

# **PUBLIC**

## **THE LEGISLATIVE COUNCIL SELECT COMMITTEE MET ON 4TH FLOOR, HENTY HOUSE, LAUNCESTON, ON TUESDAY, 13 JUNE 2017**

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### **TASMANIAN CHILD AND FAMILY CENTRES**

**Ms ELIZABETH DALY**, OAM, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIR** (Mr Willie) - Welcome to the public hearing. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you make outside of the hearing may not be afforded this privilege. Have you read the information for witnesses statement?

**Ms DALY** - 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 at any time if you wish to make such a request to the committee.

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

**Ms DALY** - I have been a teacher all my life, for well over 50 years. My major interest has always been in early childhood. I was not trained as an early childhood teacher but that was where I ended up.

I have been a member of many committees. I have worked in policy and planning in the early childhood area and was a member of the Tasmanian Early Years Foundation and am now a co-chair of B4 but I do not speak on their behalf. I speak for myself.

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

**Ms DALY** - I have no doubt at all that additional CFCs are a great thing for Tasmania. I acknowledge that there is a group of children who do not attend CFCs, or anything else for that matter, who are at home with their parents. I would not want people to think that I do not acknowledge that, I do.

The issue that I am particularly concerned with is the inequity of provision. Those children who can attend child care because their parents are working or because their parents can afford it or who attend early learning in a private school, which my grandchildren have from time to time, as well as going to lots and lots of play groups, that kind of thing, they are very advantaged. They are getting that early learning, in particular, for their physical development, their language development and the social development. My concern is for the children who do not get that and they are all over the place.

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We have some research to do to find out exactly where they are. I know that in rural areas, particularly in this climate where there is a lot of stress on the community to get children to something, even one session of early learning in a Launch into Learning program, is probably a battle for them. It is that number of hours. A small school would provide for LIL for a four-year-old maybe two to three hours a week. That is one group. Many children do not even get that. When you look at those children in child care, they can be getting up to 30 hours. They can be getting 10 hours, 15 hours. When they are at a child and family centre, they would be getting probably two or three sessions a week. On top of that two or three sessions, they would be there with a parent maybe for a learning program for the parent, or just calling in. They are in an environment where there is lots of learning happening. There are many children who are not getting this.

I want to say that because the addition of child and family centres would be wonderful but I do not want us to think that this will solve the problem, especially for those three- to five-year-olds. When you compare them with the children who are getting up to 30 hours, the children who are getting practically nothing or one or two sessions, that is where my passion is that we try to do something to get some equity into that.

I suggest that if we have outreach or something of that nature from a child and family centre, then that is possibly one of the ways. I would also have to say that just because we do something in a school does not mean formal learning. In those areas where there are small schools and they get very small amounts of early learning, we could do lots more in that area.

How we do it is another matter. I am always attracted to the Marrickville little yellow bus that goes around and adds to that small amount that those particular children are getting.

Some of the solutions are additional child and family centres, but that will not solve the whole problem and that is the challenge. We really should do some research in relation to where are the approximate 40 per cent who are not getting an equal share.

**Mr VALENTINE** - Ms Daly, in reading your submission, it is very much child-focused because that is your expertise. I am interested to know whether you see what the child and family centres are offering is actually an opportunity for parents, which then becomes an opportunity for children. Do you have any comment on that?

**Ms DALY** - Absolutely. Since my retirement from education, the first thing I did to un-retire was to volunteer at a child and family centre. I ran Certificate 1 and 2 for those mums who were just there with their children. We were assessing them for those certificates for what they were learning by just being there. For example, when they prepare fruit, they are learning about health and safety. We could look at that as one of the elements we use for our qualification. The children benefit from the parents' added skills. The parents benefit from just being there with the children as well as from their learning sessions. There are three advantages: more skilled parents, the opportunity for being there in a good environment and attending the sessions.

**Mr VALENTINE** - Thank you.

**Ms FORREST** - A couple of questions, Elizabeth. In your submission, when you point out the inequity issue you talk about the need for collecting data and research in this area. How do we 'find' the children who are out there and have one clear point of contact? Except for a very small

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minority, most children are born in hospital, so there is a point of contact. How can we identify these children early and link in? How do we get the data?

**Ms DALY** - We know the number of children born in any year. By checking with the school when those children show for kindergarten, how many of them have had anything or nothing prior to that. That is one way of doing something.

**Ms FORREST** - We need to get to them before that.

**Ms DALY** - I understand that. As a teacher of prep and kindergarten, that always interested me. How many of these children in kindergarten have not accessed any early learning prior to coming to kindergarten? That gives you a rough idea.

You are absolutely right. Not every child has the two-year-old, or is it three-year-old health check. It is a challenge. The Early Years Foundation did some work in that some years ago but we discontinued collecting that data. I would be willing to try to think of a way to collect the data.

**Ms FORREST** - Another point of contact for all children, particularly with the incentives the federal government put in, is immunisation. Your benefits will flow once your child is immunised. That is at a young age. We need to look at all these opportunities.

**Ms DALY** - I am not speaking for B4 Coalition, but at one of our first meetings we looked at how we collect that data. It will be a challenge. It has to happen. TasCOSS said at some point, 'we need to collect this data'. It is fine to say there is 40 per cent, almost 50 per cent, of children who are not accessing early learning prior to reaching the age of four, but we need to find out where they are.

**Ms FORREST** - Some of them would have been my children.

**Ms DALY** - Yes, but they are home with a mum.

**Ms FORREST** - Yes, that is right.

**Ms DALY** - Some of them are my children. When I say my children, they are the children I work with not physically every day, but I work for Colony 47 and we have an Aboriginal program, a mental health program and a family violence program.

We provide emergency relief. In the last fortnight I would have provided emergency relief for five young mums with very young children, living in different high needs areas and so have a good knowledge of the those needs. Last week one woman's circumstances to be provided with housing, left me with a lack of hope of how this woman is going to rise up out of this.

With mental health problems herself, it is those children and so many of them where the Mum is not like the Ruth Forrest's of this world.

**Ms FORREST** - So we have to find these children, they are the ones?

**Ms DALY** - Yes, that is right, some kind of outreach from child and family centres if more are aware. That particular one goes into parks and supermarkets and all sorts of places, but I have

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visions of them going into a tiny little school like Winnaleah. I am not sure how much they get now, but to those smaller schools where they may have one or two sessions for three to four year olds, but it is going into those other places.

**Ms FORREST** - You look at schools like Zeehan, for example. You have children escaping all sorts of things down there, but not necessarily Tasmanian children.

**Ms DALY** - No, that is right, but to provide some outreach to try to pick up the tail. When we look at the tail for literacy, numeracy and completion of education, it is those children that end up generally being the ones that have no job. The ones who have not completed education and those people who have no training.

**Ms FORREST** - He said he was coming to work only not speaking to people, but he said, one of the first things you looked at was how do you find these children and connect with them. Has any work been released on that?

**Ms DALY** - We are very early days and we are about to have our second meeting so, but it is on the agenda.

**Ms FORREST** - So you are doing some work in that?

**Ms DALY** - We have to make a decision about what we will do. We are in the really early stages and have not done our planning, but that was certainly one of the -

**Ms FORREST** - So you are not aware of any other organisation looking at that particular question?

**Ms DALY** - No, I am not, but I am aware each individual department has great data. We just do not get to see and will be one of my emphasis to try to get the data each individual department has and have it for some sort of...

**Ms FORREST** - So which, health, education, justice, they all keep it?

**Ms DALY** - Yes.

**Ms FORREST** - Why do we not have access to it. If you do not want to discuss it in open session we can go into camera later on, perhaps.

**Ms DALY** - No, I do not. I prefer not to. Okay.

**Ms FORREST** - I will be interested to hear that.

**CHAIR** - We can come back to that.

**Mr DEAN** - I have concerns with these child and family centres always and outreach services. Ravenswood is a classic case, the parents and children that should be accessing the child and family centre are not because their parents are either doing the things they want to do and to be frank, could not give a care. So, how do we get those children into these centres because a family member has to be with them. A parent or a guardian has to be with them. You cannot get some of those people to centres, so hence the kids are not going. That is my concern and have

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had it mentioned to me many times in my travels. How can we do it? Can we do it or is too tough?

**Ms DALY** - You made a really important point, to go to a child and family centre the parent has to be there. We have to look at ways of enabling a parent to bring and leave a child, because if we do not, we are punishing the children. One project the Smith Family did some years ago at Chigwell had volunteers including workers go to the house and to pick up the child. They picked up or walked the child to the centre. That group of parents ended up forming their own little playgroup. That is why I think of the idea of some sort of outreach and to recognise that problem, that those parents that I deal with and that you talk about, where there is a mental health issue or where there is a drug and alcohol issue, that they are not going to take their children to school, or anywhere - that is pretty sad. I think some kind of outreach, yes.

**Mr DEAN** - That is the point I have taken up. I have talked about it at Ravenswood that we need to do something about it, so I am very pleased, Elizabeth, that you have touched on that and can see that as a real issue because it is.

**Ms DALY** - It is.

**Mr DEAN** - It is, whether we like it or not. We are not going to get all the parents there. It is these children that ought to be there and need to be there because they would benefit from it. That is the sad situation that we have.

**Ms DALY** - It was one of the reasons that I did support some sort of early school, and I do not mean formal school, please, I do not mean that - but some sort of early learning in the one place that is probably accessible to parents, and that is a school where a parent can take that child and the child can get some kind of -

The difference in language development and social development of those particular children who have not had that opportunity, and I hate to mention it, but my own grandchildren, the difference is - just compare a child who has been to child care for enough hours to make a difference, or a child who has been to a play group, to early learning at a CFC - if they have had a significant amount of time, and it is more than two or three hours - that is what a lot of them are getting, two or three hours. The kids who go to child and family centres or child care are getting so much more, and there is a big difference.

**Mr DEAN** - Elizabeth, it is a good point. My two youngest grandchildren both go to child centres - one is only just turning two and the other is nearly four - and you see them developing their skills with having access to these child centres.

It is important, it is those kids that are not going that we need to get there. Elizabeth, in your background with your position - and we have identified one area we think that we should target, child and family centres - what other areas would you see that we could touch on to improve what our child and family centres are doing? Are there any other areas you have considered that we ought to be looking at?

**Ms DALY** - I think early learning centres in schools. We have to look at that as well. We cannot deny that children come into a LIL program for maybe two hours once a week, but we could do so much better. We could do so much better by classifying those and making sure that the environment and the teacher training are right for an early learning centre, to get a little more

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opportunity. There is no doubt in my mind that the parent is more likely to come and leave a child in a session like that. That is that one particular group we were just talking about - then they will come to a child and family centre and do some learning themselves.

**Mr DEAN** - Yes. They will not do it. Yes.

**CHAIR** - Would you propose that is from birth in schools?

**Ms DALY** - I would. The question of what happens in the Nordic countries - they start from nine months or 12 months. Some of the countries start at nine months, some start at 12, and that option is open. Like everything else, that is not perfect. They want to improve their teacher training as well, but that is a universal service and we are probably never going to get that. The unfortunate thing is our education is under state government, and childcare is under federal government. It makes it extremely difficult, doesn't it?

**CHAIR** - Yes, it does.

**Ms FORREST** - I have spent a bit of time in Scandinavia looking at some of these models, and it is all one seamless approach. It is a bit like in our health system where we have acute care and primary health, which are different levels of government. You talk about the rise in violence suggests that schools are, if new child and family centres were to be built and they were co-located with schools, would that not solve this problem?

**Ms DALY** - Absolutely, but how are you going to solve that? How are you going to build one at Waverley and one at Winnaleah - and that is why I am thinking the universal thing where we can get something -

**Ms FORREST** - Some towns or areas only have one school, others have more, and they then do the outreach from perhaps the major centre and provide outlets to those other schools in that same setting. As long as you have an environment that was a suitable one.

**Ms DALY** - Every school gets an allocation of Launch into Learning money, which does include a session -

**Ms FORREST** - But not enough hours a week.

**Ms DALY** - No, not enough hours a week.

**Ms FORREST** - Without resourcing that -

**Ms DALY** - But I do think the child and family centre outreach is a really good idea, so is the bigger school outreach. Once upon a time, we had mobile kindergartens that used to go up to Derby and Winnaleah and Lester. Some of those kinds of things, which not only would be able to provide a session for children, but it would be able to teach some in the community to run another session themselves and perhaps the school run another session so they end up with something like 15 hours.

**Ms FORREST** - When you said in your submission that the suggestion we are talking about here should not be confused with changing the kindergarten entry age, it is important here we make it clear what the differences are because it has become a bit blurred. There was an

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amendment I put forward for the Education Act, that it required a play-based inquiry learning environment up to grade 2. That will take a while to see it happen, but that is the overall intentions in Scandinavia, particularly. In most Scandinavian countries they do not start in formal education framework - desks, writing, maths and things like that - until they are seven or eight years of age. Some are six but most are seven years of age. How do you see this framework? Even if the voluntary kindergarten starting age is reduced until they start at three-and-a-half, they are going to be so much younger when they are in grade 1 or grade 2 anyway, and in grade 3 they will still be younger. It flows through. There are a couple of things at play there. What is the right environment for a child under the age of six or seven, and how do we integrate that from birth through, in your view?

**Ms DALY** - Let us not forget that there are some really good kindergartens and schools with the right environment now anyway, but there would be still a lot to happen.

When you say they would be in there a lot earlier and a lot younger, not only for Tasmanian children. Many states have children entering that sort of situation at three, three-and-a-half. All the private schools -

**Mr VALENTINE** - I was going to say, at a cost.

**Ms DALY** - The private schools?

**Mr VALENTINE** - Some early childhood.

**Ms DALY** - Absolutely, they have to cost, but aren't they lucky to have the money to pay for their children who do not need it like the children I have just been talking about. My grandchildren do not really need it but they got it. Aren't they lucky? That is where I see the inequity. It is all those others, and what is the only way we can do it? I think, in some way, transforming that pre-kindergarten area.

**Ms FORREST** - That is what I am asking you. How do you do it, by engaging schools? You cannot have a CFC at every school. But in the new ones that are built, you should think about that.

**Ms DALY** - You are not going to like what I am going to say. The proposal that we let children into a pre-kindergarten at three is the one I would support. I do not care whether it is three-and-a-half or what, but however you organise that area is the way that we can do something.

**Ms RATTRAY** - There is certainly a lot in your presentation, thank you, Elizabeth.

I am aware there is a program called 'Building Blocks' - I know it from the East Coast. Tanya Green fights for funding every year and this is a mobile engagement program which works really well. The Chigwell model would not work for a lot of my communities, because you cannot get there just walking down the road. They are miles and miles away from any centre that might give them some skills to parent or engage. Do we have some of these already in place, but fractured and not coordinated?

**Ms DALY** - Absolutely. I do not know of many of the Building Blocks, but is what I was talking about. Similar to Marrickville for example, with a 'Magic Yellow Bus' that goes around. It could be individual as one size will not fit all. The extra child and family centres are great.

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Enabling those communities that do not have access to a child and family centre. Are we able to replicate the child and family centre notion in some way, like early entry? Call it what you like, but replicating what happens in a child and family centre, but always adding to the number of hours those children are getting and not putting a hurdle mum has to be there. It is a hurdle for lots of people.

**Mr VALENTINE** - So it is the level of the Mersey you are talking about?

**Ms DALY** - Yes, getting equitable access for all. Everybody does not have the same access. You have to have a lot of money or be working where there is a child and family centre.

**Ms RATTRAY** - Following from that discussion about not one size will fit all. That is exactly where mine is going after your presentation and knowing my communities. The fact a Building Blocks program goes to Pyengana, Fingal or Seymour. It takes it to the area because you will not get them. They cannot afford to travel those distances and unless they are on a school bus and they can actually put them on a school bus, it does not work for a lot of communities. I think that is a combination.

**Ms DALY** - Child and family centres are amazing and if we build more, great. That still leaves behind all those little ones, in the country and/or who have parents with some kind of an illness. They cannot go because they have to have a parent with them.

**Ms RATTRAY** - There is a suggestion there is a duplication of roles, particularly with neighbourhood houses, that do quite a few programs. They certainly have the healthy food program, childcare and that type of thing there. Do you have any understanding or feedback, Elizabeth?

**Ms DALY** - I have a bit. I was on one of the enabling groups for Ravenswood, where we and the community had the view, once the child turned five a lot of parents would come in and the parents would gravitate then to the neighbourhood house. That has not been all that successful, I will tell you, because they do not like leaving the child and family centres because they are just a great place to be in and make friends. I have visited all but one in the state, and I do see some duplication but generally speaking-

**Ms RATTRAY** - You think they serve a different purpose?

**Ms DALY** - They should serve different purposes. If they worked together, there would always be something better held at the neighbourhood house than at the child and family centre.

**Mr VALENTINE** - You mentioned the issue of childcare being funded by the federal government, and child and family centres being funded by the state. Do you want to expand on the issues associated which you see?

**Ms DALY** - We all saw the threat felt by childcare, if the school starting age was lowered. That would mean childcare would then get younger children, which are more expensive and need additional staff. Instead of having three four-year olds, for example, may need two staff, whereas under three may very well need four.

**Mr VALENTINE** - Student care or the student, teacher ratio is different?



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**Ms DALY** - Yes, absolutely quite different. We are different to the countries that do this, the Nordic countries with 'Educare' so they are both in the one bag. But here, if you try to do something to affect the childcare, people will vote with their feet, because if they can go to a school where there is good stuff happening, then that is where they will go.

**Mr VALENTINE** - That is free, so they will go there.

**Ms DALY** - Absolutely, which is why one size does not fit all. What you do where there is maybe childcare and what you do at Zeehan may be totally different due to access. That is why it is complicated. It is about what is in this particular little community they can access. For many it might just be two or three hours of Launching into Learning.

**Ms FORREST** - Going back to the equity aspect, and one size fits all definitely will not work unless you have a family and child centre at every school. But we can create a similar learning environment within the school environment where there are not options. Zeehan, Rosebery and Strahan, there is no childcare, actually, there is one in Rosebery, but it will probably close down if the age is dropped.

**Ms DALY** - There is only a certain number of places in childcare too.

**Ms FORREST** - That is right. There is quite a bit of family-based care that goes on as well. In Zeehan where the only option is school, there is nothing else, then there needs to be some sort of provision there. We understand the difference between federal versus state funding arrangements. This is maybe not a question for you, but I put it to you. Where there is childcare, are you aware of any capacity or consideration could be to funding, the state funding of early learning for young children in childcare to make it more accessible? Most childcare parents have to pay to attend, unless they fit into a cohort where they are heavily subsidised through the Commonwealth government. Do we need to look at another way of using those, rather than trying to build another opportunity, maybe at the school? If we start doing both, then we are trying to spread -

**Ms DALY** - We may need to get tough and say we will have a provision for those children who cannot access childcare. It might cause world war 3.

