Engaging, supporting and working
with children and families in Tasmania's
Child and Family Centres

*Report on the impact of Centres on parents' use and
experiences of services and supports in the Early Years*

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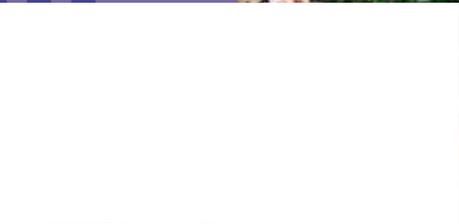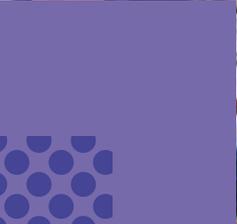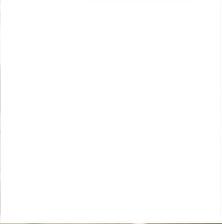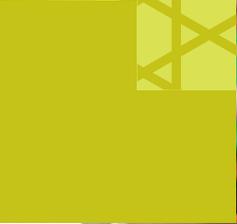
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Governance of the Child and Family Centres

There is a whole-of-government approach to governance, funding and planning for Tasmania's Child and Family Centres with the Department of Education nominated as the lead agency. This coordinated approach recognises that children's health and wellbeing, learning and care is not the province of any one discipline or government department. The highest level of governance is the the Child and Family Centre Steering Committee. This Committee consists of Deputy Secretaries of the Department of Education, Department of Health and Human Services, Department of Police and Emergency Management, Department of Premier and Cabinet and the Director, Equity, Early Years and Schools, Department of Education.

For this project, specific governance arrangements were put in place. These included:

a — **Project Sponsors**
Deputy Secretary, Early Years and Schools, Department of Education

Chair of the Tasmanian Early Years Foundation

b — **Business owner**
Deputy Secretary, Early Years and Schools, Department of Education

c — **Project manager**
Director Equity, Early Years and Schools

d — **Department of Education Early Years Reference Group and Evaluation Oversight Group**
Director Educational Performance Services
Director Equity, Early Years and Schools
Principal Educational Review Officer

e — **Department of Education Project Team**
Director Equity, Early Years and Schools
Principal Educational Review Officer
Project Officer

f — **Telethon Kids Institute**
Chief Investigator
Project Officer
Research Officer

g — **Project Team**

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Foreword

The Tasmanian Government has made a significant commitment in recent years to ensure children have the best possible start in life. All Tasmanian children are given the opportunity to be healthy, safe and curious learners, nurtured by confident capable families living in strong supportive communities.

The cycle of disadvantage within families and across generations remains a barrier to this and continues to prevent some of our children from realising their true potential. Breaking this cycle is one of the most persistent challenges facing Tasmania and the world.

To make headway, we need to find a way to combine all efforts in this area. We also need to provide a clear easy-to-access pathway to support and services to further assist families who are seeking out help but don't know how to navigate the system. Located in the heart of the communities they serve, Tasmania's Child and Family Centres do just that.

The Department of Education is the lead agency with responsibility for all aspects of the development and management of Tasmania's Child and Family Centres. The initiative is in line with our *Learners First* mission "to provide every Tasmanian with the opportunity to continue to learn and reach their potential, to lead fulfilling and productive lives and to contribute positively to the community".

Child and Family Centres are an inter-agency collaboration. Other agencies involved are the Departments of Health and Human Services, Premier and Cabinet and Police and Emergency Management. This partnership makes the Centres ideally positioned to meet the needs of children and families.

Tasmania's Child and Family Centres offer a range of child and family health services allowing for ready access to resources and supporting healthy development in children from before birth. Key to the success of the Tasmania's Child and Family Centres are the connections being built between children, families, communities and service providers. We can be confident that we are putting our efforts into what will make a real difference for Tasmania over the long term.

I am pleased that the Child and Family Centres in Tasmania are being recognised for the excellent work they do with families with young children. Ongoing collaboration and exchange between families, practitioners, governments and academics will help to transform disadvantaged communities and to further raise the quality and access to early childhood services across the state. Tasmania needs strong, thriving communities in all socioeconomic areas, which is exactly what the Child and Family Centres are working towards every day.

This evaluation of the Child and Family Centres has highlighted the important work happening in the Centres, and the difference they make to the lives of families throughout Tasmania especially in communities with greatest need.

Colin Pettit
Secretary | Department of Education

EXECUTIVE SUMMARY

The Child and Family Centres' vision is that all Tasmanian children have the best possible start in life, are healthy, safe and curious learners, nurtured by confident, capable families living in strong, supportive communities.

Executive Summary

Key findings

The results showed that Tasmania's Child and Family Centres had a positive impact on parents' use and experiences of services and supports for young children. Parents provided evidence that Centres were successfully engaging, supporting and working with families to give their children the best start in life. Parents experienced Centres as welcoming, respectful and inclusive places that were helping them develop positive child, family, school and community connections.

Recommendations

The recommendations from this project are that Centres continue to engage, support and work with children and families according to the principles and priorities identified in the Strategic Plan. These principles and priorities include whole-of-government and local community governance, joined-up working, shared training and learning opportunities for service providers, families and community members; partnerships with families, and flexible service delivery that is responsive to the community's needs, now and in the future.

Two specific recommendations are to work with local communities to **(1)** employ strategies to engage fathers and male caregivers; and **(2)** develop ways in which the positive benefits of Centres continue when children and families transition from Centres to schools after the age of five years. In relation to future research, there are benefits to continuing to develop a state-wide administrative data collection system for Centres and to exploring the possibilities of joining-up early years administrative data so it can be used to investigate the impact of Centres on children's health and education outcomes over time. This project was a successful partnership between the researchers, the Department of Education, Centres, schools and communities. The beliefs that guided this partnership paralleled the beliefs that guide the work of the Centres. A final recommendation is that future research is conducted in partnership with government departments, Centres, schools, and families, from the initial idea through to communicating the results.

Background

Experiences and opportunities in the first five years of children's lives lay the foundation for their futures. This report documents the findings of a project that investigated the impact of Centres on parents' use and experiences of services and supports for children from pregnancy through to the age of five years. Announced by the Tasmanian Government as a whole-of-government initiative in 2009, the Centres are a new place-based service model for the provision of early childhood services and supports in communities with high service needs. Centres bring together service providers from different disciplines, professions, government departments, service organisations and the community to achieve a common purpose – to engage, support and work with families to improve the health and wellbeing, education and care of their children.

Methods

This study used a mixed-methods approach to explore the impact of Centres on parents' use and experiences of preschool services and supports. The methods included a survey, focus groups and interviews. The study took place in East Devonport and Ravenswood. These communities have high numbers and proportions of families with children from birth to five years and their Centres were amongst the first to open.

Here, and throughout the report, the results are presented according to topic rather than method and combined for both communities. For conciseness, parents who used Child and Family Centres are referred to as 'Centre users' and parents who did not use Child and Family Centres are referred to as 'non-users'.

Parents' use and experiences of preschool services and supports

There were differences in parents' experiences of the services and supports they used, depending on whether or not they used a Centre. Compared to non-users, Centre users were more likely to report that services and supports were convenient and close, committed to helping, understood issues, worked closely together, and responded in a timely way.

Centres were identified as informal, accessible, responsive, non-judgemental and supportive places where people felt valued, respected and safe. These qualities appeared critical for facilitating engagement with services and supports in Centres.

Parenting

Centre users were more likely to report that services and supports helped them develop new parenting skills than non-users.

Parents reported that Centres offered formal and informal parenting services and supports and promoted positive parenting practices. Parents said that involvement in parenting courses and related activities at Centres had increased their confidence as parents and helped them develop new parenting skills and knowledge, as well as strengthened family relationships.

One challenge raised by parents in focus groups and interviews was the need to make Centres more accessible for males.
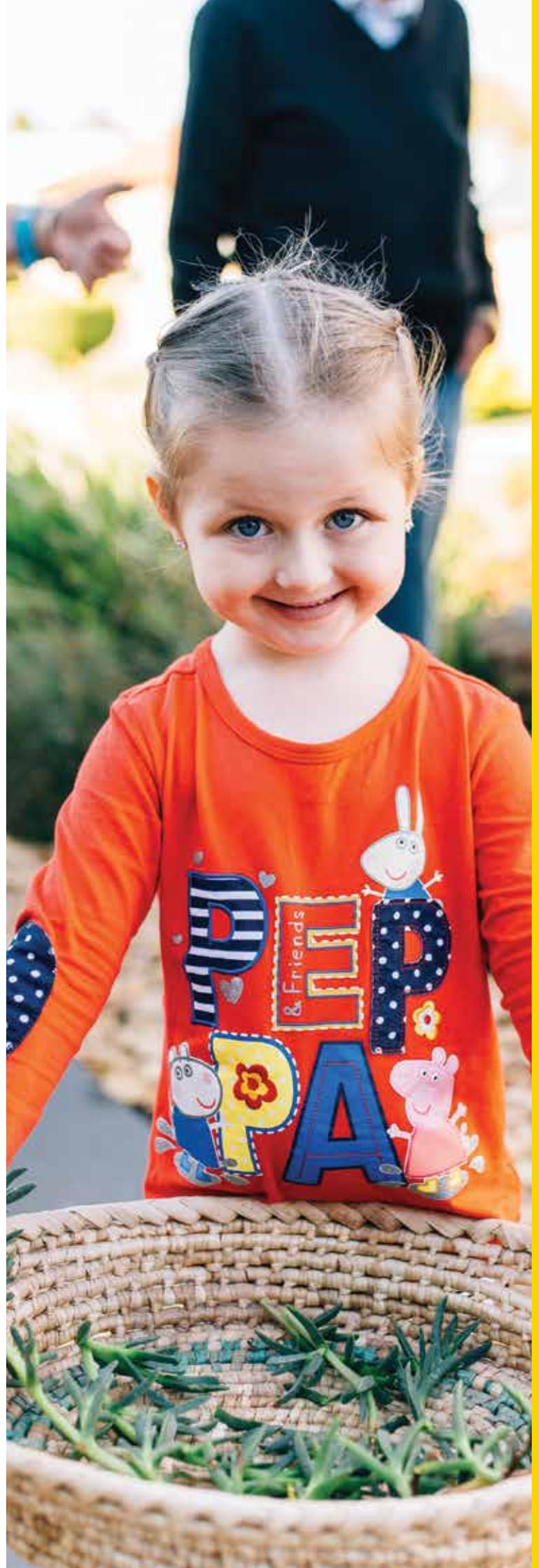
Children

Centre users were more positive about preparing their children for school than non-users. Also, Centre users were more positive about making closer links with the local school than non-users. Parents also said that their children had access to experiences and opportunities in the Centres that families would not otherwise have been able to provide their children.

Training and learning

Centre users reported that their involvement in training and learning opportunities through Centres had led to increased confidence, new skills and knowledge, assisted with education and employment as well as strengthened social connections. For some Centre users, involvement in training and learning at the Centre had led to re-engagement with formal education.

Connections

Centre users were more favourable about the extent to which services and supports linked them with other parents and made them feel valued members of the community. Their involvement in services and supports at a Centre had strengthened connections with other parents and families.

One challenge raised by parents in focus groups and interviews was that once their youngest child was older than five years, they were no longer eligible to access services and supports at Centres.

Working together

There was a strong sense of community ownership of Centres The welcoming, flexible, responsive and non-judgemental approach was valued by parents and critical for engaging families in services and supports at the Centre.

Glossary

Centre user
A parent or caregiver who currently uses a Child and Family Centre or used a Child and Family Centre in the last 12 months.

Centre non-user
A parent or caregiver who did not use a Child and Family Centre in the last 12 months.

Preschool
The child development period from pregnancy to age five – synonymous with the term 'early years' in this report.

Service provider
A primary service provider who engages directly with children and/or families to provide services and supports.

Universal services
Services and supports that are available to everyone in the population (e.g., Child Health and Parenting Service).

Progressive universal services
Services and supports that are available to everyone in the population delivered with a scale and intensity proportionate to the level of disadvantage experienced by specific groups of people in the population (e.g., *Launching into Learning*).

Targeted services
Services and supports that are available to specific groups within the population (e.g., home visiting for young first-time parents 15-19 years).

Specialist services
Services and supports for children and families with specific service needs (e.g., Disability Services).

Place-based services
Services and supports available to people in specific geographical locations and tailored to their universal, targeted and specialist service needs (e.g., Child and Family Centres).

TasTAFE
Tasmania's largest public sector provider of Vocational Education and Training (VET) services.

LINC Tasmania
Learning and Information Network Centre bringing together the previously separate entities of the State Library of Tasmania, Tasmanian Archives Office of Tasmania, Adult Education and Tasmanian Communities Online. LINC Tasmania is part of the Department of Education in Tasmania.

Service Tasmania
Government services portal for Tasmanians including Commonwealth, State and local Government services. Provides the community with easy access to government information and services.

INTRODUCTION

" The purposes of Tasmania's Child and Family Centres are to improve the health and wellbeing, education and care of Tasmania's youngest children. "

Introduction

Children's early development builds the foundation for future health, wellbeing, development and learning (Australian Institute of Health and Welfare, 2011; Keating & Hertzman, 1999; Marmot, 2010; Shonkoff & Phillips 2000). In recognition of the importance of the early years, in 2009, the Council of Australian Governments agreed to a 'National Early Childhood Development Strategy, Investing in the Early Years'. This strategy is a collaboration between the Commonwealth and state and territory governments. The 'Investing in the Early Years' strategy guides Australia's efforts to give all children the best start in life. The vision is "to ensure that by 2020, all children have the best start in life to create a better future for themselves and for the nation". The 'Early Years' strategy provides guidance about "Australia's early childhood development system" (Council of Australian Governments (COAG), 2009, p. 4). The 'early years service system' focuses on improving outcomes for children in all domains of child development – across the whole of early childhood. In Australia, the 'early years' covers the antenatal period through to eight years (COAG, 2009). In this report, the terms 'early years' and 'preschool' refer to the child development period from pregnancy to age five.

Early years service systems aim to provide comprehensive, complementary and coordinated universal, targeted and specialist services and supports for all children and families in the early years. Reaching all children and families in the population and reducing inequalities between groups within the population are important benchmarks of an effective early child development service system.

In Tasmania, the Department of Education and the Department of Health and Human Services provide free universal, progressive universal, targeted specialist services to support parents and children in the first five years of life. While these services and supports are provided by different government and non-government organisations, the services are complementary. For example, the Child Health and Parenting Service (CHaPS) provides a universal clinic-based service for families of newborn children through to four years. CHaPS provides a pathway into targeted services such as cu@home, a home visiting program for teenage parents and specialist services such as Mental Health Services (Department of Health and Human Services, 2013).

