perhaps as this has moved along it has become a bit more bureaucratised and perhaps that direct connection into the community has been lost a little bit. There was a suggestion that maybe that needs to be rebuilt. The advisory groups just replace the legs then that is the opportunity here. I am not so much into numbers; I am interested in what they are actually doing.

**Ms GALE** - I would have a similar observation to that. Certainly since undertaking this role I hope that I have made it clear to the people that are concerned that they very much need to be community-based and driven, and that it is not a one-size fits all. There are some things, like HR, obviously we have to do the best by our employees, but in terms of what services are provided, the direction that they take, all of those things should be community-based. That is the direction that they will be going in if they weren't previously and have been moving towards, particularly over the last 12 months.

**Ms FORREST** - If you could give us an update on that. Just going back to the kindergarten starting age and the role of the children and family centres and the need to try to engage with some of these really challenged families out there who aren't engaging with anything, if you find a way to find these families and to engage them I would contend that finding them and putting them into kindergarten early is not going to be the solution. These are the kids and families who really need that wraparound inclusive service. A lot of them probably need speech support and they probably need behaviour management, and a whole range of other services. It seems a bit at odds in some respects - I understand what you are saying about universal access to quality education,



## PUBLIC

but these kids, these families who are really struggling or really disengaged, kindergarten is not the place for them until they have had some of their other needs met.

It was East Devonport Centre that really talks about Maslow's hierarchy. These kids are probably under the bottom, physiological needs, almost, some of them. It is more an investment into trying to get the families into these centres rather than kindergarten early, isn't it?

**Ms GALE** - I do not think it can be one or the other, it needs to be both. We get those children now when they turn four. They all come to kindergarten. If they come at three and a half, it means they will have universal access to early learning earlier. We have those supports in place. We have speech pathologists, school psychologists, and we have increasing numbers of those. In this latest Budget, the Government has allocate another 14.8 FTE support staff to our schools. We have had more support staff through the Strong Families, Safe Kids initiative through the Safe Families, Safe Home initiative. We have increasing number of support staff going into the system which we recognise is important. They complement each other and the opportunities, if we have parents sending their three and half year olds to kindergarten, if that is what they choose to do, we still have the birth to three and half year old focus in the child and family centres and in other outreach, Launching into Learning, et cetera, which are complementary.

There is nowhere in the world where one size fits all and one solution works. This has to be a multi-faceted, across agency, across government, including other sectors, like the education and care sector. We have to work on this and it is a collective problem. We need to work on it together collaboratively and garner all our resources but have them all focused on the same thing which is supporting children and their families.

**Ms FORREST** - That is right. You made a brief mention earlier about pre-natal services and connections. It seems this is not a universal thing across the CFCs. We understand they are all community driven. I suggest some people do not understand the need for antenatal care and pre-natal care in young, pregnant women who perhaps are trying to deny the pregnancy for a time and hoping it might disappear. They really do but it take about nine months for that to happen and then we have another result at the end.

In terms of working with Health on this, is there more room to look at preconception as well as early antenatal advice and care for some of these families?

**Ms GALE** - That is one of the reasons why we have reconstituted the IDC so we can explore those issues and see what opportunities there are to provide other services through the child and family centre. At the moment it depends on the individual centre. For example, one way at wayraparattee to attract young women was to have pre-birth yoga, delivered by a qualified person. They find different ways to get young people in and it is not just young people, to get their families in.

**Ms FORREST** - It is often the young ones who try to hide it from their families and friends, still at school and those things.

**Ms GALE** - That is why it is important to develop that trust. Once you get some people through the door, then others tend to follow because the word of mouth goes out that 'it is not a terrible place, we thought it would be like school and it is not like school, it is great'. That is part of the building relationships and building connections that is important.

## **PUBLIC**

**Mr VALENTINE** - The earlier you get them the longer you have them.

**Ms FORREST** - Last point with the funding. You have a good deal of information about they are funded. I notice they also get non-salary funding to cover energy and maintenance. Why are the costs so high at Ravenswood, Bridgewater and Geeveston for energy?

**Ms GALE** - That is a very good question that I will have to take on notice.

**Ms FORREST** - It is \$27 000 at Ravenswood, compared to \$4500 at East Devonport. The size of the building probably has something to do with it.

**Mr VALENTINE** - Heating.

**Ms FORREST** - It gets cold at East Devonport too.

**Mr VALENTINE** - I know but the size of the building with heating.

**Ms FORREST** - It probably is.

**Ms GALE** - It may be combined services. We will need to come back to you with that. I do not have that level of detail.

**Ms FORREST** - The ones that are established with the LINC's, the LINC's would pick up the bill there. It is not those ones.

**Ms GALE** - We will find out.

**Mr VALENTINE** - You mentioned access visits as one of the services provided. How many of the 12 centres provide access visits?

**Ms GALE** - I would have to take that on notice because it depends on the local communities. We would have to find out.

**Mr VALENTINE** - I would be interested in knowing that if that is possible. Mental health services - we heard from a couple of people that this a significant need. Up to a third of all of the people that go through these centres, in the experience of one person, have some level of need, either the parent or the child. Is that on your radar in terms of providing those sorts of services?

**Ms GALE** - Yes, I would expect that that would already be the case in our local areas if that determined to be a need, that we would be working to try and access those services.

**Mr BULLARD** - We have invited Fiona Wagg, the head of paediatric psychiatry at the Royal, to talk to the IDC at the next meeting. Infant mental health and paediatric mental health was an issue that was raised as an area of potential focus for the IDC so she is going to come and talk to us about that in the next meeting.

**Mr DEAN** - We have had evidence right through our process so far, yesterday and today, about the integration of services and so on. When you start to look at the number of services out

## **PUBLIC**

there that are providing activities for kids, providing learning to kids - you go through them and I do not know how many there would be - I am guessing there would be 30 to 40 different groups providing some services in some way and/or another. Isn't it high time we started to take a good look at this and brought some of it together?

I know we cannot do anything about the private organisations providing those services. It is a competition and there is nothing wrong with that but there are a lot of government services providing similar services across the state. Shouldn't we start to look at bringing some of that together though they are all vying for the same dollar?

**Ms GALE** - I guess that is what we do at the child and family centres because the department does not run the prenatal stuff, the department doesn't run the CHaP stuff, the department doesn't necessarily run the social worker, the department doesn't run the physiotherapist or the occupational therapist. We reach out and provide those services through other agencies so the child and family centre model is an exemplar in relation to that.

**Mr DEAN** - It draws some of them together but it hasn't done away with any in the mean time.

**CHAIR** - We will take that as a comment. Is there anything you would like to conclude with?

**Ms GALE** - I thank you for the opportunity to provide those responses and our statement. We do believe that the child and family centres have served us very well. However we do believe that thinking about what the next integration looks like, we ought to be going back to our data, back to the primary source of the information to see how well some of our communities are faring and then to think about some of the challenges that we know that we experience through child and family centres and how best they can be met. It may not be necessarily with exactly the same model.

**CHAIR** - On behalf of the committee thanks for the time you put into the submissions but also appearing before the committee today and taking time out of your busy schedules. Thank you very much.

**Ms GALE** - Thank you.

**THE WITNESSES WITHDREW.**