**Ms FORREST** - Yes.

**Ms DALY** - Who knows? But you are right, it is really difficult.

**Ms FORREST** - Do you think there is a place for state funding of early education care centres to provide this opportunity for children who are not at home with educated parents doing their learning in their own environment? Of the 40 per cent, not all of those need it because they are getting in their own families. Whatever the percentage is of those children missing out in the statistical and in every sense, we could try and put something in school. If there is a functioning childcare centre there, should consideration be given to supporting that?

**Ms DALY** - Absolutely it should be explored. I do not know the intricacies, but why not explore it? Because it could work in some places. In Queenstown, for example, there is a childcare and -

**Ms FORREST** - In Queenstown?

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**Ms DALY** - Yes.

**CHAIR** - It is deeply concerning that children missing out. We are talking about parents who won't engage and those children need to be dropped off, but isn't the goal to get that parental engagement over the long term. We will see real change when those parents are empowered to take their children all the way through their education, not just in the early years. Isn't it a little simplistic to try to get those children in without the parent and not have that long-term goal?

**Ms DALY** - I have the greatest respect for you for lots of reasons. It is just as simplistic to say what you said. I totally agree with you. The aim of it is to make the parent the very best parent that they can be.

Reality, day-to-day, if a parent is suffering really badly with ice addiction, if there is a mental issue - I see it every day where the child may be sitting at home watching television, often in not the cleanest of houses. The stimulation is just not there. You never give up on trying to get that parent engaged in the child's education. You would never give up on that and you would do absolutely everything. Most teachers of young children would have that goal, but the reality of it is, it is extremely difficult.

That is why child and family centres have been so successful. They have created a space where that can happen. Ivan brought up the fact that one size does not fit all. The aim of B4 is to try to make parenting the most important thing that we do.

**CHAIR** - When you are talking about data collection, when kids reach kindergarten how do we define what experiences they have had? My wife taking our son to a playgroup with highly educated mothers, I would say, is just as stimulating as going to a structured -

**Ms DALY** - Absolutely fabulous. It is that group of mums who give their children the education from the moment they wake up in the morning until they go to sleep at night. You would never want to change that. Not everybody does that. It would be amazing if you did that. I am very lucky. Parents of my grandchildren were reading them stories at breakfast time. Whoever heard of that?

**CHAIR** - How do we get that definition in the data so that families are not being counted in the disadvantaged families that are missing out and heightening that?

**Ms DALY** - Something I alluded to when I first started was that there were so many good parents that do that. You would never want to knock that, but there are so many that do not.

If you say to one of those good parents, 'what are you doing today, what is your child doing today'. 'We are going to play group this morning and this afternoon we are going swimming and then Wednesday we always go to whatever'. You ask them. They are doing stuff with their children all the time. They are going to the park, they are having wonderful experiences, but there are so many that are not.

How you define it when you come to school is really easy. You can just see it. It sticks out.

**Ms FORREST** - It is a bit late then.

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**CHAIR** - Identifying early, but how do we make sure the data collection does not skew that experience?

**Ms FORREST** - So that you can focus on the ones that are disadvantaged.

**CHAIR** - That is right.

**Ms DALY** - There is a challenge and we ought to work with the data collectors. For example, Health has amazing data. You only get to see it in-camera.

**Ms FORREST** - We will talk about that in-camera.

**CHAIR** - Yes, that is the best thing to do. Would you like to go into camera? Would you like to request that?

**Ms DALY** - Yes.

**Ms FORREST** - Does anyone want to ask anything in open session before we do that?

**CHAIR** - We will ask Elizabeth to leave the room so we can consider that. Thank you.

*Evidence taken in camera.*

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**Cr PETER PARKES, Ms HELEN BOWRING, CHaPs NURSE CFC, Ms ANN BLYTHMAN, Ms TRUDI CROSS, GEORGE TOWN CHILD AND FAMILY CENTRE AND Ms DEBORAH DONALD, PARENT, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.**

**CHAIR** - 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 of the hearing may not be afforded such privilege. Have you read the information for witnesses document?

**Ms BLYTHMAN, Ms BOWRING, Mr PARKES, Ms CROSS AND Ms DONALD** - 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 for 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? I will start with Ann Blythman.

**Ms BLYTHMAN** - Manager of the George Town Community Hub, which incorporates the Child and Family Centre.

**Ms BOWRING** - I am the Child and Family Health Nurse at the Child and Family Centre in George Town.

**Mr PARKES** - I am a local councillor and I also work for LINC Tasmania.

**Ms CROSS** - I am the Coordinator of the Child and Family Centre in Georgetown.

**Ms DONALD** - I am a family member that uses the Child and Family Centre.

**CHAIR** - Thank you very much. I invite you to make a further submission.

**Mr PARKES** - Sure, it is just a small statement. Child and family centres are where the rubber hits the road for government and other services to the community. They are a one-stop shop for parents and carers of children aged zero to five. They provide expertise in a wide variety of services, which would otherwise be spread throughout the community or region.

Without such critical infrastructure, services risk becoming siloed and spread throughout the region, which would not necessarily work together, and would present their own challenges and barriers to access, such as distance, capacity or limitations on physical space, which presents its own entrenched barriers for parents and carers who have transport issues or do not wish to visit certain services. This can occur because of their own pre-perceived ideas of what a service can provide to them and the relationship to their own circumstances and needs without the professional knowledge and advice which can holistically deliver more focused intentional programs and services which meet their needs in a central, low impact, friendly, non-evasive and

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(PARKES/BOWRING/BLYTHMAN/CROSS/DONALD)**

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caring atmosphere with networks to services which are not centrally located, such as doctors, specialists and hospitals.

Child and family centres create good social networks which encourage community capacity building. Child and family centres offer free access to everyone in the community. They educate parents and children, tailoring programs and services to needs and gaps. They help parents along the journey, target the children that need childhood intervention and the children that need experiences most and ensure those most likely not to engage are targeted. Child and family centres are unique opportunities for parents to participate and practice those techniques with their families and those that normally would not engage in parenting programs.

Child and family centres help and promote health and wellbeing, education and care of Tasmania's very young children by supporting parents, strengthening communities and enhancing accessibility of services and local communities by providing a wide range of integrated early years services in central locations. They build on existing strengths of families and communities and assist educational needs. Child and family centres also increase participation in early year programs such as Launching into Learning and Parents as Active Companions and build capacity by developing partnerships with parents, carers and community in responding to child and family needs in a holistic manner.

Child and family centres improve school readiness. They develop parents who are more confident in engaging in educational opportunities such as TAFE Tasmania. Child and family centres also advocate for parents and children to have a voice in their community. It has been demonstrated that children who participate in programs in child and family centres are moving ahead in leaps and bounds and are more school-ready than ever before in any other measurable time. Every community needs a child and family centre.

**CHAIR** - Thank you very much. I will start down this end of the table to lead the questioning.

**Mr DEAN** - Thank you very much. I am aware of the good things that child and family centres do and they get some very good feedback. How can we be satisfied that you are reaching those families in George Town that need the support of child and family centres? Particularly those parents who you know are not going to go. I do not believe that parents should have to accompany their kids. So how are you targeting those families in most need, the kids that most need to come into the child and family centres? Can you be satisfied that you are targeting them all?

**Ms CROSS** - In anticipation of a question like that I looked at data. In George Town we have a fantastic approach to outreach. We acknowledge that not everybody is going to come into a centre for a host of reasons. That does not mean our work stops at the door of our centre, it filters into the community. I imagine most centres will tell you the same thing. We are able to do that because of partnerships. We could not do that alone. Our community inclusion workers work very closely with the Launching into Learning outreach team and others. Helen is also included in those discussions at our local childcare centre. We are not only focusing on the people we know we are catching. In George Town we have about 180 registered children plus 100 more who use the centre who are not registered. We have come together and found another 100 in our community who we are not engaging in our service. It does not mean they are not engaged in some capacity, and they are the families we target. We target them in specific ways - it might be home visiting, and hand holding to come in, also intentional in the programming

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design for those families. We are not saying open door, open slather, for these families who find that incredibly difficult. They are invitational sessions targeted to those families' needs.

They have an outreach worker who might hand hold, bring them into programs for a while until they can settle. They are transitioned from one program to another, so we are helping to build capacity in families to get into centres. Once they are in centres, do it in a way that builds capacity for them to engage more broadly. An example is currently one of our Launching into Learning teachers runs a state and play program. On a five week rotation, she does a check in with those families to see whether they are going okay. One of the families she worked with in the community for about 12 months before they came through the door, so this can be a long process. Then, last week she hand held and they came along to cooking group with me on Tuesday. They are not just given a flyer with 'here are your programs' - it is a really nurtured relationship for the family and the children to be able to come along and engage. If they cannot engage, we then have to tailor our approach to work with them.

**Mr DEAN** - Can you be satisfied you are touching base with all of those families in George Town who would be most in need of the services of child and family centres? So with those parents who are druggies, involved in other activities where their children really come second place, can you be satisfied you are getting access to those children into your centre. And if you are, how are you doing that where the parents will not attend?

**Ms CROSS** - I think I can be satisfied. It is about realistic levels of engagement. We need to be mindful there are hidden needs we do not always see. We can say the families you are mentioning might have needs, but there are also a host of other families who may not present with needs so obvious. I am confident we are catching most of them in some way. Whether or not it means we are engaged and have a relationship with them outside the centre through that outreach space. Recently we have been supporting a family through mum's time in a rehab centre. Not necessarily come in, but mum going into rehab required a lot of support. How are those children going to be looked after while mum is away? Who are the family going to be supporting mum whilst she is away and supporting those children? Is that family able to come along to the centre? It is about talking to Child Protection Services about the best use of our service and how we can support them.

We need to have a broader view about what engagement is. A collective community holding the family instead of one service, one building coming in, it actually presents a different view of the story as to how those families are being supported.

**Ms BLYTHMAN** - There is an element of readiness that family can engage with the service like the child and family centre. Some of the families, their need is in other areas. They have other crisis needs that if we are connecting with them, we are able to connect with those services and get them in touch with them. There is a point of readiness that says they are not able to engage in it, because of other more critical needs they have.

**Mr DEAN** - Currently the system is a parent or a guardian has to be present with the child at the centre. Do you think there is a need for us to change that part of the policy, to get some of those children into the centre, where we know very well the parents or guardians are never going to turn up?

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**Ms CROSS** - I can only speak from the George Town Child and Family Centre experience is and we have a fantastic child care centre. We have a fantastic relationship where we can cater for the need of the drop off.

The thing that is different about CFCs is we have a unique opportunity to work with families instead of just saying, 'Oh well, they are done for, let us just work with their kids'. We see incremental change in working with families. We do build capacity in parents and we would all maybe like that to look a little bit different.

We would love to come along in leaps and bounds with families and change their lives, but we are talking about incremental change. We also see the incremental change maybe having an effect on children. An example of a parent who really struggled, has addiction issues in their home living in high levels of poverty and chaos in their lives and their older child was not able to attend school, in grade one and still not attending school full time, is unable to do so. The change in working with that family meant child number two, who we caught before she was born as she started coming along during pregnancy, has an incredibly different trajectory because of the work we have done with the family and the mother. She will attend kindergarten on day one, school bag packed, uniform done and will attend school full time. It is long-term work and we might look at one family and say there is not much change going on. But keep going down the line with that family and if we did not have the opportunity to catch mum along with her child, the second child story might have actually been quite similar to the first. It would be a terrible waste of opportunity.

**Ms FORREST** - To follow up on a couple of those things. Ivan said, in some cases you parents are never going to be there. Is that an attitude you take, or do you believe there is opportunity for everybody regardless of their circumstance.

**Ms CROSS** - No and absolutely.

**Ms FORREST** - How do you actually find these families? Statistically, there is a percentage of children who do not engage in early learning and all that opportunity. Some of those are being cared for by loving and educated families who provide all of that anyway. Some of these kids are in loving families as best the parents can, but have a range of other challenges like drug abuse, poverty, mental illness, all those sort of things. We do not know exactly what that percentage is, but how do you find these people, these families?

**Ms BOWRING** - I speak from the child health perspective. Across the state, Child Health and Parenting Service picks up about 98 per cent of babies born in Tasmania as families that come to our service. In George Town it is probably closer to 100 per cent of those families. I receive an email notification from the hospital when they are born and I follow up with a phone call, home visit or a centre visit and then they come for their assessments. Traditionally, again across the state that drops off as they get older.

One of the slight issues at the moment, is that collaboration between health and education in the child and family centres is the sharing of that information. Once we tighten that up, almost 100 per cent of babies born in Tasmania will be known about within a child and family centre.

The other little gap happens is when people move between -

**Ms FORREST** - Within a Child Health Centre or a child and family centre you said?

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**Ms BOWRING** - I am in the child and family centre as a child -

**Ms FORREST** - Yes, I know you are, but not every Child Health Centre is in the child and family centre.

**Ms BOWRING** - No, I guess we are talking specifically about -

**Ms FORREST** - I want to talk about the whole state here.

**Ms BOWRING** - Yes, and I think with the exception of one, CHAPS are located in child and family centres and that was the original model. That in every child and family centre there would be a child health nurse. Is that what you are asking?

**Ms FORREST** - Yes, but there would be some Child Health Centres where there are not child and family centres in the town

**Ms BOWRING** - Yes, that is the beauty of having a child and family centre.

**Ms FORREST** - You have identified a really clear pathway to assisting these at-risk families into a child and family centre, which is brilliant and great because it can change the lives of those families. So you probably cannot have a child and family centre in every town?

**Ms BLYTHMAN** - We can only talk for George Town, positive impact and the way we connect with families most at risk. In George Town as in most CFCs we have a child lock and parenting service and is an integral component of how we ensure we connect.

When people visit Helen in the child and family centre she is able to build a relationship with them and the broader child and family centre.

**Ms FORREST** - With Child Health, maybe we need to talk to them more specifically about the broader approach. You raised this as a really great entry point. Once we deal with the data issues, which I will get to in a minute, is there an opportunity here for Child Health to have a more active role in identifying these families?

**Ms BOWRING** - I think we are already to that. What now is brilliant within a child and family centre is that I can connect those families in much more easily. I have a little less than five-minute thing here if I could read it, it will describe how I do that and specifically look at the health side of things. We have looked a lot at the education side of things and that would speak to those issues.

**Ms FORREST** - That would be good.

**Ms BOWRING** - This talks specifically to terms of reference point 1, about collaboration between Health and Education -

George Town was chosen to have a Child and Family Centre built in recognition of the social determinants of health and the higher rate of social risk factors in the community that could negatively affect a child's early years -



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or as I heard it described recently 'adult problems that cause children's pain'.

Research has shown us that adverse conditions during the early years of a child's life can have life-long negative health consequences. If we can positively influence the environment a child experiences before they start school, we have the best chance of them having better health outcomes.

Working with families is the best, if not the only, way to effect long-term intergenerational changes that will have positive impacts on a child's life.

This takes time and our journey is only two years old.

It is specifically talking about George Town there.

But already we are seeing remarkable changes for individual families, for example, a young mum gaining personal confidence and self-esteem beginning to do some simple classes at the Child and Family Centre and ending up gaining qualifications that enabled her to work.

The best way for me to describe the health benefits for families by me working at the Child and Family Centre, rather than a stand-alone centre, is to paint a picture of a typical child health and parenting visit.

A young mum and her partner have recently moved to George Town with their two-year-old son and their new baby. They attend the CHaPS service for their baby's eight-week nurse health assessment.

They do not have any family or friends living here and the father is unemployed. They have moved into a very small flat without a yard and they do not own a car. They acknowledge that they are finding things difficult financially and the mum is suffering from some mild depression.

The mum is breast-feeding but not sure if she will continue. I notice an issue with the baby's head shape and discuss with the parents the benefits of having a physiotherapist check this. They are worried about the cost of this and they do not know how they could travel to Launceston to access this service.

I reassure them that the St Giles physiotherapist offers a free outreach service to the Child and Family Centre and I can introduce them to the therapist as she is visiting today and will be at a baby playgroup that the mum is now invited to attend.

As we leave the room, I introduce the parents to the Community Inclusion Worker, who makes them a coffee and offers them some free bread available today.

Their two-year-old wants to stay and play with the bikes outside and has a lovely time in the sandpit too. Some other dads are here today and they strike up a conversation with the young father and let him know about a TAFE course they are doing at the LINC starting next week.

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A couple of the PYPs - which is Pregnant and Young Parents - mums are breastfeeding their babies on the couch and the new mum sits down with them to feed her baby too. They tell her about the PYPs group and invite her to come along next week. They are going to be doing some cooking with kids, so lunch will be free that day.

The two-year-old says he is hungry and the Community Inclusion Worker points out some free fruit in the kitchen area and offers him a drink of water.

In summary, painting the picture of the young family described is a perfect example of primary health care in action - affordable, accessible and appropriate.

Previously, this family would have seen me and left with some suggestions or referrals which they may or may not have followed up on.

that is not in a child and family centre -

In this scenario, within a child and family centre, they have all their issues addressed in a friendly, non-stigmatising way, but have had subliminal health messages around such things as social connectiveness, nutrition, dental, promotion of breastfeeding and physical activity for the two-year-old in a safe environment that offers them ongoing support.

That paints a picture of what we do every single day. It definitely, for me, as somebody who was working in a standalone centre before, has made an amazing difference in terms of connecting those families very quickly but without them feeling stigmatised. Universal programs are absolutely crucial in terms of people not feeling like they have been singled out. They will not come to programs if they feel like that.

**CHAIR** - Thank you for sharing that. It was quite profound.

**Ms FORREST** - It is. It really describes what I was trying to get to, this connection between health and education. Some of you touched on the initial data. We have heard that and we did some site visits. You have probably heard others speak about the challenges of data. What do you see are the barriers and how do we overcome them? If we are going to make good informed policy decisions in the future we really need to be basing them on appropriate data. Where is the data? How do we access, report and feed it in?

**Ms BOWRING** - Health and education are working together brilliantly at ground level. People understand what needs to happen and there is a desire for it to happen. There are higher up departmental issues around funding and sharing of information which are being looked at and hopefully will be addressed. Once we break down those barriers then it becomes that holistic space we all want.

**Ms FORREST** - Who is looking at it? Is it being looked at?

**Ms CROSS** - There has been some work done, which goes back to your first comment about what does it look like if there is not a centre. CHaPs was able to refer to Launching into Learning

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but cannot refer to Child and Family Centres. Change is happening and Helen can now refer to CFC through a form. There can be a data share as opposed to what Helen describes there, which is the absolute mecca of what we would want it to be. If it can't, for a certain reason, then if Helen can fill out the information and send it off to me and say, 'We have permission to share, the community inclusion worker can go and visit this family', that would be really great.

There is some incremental work happening, certainly much further up in the department than I am.

**Ms FORREST** - There is a process unfolding. Does the sharing of information need to be formalised?

**Ms CROSS** - This family came to ChaPs because they had moved into the community and they did not know about child health. We do not get a flag from Housing so families can exist without Education and Health knowing. One of the things that we always talk about that would be great is if we got a flag from Housing to say there is a new family in your community. We could turn up in a, 'Welcome to George Town, here is what we can do for you and your family' moment.