In the year before they start formal school, all Tasmanian children have access to 15 hours a week (i.e., 600 hours a year) of early childhood education programs through kindergartens in the government and non-government school system (Department of Education, 2014, June). The Tasmanian Department of Education also provides a progressive universal program, *Launching into Learning*, in all Tasmanian government schools. *Launching into Learning* is a school-based early learning program for children from birth to four years (Department of Education, 2014, June).

In combination, these services provide comprehensive and complementary health and wellbeing, education and care pathways for all Tasmanian children from the antenatal period to five years. The potential of early years services and supports to improve the lives of children and families depends on the extent to which services and supports **(1)** meet the needs of children and families, **(2)** are accessible, and **(3)** organised so that transitions between services are seamless across the early years.

In 12 Tasmanian communities, these services and supports are available in Child and Family Centres. The Child and Family Centre service model is a new place-based service model that provides comprehensive, complementary and coordinated services and supports tailored to the specific service needs of the

local community (Department of Health and Human Services, 2012). The goal of Child and Family Centres is to provide all children and families with equitable access to services, seamless transitions between services and sustained engagement with services from the antenatal period through to the start of formal school at age five years. The Australian 'Early Years' strategy acknowledged that there is scant evidence to support the positive impact of place-based service models on outcomes for children, families and communities (COAG, 2009). Nevertheless, the available evidence from studies in Australia and overseas points to a positive association between **(1)** coordinated service delivery and increased service use and **(2)** improved outcomes for children and families, albeit on modest sets of indicators (COAG, 2009).

Despite the circumscribed evidence for the positive impact of coordinated service delivery models, the argument for cohesive service delivery is compelling:
"Because there are so many factors at work in a child's early life, the case for joined-up, coordinated intervention is strong." (Siraj-Blatchford, I. & Siraj-Blatchford, J., 2009, p. 24)".

Tasmania's Child and Family Centres

The purpose of Tasmania's Child and Family Centres is to improve the health and wellbeing, education and care of Tasmania's youngest children. The Centres provide a single entry point to universal, progressive universal, targeted, and specialist early years services and supports from pregnancy through to age five years. Centres are a place where service and community organisations come together to make services and supports accessible and appropriate to the specific needs of the local community.

The Tasmanian Government announced the Centres in 2009 and 12 Centres opened

from 2011 to 2014. The Centres are currently guided by the strategic priorities outlined in Australia's National Early Childhood Development Strategy, Investing in the Early Years (COAG, 2009), Early Years Learning Framework for Australia and the Tasmanian Department of Education *Learners First* Strategy that includes a focus on *Bright Beginnings* for the Early Years. This is translated into four priority areas in the Child and Family Centre Strategic Plan 2015 – 2017 (see Appendix 1):

1. Learning and Wellbeing

2. Community belonging

3. Working together

4. Measuring outcomes

A specific aim has been assigned to each priority area. The aims of the Centres are:

1. To provide high-quality learning, health and wellbeing programs that support children and families to learn and thrive.

2. To build each community's sense of belonging with their Centre as a place of importance.

3. To create and maintain strong and flexible partnerships between everyone involved in each Centre's community.

4. To develop tools that will show the difference the Centres are making to the lives of children, their families, support services and the community.

The Centre model uses a holistic approach to develop connections between children, families and communities in recognising the importance of shared relationships and partnerships for learning and development.

Centres were designed to create a place that is accessible, welcoming and friendly for families. An explicit aim in the design of the Centres was to create a place where children and families feel comfortable and safe. Generally, Centres have a foyer or entrance area, a space for learning and care of young children, consultation rooms, a training room, a playground and easy parking access. Specific areas may be used for multiple purposes and all Centres have a unique feel to them depending on the specific design, materials and colours used. Some Centres are co-located with a local primary school or part of a Hub with LINC Tasmania and Service Tasmania.

Working together

The Early Years Learning Framework for Australia has identified five best practice principles that support children, families and communities to achieve positive outcomes. These principles unify workers from different professions and cut across different types of services and supports (Department of Education Employment and Workplace Relations for the Council of Australian Governments, 2009).

These principles are:

① Secure, respectful and reciprocal relationships

② Partnerships

③ High expectations and equity

④ Respect for diversity

⑤ Ongoing learning and reflective practice

These principles align with best practice principles in early childhood intervention. For example, family-centred practice, strengths-based practice, capacity-building practices and teamwork models of practice (Shonkoff & Phillips, 2000).

The beliefs that guide practices in Centres reflect these core principles.

These beliefs are (see Appendix 1):

● Children and families are our focus

● Appreciating difference and diversity

● Being part of the community

● Active learning for children, adults and community members

● Working collaboratively to build positive environments and community capacity

● Creating fair access to resources and support

● Ensuring high quality

Each Centre has two staff funded by the Tasmanian Department of Education: a Centre leader and a Community Inclusion Worker. Services and supports in the Centres are provided by government (e.g., *Launching into Learning*, CHaPS), non-government organisations (e.g., playgroups, childcare) and by the community (e.g., toddler haircuts, garden maintenance).

Every Centre was initially supported by a Local Enabling Group, which consisted of community members and service providers from the local community. The Local Enabling Groups had a high level of input into the design and building of the Centres. Currently, the Local Enabling Groups have transitioned into Advisory Groups providing ongoing operational and governance support to the Centres.

The practice model that underpins Tasmania's Centres is the Family Partnership Model (Davis & Day, 2010; McDonald, O'Byrne & Prichard, 2015). The Family Partnership Model is a family-centred model of care that puts families at the centre of the helping relationship.

Location and start dates of Child and Family Centres

The key criteria for selecting Centre communities were high need for services and support based on socioeconomic area disadvantage, a large population of preschool age children, high projected population growth, and strong community support for a Centre in the community. An assessment of the need for the establishment of the Centres was made for all Tasmanian communities based on the following criteria:

- A higher than state-average percentage of children under four years of age.

- Demographic characteristics that exhibit one or more of the following in percentage higher than the state average – Aboriginal families, sole parent families, very young parents (maternal age less than 19).

- A high score on individual measures of social and economic exclusion including, for example, low educational attainment, housing stress, adult unemployment, and family income supplements.

- High socioeconomic area disadvantage.

TASMANIA

SMITHTON

WYNYARD

BURNIE

ULVERSTONE

DEVONPORT

GEORGE
TOWN

BRIDPORT

SCOTTSDALE

ST HELENS

LAUNCESTON

DELORAINE

WESTBURY

PERTH

LONGFORD

QUEENSTOWN

RICHMOND

SORELL

NEW
NORFOLK

HOBART

HUONVILLE

CYGNET

Map | Locations of Child and Family Centres.
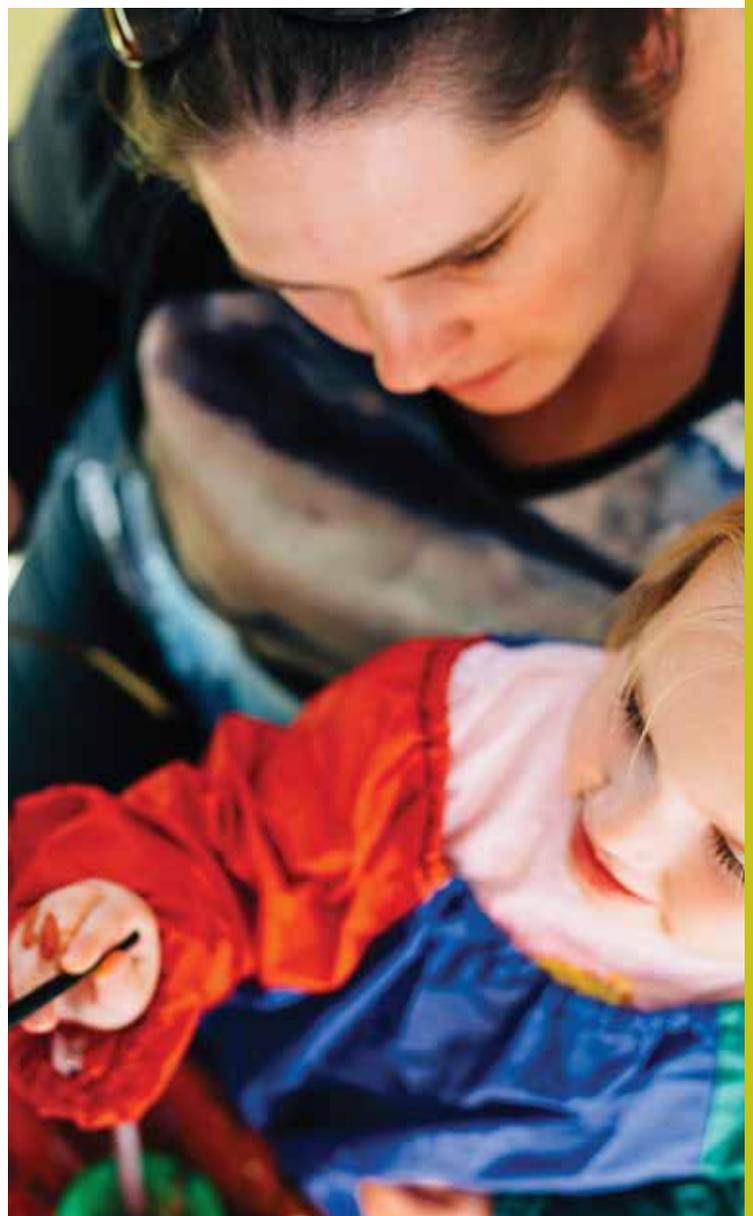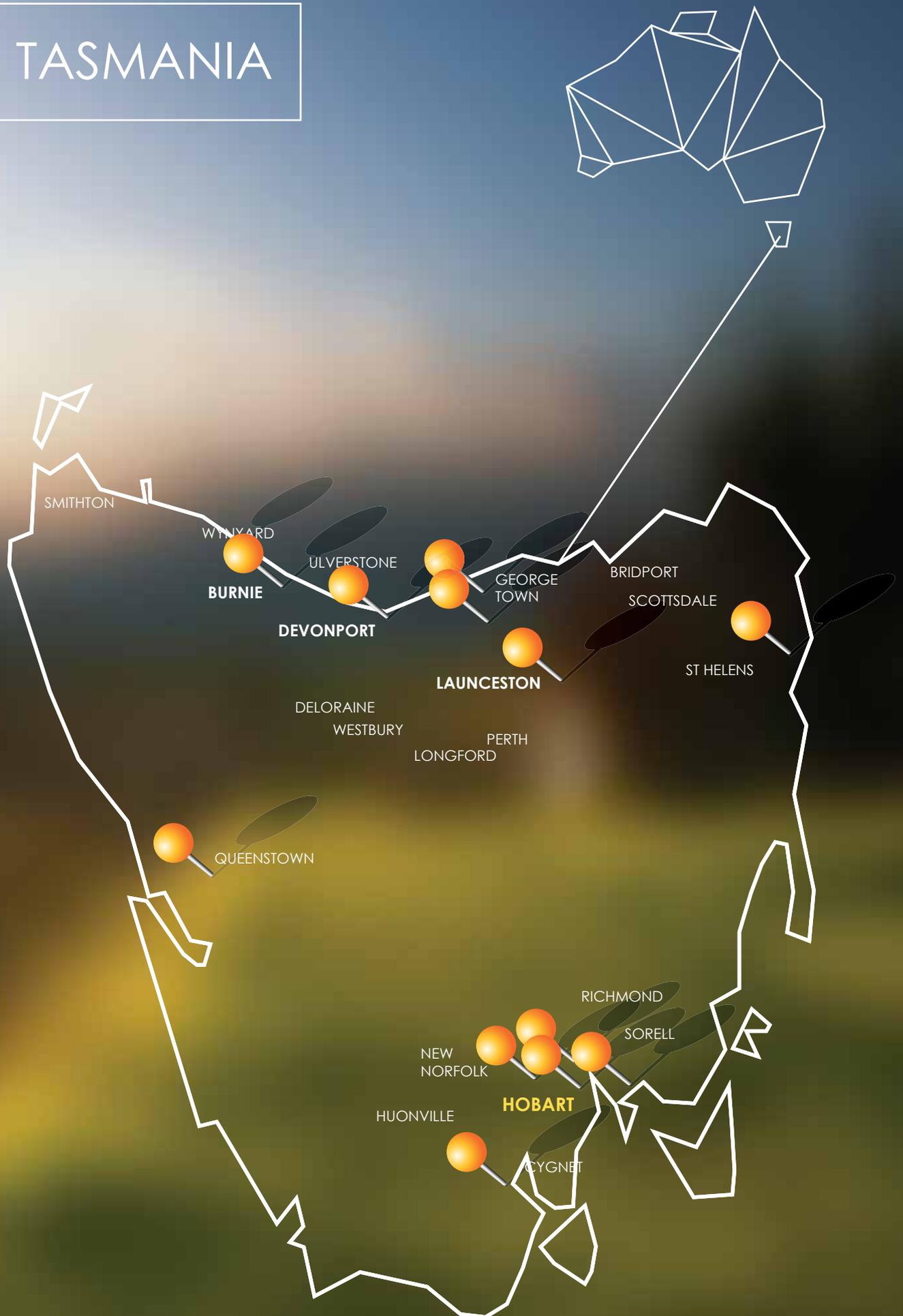
The selection process resulted in the establishment of 12 Centres across Tasmania between 2011 and 2014 (see 'Map'). Development and roll-out of the Centres happened in multiple stages with Stage one consisting of Clarence Plains, Ravenswood, Chigwell, George Town, East Devonport, Beaconsfield and Queenstown communities (see Table 1). In Stage two, Burnie, St. Helens and New Norfolk communities were added. The Centres in Bridgewater and Geeveston were established through Commonwealth Government funding though they are now funded by the Tasmanian Government. The Geeveston Centre was introduced over two phases.

Table 1 | Tasmanian Child and Family Centres start dates. * corresponds to the Centres that were originally Commonwealth funded.

Child and Family Centre	Start of operation
Beaconsfield	January 2011
East Devonport	September 2011
Queenstown	October 2011
Break O'Day St. Helens	October 2011
*Geeveston (wayraparattee) (Phase 1)	November 2011
Ravenswood	January 2012
Clarence Plains	March 2012
*Bridgewater (tagari lia)	July 2012
Chigwell	November 2012
Burnie	February 2013
Derwent Valley (ptunarra)	February 2013
*Geeveston (wayraparattee) (Phase 2)	April 2013
George Town	December 2014

The process of establishing the Centres has involved extensive community engagement, conversations, commitment to change and a vision for the potential of Centres to improve outcomes for children, families and communities in Tasmania.