**Ms FORREST** - But ChaPs get out of [inaudible] every birth though, that does happen.

**Ms CROSS** - The parent can say they do not want that to happen, but that is very rare. In an ideal world Child and Family Centres could sit outside Education and Health and that process goes to a Child and Family Centre rather than just to the Health part of that service.

**Ms FORREST** - I was a midwife and there is a lot of paperwork to fill out. One form is the consent to refers in the baby's personal health record. Surely a similar process could be adopted so all the relevant services know the baby has been. Do you think that would be helpful?

**Ms BLYTHMAN** - There is also a need for a level of confidence on the part of the parents filling in those forms. We were talking about some parents who have come from particularly disadvantaged backgrounds or communities. They have an incredible fear and a concern and a lack of confidence in government bureaucracies. That is where Child and Family Centres and the relationships with other partners is so valuable. People who come to us collectively were able to build positive, trusted relationships that facilitate that ability to give consent for other referrals and onward forwarding of their story and to save them needing to tell their story a number of times. In some other circumstances that is probably less likely to happen, informed consent in any case.

**CHAIR** - Thank you. Any further questions?

**Mr VALENTINE** - Great observations. They build that confidence for someone to help them. They are not on their own.

**Ms BLYTHMAN** - Relationships are the central point of the way our partnerships work.

**Mr VALENTINE** - If I could look at the technical side. You were talking about roughly 180 registered and 100 that are not. Can you describe for me the problems or issues associated with whether they are registered or not registered and what that presents to you?

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**Ms CROSS** - Yes. It does not create a lot of problems unless we are talking about data. If we are talking about our day-to-day working, the problems are that we might not have a telephone number or we might not have an address and that certainly makes our job a little bit harder at times, but the reason we have so many unregistered users is exactly what Ann is talking about. We probably do not have a relationship yet. We are working with people who are fearful of government departments and putting a form under their nose to sign and saying 'Can we have all your details?' - 'No,' and we probably will not see them again.

We have fantastically skilled workers who are really good at saying, 'I am going to gauge the relationship' and it might take six months before we say, 'Hey, I thought of this really fantastic course that I thought you might be interested in or this program, but I realised that I didn't have your telephone number, can we sit down together and fill in this form?'

For some people, filling in the form is too hard. We are talking about people with really low literacy levels.

**Mr VALENTINE** - I was going to say they might have literacy and numeracy issues.

**Ms CROSS** - Yes, and we are in a great position in George Town because we are teamed up with the LINC so we can offer an additional service with that, but of course we would sit down and fill in a form. Some people just choose not to. We are a service where you are not required to sign up. We are not a school. For that purpose, we have to be different.

**Mr VALENTINE** - Are there certain services you can offer those who are registered as opposed to those that are not?

**Ms CROSS** - Absolutely not.

**Mr VALENTINE** - There is no barrier there?

**Ms CROSS** - Absolutely not.

**Mr VALENTINE** - Okay, so that was my first question. The second one was with regard to funding. You note in your submission that it would be great if you could have a more flexible arrangement with funding. Could you just describe what the problems are there?

**Ms BLYTHMAN** - We do not experience particular challenges in George Town around it. We are still fairly early on in the CFC journey. We have only been open just over two years.

During that time, through the partnerships that we have with the Early Childhood Intervention Service, the Child Health and Parenting Service, the Launch into Learning teachers and also LINC, which is part of our arrangement, that generates for us in terms of how those people directly contribute to delivery and support of programs over another two FTEs.

Collectively, it would not be possible without them, but with our partners we are able to provide an incredibly comprehensive service of about 30 scheduled and targeted programs and activities in a week that are very intentional. They are not just 'come and have a play', they are intentional, targeting specific needs and interests of families in George Town, so that is possible for us.

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**Mr VALENTINE** - In relation to the funding and the registration issue, if you do not have them registered, do you get funded by the number registered?

**Ms CROSS** - No.

**Mr VALENTINE** - That is fine.

**CHAIR** - I am going to jump in here. George Town, when it was initiated, was quite contentious watching the news and their car park. What can we learn from that? Maybe I will address that to Peter.

**Mr PARKES** - There were some bones of contention around the actual area where it was being built. There was a very strong lack of understanding what a child and family centre was. It was perceived to be a day care centre for children to be dropped off. There was all sorts of rumour in the community about the restrictions around that and that it was not actually for families, that it was just for a particular cohort in the community. Maybe Trudi can talk to that as well.

**Ms CROSS** - During that time, I was a Community Inclusion Worker, so I was given the very hard task of getting a CFC off the ground in a community where it was contentious. The great learning that came out of that was that all communities really want to take care of their young children, they really do. It was about a lack of understanding about what child and family centres were.

They were so new and as a concept they were fairly new in Australia. At the time there were some evolving in South Australia and some in the Northern Territory, but if you talked to people about what a child and family centre was, there was no context so people immediately jumped to the nearest conclusion, which was a day care centre or a long-term care centre, and found it really difficult to put what I was telling them in a context of what they already knew. We are in a different position now in that child and family centres are being celebrated around the state as doing really great work. My feeling about what we learn from it is to build on what now we understand people to know and care about, which is doing right by our community's kids. All communities want that. Regardless of where they sat on the spectrum around the site or the kind of people that they thought this might have been intended for, there was a deep desire to look after our community's children, and the acknowledgement that traditionally we were not doing very well. I speak to that as a George Town resident, being raised there and raising my own children there. We knew we wanted something different for our kids, we just did not know the opportunity that a CFC presented. I did because I had the privilege of working in that space.

**Ms DONALD** - My parents live in the George Town area and they were against the CFC going up. I hate to say it but they actually signed petitions and things because they did not understand it. They are the first people to turn around and say, 'We had no idea it would be like this', because they have seen what it has given to my family. A quick rundown of my family: my husband and I moved to George Town just over a year ago. My daughter is four and my son is two now. My daughter had just been diagnosed with autism so social situations were incredibly difficult for me. My little boy's life up until that point had been being dragged along to therapies and appointments and he did not have any connections with other kids his own age. I found leaving the house really hard until the day we came to George Town. We went to what we thought was playground and we were cuddled by the people at the CFC.

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My daughter now accesses early intervention. She is preparing for school and she does all of this from the one place, and she does not have to freak out about the waiting rooms and new physical environments and new people to see. My son gets beautiful play at the same time as well. All along, my husband and I have been helped and supported and we never felt like we had to run away because my daughter was having a tantrum or a meltdown. We just felt like we could learn some things on how to manage that situation better. That is what it has done for our family. My parents are appalled that they signed that petition.

**Mr PARKES** - I was just going to add to that point. It is gratifying to see that all of those people who have attended the hub - we call it the hub, we do not divide it up into the CFC and the LINC, it has become the community hub - have gone out of their way to say, 'This place is fantastic and we are so pleased it is here.' There is no community angst anymore. It really was a divided information and knowledge of what it was. I am happy to travel the state and spread the word.

**Mr DEAN** - The core group against it were really against the location only and they did understand child and family centres. They just wanted it in a different location. Working with LINC and Service Tasmania, how does that help the centre?

**Mr PARKES** - Having Service Tasmania in the building has been amazing. I can speak to the LINC and I think the Child and Family Centre too. Service Tasmania provides an opportunity for people who would just come in for incidental payments of bills and council fees and were actually offered by the staff to have a tour of the hub and its services. 'Did you know that you can actually access a computer to do those forms on?' 'Did you know that there is a Child and Family Centre around the corner?' 'I see little Billy there, would you like me to take you and introduce you?' That is the way the hub works. It works as a truly integrated service where people are not siloed in Service Tasmania, LINC or the Child and Family Centre. All the staff see themselves as working in the hub. If I do see a child come in or a parent with a child come in, I can say, 'I haven't seen your face before, how are you? Did you know there is a Child and Family Centre? Did you know there were all these services within the building?' It has been an amazing thing to have Service Tasmania in that building.

**Mr DEAN** - It seems to be the ideal location for Child and Family Services, Service Tasmania and the LINC. I do not think there are any other in Tasmania.

**Ms FORREST** - Yes, Queenstown.

**Ms BLYTHMAN** - We have had around 250 000 visits to the hub, 35 000 visits to the Child and Family Centre since that was opened, and nearly 900 new registration in the library. The capacity building and engagement in George Town has been huge.

**Mr DEAN** - That is fantastic. I was going to ask about Neighbourhood House and how you work with them in the Wattle Group? Do you have any connection with the Wattle Group?

**Mr PARKES** - We sure do.

**Ms BLYTHMAN** - We work with most of the community partners, including the child care centre and Neighbourhood House. We do not have a strong connection with the Wattle Group, but we do connect with them in different locations. We put our joint holiday programs with Neighbourhood House and the child care centre and with council.

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We also put out a regular community learning guide in conjunction with the local trade training centre, and Neighbourhood House. We each list in there adult learning and community learning programs that people can engage in for the next six months. They are distributed from those three different locations. We work really positively.

We co-located Neighbourhood House for a few months while they were having renovations done. We understand each other's services very well and have built very strong relationships.

**Ms FORREST** - We talked about the importance of working with families, not just having children. In your terms of reference in your submission there were some remarkable statistics from George Town Child and Family Centre showing that every parent that has a child engaged at CFS participates in a higher education course with TasTAFE. Could you provide that data to the committee that supports this, and any other statistics you might have?

It will help us understand the impact the centre is having.

**Ms CROSS** - Yes.

**CHAIR** - On behalf of the committee, I would like to thank you all for sharing your experiences. Thank you very much.

**THE WITNESSES WITHDREW.**

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**Ms LYNNE WYLLIE-WATSON**, CENTRE LEADER, RAVENSWOOD CHILD AND FAMILY CENTRE, **Mr ZACHARY TAYLOR**, PRINCIPAL, RAVENSWOOD HEIGHTS PRIMARY, **Ms LISA MULVEY**, OCCUPATIONAL THERAPIST, ST GILES THERAPY CENTRE, AND **Ms KYLIE WIDDOWSON**, PARENT, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** - Welcome to the committee. 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?

**Messrs MULVEY, WIDDOWSON, WYLLIE-WATSON and TAYLOR** - Yes.

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

**Ms MULVEY** - I am an Occupational Therapist who works in partnership with the CFC and also representing St Giles, as part of the Advisory Board.

**Ms WIDDOWSON** - I am a mother of four and a grandmother of three. I am a big part of the CFC.

**Ms MULVEY** - And she forgot to say she is a volunteer on our CFC and on our Advisory Board as well.

**Ms WYLLIE-WATSON** - I am the Centre Leader at Child and Family Centre.

**Mr TAYLOR** - I am Principal, Ravenswood Heights Primary School and I am also on the Advisory Board of the CFC.

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

**Ms WYLLIE-WATSON** - I have been, come the start of July, the Centre Leader at Ravenswood for four years. I have worked in Ravenswood in some capacity or another for almost 18 years, always in the Early Childhood Education. Even when not working there, I had an office at the school because it is really important to keep a little bit of reality in your life when you are doing other sorts of work.

I have worked with the Learning and Development Team before the centres were built and ironically supported East Devonport and George Town CFCs and they are the ones who are here today.

I have spent all my life working in Early Childhood and is where my interest is. Particularly spent a long time working in communities people would say characterised by disadvantage and where parents probably do not really care about their kids' education. That is not fact. That is a stereotype our Centre has shown over the years is a myth and how parents have turned that stereotype on its head.



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**Ms RATTRAY** - In your submission you talked about funding and could expand on that? We heard there is no cost to attending. Numbers and registrations are not connected to the funding levels. Can you walk me through the issues you have with administration issues and operational budget.

**Ms WYLLIE-WATSON** - Our submission was from our Advisory Group as a whole, which is made up of a mixture of service providers and community members. That is a consensus which I agree with.

Our staffing sits at a Centre Leader, a Community Inclusion Worker and at the start of last year, one full-time equivalent and we fund a part-time social worker, a part-time education officer who is a teacher and one of our community members has grown up into the role of Centre Assistant.

Technically, three full-time staff with over 160 families who are registered and use the Centre on a regular basis and another 60 or so on our Outreach Planner we provide an Outreach service to.

We have a high level of engagement and when you are working in a community that sits on the first percentile in terms of disadvantage that brings a whole level of complexity. Issues around mental health, developmental trauma and effects and to give the families that engage with us absolute full credit they are now wanting help to break the cycle. The biggest issue is the mental health of our children and families.

**Ms RATTRAY** - Would it be fair to say because of those challenges for the community you support you should have an increase in funding compared to some other CFC in the state that may not be in the same bracket? Is that what I am getting or have I misjudged?

**Ms WYLLIE-WATSON** - There is more than one way of looking at it. That is the identified need. Is the resource what will make a difference or is it greater access to resources that already exist. We know there is a discrepancy in mental health support between the south and the north for example. That is not sitting within education but generally and needs exploring how these needs can be met.

**Ms RATTRAY** - So really you are saying the gaps in the referral aspect of some of those needs. If they were plugged that would take some pressure off the very stretched resources you already work with.

**Ms WYLLIE-WATSON** - That is well said and the schools perspective is very similar.

**Mr TAYLOR** - In 2016 through Work with Win and support agencies in the CFC I had 46 new enrolments in my kindergarten. Twenty were identified with high and additional needs through the data we received through Lynne. That enabled me to do some planning and resourcing and through the LIFT initiative and budget was able buy an additional point 2 speech. This helped support the speech needs of those children and train up some tertiary assistance to help provide some support in that area so there is an example of the needs just in speech alone. We know the oral language is a precursor to reading and accessing the curriculum.

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**Ms FORREST** - You touched on staffing issues with the lack of administration support and the question was asked should the centre leader or community inclusion worker be responsible for paying bills, cleaning tenders amongst other admin tasks.

My humble opinion is that would be a frightful waste of money. How are your admin costs? Is there a different way of looking at it now there is a number of CFCs around the state? Can or should there be an overarching body to manage all that. Every centre needs cleaning, the power bill paid excepting a couple attached to LINC's. At LINC's they use their power with no extra funding to pay for power. There are some discrepancies and some are so expensive. Maybe they need to invest in solar panels.

That should not be the role of the centre manager to actually do all and what is your view on that?

**Ms WYLLIE-WATSON** - It is the role of the centre manager or centre leader. The question raised, is it the best use and it is clear it is not the best use of time, but it is a really hard thing to decide. If I was given some money for staffing and with the needs we have, it sometimes comes down to an ethical decision. Do you buy in someone who can actually help the families or someone who can help me do the jobs perhaps I should not be doing. That is a question that needs to be explored. So, no is the answer. I do not believe that is.

**Ms FORREST** - Has that been explored? That is the question I am asking?

**Ms WYLLIE-WATSON** - No, is the answer. I do not believe that has.

**Ms FORREST** - I presume you would be on a higher pay rate than a lower level admin person.

**Ms WYLLIE-WATSON** - Yes, so I have brought in a centre assistant to do some of those jobs. With that one full-time equivalent staff that we received last year, I put the predominant amount of money into buying a social worker, a bit of a teacher and a bit of a centre assistant. That is the cheapest one you can buy and she can do some of those things, but there are some things that sit outside her delegation that I still wonder about where that needs to sit. That is a wonder that has not been explored yet.

**Ms FORREST** - That is a way of making the dollar go further if those sorts of things are looked at, as you suggest. You have identified mental health there, so it is not confined to Ravenswood, it is everywhere in the areas where the centres are, by the very nature of where they are, I think. It is obviously an under-resourced area. There was significant additional spending in this year's state government Budget on mental health. Do you think that will make it easier to access and collaborate with services, or do you think there is still an unmet area, in mental health particularly?

**Ms WYLLIE-WATSON** - It depends on the skill set of the people that will be the result of that budget change. When people come to work at the centre, parents have said to us really clearly that they want to work in a way that is perhaps different to what they have experienced before. Our centre is very much based on relationships and working in partnership. Not everybody has the skill set to do that. We have generational trauma and the effects of that sit at a

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level that takes a really high skill set that does not sit at a general psychologist's experience, often. It is not a simple thing to solve.

**Ms MULVEY** - I see that as the gap in my service delivery so I have a very wide perception of a caseload of kids at Ravenswood CFC and the ones I do not have the skill set to adequately meet the need of are those kids and parents who are coming from a background of trauma. I believe that is a big gap in the service we are able to deliver.

**Ms FORREST** - In terms of the percentage of children and families in the service that fit into that category, what are we looking at?

**Ms MULVEY** - I do not have a statistic on that.

**Ms WYLLIE-WATSON** - If we looked at people who have been affected by trauma - and we are not talking about one-off traumatic experiences, we are talking lived experience - if I could go back through my 160 families - I honestly would say it is the vast majority, it is not the minority. We actually know now what we did not know in education years ago, about the effect of this on children's developing brains, even in utero. We know so much more; we have the potential to do so much more but we do not have the skill set to do what is needed.

**Ms FORREST** - Do you collect that data? Anecdotal data is great, but in putting forward an argument for additional support in a particular area, most governments like data to back up decisions, and rightly so, it is the taxpayers' money after all. Do you have that data you could provide?

**Ms WYLLIE-WATSON** - I have the data of the people who have accepted referrals for mental health support, but I do not have their permission. If I went through, like I said, the 160 families and sat with our team and identified who we believe is impacted by trauma, yes I could work that out, but that is not a true measure, it is subjective. The data we are collecting is on those people who have accepted referrals.

**Mr VALENTINE** - I am interested in whether you see any public money being spent outside of the centre that you feel would be much better targeted to the centre. I know that might not be an easy question to answer and I do not really want you to set up a border between yourself and some other service. Is there something really obvious out there where money is being spent that you think, if that money was being spent inside the centre, it would achieve this, this and this, much better than what it does today?

**Ms WYLLIE-WATSON** - I do not think it needs to be spent inside the centre. I think yes, at a federal government and a state government level there are things to look at, particularly in the mental health area. Through our collaborative approach with non-government organisations and government organisations we have shown a way of working that uses resources more efficiently. We have some great examples of publicly funded non-government organisations that are working beautifully with the centre and with the community. They would say that by working in partnership in the community they have a much better and consistent uptake of their services. We have a model that shows a more successful way of working that we could extend if there was less red tape.

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**Mr VALENTINE** - If you were able to extend that, would it reduce your administrative problems? Could you share administration?

**Ms WYLLIE-WATSON** - No, the administration stuff.

**Mr VALENTINE** - Because that is obviously something that you do point at.

**Ms WYLLIE-WATSON** - Yes and there are benefits in having some challenges. We have had to rely, for example, on volunteers answering the phone. There are real strengths in sometimes needing to look at other ways of doing things. There are things, of course, that you cannot ask volunteers to do. Administration is a challenge, but it is not that big a challenge. The community tells us where they are really suffering is with access to ongoing mental health support.

**Mr VALENTINE** - Thank you.

**Ms MULVEY** - Can I add a point about administration. A lot of my time is taken up with calling families, organising appointments, that kind of liaison. It is quite administrative. We have our own administration and I regularly ask them to do those jobs. What I then see is that people do not attend. They say they do not need the service because it is not coming from the same person within the community. It is important that that is a face people recognise when they are liaising with them.

**Mr DEAN** - I am aware of the good work that is happening in that area. You and I have worked in the Ravenswood area for about 20 years. My concern with the Child and Family Centres has always been, are we getting to all of the families out there that really do need the support? The problem I have is that you must have the parents or the guardians in there with the children. I know, as you would all know, that many families in Ravenswood are, let me be frank, druggies and could not give a damn about their kids. How can we get those kids those kids into the Child and Family Centre? Those are the ones that should be there, those real challenging children that Zach talked about coming into kindergarten. How do we get them into the centre?

**MS WYLLIE-WATSON** - They are part of the centre - that is how Zach knew about them in the first place. We are very specific at the Ravenswood Child and Family Centre that we are for Ravenswood. So those 160 families that are registered with us are all Ravenswood families. The 60 - that was a week ago; it could be different now - who are on our outreach planner are all Ravenswood families. When they are on the outreach planner they do not come to the centre yet, we go to them. We have worked hard to make sure we are engaging families who never would have stepped foot in or engaged with a government service before.

In the past few years out of the kids who have gone to kindergarten, there would be, out of Zach's 46 last year, three or four who had not been part of the centre before. We have worked out why they did not and where they have come from. This year the numbers would be similar. One of the children that three of us are attempting to work with did not connect with us, has not really connected with St Giles, is sort of connected to the school, but is not attending well. She has mental health issues, she has physical health issues, she has a very young mum, and this little girl has severely significant needs. That is one child out of - I am not sure what your numbers are this year.

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**Mr TAYLOR** - I think 39 -

**Ms WYLLIE-WATSON** - We have shown that this different way of working is engaging people who traditionally are hard to engage. That is what brings the challenges though, because they come with their drug issues and all those other issues that, when you explore them, are actually mental health issues.

**Ms MULVEY** - Deep down they are mental health issues.

**Mr DEAN** - Do you work with the police in any way to identify with the families that need your support? Are you able to do that?

**Ms WYLLIE-WATSON** - Yes. Last year, the Safe Homes, Safe Families initiative started in Education. That means that all family violence issues that police attend go to a committee - I have forgotten the name - that meets every morning in Hobart. That is for every family violence issue in the state where there are children, the police send that off to them. They then send that to the Safe Homes, Safe Families team who contact the school principal or centre leader, letting us know this issue has happened and what the results of that will be and making sure that we can put something in place for those families.

**Mr DEAN** - What are the rules in relation to a parent or a guardian having to be with the children? Is that a hard and fast rule or is it not? Can a parent bring a child along and leave them with the child and family centre?

**Ms WIDDOWSON** - It is much better for the parent to be there with the child.

**Mr DEAN** - It is much better but the point I am making here is, we know there are some parents who will never set their foot inside a child and family centre or any other government centre. They have a thing about government things and they are too busy with their other activities, unfortunately not always the right ones.

Should we look at that? It has been raised previously that there are cases where we ought to consider bringing them into the child and family centres without the parents where they refuse point blank to do that.

**Ms WYLLIE-WATSON** - Our long-term aim would be never to be doing that, but we have been able to be flexible at times to increase the possibility of engagement.

Never will we agree that this is how it is going to be for the three years before they go to school but if, for a very short period of time, something needs to happen, then we will get some signed permission for short periods of time but with a deliberate and intentional plan that within a few weeks or whatever, the parent will be there or will have agreed to having our teacher plus community inclusion worker be at their home for what we call a 'stay and play' session.

It is, though, the absolute minority of times that we cannot get someone to engage with us either outside of the centre or in the centre, no matter what issues are going on. That is one of the telling things about this way of working: we do now work with people who we have to put a risk management around because of those other challenges they bring with them. Even though we are

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in a fancy building, they see us as a little bit separate of government even though we are not. We can explore what that means.

**Mr DEAN** - Do you have families coming in from Waverley? What is your user group area?

**Ms WYLLIE-WATSON** - It is Ravenswood, but if we are directly approached by either the school or another service to say this family, in particular, needs real support, we will do that with the aim being that their long-term support will come from their school. By the time they are pre-kinder, they will be accessing their local school.

**Ms RATTRAY** - I have a question about the volunteers and Kylie, you do a fantastic job. Is there an opportunity to develop that more or is it not that easy to implement when you have families and privacy matters? How does that work?

**Ms WYLLIE-WATSON** - Our volunteers are all Ravenswood people as well, which is not always the case in the centres. It is a real tribute to them. We have now someone employed who started as a volunteer and she now works for us as a centre assistant part-time and has been trained to be a facilitator for Being a Parent program.

There are lots of little pathways. Our volunteer program is really taken very seriously too so that they sign confidentiality agreements. We have a Working Together Agreement and they do mandatory reporting training. They are seen very much as part of our team. The particular role they play is decided upon by the parent and their comfort level. There are lots of opportunities to grow into all sorts of other bits. Do you want to say anything Kylie?

**Ms WIDDOWSON** - Volunteering is giving me heaps of confidence and learning - lots of learning. It is good.

**Mr DEAN** - It is the conversations you have with other parents that help you grow together and build each others' capacities.

**Mr WIDDOWSON** - We help each other with certain issues that we have with our children.

**Ms RATTRAY** - Is there a scope to expand that? I am not saying that we should just bang in more volunteers.

**Ms WYLLIE-WATSON** - Grow it in what way?

**Ms RATTRAY** - To support that. Some of the services you talked about are very specialised. Are volunteers the key to growing programs such as the food programs that are run at the centres?

**Mr TAYLOR** - Is it building the scope and capacity of the volunteers as well?

**Ms RATTRAY** - Yes.

**Mr TAYLOR** - We were very fortunate over the past couple of years to have a good relationship with the Launceston Central Rotary Club. We ran a reading block on Tuesday, Wednesday and Thursday throughout the whole school - prep to 6. These volunteers came in and

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worked with small groups. They worked alongside some parents as well. It is a conversation about what is also happening beyond Ravenswood. My parents can also help support opportunities at the Rotary Club. [12:02:05??] was a prime example, where my parents were able to go into the Launceston community and act as marshals or help set up and develop their skills and connections in the community. Huge opportunities for that.

**Ms WYLLIE-WATSON** - Community work training organisation are going to be offering for volunteers certificated units. Doing 20 hours of volunteering plus this bit of study will then go towards a Certificate II in Community Services. We are always trying to help our volunteers go beyond what they started with.

**CHAIR** - Kylie, I am interested in your experience. You were talking about the barriers to other parents. Have parents that are engaged with the centre been used to try to break down those barriers. Do you have examples of where that has happened? Word of mouth, where parents have explained the benefits of the Child and Family Centre and that has resulted in other families coming to the centre?

**Ms WIDDOWSON** - It is good because everyone gets together. It helps give people the confidence to speak to people and communicate.

**CHAIR** - So do you think word of mouth helps with different parents and engagement?

**Ms WIDDOWSON** - Yes, for sure.

**Ms RATTRAY** - How did you come to be a part of the centre?

**Ms WIDDOWSON** - I moved from Prospect to Ravenswood because all my children were at Ravenswood. I became stuck in a rut at home so I thought I would go and have a look. It was the best thing I ever did. I was very welcomed and I felt comfortable.

**CHAIR** - How did you know the Child and Family Centre was in Ravenswood?

**Ms WIDDOWSON** - From another lady who goes there. Everybody was speaking about it and said how good it was, so I went down. I would not look back.

**Ms MULVEY** - A lot of people that I see and get referrals from come through word of mouth from the other parents, with the facilitation of Lynne. The level of engagement I have stems from other mums speaking to each other and thinking it is not that bad. That is consistent across all the professionals that access the centre.

**Ms WYLLIE-WATSON** - Ivan, that answers some of what you were talking about how powerful - and Ann, what you were saying about parents as volunteers but parents as parents in their own right. That is how we reach the people who are suspicious of coming into the centre because there are other parents with similar issues to them saying, 'No, they are all right, it is all right there'.

**CHAIR** - My next question is, you have great engagement with mums, what are you doing to engage dads? That has been mentioned in the Telethon Kids awards. It is in their submission as well.

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**Ms WYLLIE-WATSON** - We have always worked hard on that. We have decided to collect the data this year though, and so we know now what dads are coming for, whereas before we just knew how many dads come. Now we know what they come for, we have changed our operational hours on a Thursday night. There are the equivalent of three full-time staff plus an Aboriginal education worker who is funded through the department. Two of us now start later in the day, so that we can work through until 7.30 p.m. The following week, the other two start later, so they can and we, in partnership with St Giles, have a fellow who comes in and runs what we call 'Dad's Play' and the dads cook up some version of some food - and some days you have some food which is tasty, no insult - I just realised I just had the anti-Dad thing. I did not mean that.

That is just for dads; that is on every week. Once a month, the dads can bring their partners and their other children to that as well. That is engaging dads who cannot come at other times, and other dads we have often missed because they are the ones that actually have some paid work. Whilst the stereotype exists that that does not happen very often, there are people who work and get paid who cannot come.

We also have nowhere near the percentage of what we have in mums, but we have a good engagement from dads at our normal groups as well. It is just like anything else, it is giving people the option of which place they feel comfortable - is it in the normal playgroup, or is it a thing that only has dads in it?

I would really like to see that we can work in partnership with Health, for example, to extend some of the hours they might work. On a Thursday we have a midwife there from the hospital. It would be awesome if she was allowed to work different hours because we know that dads come to midwife appointments when they can, and we know that they often come to the first child health check when there is a new little baby. How do we make that more positive for the dads who are working, for example? That would be about offering those services at a different time to let that happen.

**CHAIR** - Do you have any input to the CHaPS nurse roster, as well, as the Leader?

**Ms WYLLIE-WATSON** - No.

**CHAIR** - That is across centres, isn't it?

**Ms WYLLIE-WATSON** - At the coalface it works really well. At a system level, we could be doing better.

**CHAIR** - Thank you.

**Ms RATTRAY** - Is CHaPS in the facility?

**Ms WYLLIE-WATSON** - Yes.

**CHAIR** - Do you know of any other child and parent centres that are opening until 7.30 p.m. to engage dads? It is a great initiative.



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**Ms WYLLIE-WATSON** - It is a new idea. We had to run through a whole process to have that happen. The unions needed to work with - because we are all from different bits, to check that was okay and it was all absolutely fine.

**Mr VALENTINE** - That is one night a week, is it?

**Ms WYLLIE-WATSON** - Yes.

**Ms FORREST** - Midwives work shiftwork so I cannot see what the problem is there, unless she is on day work.

**Ms WYLLIE-WATSON** - Yes, she is on a day contract. I am sure, over time, because we have the data to say that having a midwife in the community has really improved engagement with people who did not use to attend antenatal sessions. I am sure we could use that.

**CHAIR** - Is that data de-identified, the engagement of dads?

**Ms WYLLIE-WATSON** - Yes.

**CHAIR** - Would you able to provide that to the committee?

**Ms WYLLIE-WATSON** - Yes, I have it there except the numbers are not huge, but they are people who did not use to come. What it tells us is how many different services and what different reasons they come into the centre for. That then lets you make decisions for next year - what do we change? If this is what they are coming for, how do we get more of that so that more dads are able to come?

**Mr TAYLOR** - I suppose, the global work, they are transitioned over to primary schools, and engagement of dads within the primary context.

**Ms WYLLIE-WATSON** - That is part of what we talk about all the time. This is what we have learned in centres, how do we now make sure this continues as they move into schools? We work really closely to be able to do that.

**CHAIR** - Excellent. Any further questions?

**Mr VALENTINE** - Yes. Do you link in with the LINC? There might be parents that cannot read or write. With LINC services there can you explain what you do?

**Ms WYLLIE-WATSON** - There is a little LINC in the shopping centre at Ravenswood and we have a working relationship there. We do things like walk down with a bunch of parents through one of our playgroups, so they can sign up and become part of it. We work closely with our Neighbourhood House that have literacy programs. To engage people around their literacy is what seems to work best in our community. Neighbourhood House is right next door to us. The three of us have worked have worked closely together around literacy projects for parents through various grants, and 26Ten.

Parents tell us they are more comfortable in our spaces. It is about making sure there are enough choices for people, because we should not funnel. If a parent is more comfortable going

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to the Neighbourhood House than us, then we will go to them at the Neighbourhood House rather than say, 'You have to come over and do something at the centre.'

With literacy, there were a couple of years where we worked between with a term in each site and meetings between different places, just trying to break down the barriers between all of those sites.

**Mr VALENTINE** - The last part of the question was about Neighbourhood Houses and how you actually interact with them and where the crossovers are.

**Ms WYLLIE-WATSON** – Yes, Nettie is the manager and on our advisory board. The challenge is always around the small amount of funding. They are very good at getting grants, get good people when they get grants, so we have worked in partnership with their good people.

One of those things was the Growing Together project. This was an awesome example of how, with good people working as mobilizers, based at the Neighbourhood House that came to the centre, came to the school and we went there and broke down so many barriers between the three of us. It was such a good example of what is possible with liaison people between us all.

**Prof. TAYLOR** - With that we have a garden and orchard set up in the school, a garden at the CFC and a community garden space in (?) which is a troublesome area, which is amazing. Even now funding has ceased, it is still sustainable through our triangulation of services where we can go up there, engage and parents can volunteer and work alongside. You have Neighbourhood House volunteers working on site. That is a unique project when looking outside Government funding and sustainability where funding to keeps it going, with sustainability and capacity of building adults and children is amazing. We had an excursion, prep to six up there halfway through last term, and there is kids walking home with bundles of vegetables to go home, eat and just enjoy their lives and to take some vegetables home. It is that health cost benefit alongside that.

**Mr VALENTINE** - The community understands where each of those services fit in? There is no confusion out there as to what a Neighbourhood House does compared to a CFC?

**Ms WYLLIE-WATSON** - The biggest confusion exists at a service provider level. People who have never been to Ravenswood, and there is a Community Health Centre, a Neighbourhood House and a Child and Family Centre, and they will be very confused where they are meant to be. If someone comes to us and that need is better met by the other, we will walk them over to the other place.

**Mr VALENTINE** - And make the introduction, yes.

**Ms WYLLIE-WATSON** - Yes. We work to be a precinct of support without thinking we need to compete. We actually all like each other, which helps.

**Mr VALENTINE** - It does. Communication is always important.

**Ms WYLLIE-WATSON** - We acknowledge that there are times and I am talking of Ravenswood. I did read that and it would be interesting. I would have liked Nettie to have been here today to give a different perspective. We know we have to work at it. We know the groups

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that used to exist at the Neighbourhood House now exist at the centre. Nettie and I have talked together and decided what we can do, what you can do, and what we can do together. That is how it actually should be. That is how the community expects it to be.

**Mr VALENTINE** - Thank you.

**Ms FORREST** - Kylie, I am sure all of us would agree sitting in front of a parliamentary committee would be a daunting prospect at the best of times. You have talked about when you moved to Ravenswood, you got into a rut. Did you ever think at that point you could be doing this sort of thing?

**Ms WIDDOWSON** - Never.

**Ms FORREST** - You are doing really well. I am sure it is not easy. Public speaking or speaking into the organisation is difficult.

**Ms WIDDOWSON** - If I had not walked into the CFC, I would still be in a rut. But I am here now.

**Ms FORREST** - In terms of volunteers, how many male volunteers do you have?

**Ms WYLLIE-WATSON** - Not one.

**Ms FORREST** - There is room for improvement there.

**Ms WYLLIE-WATSON** - There is room for improvement there. That will take lots of thinking and talking to the fellas because it is finding what they would feel comfortable in doing within our volunteering role.

We have male volunteers from the Neighbourhood House coming into the Centre to volunteer, to help with the garden. Our fellas that come us are young men, who do not know how to garden. People often say, fellas want to do this, or do that. That is a generalisation a lot of these fellas have not actually experienced. It is trying to find what is it, and it might actually be that was is it, is actually what is already there. We cannot go with the stereotypes. It takes time, confidence and seeing more men doing that sort of thing.

**Ms FORREST** - You have talked about the families struggling with inter-generational trauma, unemployment and poverty and a lot have mental health issues. They do the best they can with their children and actually care about their child, their health, well-being and their education. Even though they might have odd ways of showing it. That comes from a midwife who has seen a lot of these families.

What process do you take to try to engage with these people who are out there in the community, the hardest to reach, how do you get to those? These are the ones that seem to fall through the gaps, they need handholding and that sort of thing, but how do you identify them. Where do you find them?

**Ms WYLLIE-WATSON** - First of all, our whole culture of practice would be around positive attentionality of all parents. That can be a challenging thing but it is absolutely true.

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That means if you have got that sort of culture of practice, the feedback we are given and we are engaging with people who would be sitting in that pointiest end of need. Over time when they trust us, they tell us we are different to people they have talked to before. When you explore what that means, it is about the way of working with them.

**Ms FORREST** - That is them coming to you?

**Ms WYLLIE-WATSON** - No, this is us going to them. We have people in the centre who come because of our outreach plan. We never ever believe build a centre and they will come, because they did not. It was about going out there and having pop-up playgroups at the shopping centre, knocking on doors. Child health, when they think it is the six-week check, they do the permission to share information. Phone calls are made to ask if we can come by, or do you want to find out about baby playgroup or whatever.

The vast majority of people who come are there because we have reached out to them, not that we have waited. That is happening less. Over four years, more people are coming through word of mouth than reaching out. Very much, outreach is a really important strategy for engagement. We possibly have a tendency to stalk professionally! We have been known to stop the car.

**Mr TAYLOR** - It is also awareness between the school and the neighbourhood house. If you see a mum with a pram, you strike up a conversation and you just make her aware of what is available and what exists. If I have a new enrolment at Ravenswood and I see a young child, I will say, 'Look, have you been over to CFC and met Lynne. Do you know of anyone else that you can count on?' It is that awareness.

**Ms FORREST** - Two-month immunisation is another one that they generally turn up to. We got pretty good immunisation stats.

**Ms WYLLIE-WATSON** - We have an immunisation clinic now with the city council, yes.

**Ms FORREST** - That is another point that they get to, yes.

**Ms WYLLIE-WATSON** - Yes. We do not have a front reception area; we are the front reception. Wherever we are in the centre, we see people arriving. We are mindful of being too smiley, noisy and friendly, but we make sure everyone gets a good greeting when they come for whatever reason.

**Mr DEAN** - Do all your volunteers have clearances to work with children?

**Ms WYLLIE-WATSON** - Yes.

**Mr DEAN** - You have mentioned a number of things in relation to the Child and Family Centres. The budget is one. This committee will have an opportunity to make recommendations to the Government and governments coming in. What changes would you like to see? Child and Family Centres have evolved considerably since they were set up. Are there changes that you think would make it a better system?

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**Ms WYLLIE-WATSON** - I believe we have exceeded expectations in our engagement of the hardest-to-reach families. We can prove that people in these communities want more for their kids than they have had themselves, and are willing to do something about it.

One hundred and sixty families use the centre regularly. They do not do it because they are mandated or because it is compulsory. They do it through choice for their children's sake. That is a really important evaluation of a model that started as an unknown factor. We have learnt lots of things that we can replicate to meet the needs of kids elsewhere in the state. It is not about a fancy building, because not one Ravenswood person has ever commented to us about a beautiful building.