Services available at Child and Family Centres

The services available at Centres comprise universal, progressive universal, targeted and specialist services available across the state as well as services and supports tailored to the specific needs of a community. Common services and supports available in Centres include:

- *Launching into Learning*
- Child Health and Parenting Services
- Adjunct childcare
- Playgroups
- Early Childhood Intervention Services (e.g., speech pathology)

- Parenting programs
- Meeting place for parents
- Transport support
- Training and learning for parents
- Volunteering

Centres offer services and supports on a drop-in and appointment basis.

Project aim

The aim of the project was to understand the impact of Child and Family Centres on parents' use and experiences of early years services and supports. The project did not set out to investigate the impact of Child and Family Centres on children's health and wellbeing, education and care. This was because Centres are recently established and time is needed before the impact of Centres on children's outcomes can be investigated.

A mixed-methods approach was used to explore the impact of Centres on parents' use and experiences of preschool services and supports. The methods included a survey, focus groups and interviews.

The survey was used to address these questions:

1 What services and supports do parents use?

2 Do parents use these services and supports at a Child and Family Centre?

3 Does parents' use and experiences of services and supports differ depending on whether or not they used a Child and Family Centre?

4 Do parents' perceptions of themselves as parents differ depending on whether or not they used a Child and Family Centre?

5 Does parents' access to different levels of social support differ depending on whether or not they used a Child and Family Centre?

The focus groups and interviews addressed these questions:

1 What impact have Child and Family Centres had on family connections and community supports in Ravenswood and East Devonport?

2 What impact have Child and Family Centres had on parenting skills and knowledge in Ravenswood and East Devonport?

3 What impact have Child and Family Centres had on parent's opportunities to participate in learning pathways?

East Devonport and Ravenswood

The project took place in the East Devonport and Ravenswood communities. The Centres in East Devonport and Ravenswood were amongst the first to open (Table 1). When this project was conducted, these Centres had been open for around three years. Another reason for conducting the project in these communities was that East Devonport and Ravenswood have a large population of families with children from birth to five years (Australian Bureau of Statistics, 2013).

Demographic characteristics

East Devonport and Ravenswood are urban communities located in the north of the state. East Devonport and Ravenswood are amongst the most disadvantaged communities in Australia as evidenced by the Index of Relative Socio-economic Disadvantage (IRSD) scores (see Table 2). The IRSD summarises a range of information about the economic and social conditions of people and households within an area, to provide a broad measure of disadvantage across the area. This index includes only measures of relative disadvantage, such as low income and unemployment (Australian Bureau of Statistics, 2013). It is important to note that these indexes measure the area, rather than individuals. All people within an area are not the same, and it is possible for individuals within an area to have quite different resources, capabilities and experience, despite sharing the same area-level IRSD scores. Nevertheless, the IRSD provides a useful overall summary of disadvantage within a given area.

Both East Devonport and Ravenswood are within the lowest decile of the Australian IRSD score distribution, corresponding to the highest level of disadvantage. That is, these communities are in the most disadvantaged ten percent of communities within Australia. The IRSD has been normalised to an average score of 1000 for Australia with a standard deviation of 100 in which a low score indicates relatively higher disadvantage. The IRSD score of 848 for East Devonport is about 1.5 standard deviations lower than the nationwide score while the IRSD score of 714 for Ravenswood is close to 3 standard deviations below the average Australian community. Such low IRSD scores highlight the high level of disadvantage in the communities that participated in this project.

While both communities are in the lower tail of the IRSD distribution, families in East Devonport experience a lower degree of disadvantage with an IRSD score of 848 in comparison to families in Ravenswood with an IRSD score of 714. This is substantiated in the unemployment rates, which are higher for both communities compared to Tasmania and Australia but highest in Ravenswood. Also, the median weekly household income

is substantially lower in both communities compared to Tasmania and Australia but much lower again in Ravenswood relative to East Devonport. Similar trends exist in both communities when considering other ABS socio-economic indices such as the Index of Education and Occupation (IEO) and the Index of Economic Resources (IER).

Child and Family Centre participation and programs

Since July 2014, East Devonport and Ravenswood Child and Family Centres have been using the Centre enrolment form to collect individual level data about children and families using the Centre. They have also been collecting group level data on the number of visits each day, distances travelled to attend Centres, and the types of services and supports available at the Centres. Data collection in Centres is a new initiative and the numbers reported here are a best estimate.

Data collection at East Devonport and Ravenswood Child and Family Centres indicates that around 1000 visits are made to

Table 2 | Demographic characteristics of East Devonport and Ravenswood communities.

	East Devonport	Ravenswood	Tasmania	Australia
People	4911	3974	495,354	21,507,717
Median age (yr)	39	33	40	37
Families	1329	1040	134,193	5,684,062
Indigenous people (%)	6.5	7.0	4.0	2.5
Median weekly household income ($)	728	620	948	1234
Unemployment (%)	11.5	16.2	6.2	5.9
IRSD	848	714	959	1000

these Centres each month. This equates to about 50 visits per day, on average, with up to 100 visits on some days. To put this in perspective, these number of visits are comparable to enrolment numbers at a small primary school in Tasmania.

Centres offer a range of services and programs to meet their local community's needs (see Appendix 2 & 3). The data show that both Centres offer between 20 and 30 programs each month. These programs and services include:

- Early learning programs (play group, toy library)

- Child and family health services (family planning, midwifery services, pregnancy exercise classes)

- Parent education and adult education (Being a Parent course, Family Partnership Training, literacy education, art workshops, self-defence)

- Family support services (outreach services, counselling, transport to appointments)

Informal programs such as playgroups and drop-in are generally used most frequently in the Centres. The number of visits made to health-related services such as the child health nurse and midwife are also encouraging. Data from the Centres show that playgroups and drop-ins are often the first point of contact for new families who start using Centres. This suggests that informal programs provide low-threshold entry pathways into the Centres for families, who may then notice and

start engaging with more formal service providers. Outreach is another entry point into Centres. Data on outreach services was not collected for this project but is part of the current state-wide data collection system.

Home-address information from participating families shows that some families are prepared to travel up to 40 kilometres to make use of a Centre. Families are prepared to travel larger distances for Centres located in rural areas compared to Centres located in urban areas. About three in every four families are coming from what the Centres would consider their community, typically defined by postcode. This also shows that about one in four families is not from the local community highlighting that although the Centres are located in specific communities, they are used by families from other places.

It is important to note that these trends are based on a relatively large number of families. The data show that for most Centres about 150 to 200 families are participating in at least one program or activity each month. Due to these high numbers of participating families, analysis of the data showed consistent monthly statistics for the Centres. For example, the number of participating families, the frequency of participation and also the use of programs were relatively steady for individual Centres. In addition, these statistics were similar across most Centres. Yet, community needs are dynamic and it is therefore expected that the statistics will vary over time.

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METHODS

The project combined both quantitative (survey) and qualitative (focus groups and interviews) methods to learn about parents' experiences and use of preschool services and supports.

Methods

The project combined both quantitative (survey) and qualitative (focus groups and interviews) methods to learn about parents' experiences and use of preschool services and supports. The survey included parents who may or may not have used services and supports at the Centre whereas the focus groups and interviews only included parents who were currently using services and supports at the Centre in their community. The research was approved by the Tasmanian Social Science Human Research Ethics Committee (H14295 & H14480).

Survey

Survey aims and design

The survey asked about universal preschool services and supports that parents used and how helpful they were for parents. The term 'universal' refers to services and supports available for all children and families. Preschool services and supports are the services and supports parents may access before their children start Kindergarten at an age of four years. The purpose of preschool services and supports is to promote children's health, development, wellbeing and education and support parents in raising their children. An example of a universal preschool service is the Child Health and Parenting Service. An example of a universal preschool support is a playgroup. Parents can choose which preschool services and supports they use and where they receive these services.

Survey questions

The survey booklet with the questionnaire consisted of 26 questions across five themes:

① Family demographics

② Use and experience of universal preschool services and supports

③ Social support

④ Parenting competence

⑤ Use of a Child and Family Centre

The survey questions have been widely used in surveys of parents in Australia and overseas, and mostly involved selecting one or more answers from a list (e.g., 'How many children do you have?') and filling in rating scales (e.g., 'How strongly do you agree or disagree with these statements?'). All parents were asked to complete the first four sections of the survey. Parents were asked to complete the fifth and final section of the survey only if they had used a Centre in the last 12 months.

In the first section of the survey, nine questions about family demographics were asked. The questions were about parent gender, age, languages spoken at home, highest year of school completion, highest qualifications since leaving school, household structure, communities where families lived, number of children and age of the children. The source of these questions was the 2013 Australian Bureau of Statistics Census.

Section two contained three questions that asked parents to think about the different services they used in the last 12 months and rate the extent to which various statements about services were true using a five-point scale ('None of the time' to 'All of the time'). For example, 'They helped me develop new parenting skills'. The source of these questions was the Western Australian Evaluation of Integrated Services (Clark, 2014, unpublished).

The third section of the survey asked parents about their access to social support. Parents were asked to rate the extent to which

different kinds of support were available using a five-point scale (i.e., 1 = 'None of the time; 2 = 'A little of the time'; 3 = 'Some of the time'; 4 = 'Most of the time'; 5 = 'All of the time). The questions were those used in the Longitudinal Study of Australian Children (Maguire, 2012) and based on the Social Support Survey (Ware & Sherbourne, 1992). The questions provided an overall score for social support as well as scores for four sub-scales:

Emotional/informational support:

- Someone you can count on to listen to you when you need to talk

- Someone to confide in or talk to about yourself or your problems

- Someone to share your most private worries and fears with

- Someone to turn to for suggestions about how to deal with a personal problem

Tangible support:

- Someone to help you if you were confined to bed

- Someone to take you to the doctor if you needed it

- Someone to prepare your meals if you were unable to do it yourself

- Someone to help with daily chores if you were sick

Affectionate support:

- Someone who shows you love and affection

- Someone to love and make you feel wanted

- Someone who hugs you

Positive social interaction:

- Someone to have a good time with

- Someone to get together with for relaxation

- Someone to do something enjoyable with

- Someone to do things with to help you get your mind off things

The 15 items that made up the whole scale and the items that made up each of the sub-scales were averaged, giving a mean score for social support overall, as well as scores for each of the four sub-scales. Higher scores reflected a greater level of social support.

The fourth section of the survey asked parents about their sense of parenting competence using the *Me as a Parent Scale* (Hamilton, Matthews, & Crawford, 2014). Parents were asked to rate their sense of parenting competence on a five-point scale (1 = 'Strongly disagree'; 2 = 'Disagree'; 3 = 'Mixed feelings'; 4 = 'Agree'; 5 = 'Strongly agree').

The questions provided an overall score for parent's sense of parenting competence, as well as scores for each of the four sub-scales:

- **Self-efficacy:** Parent's beliefs about their effectiveness in overcoming or solving parenting problems.

- **Personal agency:** Parent's beliefs about the instrumental role they play in raising their children.

- **Self-management:** Parent's beliefs about their ability to set goals and monitor progress towards achieving their goals.

Self-sufficiency: Parent's beliefs about their ability to solve problems.

Items that made up each of the sub-scales were averaged, giving a mean overall score as well as scores for each sub-scale. All items were coded so that higher scores reflected a greater sense of parenting competence.

Me as a Parent was followed by a question about how parents felt overall about being a parent, how often parents knew where to get information about being a parent or raising children if they needed it, and how clear and helpful the information was when they found it. The source of these questions was 'Engaging Families in the Early Childhood Development Story' (Winter & Luddy, 2010).

The fifth and final section of the survey asked questions about parents' use and experiences of services and supports in the Centres in the last 12 months. Parents who had not used a Centre in the last 12 months were asked to skip these questions and to complete a final question about why they did not use the Centre in their community. The source of these questions was an online survey developed by Brinkman and Harman-Smith (2013) for the South Australian Children's Centre Evaluation Project. The questions were adapted to suit Tasmania's Child and Family Centres.

A consultation process was used to design the survey questionnaire and protocol. The iterative cycle with consultations from multiple partners included government survey experts, researchers, Centre Leaders and parents:

1 Group conversation with parent leaders in Clarence Plains Child and Family Centre.

2 Iterative cycle of survey development and feedback on design and phrasing from survey experts within the Tasmanian Department of Education.

3 Feedback on survey design, phrasing and procedure from researchers with experience in the targeted communities.

4 Feedback on survey design, phrasing and procedure from Centre Leaders. First, the design and procedure was presented at a monthly Centre Leader meeting. Feedback was incorporated and then a selected group of Centre Leaders provided detailed comments on the updated design and phrasing of the survey.

5 A trial run of the survey in Chigwell and Clarence Plains with 11 parents. This final consultation step allowed us to test the survey procedure and the survey itself for the intended target group.

The pen-and-paper survey was designed to place a low time burden on respondents. This was confirmed by the positive feedback from the trial run of the survey in Chigwell and Clarence Plains, which showed that the questionnaire took on average about 15-20 minutes to complete.

Sample frame for the survey

Tasmanian Department of Education School Enrolment information was used to identify parents of children in Year 2 or below, in 2014, enrolled at East Devonport and Ravenswood Heights Primary schools. This sample frame identified parents with at least one child who was aged five or younger when the Child and Family Centre opened. For example, the

Table 3 | Sample frame for community survey on preschool services and supports. It was decided to focus on the youngest children and older siblings were therefore excluded from the dataset in establishing the number of eligible families.

School	Number of children Year 2 and below	Number of families
East Devonport Primary School	237	167
Ravenswood Heights Primary School	226	168
Total	463	335

oldest children who were age seven (Year 2) in 2014, were age four when the Centres opened in East Devonport and Ravenswood.

The number of children enrolled at each school in 2014 was similar (see Table 3). There were 237 children enrolled at East Devonport Primary School and 226 children at Ravenswood Heights Primary School. Because the survey was about parents' use and experiences of preschool services and supports, and not about individual children, each family only received one survey. This resulted in 167 eligible families in East Devonport and 168 eligible families

in Ravenswood, equating to a total sample frame of 335 families who were eligible to take part in the survey.

Survey distribution and follow up

Parents were approached to take part in the survey through the local Department of Education primary schools in East Devonport and Ravenswood. The schools were asked to distribute a flyer notifying the families about the upcoming survey a week in advance of the start of the survey. Schools also published an article about the progress of the survey in their newsletter and assigned a staff

member to provide support with the survey. In addition, a website with general information about the survey, a 1800 free call phone number and a dedicated email address were available to families.

The survey was conducted in November 2014. In the first week, schools distributed a survey pack containing an information sheet for parents, a brochure about the survey, a survey booklet, a pen, a coffee bag, crayons, and two envelopes. The survey protocol suggested that schools would distribute a second survey pack to families who had not returned the survey by 14 November. In practice, schools adopted their own follow-up model based on local knowledge. This involved a number of assisted survey sessions at school for Ravenswood Heights Primary School and intensive phone follow up for East Devonport Primary School. Friday 28 November was the final day on which surveys could be handed in to the schools.

The survey was anonymous. Participants returned their completed surveys to the school sealed in a plain envelope, sealed inside a pre-addressed envelope (family name and address). When the survey was received at the school office, the family was identified as a respondent and the pre-addressed envelope was destroyed. At this point, the survey data became non-identifiable. The plain envelopes containing the anonymous surveys were returned to the researchers at the Department of Education.

Families who returned the survey were given a $20 supermarket voucher as a partial reimbursement for their time. In addition, the two primary schools were reimbursed for their assistance in conducting the survey. In particular, school staff provided vital support for families to complete and return the survey, administrative assistance, and local knowledge on best practices. Schools received a fixed amount of $4000 allowing

them to allocate a staff member for an equivalent of one week to assist parents in conducting the survey. Schools received an additional $25 for every returned survey above a response rate of 60%, for the extra time spend supporting the survey.

Focus groups and interviews

Qualitative research, particularly focus groups and interviews, are the best practice method for capturing individual experiences and understandings (Pope & Mays, 1995). In this qualitative component of the study, parents and carers who were current Centre users, were asked about their experiences and how the Centres had impacted them and their families.

Focus groups were conducted because they are well suited to exploratory studies investigating experiences, motivations, and attitudes (Kitzinger, 1995). Group discussion and interaction often lead to new perspectives and insights (Kitzinger, 1995). The group setting allows parents to hear the opinions of others which can prompt individuals to expand on their own experiences, opinions and explanations of the impact of the Centres. Interviews were incorporated into the study design on the suggestion of the Centre Leaders who indicated that some parents would not be comfortable participating in group discussions, but would be willing to be involved in individual interviews. To accommodate the needs of potential participants, one focus group and four one-on-one interviews were planned for each of the two Centres.

Recruitment of participants for focus groups and interviews

All parents or carers currently living in East Devonport and Ravenswood, using the Centre in their community and who did

not have a formal role in the Centre (e.g., Local Enabling Group member) were eligible to participate in the focus groups and interviews. This study was seeking to capture the experiences of parents who do not have a formal role in Centres. Centre Leaders at the two participating Centres assisted with recruitment. Fliers were posted on noticeboards inside the Centres and on individual Centre Facebook pages. Centre Leaders also promoted the study verbally to Centre users. During recruitment, consideration was given to capturing experiences from a diverse range of Centre users, particularly the length of time participants had been using the Centres. Parents provided a verbal or written expression of interest to Centre Leaders along with their contact details and were then provided with an information sheet about the study. If necessary, Centre Leaders read through the information sheet with potential participants. Potential participants could indicate if they would prefer to be interviewed rather than be part of a focus group.

Potential participants were contacted by phone or mobile phone text by the researchers facilitating the focus groups and interviews in the week prior to focus groups and interviews to ensure they had an opportunity to discuss any questions they had about the study. All participants completed a participant details form and signed a consent form. Childcare was available for participants who required it and on completion of the focus group and interviews participants were provided with a $50 supermarket voucher.

Protocol for focus groups and interviews

A pilot focus group was held at the Chigwell Child and Family Centre in November 2014 with six Centre users prior to data collection commencing. This pilot focus group was undertaken to provide training in conducting focus groups for the researchers involved in data collection with an experienced qualitative researcher, Dr Kim Jose, attending as an observer and providing feedback. This pilot session also enabled the focus group schedule to be tested and modified.

One focus group and four interviews were then conducted on site at East Devonport and Ravenswood Centres in December 2014. The focus groups and interviews were conducted by Martin O'Byrne and Paul Prichard who had implemented the Learning and Development Strategy for Child and Family Centres from 2009 – 2015 (McDonald, O'Byrne & Prichard, 2015). Six to ten focus group participants is regarded as the optimal group size to elicit rich discussion and for all participants to have the opportunity to respond to the questions (Kitzinger 1995). Each of the two focus groups had eight participants. Focus groups and interviews were conducted in a meeting room at the Centre and were facilitated by one of the researchers with the other acting as note taker or observer. Interviews were conducted separately on the same day with each researcher conducting two interviews. All focus groups and interviews were audio recorded.

A focus group and interview schedule was developed to assist the group facilitators to focus the discussion while being flexible enough to allow for the exploration of new ideas or areas of interest raised by participants. The schedule was developed after consideration of the Tasmanian Child and Family Centre Strategic Plan 2015-2017 (see Appendix 1), the survey and discussion among researchers. The schedule focused on how parents became involved in the Centres, their involvement in training and learning opportunities, how involvement in the Centre had impacted on their parenting practices, changes in their connections with other families and their knowledge and use

of services available at the Centre. Finally, participants were asked how they would describe the Centre to another parent who had never used the Centre before. The wording and ordering of questions was altered after the pilot focus group in Chigwell Centre to ensure questions were clear and made sense to parents and that discussion flowed between topics.

Two interactive activities were also included in the focus group sessions. Interactive exercises during focus groups can facilitate discussion, encourage group interaction and can assist in focusing attention (Colucci 2007). For the first interactive exercise the group facilitator spread out cards with all the activities and programs available at the Centre (as provided by Centre Leaders). Participants could add any that were missing and were then asked to indicate what activities they had been involved in by placing a dot on each activity card. This provided an indication of the range of activities participants were involved in before they were asked to choose one activity and discuss their involvement in more detail. The second activity involved the use of photos to prompt discussion about parenting practices. Photos ranged from babies crying, eating, reading and playing and parents interacting with children while managing daily chores. These photos were used to aid and prompt discussion.

Data analysis

Survey

The survey included parents who could but may not have used the Centre in their community. This meant that the use and experience of Centre users and non-users could be compared and that the statistical significance of differences (or not) could be determined. The terms 'statistical significance' and 'significance' refer to tests of statistical significance. The p-value for a given statistical test denotes the likelihood of mistakenly concluding 'there is an effect', if in fact there is not. This can be interpreted as the likelihood that a result or relationship is caused by something other than random chance.

It is important to note that statistical significance does not necessarily denote effect size or practical significance. However, statistically significant differences do show effects – or lack of effects. In this case, the 'effect' was the extent to which parents' use and experiences of services and supports differed (or not) according to whether they used or did not use services and supports through Centres.

All statistical tests for this report were undertaken in SPSS Version 22 (IBM, 2013).

Where we have compared Centre users and non-users across a range of different categories, differences have been tested with the chi-square test of independence, which tests for differences between expected versus observed data. This test tells us if there is an overall statistically significant difference between the groups being compared.

Where we compared Centre users and non-users across ordinal data, i.e., where responses can be ranked (e.g. 'none of the time', 'a little of the time', all the way through to 'all the time') differences have been tested using a linear-by-linear extension of the chi-square test of independence. This test makes more use of the 'order' in the data. In doing so, it is more sensitive than the chi-square test of independence.

Where we tested differences in mean responses (that is, the average score for users and non-users), we used an independent samples t-test. To check against violations from normality, we have also used the non-parametric Mann-Whitney U test, which compares ranked responses. Comparisons of means were unaffected by choice of

analytic technique, indicating that violations from normality were not an issue, and we have reported results from the t-test as a result.

Where we have reported mean scores we have also included 95% confidence intervals. The width of the confidence interval gives us some idea about how certain we can be about the estimated score. A narrow interval means we are quite confident in the estimate and a wide interval means we are less confident in the estimate. A 95% confidence interval means that if we repeated the study over and over with different samples from the same population, we are 95% certain that the true population estimate would fall within the indicated range.

The figures (graphs) in this report show proportions of Centre users and non-users within the response category. For example, in Figure 2, 58% of Centre users reported using *Launching into Learning*, compared with 19% of non-users.

Focus groups and interviews

Audio recordings of the focus groups and interviews were transcribed and transcripts checked for accuracy against the audio recordings. To assist with data management, transcripts were then imported into the qualitative data analysis software program NVivo 10 (QSR International, 2012). Transcripts underwent a process of careful reading, re-reading and constant comparison with the aim of identifying themes (Strauss & Corbin, 1990). Once this process was completed, the key themes were examined and narrowed further with like concepts or categories clustered together. Thematic analysis allowed the identification of common factors that shaped the experiences of parents using the Centres.

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RESULTS

"I've learnt so much, 50% of what I know has come from here. How to feed [daughter]… It has taught me a lot. I've learnt how to speak to her and discipline her … I'm not yelling and screaming. I'm explaining things to her better. *(FG)*

Results

In this project, the different methods and results from the survey and the focus groups and interviews have been integrated and presented according to topic rather than method (Bazeley 2012). The results have been combined for East Devonport and Ravenswood, because there were no differences in the results between the two communities. For conciseness, parents who used Child and Family Centres are referred to as 'Centre users' and parents who did not use Child and Family Centres are referred to as 'non-users'.

Demographic characteristics

Survey

A high response rate of 74% was achieved with 247 out of the 335 eligible families participating in the survey. There was minimal missing survey data with most parents completing all the questions in the survey and less than 5% not stated data on most questions, reflecting a high level of 'buy-in' from survey respondents. Survey respondents could skip questions or could respond with other nil responses such as 'prefer not to say'. For the purposes of this analysis, these nil responses have also been treated as missing.

Survey respondents and non-respondents

Survey respondents (n = 247) and non-respondents (n = 88) were compared using Tasmanian Department of Education school enrolment records. The demographic characteristics used for comparison were parent education, occupation, employment, language background and Indigenous status of the youngest child. However, due to the large amount of 'not stated' responses for the survey cohort for occupation in the Department of Education demographic data, no comparison was made on these demographic characteristics. Also, there were only two parents in the sampling frame who identified as Language Background Other than English (one respondent and one non-respondent) so no comparison could be made. For the two remaining demographic characteristics, there were significant differences between survey respondents and non-respondents. Survey respondents had higher education than non-respondents. Out of the 335 eligible families, 63 (19%) identified as Indigenous. The response rate for Indigenous families was lower than for non-Indigenous families (52% compared with 78%).

Survey respondents

Half of the respondents had Year 10 or less education, and half had Year 11 or 12 education. Of the survey respondents, 39% reported living in single parent households, and 61% reported living in two-parent households. Survey respondents included
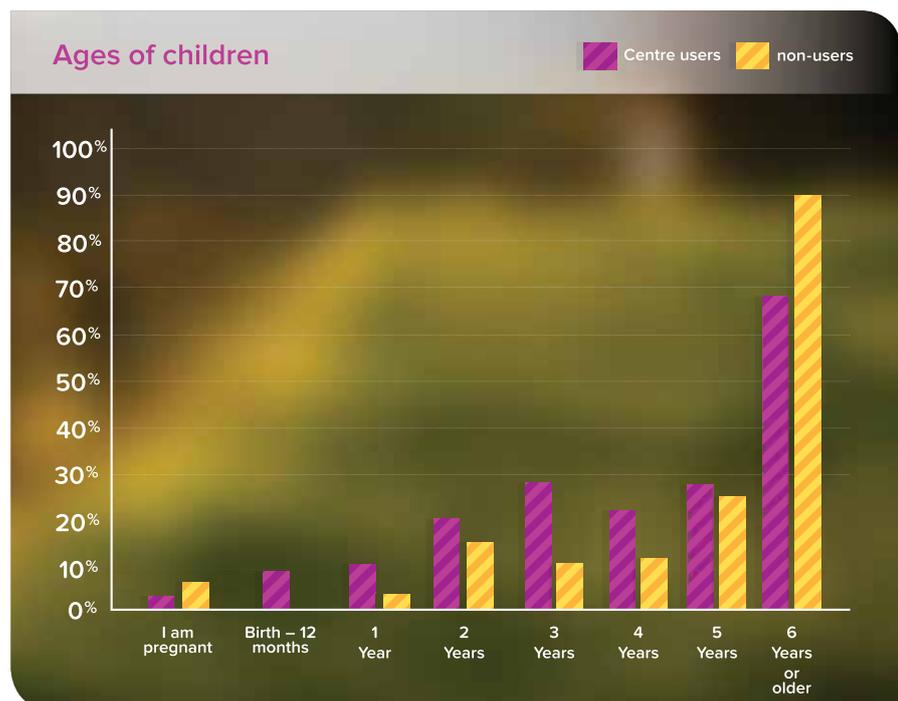

Figure 1. Age groups of children in families who participated in the survey

households with pregnant mothers through to families with five or more children. The median category (50% above, 50% below) was for the respondent to have three children. The survey contained one question about the age groups of children in the family. The age groups were pre-birth, birth to 12 months, 1 year, 2 years, 3 years, 4 years, 5 years and 6 years and older. Note that this question did not always capture the number of children in each age group in each family. As expected, Centre users reported more children in the preschool age group than non-users; and fewer children in the 6 years and older age group (Figure 1).

Centre users and non-users

Centre users and non-users did not differ in relation to parent age, education, household structure (e.g., single parent) or number of children in each family.

Focus group and interview participants

24 Centre users, 12 each from East Devonport and Ravenswood Centres participated in focus groups or interviews (female = 21, male = 3). Of the eight interview participants, three were male with both focus groups consisting of only females. The age of participants ranged from 20 to 54 years and the number of children of each participants ranged from one to more than five (average = 2.8). One participant was a grandparent. All participants had a child under five years of age using the Centre, as well as one or more other children ranging in age from less than 12 months to over 20 years of age.

Patterns of service use for Centre users and non-users

Almost all of the parents (98%) who completed the survey had used one or more services or supports in the past 12 months (Figure 2). Three-quarters of these parents had used services and supports in a Child and Family Centre. With the exception of GP and dental services, Centre users made more use of services and supports than non-users: antenatal clinic (19% vs. 10%), child health nurse (46% vs. 17%), *Launching into Learning* (58% vs. 18%), parenting program (14% vs. 2%), childcare (29% vs. 17%), playgroup (51% vs. 8%) and TasTAFE (28% vs. 7%). The average number of service types accessed by Centre users was 3.7, compared to 2.3 for non-users.