When they give us feedback, it is about the way we work and what is available to them and the fact that they only have to tell their stories once in order to get help. That is the finding that we have. That is the model that is successful. If we had lots of time, I could tell you personally what I think it would take to improve it, but I am not sure that I can necessarily do that.

**Mr DEAN** - The child care centre works well within your building?

**Ms WYLLIE-WATSON** - The child care centre is a really important part of our partnership in providing family support. When a parent is struggling with complex things, to be able to apply for special child care benefits, which gets them 12 weeks, I think, of free child care in the place that is right next door to us, is an incredibly important thing. The workers from the Early Learning Discovery Centre come to us frequently as workers to say, 'What do you suggest? Who can we refer them to? Can you refer this family?' We can do more of the wraparound family support than can the child care centre.

**Mr TAYLOR** - Everything has been about what happens within the building, but it also the external experiences that Lynne and the staff provide for my community. The excursions to Low Head, or to City Park, or to local attractions, where parents can sit and be and have conversations and be a normal person within society, then they can go home and build on those experiences.

We had a staff meeting at CFC towards the end of last year. We should have had it earlier. Lynne spoke about programs that she runs internally, externally. We had a wonderful PowerPoint presentation. My staff walked away thinking, 'Wow, how lucky are these kids, but how lucky are we as a school in time when these juniors are going to become a lot more life rich in their experiences that we can build on.' As we know, in our community, they come from a fair way back in terms of life experiences, oral language and the like, so she is doing a lot of what does a lot there, but she also does a lot outside to broaden the horizons of these families.

**CHAIR** - You were talking about fancy buildings earlier. Is it your opinion that you could repurpose buildings to build new child and family centre? Would you agree with, Zac?

**Mr TAYLOR** - Yes.

**Ms WIDDOWSON** - It is important what the parents say. It has nothing to do with the building. It is more the people in it and how you are treated in it and the services you can get from CFC. I go down to see the people, not the building, the buildings get a bit tired.

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**CHAIR** - That is a nice sentiment to leave it on. On behalf of the committee, I thank you for your time today and apologise that we did not get to Ravenswood, but we are very pleased to have this opportunity today to talk to you. Thank you very much.

**THE WITNESSES WITHDREW.**

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**Ms JENNY MOUNTNEY**, CENTRE LEADER, EAST DEVONPORT CHILD AND FAMILY CENTRE, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIR** - Welcome to the committee. 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 awarded such privilege. Have you read the Information for Witnesses document that was sent out?

**Ms MOUNTNEY** - Yes, I have.

**CHAIR** - Thank you. 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 of your field of interest and expertise?

**Ms MOUNTNEY** - I am the Centre Leader at the Child and Family Centre in East Devonport. I am here in that position. I am sorry I do not have any other people with me, but it is a big trip for a parent to come from Devonport and to find child care.

I have been the Centre Leader since April 2011 and prior to that role, I had 25 years in early childhood. I have qualifications in early childhood management. I recently completed a Graduate Certificate in Integrated Early Childhood Service Delivery at the University of New England, which was new course. A lot of the work in that course was based upon the development of the child and family centres in Tasmania. I found that a really interesting way to pull apart the academic underpinnings and the development of the centres.

The centre opened in September 2011 and, since that time, has really evolved and changed with the needs and complexities of the families' community and also with the evolving climate around child and family centres statewide.

Geographically, we are set up basically: bridge, river and airport and Bass Strait. That is how that small pocket is; we are like Ravenswood in that we have quite a tight geographic area that has its limitations, challenges but also quite a few opportunities for us.

Our aim and role is to delve as deeply and as far into our community as we possibly can. That is one of our biggest challenges and I don't think we will ever know if we ever get there, but we do try intentionally and relentlessly to find every family within the area. It feels futile at times but we keep trying because you never know when you get there.

We offer universal access to all families to playgroup drop-in, play, special events, cooking classes. We have a solicitor who does pro bono work. We have a GP clinic, antenatal classes and an antenatal clinic. We offer a universal service but we then have a lot of targeted and therapeutic programs, such as counselling. Music therapy for us is a targeted program where this morning our music therapist is working on language development with a group of two-year-olds. With three-year-olds, she is working on expectations of sitting and waiting and some of those delayed

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attributes that we are seeing in some of our three-year-olds. We have very targeted and quite tight therapeutic things happening that are never seen on our calendar that we target.

We actively discriminate towards East Devonport families. We tend to get quite a broad spectrum of people coming to the centre from across Devonport. First, we will have the Gateway, Child Protection and people like that referring people in to us. We do get the pockets of first-time mums who come to baby playgroup. They come for a short time, a good time, they get the support they need and move on. The ones who stay are the ones who really need us. They are the ones we are working with.

We do not actively discourage across Devonport, but we do actively weight towards East Devonport families. We work very much on Maslow's hierarchy of needs. If a family is hungry, homeless or under threat, there is no way that we can talk about their child's language delay or the fact that their feet are turned in or that they do not know their colours if the parents do not know where they are sleeping or what they are eating tonight.

I had a very telling experience a couple of weeks ago with a family we worked with since the inception of the centre. She had finally finished her Certificate 2 in Community Services. Her last module was on Maslow. We had to sit there and explain it to her in great detail. This is what we used with her. We made it look really pretty. She said, 'Oh, I was down there; look, I'm up here now.' I said, 'Yes, you are up here. You have moved up. You are really showing you have made some changes.' She said, 'But I go to the bottom sometimes.' I said, 'That's okay but now you know.' She said, 'My next-door neighbour is down there.' For me, that was a huge learning from this mother that yes, she needed to move forward but it was a normal process that people undertook. We talk about Maslow a lot at work.

**Ms FORREST** - Do you call it something else for the benefit of - ?

**Ms MOUNTNEY** - No, we actually talk to them about that.

**Ms FORREST** - You call it Maslow and explain what it is.

**Ms MOUNTNEY** - Yes. We say, we were doing this. We did a bit of study on this. When you are looking at it, people are working around down here. If you are down here, you cannot think about a child's university education. It is okay.

**Ms FORREST** - Self-actualisation is a long way away.

**Mr DEAN** - He has been around for a long time, Maslow. I studied him when I was doing leadership and management and that was a long time ago.

**Ms MOUNTNEY** - I know. He has been around forever. There is nothing that replaces. We do lots of study about Bronfenbrenner and putting the child at the centre and circles around the child, but we have to start somewhere. It is an easy thing for staff to grab onto. Why are they not doing this? How do you think they are feeling? They are so unsettled. That is what we do.

Collaboration - I have only received the data this morning - 175 visits from 36 different agencies over May. The local solicitor does pro bono work. She comes in once a month. She said 'my job is to help them before they get to court'. She helps them fill in forms, because a form can point you in the wrong direction. She gives them basic advice. It is a soft approach. Our GP



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runs a clinic once a fortnight. He bulk bills so families can get straight in to see him. It is a good hand-in-hand with the child health nurse who has a great relationship with the doctor and they will get them in straight away. We have a great relationship across the community in East Devonport for supporting their medical needs.

**Ms FORREST** - So the GP is an East Devonport based GP?

**Ms MOUNTNEY** - His premise was to find out why families were not coming to the surgery and why they were not sitting and waiting. He wanted to take down the barriers to accessing the healthcare they need before they become critical. He brings his 50 medical students to sit on the couch to find out what is happening for families before they get to the pointy end. We have 36 different agencies coming and going all the time. It is flexible. Nobody has their lanyards on. It is an easy place. You could be sitting having lunch next to the doctor. You could be doing that next to the drug and alcohol counsellor. Families are very accepting of people. Lara Giddings came in the other day. When I said to the mum after she left who it was, she said am I worthy to talk to them. I said, everybody is worthy.

I have read the community house response to the inquiry. We have an amazing relationship with our community house. We offer a Certificate 2 in Community Services. Those parents now move to Certificate 3 in Community Services at the Neighbourhood House. So we transition them through that way. Housing Choices is conducting a course, Where to Next, at the Neighbourhood House. This is for parents whose youngest child is five. We are transitioning them through until they can find their own pathway.

**Ms FORREST** - How close are they?

**Ms MOUNTNEY** - Three blocks.

**Mr VALENTINE** - You mentioned community house and you mentioned neighbourhood house - they are the same thing?

**Ms MOUNTNEY** - Same thing. I put community house and I noticed the report was Neighbourhood House Tasmania. They support us financially. They applied for a grant for a community vehicle for us, so we have our own community eight-seater van which they support us with. We just pay the running costs to them. It is a good saving for us.

**Ms FORREST** - A good collaboration too.

**Ms MOUNTNEY** - A great collaboration, yes. They have brilliant staff. They have a nutritionist on staff who will come and run cooking classes and cooking for children in the school. It is a very tight-knit community. It is a luxury. It was mentioned in one of the submissions about children not getting screened early enough and not having access to specialist services. We have an early childhood intervention service staff member. She works two-and-a-half days at ECIS and two-and-a-half days at the Launching Into Learning childhood family centre. Joe is able to do that early screening through play. Our educational officer is passionate about screening and watching the development and doing ages and stages development checks. Our children get picked up early. They either get supported softly into ECIS or into speech pathologists, paediatric physios - people like that.

**Ms FORREST** - For Hansard, what is ECIS?

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**Ms MOUNTNEY** - Early Childhood Intervention Service.

**Ms FORREST** - Yes.

**Ms MOUNTNEY** - We do actively seek and find our families and make sure those children have exposure to Jo and Karen and to be able to get that sort of base-level screening. Our operational plans - we are focusing very much this year on attachment, parent and child attachment. We look at oral language development, including more fathers and being more inclusive in our practices, developing and up skilling people in the family violence strategies.

We have the Safe Home, Safe Family team based at East Devonport. They provide a huge amount of support and knowledge and wisdom for us. One of them we are looking forward to coming up in the next two terms is aspirational growth, because it is well documented that children and families living in very low socio-economic areas do not have the aspirational mindset for their children.

What do you want them to be when they grow up? If they have lived in intergenerational poverty, their concept that they could be a doctor is quite mind-blowing really. We try to help them develop these dreams and goals for their children beyond what they have. That is something that is going to be quite exciting and going to be quite innovative towards the end of the year.

With the child at the centre of our decision-making and recognising that family is the most important part of their lives, we seek to wrap around them to provide the opportunities to make good decisions for their families. We have the understanding. We know about trauma, we know about the first three years being the most important, development, the importance of reading, et cetera.

The bottom line is that families and children need to trust and respect and feel safe so they can make change. It is our challenge to listen to the family wherever they are and build from there. This takes lots of time and lots of investment. We are more than programs. We can look like programs, but the programs are our vehicles to building time and investment in relationships.

Our biggest challenge is that we do not become a program and that we do not just hang on programs. We need to be not taking our eye off the ball and simply do not become what people think we are, and that is our challenge. People think we are programs. Our services work very differently, collaboratively and sincerely in supporting families. We find a heater for the family with a two-week old baby that does not have a heater; we get an urgent doctor's appointment for the child with suspected meningococcal; we think about how to support that child with speech delays, but there is no transport to the appointments; we feed the family who have left a violent situation.

We do all those things and there is no data, no forms, and no reports that can describe what and how we do it. It is a privilege and a humbling place to be where we are not experts, but we are facilitators or triage for families in need, as well as providing the opportunities and access to high-quality play experiences. Thank you.

**CHAIR** - Thanks very much, Jenny. I will open up the questions.

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**Mr VALENTINE** - I have never come across Maslow's Hierarchy of Needs before, even though others might have.

**Ms MOUNTNEY** - Would you like a copy?

**Mr VALENTINE** - No. That really does help people to understand how they are growing basically. Obviously, you see this as an important way to communicate with people?

**Ms MOUNTNEY** - That is a framework for us with our practice. We have a lot of social work students and we were challenged a few years ago to develop our own practice framework, so exactly why we do it, how we do it, and why we make decisions. Maslow was one of the key ones that we identified, and that is how we use it for decision-making with our staff.

If you are looking at aspirational growth and looking at a family, this person I was talking to, I could actually point it out saying, 'Hey, you were here when you were homeless, you were drunk, you were drugged, and we had to remove your children. Look at where you are now. You have a stable income, you have a stable family life, you have moved forward.' For us it is a tool to use with them to say, 'Let us measure how you have moved.'

It is quite empowering. For this woman it was very empowering. That is not to say they do not have that cycle of going around and back around again, which - we are the lenders of second, third and fourth chances so -

**Mr VALENTINE** - That sounds excellent. With all the different agencies you work with, what are the ones that define general issues, the most difficult in terms the information you need and when you need it? Is it timely? What are the barriers to helping families? Are there any particular ones that you would point out as a major issue?

**Ms MOUNTNEY** - I would not say we have a major issue. A standard answer would be that child protection and children's youth services, but I would say that we have a good relationship with them to the point where, every Monday, I get a small email saying who is having a visit this week, like it might be Fred Smith is meeting his child, he is going to be supported by such and such a worker. We get that every Monday morning, and that took a little bit of tap dancing between us, working out why we wanted such information, but it is working really well for us, and we respect what they do. I do not need to know what is going on for that family. My decision making around that is how much risk is there in the building and by having their names I can see, okay, well this family, this is going back about three years ago, there were two families you could not have in the building at the same time because of community family issues -

**Mr VALENTINE** - Or the friction that may be between them.

**Ms MOUNTNEY** - Yes. That was a catalyst for these sorts of things to come through and I could say, okay that person can come but they really need to be leaving by midday because I know such and such is coming for a class in the afternoon. We have quite a good relationship.

We work really hard on our relationships with our services. We have service providers lunches once a term where they come. We say, 'We will give you lunch, come and network, talk and we want to do a bit of pie in the sky, what you see as trends ...', and we have great relationships but it takes time and it takes investment of time.

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**Mr VALENTINE** - In terms of acting as a contact centre for parents who are estranged from children, do you act as a contact centre?

**Ms MOUNTNEY** -No, we do not act as a contact centre. The contact we have is those children who are coming to meet with their parents. They are in foster care; out-of-home care. They are coming to have contact with their parents. That might be the only two hours they see them a week. We put the child at the centre. This is about the child having a right to having a good relationship and a good experience wherever they are. They come to meet with their parents and we treat them the same as everyone else. Those children get to go on excursions; the parents are treated like -

**Mr VALENTINE** - So that is with foster children but people do not ring up and say, 'I am such and such's father, I am coming over from Melbourne, he is allowed four hours' access with that child. Can you facilitate that access?'

**Ms MOUNTNEY** - No, we will not supervise. We do not believe that is our role.

**Mr VALENTINE** - That is fine. Some do, some do not.

**Ms MOUNTNEY** - Some do, and every centre leader makes a decision based on this management and capacity.

**Mr VALENTINE** - Thank you.

**Mr DEAN** - Are you satisfied that you are reaching all those families within East Devonport? I worked there for quite a long while so I know some of the families well.

**Ms MOUNTNEY** - It would be the same names.

**Mr DEAN** - Are you satisfied that you are reaching all the families in that locality, that area, who need this extra assistance in this child and family centre? How do you go about getting to those where the parents, guardians or those looking after them, do not want to be a part of the child and family service?

**Ms MOUNTNEY** - A couple of questions in there. First, I would say no, we have not met every family. I think to be brutally honest, and that is why I say sometimes it feels futile, it is relentless. We have even gone down to do some geographic mapping of who lives in what house. There is one particular street that is quite a transient street and we are there trying to map. We know who lives at 39, but who is at 37? Oh, that is an old person, let us not worry about them.

We are really trying very hard to do that. We do music therapy in the park. We have pop up play; we have community spokespeople, the influences. We sit and talk to them and try to glean out of them who is living where. We do it in so many different ways. We have pop-up play in the shopping area. Whatever we can do, we do. We have great community events like the opening of our community bike park recently. Two of our families were able to get a \$120 000 facility through council. We will be there at the opening of the bike park, we are there at Christmas.

**Mr DEAN** - What changes can be made to allow your Child and Family Centres to be able to target kids that really are the ones that suffer, through their parents and their guardians. They are

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the ones we really want to be seen in Child and Family Centres. I am concerned a parent or a guardian has always got to be with them at the Child and Family Centre. Are there changes we need to make so we can get those kids there?

**Ms MOUNTNEY** - Those are the children we are actively pursuing. We will never get all of them, because it still comes down to a parental/guardian choice. The mental health issues in the area are quite acute. To come outside your home and to engage with someone, whether it is in the park or in the centre, is our ultimate goal, is still very difficult. We need to be respectful of that and keep tapping away. It may not be for three or four years then all of a sudden the gate will open.

With children being left, children do not learn in isolation. Whilst we can provide the very best, the parents need to be seen and learning alongside the child. We find the parents engage in the play more, because they have never had the opportunity to play.

**Mr DEAN** - Those parents or guardians I am talking about, when it comes to school age, they send their kids to school or their kids are taken off to school, so they know enough to know that is going to happen. How can we, at an earlier age, have those parents understand and realise they should be sending or bringing their kids into a Child and Family Centre. There has to be some way we can talk them over.

**Ms MOUNTNEY** - There must be a magic bullet and I am not sure what that would be. We need to keep pursuing and meeting them where they are at. We have great programs, great things happening, but how dare I be so presumptuous to know from my middle class mindset. We have to be listening deeply about what is important to them. We do food drop-offs to a lot of families. Bit by bit we ask would you like to come down to the park on Thursday.

**Mr DEAN** - Should every Child and Family Centre be issued with a small bus and should it be one of your functions to go out and pick up these families up and bring them in?

**Ms MOUNTNEY** - We do. We have an eight-seater van which is on the road most days.

**Mr DEAN** - That is the one you said you were provided with.

**Ms MOUNTNEY** - I could do with a 12-seater.

**Mr DEAN** - With that, do you target those families out there simply saying, 'stuff you, stuff life, this is us'.

**Ms MOUNTNEY** - Over 35 per cent of our families do not have any means of transport. We see transport as a key place to first, strike up a conversation and second, we hear more in the car when we are looking straight ahead, so we value the time we spend transporting our families, it is really important.

It is a wicked problem.

**Ms RATTRAY** - A question around some gaps perceived in pathways for getting services. Do you experience any, particularly around people who need support for mental health?

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**Ms MOUNTNEY** - Our pathways to speech pathology, paediatric and physio are changing at the moment to a really positive place.

**Ms RATTRAY** - They have not always been good?

**Ms MOUNTNEY** - No, everybody is working in a silo, quietly and carefully alongside each other to build the respect. I am really pleased with that.

With mental health, we have some good relationships, but those relationships change with funding changes. You have to constantly keep your eye on the ball to see. We have one organisation that we really respect, that has changed its name three times, and it makes it very difficult to navigate. Who are they now? We do struggle when we come to some of our families with mental health issues, who to know and where? That is a job where each six months you need to map it and remap it in your head to work out where to go.

**Ms RATTRAY** - Once you work out where to go, is the -

**Ms MOUNTNEY** - It is time, as in time to just waitlist. We try our best.

**Ms FORREST** - The points you have raised, Jenny, I would like to explore further. You said you have a lot of great programs from your middle-class view. How do you actually delve down into that and understand what the community itself wants and needs?

**Ms MOUNTNEY** - That is sitting alongside people, discerning.

**Ms RATTRAY** - Sitting in the car.

**Ms MOUNTNEY** - Sitting in the car.

**Ms FORREST** - That is where the kids tell you the doozies.

**Ms MOUNTNEY** - I have a story about that. We test with families. At the moment we are going into a process of, 'Here is a menu. Which things would you like to do? What is it you see as something valuable to you or your child?' We are actively listening all the time, observing whether they are in that transition phase. That is a really important time for us, transitioning. When the youngest child turns five, we had a family this week say, 'Well, you did not get rid of her. She is pregnant again.'

**Ms FORREST** - Not much of a success, is it?

**Ms MOUNTNEY** - I do not think it was intentional, but it was a flippant comment that hit a bit of a raw nerve with the staff. But when they are ready to transition, we are actively seeking, 'So, what is next for you?' 'I would like to do this,' and then you listen to what they come back with. We are constantly testing what we are doing because we do come from a middle class mindset and we have to be very careful we are tailoring for them and not turning into programs for program's sake.

**Ms FORREST** - Do you ever have a suggestion box or anything like that?

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**Ms MOUNTNEY** - Yes, we have a suggestion box, yes. That is usually about, 'Take us to the pub for a meal.'

**Ms FORREST** - You never know what other gem would be put in there.

**Ms MOUNTNEY** - We do, yes.

**Ms FORREST** - What is men's involvement, either as volunteers or their engagement with the centre like at east Devonport?

**Ms MOUNTNEY** - At East Devonport we have quite a number of young guys who have been coming in lately with their partners and their babies. We have had men's playgroup on a Saturday morning, which has gone into a little bit of a holiday at the moment, but it looks like it will be ramping up again, because it was quite a good time to access. We have the gentleman whose wife is pregnant again, a regular sitter. He is there.

We have a gentlemen who is a volunteer driver for us. He is an older guy who has a background in community work, and he does a lot of driving for us. We have a lot of buy-in from the businesses in the area because we are right on the edge. We have the butcher who cannot wait for the next barbecue because he wants to run it for us and he wants to do some cooking with the guys. We are always looking for men who can be volunteers and give different experiences. We find that food is our key connector.

**Ms FORREST** - It is one of those basic physiological needs.

**Ms MOUNTNEY** - It is. If they can get a meal to take home with their families. We had some amazing men's cooking classes. The conversations had - and we actually brought in a gentleman from Mission Australia as a facilitator. It was men with men and breaking down those barriers.

**CHAIR** - How do you staff the Saturday?

**Ms MOUNTNEY** - Time in lieu.

**CHAIR** - Time in lieu?

**Ms MOUNTNEY** - Yes, but we also pay for the facilitators who - facilitator - there is a staff member on site, yes.

**Ms FORREST** - You have been talking about the real issue of dealing with Maslow's Hierarchy and dealing with physiological needs first. In that community I am sure there are a lot of people not having their physiological needs met. Do you feel well equipped to deal with that so they can then move up the hierarchy or is it an insurmountable challenge?

**Ms MOUNTNEY** - That is where our service providers come in. We see ourselves as triage because they come in and they present with these different issues. We then prioritise. Our mainstay is to get a gateway worker allocated to come in and support - it might be the Salvation Army, Mission Australia, or it might be Vinnies - and we get a key worker for them.

**Ms FORREST** - You help them to access the services they need to have those needs met?

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**Ms MOUNTNEY** - We get food from SecondBite and Foodbank and we get a lot of donations of food. We will have a food box. We will do food and we will meet those initial needs. We might have to go to Vinnies and get a power card or something like that for them, but we do not take on the total responsibility, because there is no way we could and we are not here for that.

**Ms FORREST** - I have asked other witnesses before us today, about how do you find these people out there? In answering some of Ivan's questions you went part way to that. I know you have a really active presence in the antenatal area. It is only during the day?

**Ms MOUNTNEY** - Yes.

**Ms FORREST** - That does limit it somewhat. Does that provide that direct conduit? Are the women and/or families that access the antenatal advice, in classes or the care, do they continue to engage?

**Ms MOUNTNEY** - We see the antenatal when - as you know, when people are pregnant, they are only worrying about the birth at this point.

**Ms FORREST** - That is right. Get through that and then I will worry about looking after it.

**Ms MOUNTNEY** - Yes, we will worry about the next 90 years later. The fact antenatal is on site, and a hospital worker at the same time, there is a beautiful crossover. They know the place, they have been through the door, they know how to get out the door, and they know we are here. We often get them signed up for our calendar at that point. There is going to be a lull once they have had the baby and they are ready in six to eight weeks to come to baby playgroup. That is the next step, and then after we move forward.

**Ms FORREST** - How do you communicate then between the antenatal clinic you have there, the child health and then back into the centre?

**Ms MOUNTNEY** - They all talk.

**Ms FORREST** - It is all word of mouth?

**Ms MOUNTNEY** - They come and bring them to the desk basically. They come to the desk and say, 'Hi, here is Mary Smith. She would like to sign up for this.' Child Health has a great new system where an electronic system now tells us about births in the area. They can get a referral straight to the Child and Family Centre and to the Launching into Learning program. We found that started about a month ago.

**Ms FORREST** - In terms of sharing data, which has been a bit of an issue in some centres and maybe it is starting to correct through these sort of things - is it an issue for you? Has it improved?

**Ms MOUNTNEY** - True as in number data. If I need data of child and family centre numbers for the child health nurse, I contact their admin office and they just say, 'There has been so many visits over the month,' which is good. As for names, the names have to come through



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actually coming to the desk. If there is a family in true need, we do not breach confidentiality, but we can wrap around family in our own way. We have to think laterally.

**Ms FORREST** - Yes.

**CHAIR** - On behalf of the committee, Jenny, I thank you for your time today.

**Ms MOUNTNEY** - No problem.

**CHAIR** - I apologise we did not get to East Devonport as a committee.

**Ms MOUNTNEY** - That is fine.

**CHAIR** - It was really important we gave the other three CFCs the opportunity to speak to us.

**Ms MOUNTNEY** - I appreciate the time to tell you a little bit about East Devonport. We are all very different centres, but we all meet the needs.

**Ms FORREST** - It is good to have it on the record though.

**Mr VALENTINE** - It is great to see that, and how things are handled.

**CHAIR** - Thanks for taking the time to come along.

**Ms MOUNTEY** - Not a problem. I am sorry I could not bring my parent to come along. She was in the survey and she took it on herself to say, 'Well, we have to have a voice.' We typed it up for her and we typed verbatim the answers. She went and sat outside the classrooms and the kinder and said, 'This is important to me.' She actually fronted up to quite a few of the service providers and said, 'You tell me what you think,' and with all due respect to Maddie as well, she did it. That is why we did not type it up into something fancy for her. We wanted to keep the integrity of what she chose to do.

**Mr VALENTINE** - No, it was good.

**CHAIR** - On behalf of the committee, can you tell her we really appreciate it?

**Ms MOUNTNEY** - I will do that, yes. She would be quite chuffed. Thank you. Please drop in any time.

**CHAIR** - Thank you, Jenny. We will break for lunch until 2:00.

**THE WITNESS WITHDREW.**

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**Professor CATE TAYLOR** SENIOR PRINCIPAL RESEARCH FELLOW/CO-HEAD HUMAN CAPABILITY, AND **Dr KIM JOSE**, TELETHON KIDS INSTITUTE, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

**CHAIR** - Welcome to the committee. All evidence taken at this hearing is protected by parliamentary privilege. I remind you that any comments you may say outside the hearing may not be accorded such privilege.

Have you read the Information for Witnesses document?

**Prof. TAYLOR and Dr JOSE** - Yes.

**CHAIR** - The evidence you present is being recorded and a *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 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.

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

**Dr JOSE** - I am a post-doctoral full research fellow at the Menzies Research Institute based in Hobart and the University of Tasmania. I was involved in the research evaluation of the child and family centres that was conducted in partnership with the Telethon Kids Institute, which Cate is connected to.

**Prof TAYLOR** - I am a professor of child health research at the Telethon Kids Institute and the University of Western Australia in Perth in Western Australia. Since 2013, I have been living and working in Launceston and was responsible for leading the Child and Family Centre's graduation project and now the NHMRC funded Tassie kids project follows on and continues our research.

**CHAIR** - Excellent. I invite you to make a submission.

**Dr JOSE** - I might let Kate answer.

**Prof TAYLOR** - Child and Family Centres are a one-stop-shop bringing together services and supports for families with complex and high service needs in disadvantaged communities, where often mainstream services have been hard to access. One of the really important features of Tasmania's Child and Family Centres is they were co-designed in partnership with communities with a long lead time, so well before the first brick was laid, communities were involved. While the centres were based in communities with high needs based on high levels of socio-economic disadvantage, one of the other characteristics was the community really wanted a centre. That has been a very important feature. It has certainly been very well thought through and co-designed with community as an important feature.

The services offered include services available for all families with children from pregnancy through to age five. The sort of services you might find through the Child Health and Parenting

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Services or Launching into Learning. All Tasmanian families can access services like that, but what makes the centres different is they are all accessed under one roof. Parents can get to know service providers and the centre before they actually make a formal appointment. The informal access - the word of mouth, the coming to the centre with somebody else and really getting to know the centre and feeling a sense of trust, has been important in accessing the services.

In our study we used the local school as a sampling frame, this meant we included families where their children, who were younger than grade 2. Therefore they could have used a centre and did include then families who did and did not use centres. In our survey, parents who were using the universal services every family can access under one roof in a centre, were making more use of services. Importantly their perceptions of those services were very positive. Parents were finding the services to be very welcoming, inclusive and meeting their needs. As well as the formal services, the kinds of access centres provide to parents to actually learn incidentally from the service providers working in centres seem to be a very important part of the model.

Just by being in the centre, you have other service providers, other adults interacting with your child and demonstrating really effective ways of communicating. Providing early learning experiences for children seem to be an important feature. Generally overall, the study found centres were having a positive impact on parent's use and experiences of services. We could not in this study look at outcomes for children, which is very important. I am sure there is a question about that or I can mention it briefly now. What would you prefer?

**CHAIR** - Go ahead.

**Prof TAYLOR** - If we think about all the services coming together under one roof but being provided by different government departments - education and health - then the information collected about children and families is held by that government department.

When we started, there was not an overall enrolment record that went with the child throughout their early childhood and onwards into school. Unless you know which children are using the services, and some of the background characteristics of those children and families, then it is impossible to determine what the impact of the centres and the services are on the children's outcomes.

An important consideration where there are lots of risks, circumstances in communities with centres, that things could get worse for children before they get better because of the background characteristics. You only need industry closure or some other kind of circumstance which can really affect families and children and we want to make sure we were evaluating the impact of centres on children. To have a good research design allows us to understand the background circumstances and risk factors, and take those into account when we are relating, going into a centre with children's child development outcomes. That is the reason.

When we did our study in 2013 through to 2015, the centres had only been established since 2012, so there was not one birth cohort of children had the opportunity to use that. Ours was a cautious approach where we focused on parents' use and experience of the services as an appropriate measure of the short run impact of centres, but not on outcomes. We have a good design for that which we can talk about later on.

**Dr JOSE** - I will speak a little bit more on actual evaluation and what we have found from the survey. We also spoke to families who were using the centres as part of that evaluation

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project. As Cate has said, we found parents who were accessing the centres are actually using more early childhood services than families that were not. That ranged from parenting programs, to child health and parenting service, to actual vocational educational training for themselves. Those sorts of things.

Obviously, having services co-located addressed a lot of those barriers to access, whether it was transport or time and cost, so having them located within communities was really important. Families told us they were getting to appointments for their children because it was much easier.

Another important part of the co-location was the fact for some parents, who may not have wanted to disclose they were attending counselling or those sorts of activities to family members, could just say they were coming to the centre with their child, and would not necessarily have to disclose that sort of information. That is a really important element for some of our parents.

There is a strong sense of community ownership of the centres, and that preliminary contact with specialist services could happen often in an informal way. You might see the therapist from St Giles around the centre, and if your child, at some point, needed to access them, it was not a stranger you might be taking your child to. You had established some of those relationships prior. The way the centre operates is informal, non-judgmental, supportive and responsive. Every centre is slightly different, because the needs of their community would be different. Parents felt they could ask for the particular services they felt they might need, and the centres were very responsive to that. That was really critical for engagement with the centres.

From our evaluation, they were overwhelming, in general very positive, supportive places, parents were finding to use.

**Mr VALENTINE** - In reading your submission, it is interesting the point you make about individual parents liking the fact those services are altogether and they can go to see a particular professional without their husband knowing they are doing that.

Was that quite a significant portion of the cohort you interviewed or not?

**Dr JOSE** - No. We did not interview a large number of families, but it did come up in one or two of our interviews with some of our participants had found that really valuable. It was not necessarily a really common thing for parents, but where it was important, they really valued the fact they could do that in an anonymous way.

**Mr VALENTINE** - Having all the services under one roof was something very acceptable to most.

**Dr JOSE** - Most of the families found that was very helpful. That you can have the specialist services or counselling services. They were not necessarily all there, they cannot physically all be there at the same time as they are coming and going, but yes, the families are finding that really made the whole element of accessibility very important.

Families who might have two or three children in that pre-school age group. If you have got one child who is needing a specialist service try getting on a bus with two or three children. They said in the past they would have not used those services because of the difficulties in getting to places. The fact they could now do that much more locally and with other service providers is really important to them.

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**Mr VALENTINE** - Do you want to talk about any gaps you found in doing this research. Whether it would be good if certain services were provided at these centres that might have come to light?

**Dr JOSE** - I am not sure in terms of actual services of gaps. There are some limitations on the physical space in each of these centres. From the time I have spent I know the physical number of rooms they might have. They might be wanting to offer more services, but they do not have the physical space to bring them in.

Because they were responsive and each centre slightly different, no centre offers the exact same range of services. It appeared that Child Health and Parenting was in all of them and a number of parenting and training programs are run at different times.

Not all of them would have a GP working out of them, but some do. Some offer antenatal care and some do not. Whether there would be some communities that would have liked some of those services to be under when they are not, I cannot say. I am not aware of that.

I did not get a sense from our research there were major gaps in the sorts of services. If there were, it was often about physical limitations in terms of space.

**Mr VALENTINE** - When you were doing the research, it is only as good as the data you can get in. I appreciate that. You made mention of there might be indigenous people you were not able to interview. I suppose you cannot comment on what you do not know.

**Prof TAYLOR** - With different groups within communities, Aboriginal families or families from non-English speaking backgrounds the work we did, was based on the universal services and we did not target different groups within the community.

One of the reasons is it was our introduction, our relationship building with the families and with the communities, so we wanted to do it really carefully.

We had a terrific response rate to a written survey, 75 per cent, which was unexpected the engagement of the families, their generosity in taking part in the research was absolutely fantastic.

We did have an under-representation of Aboriginal families in the survey. Based on that I feel we could go back into a community and say we did not represent the voices of all families and through their community inclusion works and other key leaders within the community, we could engage with different groups under-represented in our survey in the future. A good starting point is going and approaching different groups based on the evidence from that survey, rather than evidence not from that particular community.

**Mr VALENTINE** - Are you intending to do that?

**Prof TAYLOR** - The Tassie Kids Project, because we are using administrative data for that study, does include everyone in the population. It will include all those groups. The field work in centres and other services in schools Kim is involved in will have a good representation of families within that. That is how we are doing that.

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**Mr VALENTINE** - Without that sort of information you do not have the complete picture of what their needs might be. That could be something to be addressed at some point.

**Prof TAYLOR** - The two centres, Geeveston and Bridgewater, were established with an indigenous focus. Those centres had been already involved in a Commonwealth evaluation process and we did not want to burden those communities with more research.

**Mr VALENTINE** - Thank you.

**CHAIR** - In your study it became apparent there is an issue with dads engaging with CFCs. We are now two years on from your report being published and it still appears to be an issue dads are not engaging with some centres. We heard a great initiative this morning from the Ravenswood CFC that they are opening on Thursday nights until 7.30 and they are getting good engagement from dads after hours.

**Dr JOSE** - In East Devonport it is Saturday morning.

**CHAIR** - Yes and in East Devonport on Saturday morning. Would you like to see that more widespread given your research and is it concerning two years on it is still an issue and these things are only just changing now?

**Dr JOSE** - There are a couple of elements to that. I am quite aware because I am currently in Child and Family Centres at the moment as part of this study. The Child and Family Centres have really taken on board some of our recommendations about engaging more with dads and are introducing strategies to address that. The ones you have noted and there are others where they are having dad's groups during the day and working hard at engaging with the dads. I would not see that as a concern. I would acknowledge the centres have been really open to that recommendation and taking that on board and working hard.

It is really important to acknowledge there is broader social cultural factors at play in many communities. Whether it is the community with Child and Family Centres or more broadly where it is probably still the perception of those early years of a child's life. In that first 12 months or 24 months it is often seen as the mother who still has that primary role. What we have found reflected broader social cultural sort of expectations. Those processes are changing slowly and Child and Family Centres over time will adapt to that. They have been very open to looking at what is happening in their local communities and attempting to address that in a way that works for them. I do not see it as a concern. It is a positive thing they have taken this on board and are working in the community to address.

**CHAIR** - I probably did not frame that the right way. I acknowledge they have done some great work trying to engage dads and as a broader issue maybe reflective of society, so I am sorry to -

**Dr JOSE** - That is alright

**Prof TAYLOR** - As researchers, it was only in the beginning of the year we were asked to go to the centre leader's meeting and they really wanted our advice about implementing the recommendations of this research. That is quite unusual. The deputy secretary was there from education and responsible for centres. I am not surprised you heard that today because they really were working hard on addressing that, which was great.

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**Mr DEAN** - On your research that was undertaken, I notice that you focused on the impact of CFCs on parents' use and experience of early childhood and family centres. In that, did you look at the types of parents who were accessing these centres? Further, whether they were getting to the parents who really needed this service? There are a lot of parents using the service that will do well, whatever and they, with great respect, do not need the service. Did you look at that in your research?

**Prof. TAYLOR** - It was a question that our government partners raised very early on in the first study: what is the add-on benefit of centres? That is fundamental. That question, what is the add-on benefit of centres -

**Mr DEAN** - That was my next question. How do we measure the success of these centres? Is it in school, kindergarten or where? I will let you answer.

**Prof. TAYLOR** - Yes, relative to mainstream services. There isn't a jurisdiction in Australia that can really tell you the answer to which families in a population are using which services, lined up in a pathway. From birth, children are eligible for very comprehensive child health and parenting services, early learning programs through education and childcare, all sorts of universal services. There has not been a study yet that has followed the whole population through all those services to identify which families are using these services, how it relates to children's outcomes and which families are not using those services.