**Services that parents used in the last 12 months**

Centre users | non-users
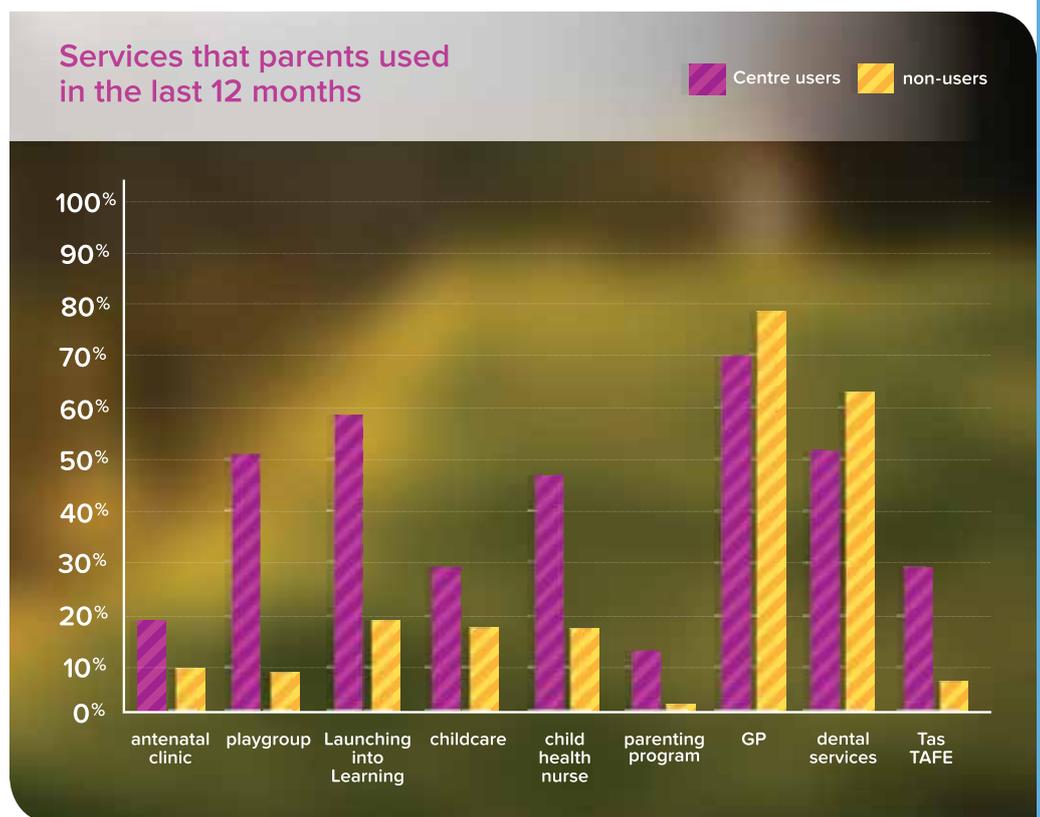
Figure 2. Types of services and supports parents used in the last 12 months.

Focus group and interview participants reported that they used formal and informal services and supports grouped as follows: **(1)** Early learning (e.g., *Launching into Learning*); **(2)** child and family health (e.g., CHaPS);

(3) parent education (e.g., Being a Parent); adult education (e.g., TasTAFE); and **(4)** family support (e.g., counselling). Appendix 2 and 3 provide an example of a monthly schedule of services and supports at the Centres in East Devonport and Ravenswood for November 2014, when data was collected for this project.

Table 4 shows patterns of Centre use. The most common pattern was for parents to visit their Centre most weeks of the year.

Table 4 | Patterns of Centre use.		
Frequency of Centre use	**Survey N (%)**	**Focus groups & interviews N (%)**
About every day	30 (13%)	8 (33%)
Most weeks	101 (42%)	15 (63%)
About every month	47 (20%)	1 (4%)
Rarely	62 (26%)	NA

Reasons for using a Child and Family Centre

Parents reported finding out about the Centre from service providers such as the child health nurse, GP and midwives, the local primary school, friends and family, neighbours and the internet. There was no pattern to the first service or support that parents used at the Centre. That is, the first service or support that parents used included early learning, child and family health, parent education, adult education and family support services and supports.

Reasons for not using a Child and Family Centre

The survey included a question about why parents did not use the Centre in their community. The three main reasons parents gave for not using the Centre were that they did not need services (43%); did not know what services were available at the Centre (17%); or received services elsewhere (15%). Thirteen percent of parents gave other reasons, which included work, time, out-of-area and youngest child over five years of age and no longer eligible to use the Centre. Eight percent of parents preferred not to give a reason and two percent of parents reported that the services they needed were not available at the Centre. The remaining two percent of the responses to this question could not be determined.

Parents' experiences of services and supports

Figures 3 to 11 compare Centre users' and non-users' responses to survey questions about their experiences of the different services they had used in the past 12 months. Parents were asked to rate the extent to which the following statements were true about their experiences of services. These questions were asked of all survey respondents, before they were asked to identify whether or not they used services and supports in Centres.

Centre users rated their experiences of services more positively than non-users on the following characteristics: services were convenient and close to each other (Figure 3); services offered convenient access to support when it was needed (Figure 4); services worked closely together (Figure 5); services linked them with someone who could help when they could not (Figure 6); services were committed to helping (Figure 7); services understood issues that were important to parents (Figure 8); and services responded in a timely way (Figure 9).

Access to and convenience of services and supports

Centre users non-users

- 50%
- 45%
- 40%
- 35%
- 30%
- 25%
- 20%
- 15%
- 10%
- 5%
- 0%

none of the time | a little of the time | some of the time | most of the time | all of the time
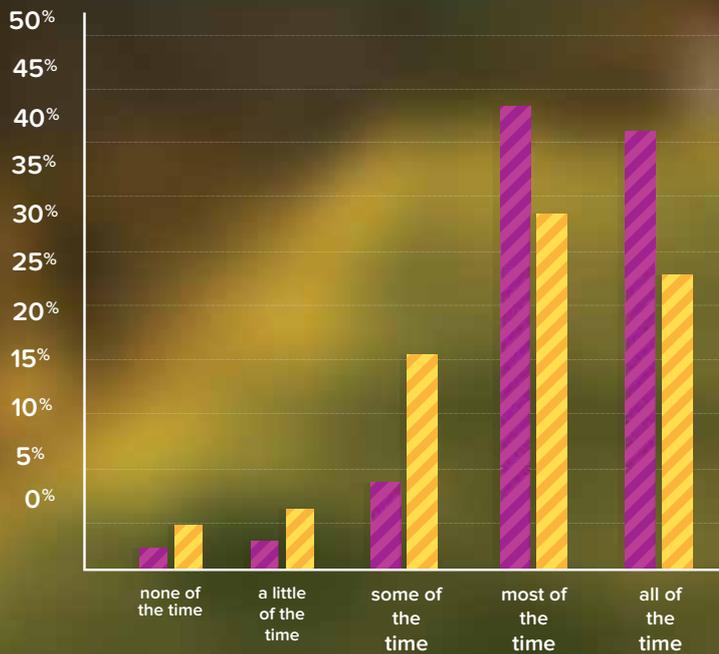
Figure 3. Centre users were significantly more likely to report services as being convenient and close to each other, than non-users.

Services offered convenient access to the support that parents needed

Centre users non-users

- 45%
- 40%
- 35%
- 30%
- 25%
- 20%
- 15%
- 10%
- 5%
- 0%

none of the time | a little of the time | some of the time | most of the time | all of the time
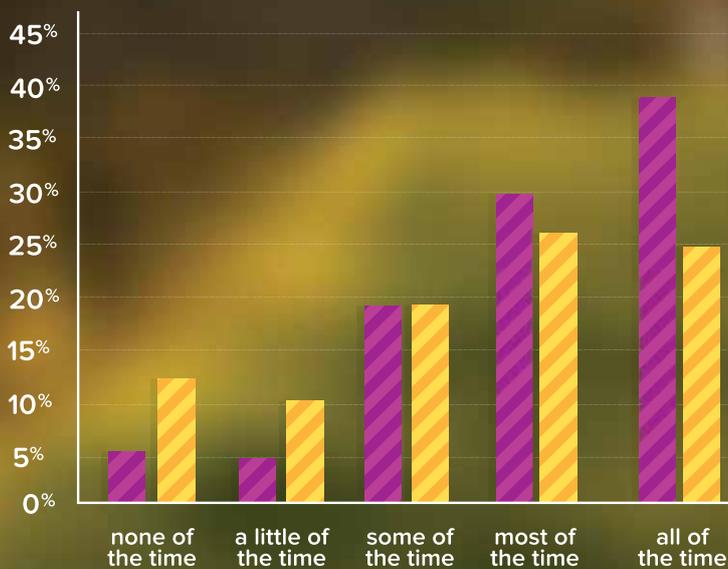
Figure 4. Centre users were significantly more likely to report that services offered convenient access to support that they needed, than non-users.

Access to and convenience of services and supports

Focus group and interview participants described how the provision of a range of health, education and other support services in their local community had facilitated greater access and engagement with services and supports. Many participants recounted that the time and organisation required to attend centralised services via public transport, often with more than one child had acted as barriers in the past, impacting on their engagement with health and education services. Some parents disclosed that they would have missed appointments in the past because of the challenges involved in getting to them.

And they [Centres and staff] just make it possible to get to appointments where you normally wouldn't go because you couldn't get there or you didn't have the support … It makes it a lot easier to actually be involved with the services that you need to use … whereas normally I'd just skip appointments cause I just didn't want to deal with the buses and that sort of stuff. (Interview)

Now that services were available locally parents were using them regularly and it was much easier to incorporate appointments into their busy family lives.

For the last two years I've been doing therapy with [child], my youngest one. … [therapy service] would come up here … I don't have a car … It's a big help having this Centre here otherwise I think I would be buggered … it's just come down for your appointment, have your appointment with the therapist, and then I can do other things instead of planning a whole day around one trip. (Interview)

In addition to addressing some of the physical barriers to accessing services, co-locating services for children and parents reduced the need to fully disclose to others what services were being used by parents. This ability to maintain privacy and confidentiality about services used meant that some participants were now accessing child and family services such as counselling and legal advice that they may not have under different circumstances.

What we said before that it's easier to have counselling or something here if you can't like make appointments over town. You don't have to explain fully if you need to explain to your partner, you just say "I'm going to playgroup" and they don't need to know if you're having counselling, if it just makes the situation harder and there is childcare there. (Focus group)
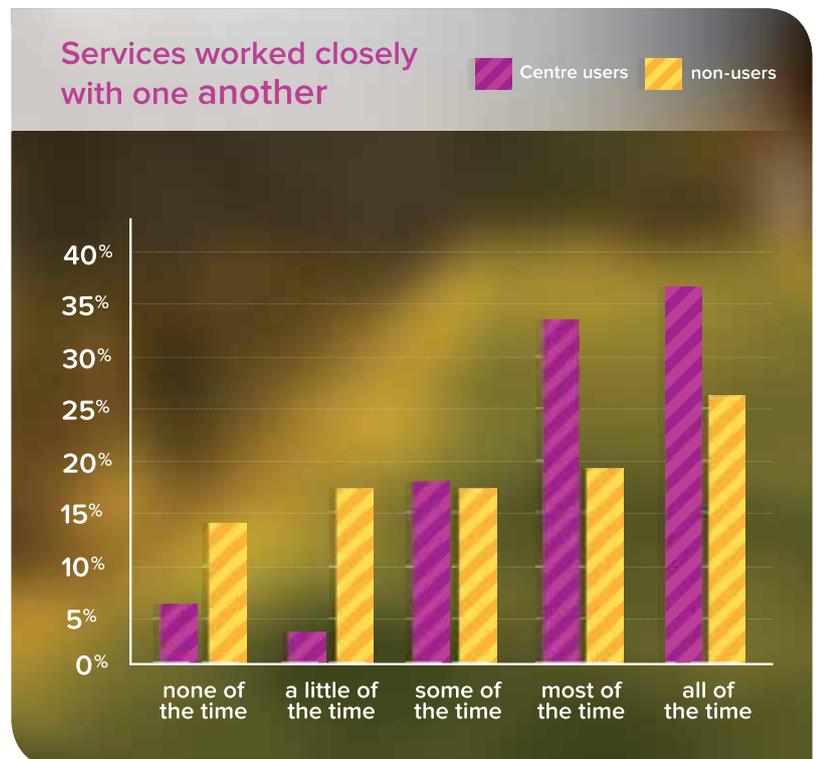

Figure 5. Centre users were significantly more likely to report that services worked closely with one another, than non-users.

Services made sure they linked parents with someone who could help when they could not

Centre users / non-users
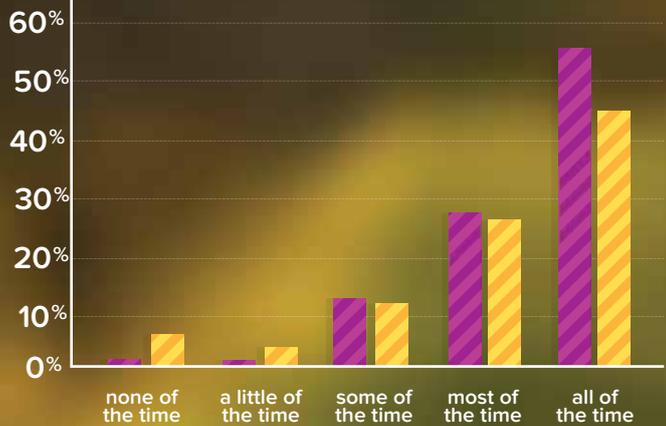
Figure 6. Centre users were significantly more likely to report that services linked them with someone who could help when they could not, than non-users.

Services are committed to helping parents

Centre users / non-users
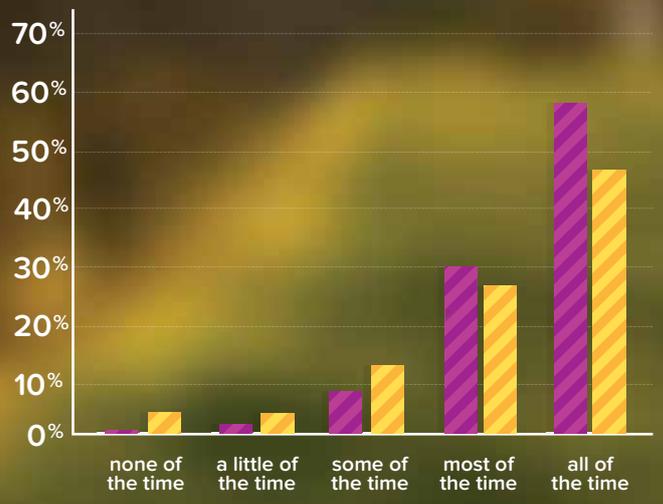
Figure 7. Centre users were significantly more likely to report that services were committed to helping them, than non-users.

Services understood the issues that were important to parents

Centre users / non-users
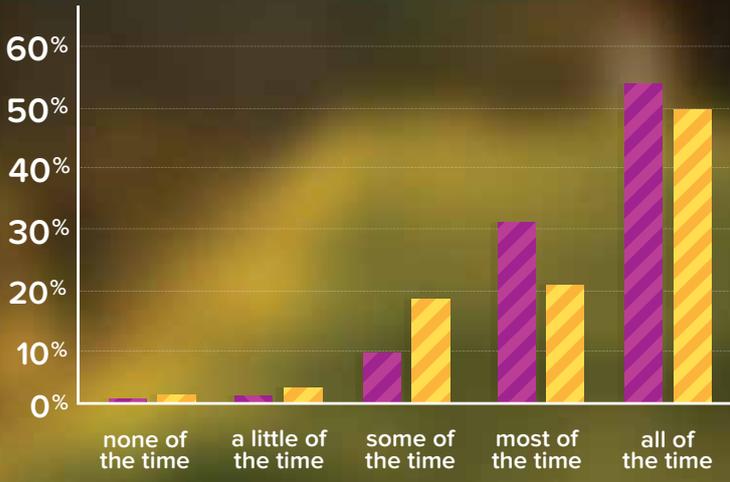
Figure 8. Centre users were significantly more likely to report that services understood issues that were important to them, than non-users.

Services responded to the family's needs in a timely way

non-users / Centre users
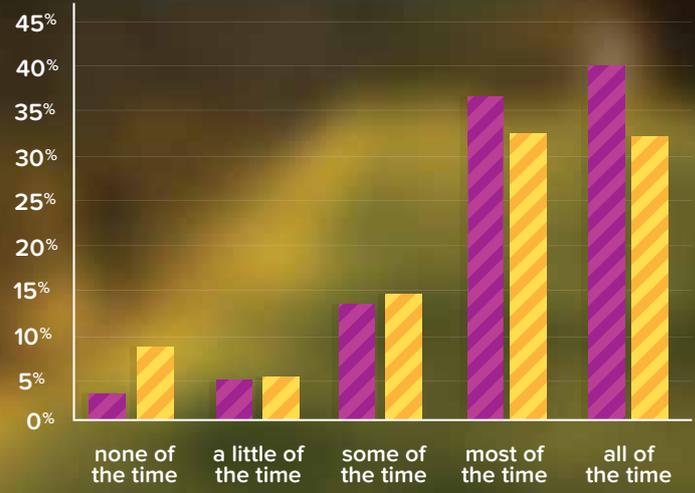
Figure 9. Centre users were significantly more likely to report that services responded in a timely way, than non-users.

Collaboration between services and responsiveness of services

Focus group and interview participants maintained that Centre staff were very responsive to their service needs. If there were services that users wanted, parents felt that they only had to ask and Centre staff would arrange for it to be offered at the Centre.

I said to them I wanted drug and alcohol [support services] here. I was doing it over town ... we have drug and alcohol [support services] available here because this is where we live. We live here ... we don't all have

transport and that over there. And as I was saying, if there's something that isn't on the floor that you would like, ask [centre staff] and they'll get it in for you. (Focus group)

The availability of services under one roof allowed parents to access child and family services in a timely and informal manner. While using the Centre for one service, it was possible to seek support or advice from service providers without having to make an appointment.

On Fridays you don't even... you can just see her if you're here for Launch into Learning, you just rattle on her [child health nurse] door and if you've got an issue with the baby or you want to just ... It's not like I have to wait weeks and weeks, or ring up and get an appointment. Just rattle on the door and it will be done. (Interview)

This also helped parents and children get to know service providers before they engaged in formal services.

When we had anxiety issues going to the health nurse was like pulling teeth but we came here and rather than forcing her to get weighed. I remember she'd [child health nurse] go to playgroup and played with them and she got used to her, and we could actually take her and get weighed without her screaming. (Focus group)

Parental knowledge about services and supports

Centre users were more likely to report that they knew where to find information about services and supports for children and families when they needed it, than non-users (Figure 10). Centre users were also more likely to report that they were well informed about services and supports for children and families in their local community, than non-users (Figure 11).
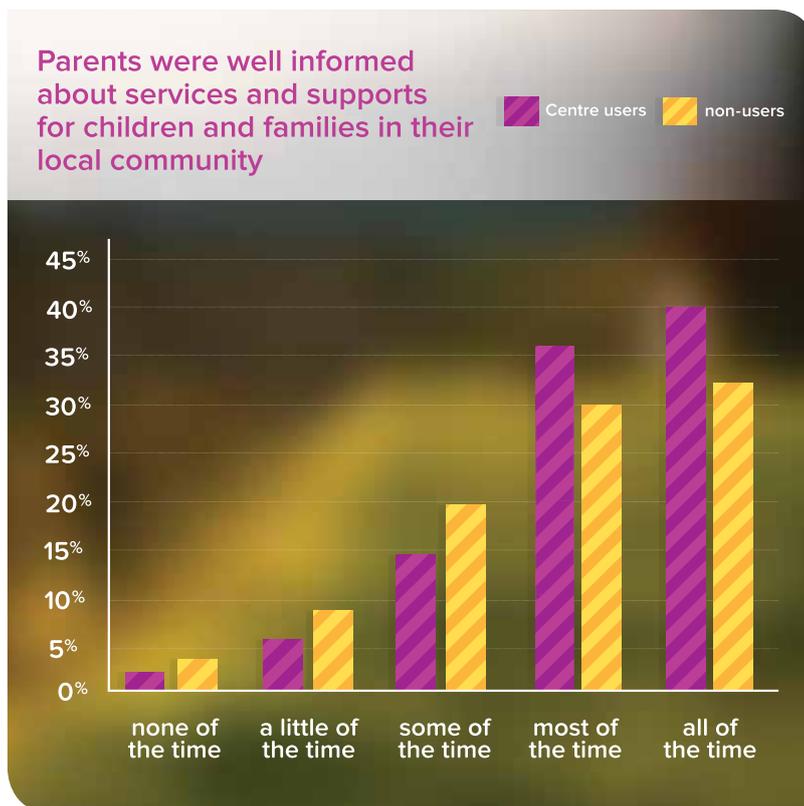
Parents were well informed about services and supports for children and families in their local community

Centre users ▨ non-users ▨

Figure 10. Centre users were significantly more likely to report that they knew where to find information about services and supports for children and families when they needed it, than non-users.

Parents knew where to find information about local services and supports

Centre users ▨ non-users ▨
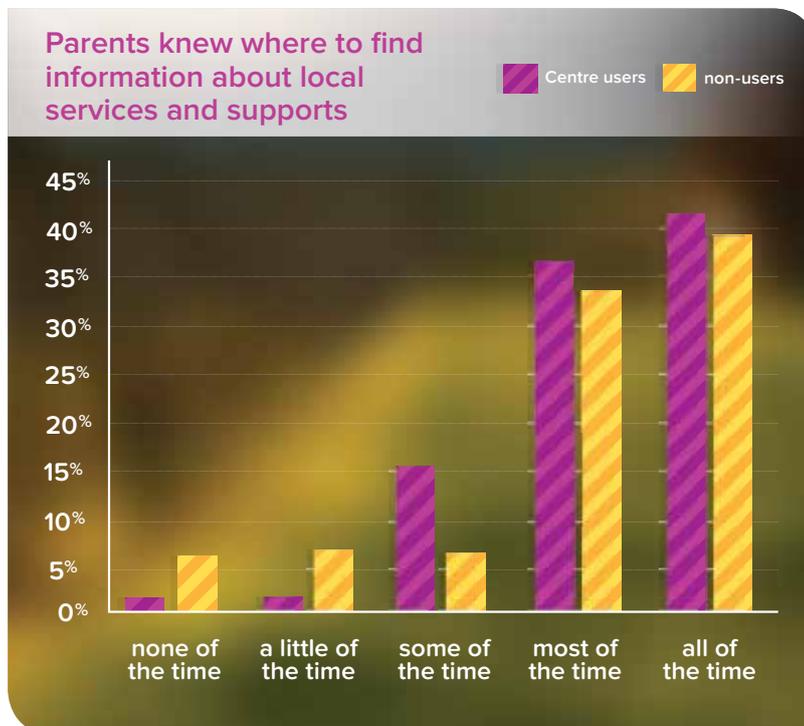
Figure 11. Centre users were significantly more likely to report that they were well informed about services and supports for children and families in their local community, than non-users.

Parenting

Me as a Parent Scale

How parents perceive their competence in their parenting role is associated with positive parent and child outcomes (Hamilton, Matthews, & Crawford, 2014 ; Zubrick, Lucas, Westrupp & Nicholson, 2014). Centre users reported a slightly lower overall sense of parenting competence than non-users. Centre users reported slightly lower self-efficacy and self-management than non-users (see Table 5). There was no difference in Centre users' and non-users' scores personal agency or self-sufficiency.

Sub-scale	Mean response (95% CIs)		Difference
	Centre users	non-users	
Personal agency sub-scale	3.92 (3.80-4.03)	4.09 (3.91-4.27)	■
Self-efficacy sub-scale	4.05 (3.95-4.16)	4.33 (4.21-4.45)	▲
Self-management sub-scale	3.94 (3.84-4.03)	4.12 (3.99-4.25)	▲
Self-sufficiency sub-scale	4.03 (3.95-4.11)	4.12 (4.00-4.25)	■
Overall	3.98 (3.90-4.06)	4.16 (4.06-4.28)	▲

Table 5 | *Me as a Parent*

■ = non-significant
▲ = significant

Table 5. *Me as a Parent* Scale results for Centre users and non-users.
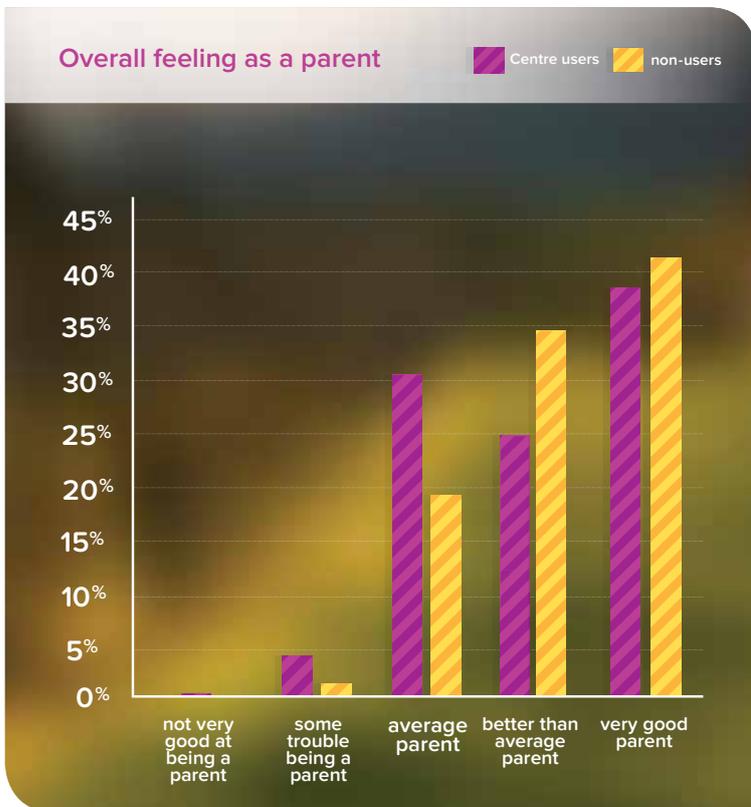

Figure 12. There was no significant difference between Centre users and non-users in how they felt overall as a parent.
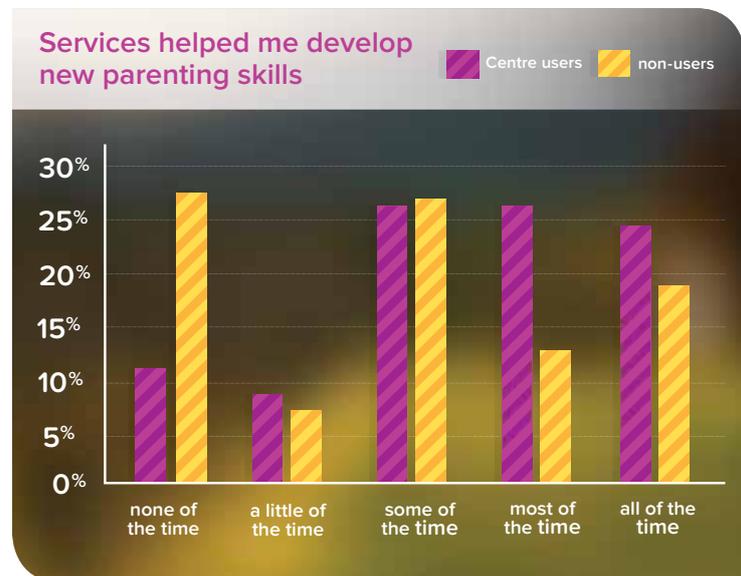

Figure 13. Centre users were significantly more likely to report that services helped them develop new parenting skills.

The impact of services and supports on parenting skills

Child and Family Centres support parenting competence and confidence through a range of formal and informal services and supports. These activities focus on promoting positive parenting practices and the wellbeing of parents and include a range of parenting courses, informal drop in sessions as well as support services such as counselling and health services. In addition, Centre staff promote positive parenting practices within the Centres. Focus group and interview participants indicated that involvement in parenting courses and related activities at Centres had increased their confidence with respect to parenting, helped them develop parenting skills and knowledge, strengthened family relationships through more positive interactions with their children and facilitated peer support around parenting.

It [parenting course] taught me to look more how the brain of the child works instead of trying to make the child's brain more like mine. So it helped me to learn why the child was crying and to help settle them a lot better than just to yell and scream at them all the time. That's just taught me heaps there. (Focus group)

I've learnt so much, 50% of what I know has come from here. How to feed [daughter]. … It has taught me a lot. I've learnt how to speak to her and discipline her … I'm not yelling and screaming. I'm explaining things to her better. (Focus group)

Even experienced parents with older children recounted new learnings and changes in parenting practice resulting from their engagement in parenting programs. Female participants also described the positive impact involvement in the Centres had on their partners and their parenting skills and confidence. This may have been a consequence of involvement in parenting courses, but also resulted from observing how

Centre staff and other users interacted with their children as recalled:

My partner was really nervous when I was pregnant and didn't know what he was doing … just coming here so he could learn how to play with her and learn just different things … and watching all other parents as well on how they play with their children as well has grown his confidence in looking after our daughter so yeah sort of somewhere where mums and dads can come to. (Focus group)

The support provided around parenting resulted in an increased confidence in their parenting role for Centre users.