In this current study, because the Department of Education is collecting enrolment information, we know which children in the population are using child and family centres. We can start to understand the characteristics of the families and the children who are using these services in centres compared to the rest of the population.

That is the goal of this partnership project, which is the departments of Education, Health, and Premier and Cabinet coming together to bring together the administrative data so that we can take that longitudinal view. It is very different from looking at the proportion of children who are attending a CHaPS visit at any one age. We are starting with children from birth, their first appointment at CHaPS is at two weeks, and we are going to be following them through all the services that are delivered as they are in the mainstream, as well as in child and family centres.

That is our approach to understanding what the add-on benefit is and who is using the services. We really need to know that for every child born in Tasmania, which is what we are doing at the moment.

**Mr DEAN** - It seems to me that we have these centres and we have people using them, but it is the outcome at the end that is the important factor.

Is there an outcome for the kids that go through it, and is there an outcome, in this instance, of the parents and guardians who also must be a part of it? They must be there with their children. That was my concern.

I would have thought we have been going long enough now to have a measurement. This has been going for about five years.

**CHAIR** - Since 2011.

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**Mr DEAN** - So they have been going for about six years. We should have known through the school system whether they have seen benefits from this involvement, but it seems we are not getting that and you did not look at that.

**Prof. TAYLOR** - Yes, we are. The way we are going to look at it in the Tassie Kids project is that, at age five, every child in Australia has a comprehensive developmental check. It is called the Australian Early Development Census. It covers all domains of development - physical health, mental health, language and learning. Nearly every child in the country has that measurement at age five.

That is our outcome; if we start with the birth cohort, then that is every child born in Tasmania, so we have that at the beginning point. We have the Australian Early Development Census at age five measuring the kinds of outcomes we would like to see improved through centres and other services. We are able to then put in between those things - birth and the age five outcome - all the possible service pathways that children and families could have used, and start to work out to what extent services have a positive impact, both in the mainstream, for whom, and what is the impact on child development. It is a long-term project.

For children who started using centres, let us say in 2012, the next Australian Early Development Census is in 2018. There was one in 2015. We already have, as you have said, more than five years of data available to start to work this out.

It is something that is not unique to Tasmania. Tasmania is actually on the front foot with evaluating the impact of centres on children's outcomes. A fundamental problem elsewhere is, what are the services delivered in the mainstream producing for children? It is a national problem, and I think Tasmania is further ahead with that than other states.

**Mr DEAN** - After all that, will Tassie Kids pick up a lot of that?

**Prof. TAYLOR** - Yes.

**Mr DEAN** - They will pick up a lot of that. The true measure, I would have thought, would be looking at a family that has lots of challenges, a down-and-out family, their children accessing the centre and where they go to after they access the centre.

**Prof. TAYLOR** - Yes.

**Mr DEAN** - How far is the Tassie Kids project before that is likely to be delivered?

**Prof. TAYLOR** - It was funded by the National Health and Medical Research Council in the middle of 2016, so it is quite early days. The government departments that are contributing their data to this, that has not been brought together before in this way, so it is new and groundbreaking. The Tasmanian Data Linkage Unit based at the Menzies Institute for Medical Research has the capacity to bring together all this information in a way that does not identify individuals, even though it is about individuals.

That is quite a new capacity. This whole process of government pooling the information about individuals and following them over the first five years is quite new. The project has begun; it finishes in the middle of 2019.



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**Mr DEAN** - That is when you hope to deliver your report, about 2019?

**Prof. TAYLOR** - Yes, but we will be delivering information as soon as it is to hand.

**Mr DEAN** - That is great. When you deliver any, it would be wonderful if we can get some to our committee. Thank you.

**Ms RATTRAY** - I think we will be finished before 2019.

**Ms FORREST** - Following up from that, in terms of the Tassie Kids project, are you having any challenges accessing the data that you need?

**Prof. TAYLOR** - No, because the industry partners are the other government departments - Health, Education, Premier and Cabinet -

**Ms FORREST** - I understand. That is why I am asking the question.

**Prof. TAYLOR** - No.

**Ms FORREST** - No?

**Prof. TAYLOR** - No, at the outset, before this was funded, there was this agreement that the data would be shared for this purpose. What makes that perhaps possible in a research context is that you apply for ethical approval to bring data together for a particular period. It is not as if you are changing legislation. It is under the auspices of an ethics committee, it has a beginning and an end, so the extent of the commitment is known.

**Ms FORREST** - I have just heard that data collection or access to data can be a challenge between them and working together. Maybe they are happy to give it individually to another third party body perhaps, which is helpful. At least they are cooperating with that. That is positive.

**Prof. TAYLOR** - Yes, and they are there around the table. For this research we have delivered, they helped write the questions. This is really designed that we come back to those departments with this joined-up information for the first time that they can use for whole-of-government purposes.

**Ms FORREST** - Yes. One of the other challenges you identified was the challenge associated with transitioning from services and supports. We have heard from anecdotal evidence and also from other organisations such as Neighbourhood Houses, for example, feeling that they have not been utilised as they had been or could be and there is some duplication.

What was your feedback and what has been the response to that finding, and is there a recommendation attached to that as well?

**Dr JOSE** - Yes. Certainly that was something that was highlighted by some of the parents about this transition process, once their children were older than the pre-school age that the centre covered.

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Unlike the sort of challenges around engaging men in the centres, my sense with the transition out of it is that this is a broader cross-jurisdictional conversation that needs to happen in both education and health, and even more broadly than that. There is the transition for the child, which we are hoping the transition is inter-school and then the services in the school will focus on primarily the needs of the child. That process is one of the transitions.

For parents who might be using the child and family centres to access counselling, support and things like that, those needs do not necessarily stop when their child starts school age. They have had the sort of centre where they have been able to access that and access parenting and things for their child. My sense is that there is no one place that would replicate that. Community houses might be great places for parents to continue to come together and address some of their support needs but community houses traditionally have not offered a lot of those specialised services necessarily.

**Ms FORREST** - Comparing teenagers is a bit of a challenge.

**Dr JOSE** - Yes, absolutely. A lot of families have pre-schoolers and teenagers. While community houses might be able to provide some of that ongoing support in some aspects, some of those more specialised services and supports that a parent might be accessing, a parent would then go back to accessing that whether it is at a central place or somewhere else.

My sense in terms of how to address that was that it probably needed a much broader discussion. It was not necessarily something that each individual child and family centre, on its own, could necessarily address, but it was something that child and family centres and the Department of Education needed to be aware of and be participating and including others - whether Health, Neighbourhood Houses or other services - in a much more broad-ranging discussion about that.

I would not say that there was no recommendation about what that might look like other than encouragement to have that broad discussion. That process of transitioning may be a much slower challenge to address in this space for parents.

**Ms FORREST** - In terms of measuring outcomes which are the most important measure, it is too early to measure almost any outcomes. Clearly the Tassie Kids project is working towards that. It is going to be even more important to keep that sort of research focused well up until the end of year 12.

**Prof. TAYLOR** - And beyond.

**Ms FORREST** - And beyond. Do you have any views on that and how best to make sure this does not drop off the radar? We can tick this one off, we have done this bit of research, but how do we make sure those sorts of things are continued?

**Prof. TAYLOR** - Having this cohort, it is about 12 000 children from birth. I would like to add on the prenatal period to that. That is something we can do - retrofit what was the level of engagement in the antenatal period that we can do, if there is an appetite for that.

Once we have assembled that cohort and we have their age five outcomes, we already have a lot of information on their school attendance. We can follow them through all the years of

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schools, all the NAPLAN and other assessments that take place, attendance, through to year 12 and beyond. Once you have that cohort established, you could do it.

**Ms FORREST** - So it would be an intention to keep going?

**Prof. TAYLOR** - Yes, it would. It will require funding and as with the centres, this is true across Australia, we are having to retrofit a research design model that is already operating. That is life so that is not a problem. It does require funding. We would certainly have the ability to keep going but we would need funding to do it.

**Ms FORREST** - Across the table at Estimates last week I asked the Health minister about engaging the Menzies Research Institute to look at the benefits to babies of women in the north-west region of being able to access dental care. It is only provided in that area at this stage. It was an initiative that I promoted to give some benefit to these significant changes that were happening on the north-west coast regarding maternity services, which the minister took on board because the evidence is clear around dental care and the impact on women and the health of their babies and prevention of premature birth. It would be interesting if that was one of the factors that was looked at. It has only started in the last 12 months and the first few women have just gone through it. There has been some positive feedback, I might add, from the women who have been involved in that. That is another thing, if you looked at it regionally, there could be a difference.

**Prof. TAYLOR** - Yes.

**Ms FORREST** - There are more low-socioeconomic women in some of those areas that this is relating to who could benefit from that.

**Prof. TAYLOR** - One of the things in the Tassie Kids projects too is to get this overlay of the service landscape in different regions - that basic kind of geospatial information about the services and the needs in the communities.

**CHAIR** - The longitudinal outcomes are obviously some way away and in your last report the early signs are good. In your opinion, should rollout of further CFCs continue given that the longitudinal data will take some time? Do you see a need in some communities for child and family centres?

**Prof. TAYLOR** - From an equity perspective, a service model that encourages more use of services now, the outcomes of services is crucially important. I suppose from government's perspective, equity of access is a first step. I think for the logic of this service provision under one roof there is strong evidence internationally - not so much strong evidence about the outcomes of this model but certainly all the signs are quite promising.

**Dr JOSE** - I would agree with you on that whole equity of access. I am certain there would be communities in Tasmania that would also feel well-placed to have a child and family centre within their community and would support that sort of process. In that sense the signs are certainly very positive. There would probably be communities who would benefit from having similar sorts of centres.

**Prof. TAYLOR** - There were over 30 communities that identified the need, so yes.

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**Ms RATTRAY** - I wanted to talk about the outreach component of CFCs. We have heard quite a bit about the important aspect of the outreach services and I represent a lot of the more remote and regional areas in the north-east and on the east coast towards the south of the state. Having a child and family centre in a particular area is all well and good but it is many kilometres away from people who could access them and be able to benefit from them. We have heard that it is really valuable to have those outreach services. Through your research, did any of the parents talk about being able to physically access them being an issue? Or are they all so much on the back door that it was not an issue?

**Prof TAYLOR** - We did our research in two centres, in Ravenswood and East Devonport. They were among the first to be open.

**Ms RATTRAY** - More centralised.

**Prof TAYLOR** - Yes. In your area, St Helens versus Scottsdale for example. There is a big distance.

**Ms RATTRAY** - One of the submissions said that every local government area should have a CFC.

**Ms FORREST** - Some are very big.

**Ms RATTRAY** - So Glamorgan-Spring Bay is from Bicheno to just outside of Sorell. Where do you put the CFC? It is not that easy. People often have trouble with access. Often transport is difficult. There is no public transport. I can talk about public transport -

**Ms FORREST** - Or lack thereof.

**Ms RATTRAY** - Or lack thereof for the people in our communities, who often rely on a lift. We heard that transport is so important. East Devonport has a bus to go around and pick their people up. They probably have public transport as well, so they are doubly lucky.

**Ms FORREST** - They are not going the distances that you're talking about either. They are only driving around East Devonport.

**Prof TAYLOR** - No.

**Dr JOSE** - You have talked about the data linkage, but we are also spending time in a couple of communities. One with a Child and Family Centre and one without.

Outreach is an area that both the partners, the Department of Education and Department of Health, are really interested in understanding more about, as well as engaging with families who maybe less inclined to engage in these services. It is on the agenda and we hope to have a bit more to say about that. The Child and Family Centre services quite a large area. Outreach is something that is on the services agenda.

With the Child Health and Parenting Services, the nurses do go out and do home visits, so they may be based at the centre. They might be driving an hour to families to do those home visits and return.

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Launch into Learning has some capacity, but again it is resources and manpower. The centres do have transport and are able to collect families and bring them in. It is on their agenda, it is in their thinking. They are trying to use different means, such as social media. Some of them are actively connecting in different ways with families who are more isolated.

It is not that people working in this space are unaware. It is a matter of working out the ways that work in best in those areas. It is a focus of Tassie Kids to try to understand a little better how outreach is working, what it looks like and how effective it is in reaching parents.

**Prof TAYLOR** - And where the gaps are.

**Ms RATTRAY** - In the good old days we had mobile kindergartens. They were really successful but then everyone decided not to do that. There would be some OH&S risk I expect that probably brought about that. It was a model that worked, particularly when you had a lot of outlying areas. There is a program that is run out of St Helens called Building Blocks. There is always a question mark over whether there is going to be funding for next time. They do mobile outreach and it works really well in those communities.

**Dr JOSE** - Yes. That is a great example and a model of how you can bridge some of those gaps.

**Ms RATTRAY** - You do not necessarily need a building

**Dr JOSE** - Not of bricks and mortar, no.

**Ms RATTRAY** - No, to deliver those services. You need a bus or something. The mobile component.

**Prof TAYLOR** - The Heart Bus health initiatives use that very well.

**Ms RATTRAY** - Yes, the big red heart bus. I watched the program the other night on ABC, and the breast bus.

**Dr JOSE** - Mobile dialysis units also operate. So there are different models of delivering these services.

**Prof TAYLOR** - There can be towns where there might be five children under five and they are living quite a long way from the services. Mapping of the population of young children will help show where there are gaps in services.

**Ms RATTRAY** - Once the new census data is available we will have the most up-to-date information. Everyone is hanging off the next lot of data, the census data.

**Ms FORREST** - In your research you were talking about other programs such as Sure Start in the UK, Promise Neighbourhoods in the USA, and Toronto First Duty in Canada. How do they compare with what is happening in Tasmania?

**Prof TAYLOR** - One of the defining characteristics of a place-based model is that it is customised to the location. The integration of services is common to all those models and some of the ways of working within those models are common. The implementation of it and the kinds

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of services is quite different. Children can spend days in care at Toronto First Duty - it is a different model. Those are other place-based early childhood models, but are not directly comparable to Tasmanian Child and Family Centres. That is one of the challenges with research. I now accept that we have to produce our own evidence about these centres.

**Ms FORREST** - So they are not really comparable?

**Prof TAYLOR** - No. Some of the elements are but principals-

**Dr JOSE** - Some of the principals would probably be the same but what they look like might be quite different.

**Prof TAYLOR** - And the political - the government context - is very different. Sure Start is customised to the way that the local government is in the UK.

**Ms FORREST** - Did you look at Scandinavia, particularly what happens in some of the Scandinavian countries? Not necessarily their specific programs. Finland is quite different - they start from birth and wrap services around right from the beginning. They pay a lot of tax to do it too. Did you look at those or not?

**Prof TAYLOR** - Look at them for models of how to evaluate the work here?

**Ms FORREST** - Yes, the outcomes particularly.

**Prof TAYLOR** - The outcomes, yes. We are lucky in Australia as we are the only country that has this national child development census at age five. No other country has that, even though Scandinavian countries have a long history of data linkage. Again, because of the school starting age being so different to ours the measures are for much older children and so not directly comparable there.

**Mr VALENTINE** - Did any of the people you interviewed talk about the need for these centres to provide a contact service for estranged parents? A kid's access to an estranged parent?

**Dr JOSE** - Most of the centres are places where those supervised access visits occur. For families who are using those child protection services, the centres are seen as a neutral child-friendly place. I do know that the services are used in that way. Some of our parents may or may not have used them in that way. I cannot off the top of my head recall.

**Mr VALENTINE** - That is all right, I wondered whether it came up.

**Dr JOSE** - Certainly some of them would have done. I know that is an important role that the centres use and that-

**Mr VALENTINE** - There is nothing you can quantify. Thank you.

**Ms RATTRAY** - Most of those access visits are on a weekend, aren't they?

**Dr JOSE** - They often use them during the week.

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**Ms RATTRAY** - They would not be open on a weekend and there is no Saturday morning at East Devonport and they said they did not do it.

**Dr JOSE** - Certainly some of them. Child Protection will come and they might meet with the family because of the child or they may collect and drop off. They certainly are used as places where some of those children connect. They are safe, neutral places and it might be where a family is happy to drop the child and then have them taken to the other campus.

**Mr DEAN** - It is a while since I have read your work there. I quite enjoy it. I did not pick up in it - I might have missed it if there was - any criticism of the CFCs in any way. Did you find any areas you thought they might be able to improve on and do things better in?

**Prof. TAYLOR** - That is a good question. The survey included parents who did not use centres and we asked them about characteristics - 'Did you feel respected and valued?', 'Did you get what you needed at the centre?'. People could ask for that privately, anonymously. When we put together that information there certainly was a possibility that the characteristics of the centres were not judged positively. That was open. The positive findings are what the parents reported about their experiences.

If there were some negative perceptions that were picked up, we could have addressed those but there weren't.

**Mr DEAN** - When you are talking to various people about this they are reluctant to say they do not like this and that they would like to see improvements there, particularly when they are using a service. Very clearly, there are people on this committee who, through the Chair, Josh Willie, can come up with some ways of making it better, I would hope - maybe not but I would think we could. Things like, how do you access all of the families out there who are challenged and they need to be in a centre like this, for a start? How do you measure the success of the centres? That is another very important one and we need to go down that path.

**Prof. TAYLOR** - In terms of their reach and that is where using the information about how many children are in the age range who could be seen by the centre, using administrative data that does not require people to volunteer for a survey is the way to identify the denominator and from that, how many parents there are.

In the work Kim is doing, we are talking to parents who do and don't use centres to try to get some information about the barriers to accessing the services.

**Mr DEAN** - The Ravenswood and East Devonport centres are two pretty good models when you look at the differences. East Devonport focuses on the East Devonport area and that is where its main body of people are. With Ravenswood you have Ravenswood but then you have Waverley connected right to it, which has some socioeconomic group problems and issues. You have Mowbray as well and some areas of Mowbray are very close to Ravenswood. The Ravenswood centre concentrates on Ravenswood itself. I am wondering how they need to branch out. I am not sure how they are meant to do that. Interesting. You do not want to comment?

**Dr JOSE** - I imagine that is a work in progress and we will have some of that. I am sure a lot of it is resourcing. If you think they had two staff members to start with. In terms of numbers of people coming in, you cannot have people outside.

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**Mr DEAN** - You could never have a centre at Waverley because there are not enough people. Would you have one at Mowbray? Maybe you would because there are a lot more residents in Mowbray than there are in Ravenswood. I do not know, and the Newham area.

What is the vision at the end of the day? It is fair that the people in Ravenswood can access this centre - which is great, it is good - but that people at Waverley who have just as many demands and requirements do not really have access?

**Ms FORREST** - They are not excluded though.

**Prof. TAYLOR** - No. I was going to say, there is no reason why they could not use it.

**Mr DEAN** - No, they are not excluded, but they are not a part of it. That is the thing. Some of them do access it, I know that, but it is not focusing on that area as such.

**CHAIR** - Do we take that as a comment or -

**Prof. TAYLOR** - Yes, I will take that as a comment.

**CHAIR** - Would you like to finish with any closing statement?

**Prof. TAYLOR** - Thank you very much for the opportunity to meet with you. I really appreciate it.

**CHAIR** - On behalf of the community, we thank both of you for your time and also the time you put into your submission, and for the work you are doing.