I feel more confident in what I do now with my girls, whereas before I was feeling really scared and now that I've come here I feel I can talk to people more and get along with other parents better now. (Focus group)

Children

The project did not set out to investigate the impact of Child and Family Centres on children's outcomes. However, focus group and interview participants described how their participation in services and supports at Centres had a positive impact on their children's development. These included positive changes in their child's social development as evidenced by improvements in interactions with other children and adults, learning and developmental impacts such as improved speech and pre-reading and writing skills and behavioural impacts such as improved concentration and listening. Parents also reported that their children had access to experiences and opportunities that families would not otherwise have been able to provide. This was through excursions outside the Centre or programs delivered through the Centre. One parent observed that an excursion to the beach was the first time her children had been to the beach as she did not have transport nor the confidence to take them on her own. One participant with older children who had

not had access to the programs and services offered through Centres prior to starting school summarised the positive impact engagement with the centre had on school readiness for her younger children:

There wasn't nothing like this when my [older child] was starting out … the parents didn't have time to sit down with the alphabet and everything, at home – some of the kids were behind on their alphabet, writing their name and everything, but with the programs you've got here … the kids have got all their heads up before they get to school. (Interview)

Training and learning

Centre users had higher participation in TasTAFE than non-users (see Figure 2: 28% of Centre users compared to 7% of non-users).

Parents reported that involvement in training and learning opportunities through the Centres had led to increased confidence, skills and knowledge; education and employment opportunities; and strengthened social connections. For some participants involvement in training and learning at the Centre had led to re-engagement with formal education:

I went through a bit of a hard time here and I started doing courses and kind of pulled myself out of a rut … now I do courses and stuff. I have started doing my grade 11 and 12 Certificate again. (Interview)

One participant reflected that completion of a Certificate I in Community Services at the Centre had led her partner to complete further training, resulting in him attaining formal qualifications and regular employment in the local community. Being able to access training locally had been critical for encouraging his involvement in further training and learning:

it was all because of that first little course here … which pushed him … because you know, he was thirty years old and still didn't know

what to do with his life… and now he loves his job. It's great … cause there's no way he would have gone off somewhere else, it was just because it was here … and familiar. (Focus group)

Local access to training courses was critical for other participants for whom access to centralised TasTAFE courses was an issue. Some participants recognised that the certificates they received as a result of participating in training and learning would be beneficial for them in the future when their children were older and they would be re-entering the workforce.

Those participants who had engaged in training and learning opportunities commonly spoke of the increased confidence that resulted from their involvement as encapsulated during this discussion in one of the interviews:

Interviewer: Anything else that you can think of that's changed for you as a result of your involvement in training and learning here? Respondent: More confidence.
Interviewer: What about your confidence? Respondent: I'm more confident that I can talk to strangers. … Yeah and professional people, people that I call upper class, if you know what I mean. (Interview)

Connections

Social support

The availability of social supports is linked to resilience (Unger, 2012). There was no statistically significant difference between Centre users and non-users in their access to different levels of social support (see Table 6). Centre users were more likely to report that services had helped them prepare their children for school (Figure 14); services had helped them make closer links with their local school (Figure 15); and also that services had linked them with other parents in the local community (Figure 16).

Table 6 | Social Support Scale

Sub-scale	Mean response (95% CIs)		Difference
	Centre users	non-users	
Emotional informative support	3.98 (3.82-4.14)	3.85 (3.54-4.15)	■
Tangible support sub-scale	3.58 (3.39-3.78)	3.73 (3.37-4.09)	■
Affectionate support sub-scale	3.98 (3.82-4.15)	3.88 (3.52-4.23)	■
Positive social interactions sub-scale	3.93 (3.76-4.11)	3.84 (3.51-4.17)	■
Overall	3.86 (3.71-4.01)	3.82 (3.51-4.13)	■

■ = non-significant
▲ = significant

Table 6. Social Support Scale results for Centre users and non-users.

Services helped parents prepare their children to start school

Centre users | non-users
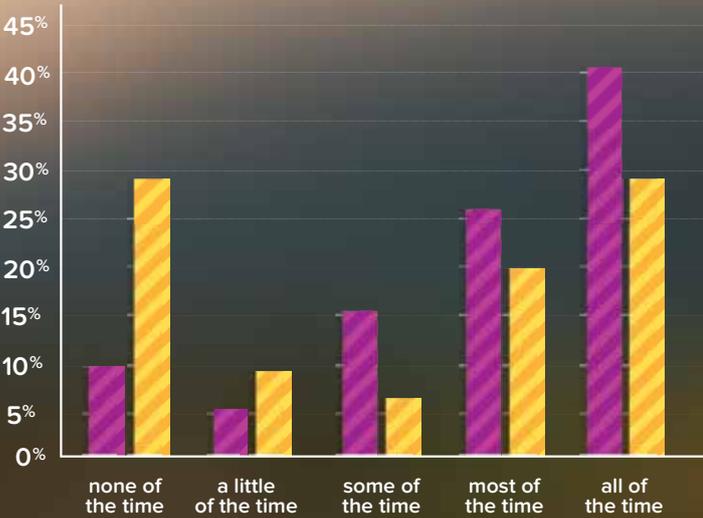
Figure 14. Centre users were significantly more likely to report that the services they had accessed had helped them prepare their children for school.

Services helped parents make closer links with the local school

Centre users | non-users
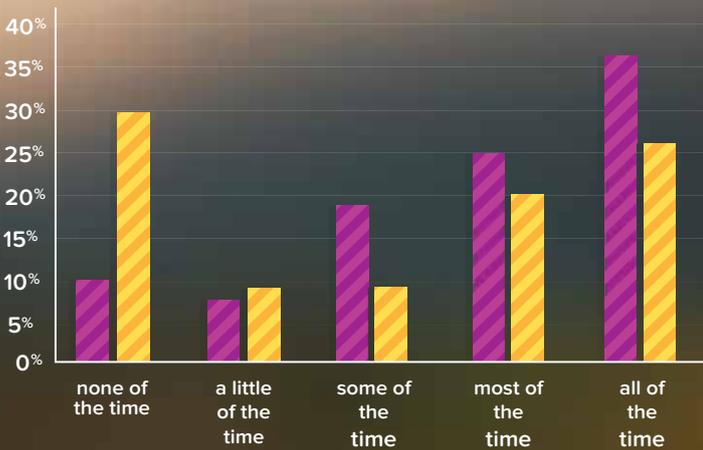
Figure 15. Centre users were significantly more likely to report that the services they had accessed had helped them make closer links with the local school.

Services linked parents with other parents in the community

Centre users | non-users

Figure 16. Centre users were significantly more likely to report that the services had linked them with other parents in the community.

Focus group and interview participants discussed how their involvement in activities and programs offered at the Centres had strengthened connections with other parents and families. Many participants recounted how socially isolated they were prior to their involvement in the Centre:

I never went anywhere, done anything, pretty much anyway, nothing - at home and I think mum's, that's it. … I went to mum's every day and sat there. (Focus group)

Since becoming involved with the Centre, many parents attested to increased social connections with other parents and reflected that they were now more open to developing relationships and making connections with other parents.

I've made friends that I wouldn't have normally made because yeah, I don't trust people very easy …I'm more open than I used to be, just cause yeah we used to just not talk to anyone, do anything, but now we can come down here and socialise and make friends. (Interview)

Shared experiences with other parents was identified as critical for facilitating social connections with other parents and echoed in the discussions of many parents.

Shared experiences too. I found a lot of people here feel the same and you don't find that when you're just talking to your friends or your family or whatever. (Focus group)

This shared experience extended to those parents who were accessing specialised services for their children. Accessing specialised services at the Centres had facilitated connections between parents whose children had specific support needs.

Her little one is a year older than my little one but 'cause they've got the same problems, … That's how we got connected … 'cause you bump into people that have got the same, children with the same disabilities as your child. And if you've got that more support with family than just friends, with friends and family, than just your family that's a lot better. It's a lot easier. (Interview)

Working together

Principles

This project aimed to capture how involvement in the Centres had impacted on parenting practices, participation in learning pathways, access to services and social connectedness. However, focus group and interview discussions elucidated the

critical role the practice framework adopted by the Centres had in facilitating parental engagement in the Centres. The way in which the Centres operate and the impact this had on facilitating engagement and involvement in the Centres are outlined below.

Both Centres were described by participants as welcoming places that were:

- informal

- accessible

- responsive

- flexible

- neutral

- non-judgemental

- supportive

There was a strong sense of community ownership in both Centres with users reporting being asked to make suggestions about what programs the Centres offered, discussions about how Centres 'belonged' to parents and Centre users considered them places they could invite other parents to join. The neutral, non-judgemental and supportive approach to engaging with families was noted and valued by study participants. Study participants did not feel judged about their parenting practices, resulting in positive interactions with Centre staff and service providers and increased confidence in parenting. The following quotes reveal how these elements impacted on parental engagement with services and supports at the Centres.

It's like a neutral ground. Without your name tag you can be sitting out there and be

talking to somebody sitting beside you and they might be a service provider. You're not aware of that, they're just another person sitting out there having a chat with you. There is no pressure. (Focus group)

And the people that they get to come in … [service providers]. They're not judgemental. They introduce themselves. Well they wasn't with me from my experience. They wasn't judgemental with me and they have gone toward what I have to say. I haven't had any trouble with the Centre at all or the people in it, all the people that come here. (Focus group)

Participant A: You don't get judged here either on how you're parenting.
Participant B: Yeah that's…
Participant A: … that's a main part.
Participant B: Yeah there's no judgment up here
Participant A: … no judge at all, it's great.
Facilitator: What does that do?
Participant A: Gives you more confidence in what you're doing I suppose. (Focus group)

Consequently parents felt accepted, respected and valued. The Centre was a place they could go at any time, even when *'at their worst'*. This was also reflected in the survey results in which Centre users were significantly more likely to report services helped their family feel valued.

Services helped families feel valued as members of the local community

Centre users   non-users
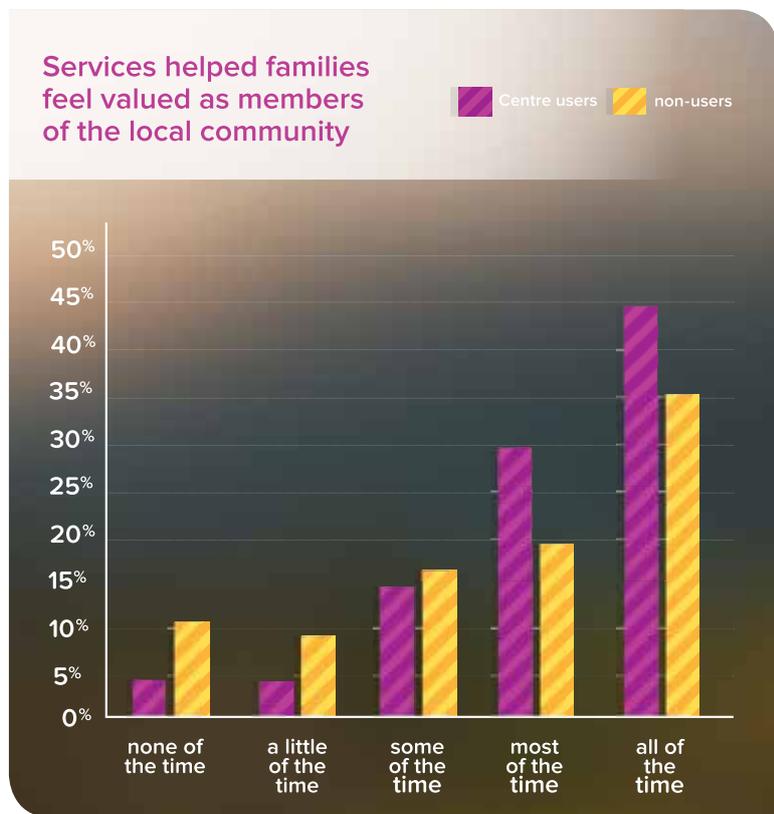
Figure 17. Centre users were significantly more likely to report that the services had helped them feel valued as members of the local community.

Consequences

As a result of feeling valued and respected, Centres were places where parents felt safe and confident to ask for help and support if needed. This was expressed by parents in a variety of ways:

If I'd had a tough day or the kids are just doing stuff that I can't handle I've always got somewhere to go. There's always someone to turn to if I do need someone to come up and help or just someone to take the other two kids while I deal with the eldest one who's a bit more on-toe. (Interview)

Everyone knows where I've been and about me past, but chose to ignore that and accept me for who I am now … they've treated me just like any other person, and yeah have let me be involved and given me the choice to be involved in absolutely everything that's gone on … It has just given me somewhere to go … because I was afraid leaving the house. (Interview)

It's an environment you're already comfortable in too. You don't feel scared to go into a little doctors' room or something and see someone. You're here, you're comfortable and you can just share what you feel a bit easier I think. (Focus group)

But I think being here gives you the confidence to do that, you do try everything. I mean I went through the stage of feeling hopeless … I was pretty much on my own. But coming here just for playgroups and stuff gave me … I didn't know anyone but I learnt to feel confident enough to be able to ask those questions. (Focus group)

But I think a lot of parents would struggle if they didn't have this to get the contacts … parents get too embarrassed to ask for help… we built up a relationship with them [centre staff], we feel more relaxed, that we can ask

for these numbers. If you don't feel relaxed you're not going to ask anybody these numbers, so that's the way I see it. (Interview)

These factors and the way of working that had been adopted by Centres and their staff had impacted positively on participant's engagement with the Centres and the services and supports available at the Centres. As a consequence, parents were free to interact with their children in different ways, building and strengthening positive family relationships. This is encapsulated in the following participants' description of a Centre and all that it offers new parents.

I just say, I just tell them how it is really. I say, "It costs no money to come there. You can spend time with your kid. There is activities, toys, learning, reading, music, food – all that sort of stuff, or you can come there, put your kid in the play area, you can use the phone, talk to people, ask for help, all that sort of stuff, and generally just an all-around place that makes it easy on you". Do you know what I mean? And it helps you build a bond with your kid, I suppose, like build the bond with your child. (Focus group)

Challenges raised by parents

Male participation

Focus group and interview participants were largely positive about their experiences of using the Centre. However, a couple of issues did arise during their discussions. One issue raised was the need to make Centres more accessible for fathers and male caregivers. Female participants recognised that males found the Centres less accessible:

My ex-partner well [child's] father, he actually won't step foot in here at all. He's too intimidated by the women and… it's not that this place is bad, he never said that it was bad but he's, just, nope not him. (Focus group)

The women identified some of the strategies that had been implemented to rectify

this (e.g., father's day breakfast, Saturday activities), but recognised that males may find the Centres less accessible to them. However, none of the three men interviewed discussed this as being an issue for them. They had felt welcome and accepted by other Centre users and staff.