**Ms FORREST** - We are looking forward to the further results.

**Mr DEAN** - Yes.

**CHAIR** - Yes, in 2019.

**Prof. TAYLOR** - Yes. I feel very fortunate to be doing the work here in Tasmania.

**Mr DEAN** - Well done.

**CHAIR** - Fantastic. Thank you very much.

**Prof. TAYLOR** - Thank you.

**THE WITNESSES WITHDREW.**



## PUBLIC

**Mr GARY BARNES**, MANAGER, ST MARY'S FINGAL EARLY YEARS, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

**CHAIR** - 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 read the information for witnesses document?

**Mr BARNES** - Yes, I have.

**CHAIR** - Thank you. 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 the committee, you can also 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. Could you please advise the committee of your field of interest and expertise?

**Mr BARNES** - For 15 years I have worked in IT support in schools, then for a local IT company in Launceston for 18 months. I am now the coordinator of the Fingal Valley Neighbourhood House.

**CHAIR** - Neighbourhood House?

**Mr BARNES** - Yes, and chair of the school association at St Mary's District School.

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

**Mr BARNES** - I have been invited to come along as a member of the Early Years group at St Marys and in my role as chair of the school association. As a parent of a four year old we have used some of these services. I live in the Fingal Valley and with the CFC being based at St Helens it has not been easy to engage with it because of the distance and travel and work commitments.

**CHAIR** - Are you happy to take questions?

**Mr BARNES** - Yes.

**Ms RATTRAY** - Thank you for coming along, Gary. We have heard quite a bit today about the outreach services that CFCs around the state in the 12 existing models provide to the community. I would like to have some understanding about those outreach services and whether in your case, in the case of the Fingal Valley, does the St Helens CFC outreach services hit the mark? Then could you touch on the Building Blocks initiative, because that is a mobile engagement service. Is that fulfilling a role?

**Mr BARNES** - Building Blocks, definitely. Building Blocks visits the local primary school and the Neighbourhood House at different times throughout the school term. Even out to Mathinna.

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**Ms RATTRAY** - Pyengana?

**Mr BARNES** - Yes, Pyengana. That seems to work really well. As for engagement with CFC, I would not say that has been very well executed or ties in very well at all with the local community.

**Ms RATTRAY** - What about the outreach services that the St Helens CFC provides? Or perhaps they do not bother because of Building Blocks?

**Mr BARNES** - I would say because of Building Blocks there has been no CFC outreach. Unless you were able to visit the centre at St Helens.

**Ms RATTRAY** - It has also been suggested that providing some additional kindergarten infrastructure and putting support services into kindergartens would be better than building more CFC structures.

**Mr BARNES** - I would not suggest CFCs would be the right answer for St Marys-Fingal community, although it would be good to expand the kinder to include the current child care facility that is in the small house up at the hospital complex. The St Marys school has so much space available for buildings. As a parent that would be good going from the childcare into the kinder and then onto into further schooling.

**Ms RATTRAY** - A seamless transition.

**Mr BARNES** - Yes.

**Ms RATTRAY** - Chair, before I let the questioning go on, I want to acknowledge that the submission was first class. Not because I know the Fingal Valley community.

**Mr BARNES** - We have moved on a couple of versions since that one, so we have thought out some more.

**Ms RATTRAY** - The level of presentation was first class - I want to acknowledge that. I am happy to share the questioning, Chair.

**CHAIR** - When you say new versions, you have obviously updated?

**Mr BARNES** - Yes, we have been working on the drafts. I was hoping somebody would be able to come with me today who has done some work on it but she was unavailable.

**CHAIR** - What changes?

**Mr BARNES** - In the presentation, mainly - tidied up a lot of information. I think the content is primarily the same.

**Ms RATTRAY** - The same issues?

**Mr BARNES** - Yes, just presented differently.

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**Mr DEAN** - Early years education and care for the Fingal, how does it all work in? How do you visualise it working?

**Mr BARNES** - At the moment we have the small NCN child care centre located at St Mary's community health that's connected to the old hospital.

**Mr DEAN** - In St Marys?

**Mr BARNES** - Yes, and then we have the kindergarten at the school, which is a demountable building. Through this, we thought if we could tie it in with the NCN being moved to the local school, because it is at the entrance to the school, if we could have the NCN centre moved into a new building that encompasses the kindergarten and maybe some Launching into Learning space, it would then be a seamless transition for children going from child care into kindergarten and beyond, using the Launching into Learning and the Building Blocks program as well all in the one sort of stop.

**Mr DEAN** - All in one locality.

**Mr BARNES** - Yes. Whereas at the moment, some of the NCN child care children are probably excluded from some activities because of the nature of the location and having to walk to the Town Hall from the child care centre if this activity is on.

**Mr DEAN** - What age groups does the early learning services cover?

**Mr BARNES** - The early learning services at the child care?

**Mr DEAN** - The one we are talking about here - early years' education and care for the Fingal Valley. What is the age group?

**Mr BARNES** - We would be aiming for that to be child care from zero to two years. Then we have zero to three years with the new kindergarten, or zero to five even.

**Mr DEAN** - I am sorry I didn't learn all about it. I have a view on this but I have not read through it all. I glanced through it. There is much reading I have had since the weekend. Gary, is this, in any way, targeting the at-risk kids, the families and kids who really need early education opportunities?

**Mr BARNES** - That was in our thinking, to try to include the whole community, not just the families who could afford to have the child care. That would work more in with the Launching into Learning and the Building Blocks programs, and all the kids together.

**Mr DEAN** - That is critical and that is what our child and family centres are all about, aren't they?

**Mr BARNES** - Yes.

**Mr DEAN** - In the main, they are targeting those vulnerable families to get them into -

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**Mr BARNES** - Yes. If we could encourage people from the Mathinnas and Upper Esks to come through to the centre at St Marys, that is more achievable than trying to get them from Upper Esk and Mathinna to St Helens.

**Mr DEAN** - I was not able to get to the Child and Family Centre at St Helens but is that located -

**Ms RATTRAY** - Right beside the school.

**Mr BARNES** - We have the school, the trade training centre and then the district high school.

**Mr DEAN** - That is a benefit, in my view. The one at Ravenswood is pretty well opposite the primary school as well. There is that close connection with Zachary Taylor and the school there.

**Mr BARNES** - That was in our thinking, having everything at the entrance to the school where the current kindergarten building is, if that was achievable.

**Mr DEAN** - Thanks.

**Ms FORREST** - One of the benefits of child and family centres that has been very apparent in the centres we have is that integration of services so that a family can go there for a whole range of reasons. It might just be to play but, while they are there, they will come across a whole range of professionals or education professionals who can assist them in a whole range of areas.

I hear you are proposing a child care centre that links to the school as a co-located service - in a new facility rather than the old demountable - that transitions through to kindergarten and then through school. There is certainly merit in that. If we look at it, there is disadvantage in the St Marys area and you have provided detail around a lot of identified need there. Without that integrated, broad service, aren't we potentially not servicing the community as well as we should be?

**Mr BARNES** - Maybe. In our thinking as well, had we had the child and family centre at St Helens that could maybe outreach to St Marys a new facility, that would be more beneficial to the community than just having the CFC.

**Ms FORREST** - Linking it with St Helens as well?

**Mr BARNES** - Yes. It would have to link back, without any doubt, to St Helens to have those services visit. I know there are families who would probably travel to Campbell Town to the child health nurse, for instance, rather than driving to St Helens because of the nature of the road. If we had those services visiting -

**Ms FORREST** - Do you have a child health [nurse] in St Marys?

**Mr BARNES** - There has been and I think there still is - I cannot be 100 per cent sure on that, sorry. The main focus has been in the child and family centre at St Helens, as I understood it. In our personal circumstance, we actually went out to Campbell Town to the child health nurse rather than here.

## **PUBLIC**

**Ms FORREST** - You are not sure if there is a child health nurse who visits?

**Mr BARNES** - There may be one who visits St Marys regularly but I am not 100 per cent sure on that right now.

**Ms FORREST** - Where does that child health nurse go now? Is it to the hospital?

**Mr BARNES** - To the hospital, yes.

**Ms FORREST** - If you moved that -

**Mr BARNES** - In that could all be where everyone congregates, that would be -

**Ms FORREST** - On page 4 of the version we have, it says -

Proposed changes to the starting age

Our community has no space to accommodate any lowering of school ages and in the development of the appropriate approach that would support the needs of this younger cohort. The recent school redevelopment involved the creation of a master plan which has not consulted formally in relation to the early years facility needs.

I am a little bit confused in that you are saying let us build a new facility to replace what is obviously an aged and probably an inappropriate facility for the kindergarten and to make it bigger and more able to provide early child care and the other early learning. I am not sure how that statement fits in with that proposal.

**Mr BARNES** - Currently, at St Marys, they are working on their redevelopment plans for the new performing arts area and the classroom redevelopment. As part of that process, they have been developing a master plan for the school site. In formulating that plan, there hasn't been, or there does not appear to have been, a lot of consultation on how the kindergarten might fit in with all that.

**Ms FORREST** - Was some of the funding that was proposed for that for the school to develop an area or upgrade or whatever?

**Mr BARNES** - Upgrade existing.

**Ms FORREST** - Is it to build a performing arts centre and upgrade some of the older ageing facilities?

**Mr BARNES** - Some of the older ageing classrooms but not the kindergarten.

**Ms FORREST** - Do you know why that is? Why that proposal was not put forward by the school association at the time?

**Mr BARNES** - No, I think the school identified their requirements with performing arts and the ageing main building they have and decided to apply it to the performing arts.

## **PUBLIC**

**Ms FORREST** - For that area?

**Mr BARNES** - Yes.

**Ms FORREST** - There has not actually been a request to upgrade the early years area?

**Mr BARNES** - No.

**Mr VALENTINE** - It is a high school, is it?

**Mr BARNES** - A district high school. We still want to see that project happen, of course.

**Ms FORREST** - Yes. I am just saying that is probably why that is being progressed in terms of their master plan, but it is important for the school association to get involved in that.

**Mr BARNES** - Yes, to be more active.

**Mr VALENTINE** - I am trying to understand the level of services that are available in St Marys itself, without thinking of the CFC in St Helens. Can you describe what sort of services are provided out of the Neighbourhood House?

**Mr BARNES** - The Neighbourhood House is located in Fingal. We are going through a period now of trying to get more services to visit us and operate out from us. Currently we have Building Blocks, which visit us once a month. We have a play centre that operates one day a week for three- to five-year-olds. We are working currently to get other services to visit the community.

**Mr VALENTINE** - Services for parents?

**Mr BARNES** - Yes, for parents if required.

**Mr VALENTINE** - No, I mean now. Are there services for parents now out of the Neighbourhood House?

**Mr BARNES** - Not currently. We have the Baptcare, Anglicare and all those services we can refer to. We are now currently working on getting service providers, if they can, to visit the house or the centre if that -

**Mr VALENTINE** - Fingal is fair way for people who might not have a car. How do you overcome that? Do you have some service transporting people there?

**Mr BARNES** - The Neighbourhood House has a car and a 12-seater bus so we have community vehicles we can help transport people around with if required. We do that now with Eating With Friends as a Neighbourhood House. Services for parents is something we need to expand on. We have the op shop, of course.

**Mr VALENTINE** - Thank you.

## **PUBLIC**

**CHAIR** - It has been a while since I have travelled from St Marys to St Helens, but how far is that travel time?

**Mr BARNES** - Travel time can range from 30 minutes to 45 minutes, depending on traffic and the road and the weather.

**CHAIR** - Have you considered using the Neighbourhood House vehicle to get families to the St Helens Child and Family Centre and back?

**Mr BARNES** - Getting families in the vehicle would be difficult without the proper child restraints. Nobody has put that request to us. I have only been there 10 months in the coordinator role.

**Ms FORREST** - How do you see that Neighbourhood House integrating with what you are proposing? Unless something amazing happens and there is money to be spent on whatever you want, we are not going to have a CFC in every town. What you are talking about is a hybrid?

**Mr BARNES** - If we could have services-

**Ms FORREST** - So there seems to be some duplication with Neighbourhood House and CFCs in some areas. How do you see the connection, if this proposal was an early learning centre at the school, in terms of how far away is the Neighbourhood House and how would you see the linkages there and what role would each play?

**Mr BARNES** - If services such as Building Blocks visited the Neighbourhood House then parents that live in Mathinna, maybe even Avoca, could travel to the Neighbourhood House. We could even assist with travelling to get to the Neighbourhood House. I still see there is a role, not for duplication, but providing a space for services to operate from.

**Ms FORREST** - Where is the Neighbourhood House? In St Marys?

**Mr BARNES** - It is in Fingal. There is a Neighbourhood House in Fingal and everything else is in St Marys. Transport is going to be an issue for everyone.

**Ms FORREST** - Does the school have a bus that you can use?

**Mr BARNES** - The school has a 12-seater bus, as far I understand. That is all they have.

**Ms FORREST** - Is it fitted with child restraints for younger children?

**Mr BARNES** - I do not know if it would have child restraints fitted.

**Ms FORREST** - Could you fit them to it?

**Mr BARNES** - I am not sure it would have the anchor points, it is a Toyota Hiace. I am not sure it would have the anchor points in the back of the seats to have the child restraints in there.

**Mr DEAN** - The population of St Marys is about 522. Is it a young family area? How many children go to the school at St Marys?

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**Mr BARNES** - I think about 350.

**Mr DEAN** - It would have a fair outreach area as well.

**Mr BARNES** - Children travel from Bicheno, Scamander, Mathinna and Fingal to attend the school.

**Mr DEAN** - Why would you go down this path rather than setting up an offshoot of the Child and Family Centre?

**Mr BARNES** - This concept was to have the facility at St Marys at the school to replace the current demountable kinder building and add an extra room for the child care facility.

**Mr DEAN** - The Child and Family Centre system also embraces parents and the guardians and so on. This would be a similar concept?

**Mr BARNES** - I guess it gives parents a place to come but not duplicate services. With the child care centre and the Launching into Learning spaces.

**Mr DEAN** - Have you had discussions with the Child and Family Centre at St Helens?

**Mr BARNES** - I have not personally, but some other members of the group have. Tanya Greenwood, our Building Blocks lady-

**Ms RATTRAY** - She was at St Helens the day we went to the centre.

**Mr BARNES** - She works closely through Building Blocks and she is a member of this group.

**Mr DEAN** - When you were saying people at St Marys would sooner access Campbell Town than St Helens, I was wondering, because the drive to Campbell Town -

**Mr BARNES** - I was more meaning Fingal. You are essentially in the middle.

**Mr DEAN** - You are right. Sorry, about that, I had it wrong.

**Ms RATTRAY** - Gary, regarding child protection, you said Baptcare 'are our current Gateway service providers but do not participate in the early years program'. Can you expand on that? Do they only look at child protection measures?

**Mr BARNES** - I think that was the idea. A lot of services travel through the valley to St Helens but do not stop along the way, which is part of our challenge.

**Ms RATTRAY** - My question is following on from Ruth about the Neighbourhood House. I know what a focal point the Neighbourhood House is to the Fingal area. If something like what has been suggested at St Marys comes to fruition would that undermine what you are doing at the Neighbourhood House? I know they work collaboratively in a lot of areas but I would not like to see one become the focal point and then there be a diminution.

**Mr BARNES** - I do not think we would get that.



## **PUBLIC**

**Ms RATTRAY** - You think you have enough points of difference and are offering different services to make sure you have the need for both?

**Mr BARNES** - Yes, I think so. The Neighbour House is becoming a focal point for a lot of community members, even from Mathinna and Avoca. We are branching out more into our catchment area.

**Ms RATTRAY** - Fingal draws -

**Mr BARNES** - Even Rossarden.

**Ms RATTRAY** - the western side.

**Mr BARNES** - From the eastern side as well.

**Ms RATTRAY** - Chair, I do not have the current numbers on the Avoca school. Do you know the current numbers, Gary?

**Mr BARNES** - I think between 30 and 40.

**Ms RATTRAY** - That will become a challenge.

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

**Ms RATTRAY** - Without any more families moving into the area it will be hard to keep that school going.

**Ms FORREST** - Like Red Park.

**Mr DEAN** - Evandale was down to about 11, so you have a way to go.

**Mr BARNES** - I think the Fingal campus of St Marys and Fingal maybe has 30 children.

**Ms RATTRAY** - I am not sure the committee is aware the Fingal campus is an annex to St Marys; it is not a stand-alone school. It seems to be working really well.

**Mr VALENTINE** - Primary obviously?

**Ms RATTRAY** - No, I think kindergarten to grade 4. Then from grade 4 onwards you go to St Marys.

**Mr DEAN** - How far has your position advanced?

**Mr BARNES** - We have some architects doing design work for us.

**Ms FORREST** - Pro bono?

**Mr BARNES** - Pro bono, yes. To put that together so we have some idea of how that looks.

## **PUBLIC**

**Mr DEAN** - What is the council's position?

**Mr BARNES** - I could not say. I have not spoken to anyone at the council recently. I think they are supportive. I can find that out.

**Mr DEAN** - You would think they would be, wouldn't you. I would be very surprised if they weren't. They would be a major player.

**Mr BARNES** - Councillor Janet Drummond has been involved with some of the meetings.

**Mr DEAN** - She has done a lot of work on it. So, well done.

**Ms RATTRAY** - It is interesting how big Mathinna is. People do not think about Mathinna being a very big place but when you go there and you doorknock, there are people. It is quite a big place particularly the Mathinna Club, as we know, Gary. A very busy place on the weekends.

**Mr BARNES** - It is a very active little community.

**Ms RATTRAY** - Yes. Even though Mathinna is small, if the residents could not access some of those services at Fingal they would have to go all the way to Campbell Town or all the way back to St Marys or St Helens. It is a long way.

**Mr DEAN** - Things like this could and would attract more people to the area. People are very concerned about young children. They want their children to get the best start in life and if they can get access it makes a big difference.

**CHAIR** - Do you have any closing remarks?

**Mr BARNES** - Just checking my notes.

**Ms RATTRAY** - Something we did not ask you, Gary, that you think we need to know.

**Ms FORREST** - It is really important we know.

**Mr BARNES** - The changes in the starting age of kindergarten will have an impact on the current facility.

**Ms RATTRAY** - Do you know what your cohort number is for those in that age group?

**Mr BARNES** - Not off hand. The current kindergarten has 24 children. I am not sure -

**Ms RATTRAY** - Whether the next one coming along has the same number or not.

**Ms FORREST** - Is child care just in St Marys?

**Mr BARNES** - Just in St Marys.

**Ms FORREST** - There is none in Fingal?

**Mr BARNES** - None, in Fingal at all.

## **PUBLIC**

**Ms RATTRAY** - Family and friends isn't it?

**Ms RATTRAY** - Yes, family and friends is a big part of it.

**CHAIR** - On behalf of the committee, Gary, I thank you for your time, the time you put into the submission and driving to Launceston to speak with us today. Thank you very much.

**Mr BARNES** - Thank you.

**THE WITNESS WITHDREW.**