The low percentage of male participation in the Centres is supported by the demographic information obtained from the Centre pilot data collection (Figure 18). The gender distribution of the participants in Ravenswood and East Devonport shows that about one in five adults to about one in seven adults is male, highlighting that the Centres are predominantly embraced by women at this stage.

Services and supports for children and families after the age of five years

The other issue that was discussed in the focus groups was that, once their youngest child

was older than five years, parents were no longer eligible to access services and supports at Centres. There was recognition of the role that Community/Neighbourhood Houses could play in providing ongoing services and supports but concern about how to make the transition from Child and Family Centres to Community/Neighbourhood Houses. The following quote illustrates this concern:

To go from going suddenly having all the support of the Centre to having nothing basically. …like friendly faces that when you have to leave here and go up there [Community/Neighbourhood house] that there is someone that you're going to be half comfortable with to go up there, otherwise my daughter will turn five and I won't be able to come here anymore and I'll have to go up there and because I won't know anyone, I won't go up there and then the other Centre will close down because no one will be there. There should be some sort of transition program. (Focus group)


East Devonport
n = 323 adults

Male (15%)
Female (85%)

Ravenswood
n = 514 adults

Male (21%)
Female (79%)
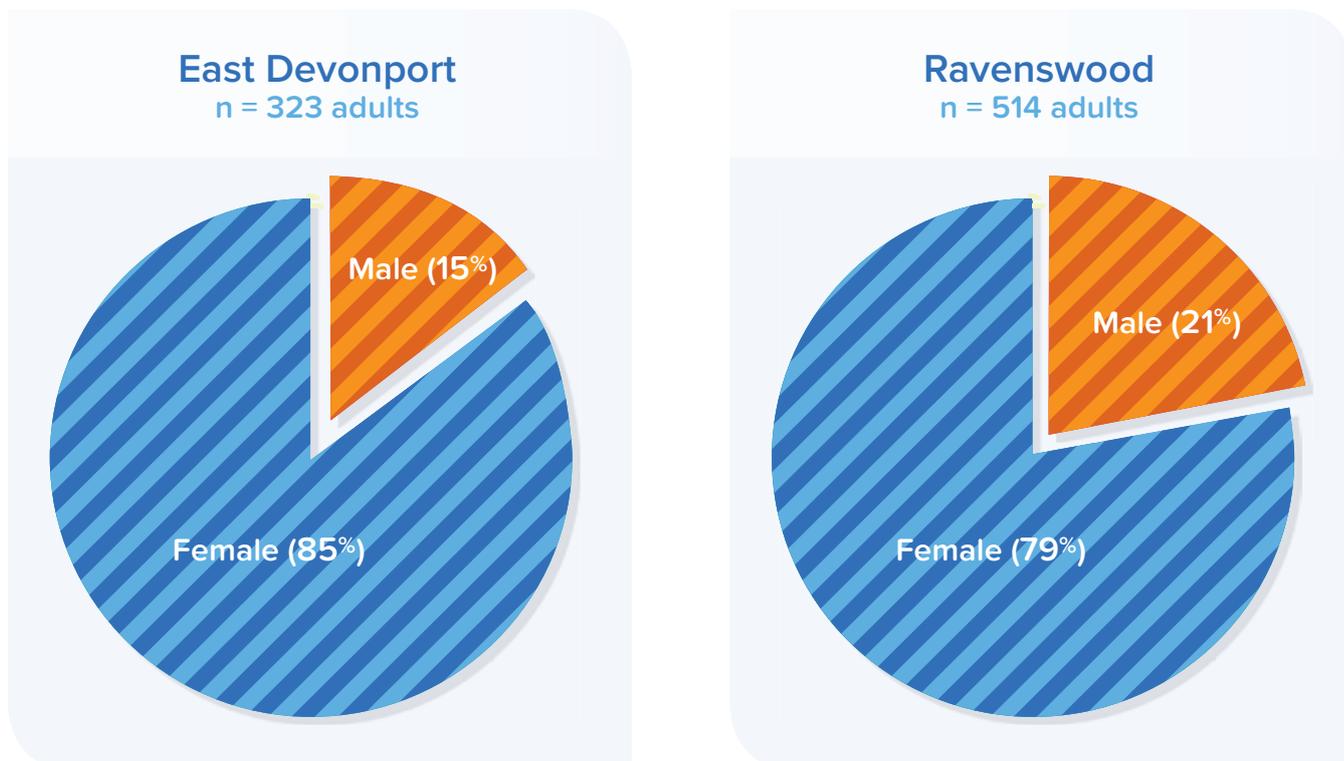
Figure 18. Gender distribution of Centre users from the Centre pilot data collection.

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DISCUSSION
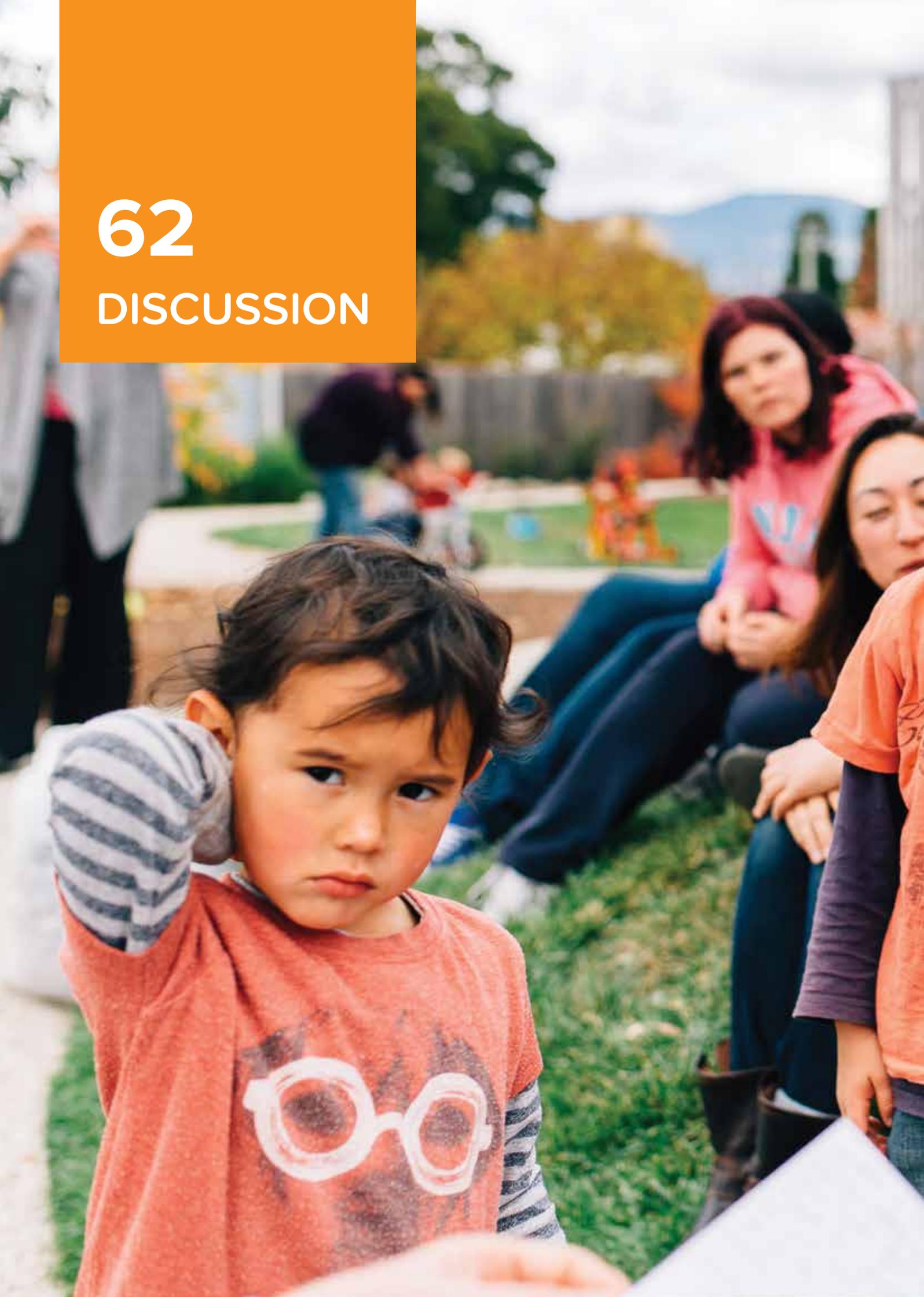
Discussion

Children's health and wellbeing, education and care is affected by a complex interplay of risk and protective factors. In communities with high socioeconomic disadvantage, the concentration of risks factors is also high. Consequently, compared to children living in more socioeconomically advantaged communities, children and families living in disadvantaged communities are more likely to be exposed to multiple risk factors that work against a healthy start to life (Smart, Sanson, Baxter, Edwards, & Hayes, 2008) and less likely to access preschool services to improve prospects for a healthy start to life (Baxter & Hand, 2013). The results of the 2012 Australian Early Development Census (AEDC) starkly illustrated the extent of developmental vulnerability in communities with high socioeconomic disadvantage in Australia. Nationally, the percentage of developmentally vulnerable children on one or more domains of the AEDC was 31.7% for children living in the most socio-economically disadvantaged communities, compared to 15.2% in the least socio-economically disadvantaged communities in Australia (Department of Education, 2014).

To counter this trend, Child and Family Centres have been established in 12 of the most disadvantaged communities in Tasmania. Centres aim to counter complex and cumulative risk factors for child development and improve community-wide outcomes for children and families across the full spectrum of headline indicators for Australia (Australian Institute of Health and Welfare, 2011). Centres offer universal, progressive universal, targeted and specialist services under one roof, as well as services and supports tailor-made for each community. Centres also embody new ways of thinking and doing in relation to engaging, supporting and working with children and families.

At the heart of the Centre model is a concerted whole-of-government pro-equity approach to addressing systematic barriers to access, participation and the potential benefits of early years services and supports. The implicit theory of change that underpins the Centre model is that engaging, supporting and working with children and families in the early years will ultimately improve outcomes for children, families and communities.

This study used a mixed-methods approach to explore the impact of Centres on parents' use and experiences of preschool services and supports. The methods included a survey, focus groups and interviews. The study took place in East Devonport and Ravenswood.

The survey included parents who were eligible but did not necessarily use the Centre in their community. This meant that the use and experiences of services and supports by Centre users could be compared to those of non-users. The survey asked about universal preschool services and supports that parents used and how helpful they were for parents, and included questions on: Family demographics; use and experiences of universal preschool services and supports;

social support; parenting competence; and use (or not) of the local Centre.

The focus groups and interviews were conducted with Centre users only. The focus groups and interviews asked questions about the impact of Centres on families and their communities. The focus group methodology complemented the survey approach by allowing more in-depth exploration of the lived experience of Centre users. The research was conducted in partnership with families and service providers at the Centres and schools. Families and service providers were involved in all stages of the research cycle, from the initial idea through to the communication of the results. An additional outcome of the project was the institution of systematic data collection in all of the Centres.

The results of this project showed that Centres are well used, although the population reach of the Centres can only be quantified if Centre enrolment information is collected for all children and families who use Centres and linked to the total population of eligible children and families living in Centre communities. The project did identify two service gaps: engagement of fathers and

male caregivers, and services and supports after the age of 5. Linkage of administrative datasets will help quantify how well Centres engage all families in their communities, as well as specific client groups (e.g. young parents, Indigenous families) and quantify service gaps.

Nevertheless, accessibility of services and supports was a key positive finding of this evaluation. Co-location of services and supports within the local community addressed many of the physical barriers to access, such as transport, cost and time that can impact on service use. Co-location of services also facilitated 'soft contact' with service providers by parents and families through drop-in sessions, that then led to engagement with more targeted services and supports if necessary. Co-location of services also enabled some parents to access services and supports without having to disclose their use to family and friends. While this evaluation is unable to report on how service providers and Centre staff were experiencing the co-location and integration of services, parents who used the services were more likely to report that services worked closely together than parents who did not use the Centres. In addition to facilitating access to early childhood services and supports, parents who used the Centre also reported accessing the training and learning opportunities provided by TasTAFE. Having access to these programs within their community had facilitated parent engagement with these programs.

This project did not investigate the relationships between individual child, parent and family (i.e. service user) characteristics and use of services and supports at Centres. This is an important goal for future research. For example, while Centre users and non-users did not differ in the different levels of social support available to them, it would be informative to investigate if this was true (or not) for specific client groups (e.g. single

parents). While there was no difference between Centre users and non-users in relation to their access to different levels of social support, focus group and interview discussions revealed that Centre users had established supportive connections and received significant social support through the Centres. Previously socially isolated parents reported feeling supported by staff and volunteers at the Centres as well as by other parents. The support provided by other parents with similar experiences was valued highly and had enhanced social connections among local families. In addition, Centre users also reported feeling more connected to the local school than non-users.

Centre users reported a slightly lower overall sense of parenting competence than non-users. This may reflect differences in the parenting support needs of parents who did and did not use a Centre. To this end, Centre users were also more likely to access parenting programs, to report that services had helped them develop new parenting skills and that they knew where to access information about parenting. These findings indicate that Centres were providing helpful parenting services and supports that focused on building parenting skills, knowledge and confidence among local families.

It was deemed too soon since the establishment of the Centres to formally measure child outcomes. However, parents who used the Centres reported that the services they had accessed had helped them prepare their children for school. This may have been through the educational programs offered at the Centres such as *Launching into Learning*, informal activities such as playgroups and by facilitating access to opportunities previously not available to children and families in the community. Parents with older children who had not had access to the services and supports now provided by the Centres considered that their younger children were better prepared for school than their older children.

The results were informative about the extent to which parents' experiences of Centres reflected the common elements of place-based initiatives, the Family Partnership Model, and the practice principles adopted by the Centres. The common elements of place-based initiatives, the Family Partnership Model and the practice principles were flexible delivery, local autonomy, joined-up working and governance (Wilks, Lahausse & Edwards, 2015), partnerships (Davis & Meltser, 2007; McDonald, O'Bryne & Prichard, 2015) secure, respectful and reciprocal relationships, equity and respect for diversity (Department of Education Employment and Workplace Relations for the Council of Australian Governments, 2009).

Parents reported that involvement in the services and supports at the Centres had resulted in increased parenting skills and knowledge, facilitated engagement in further education and training, enhanced social support and connections, strengthened family relationships, helped them prepare their children for school and resulted in increased parenting and self-confidence. The results of this project have implicitly captured the impact the Family Partnership Model and Learning and Development Strategy has had on the practice framework adopted by Centres and how this practice framework is experienced by parents. The practice framework had impacted positively on parental engagement with the Centres. Parents described the Centres as informal, accessible, responsive, flexible, neutral, non-judgemental and supportive places where they felt valued and respected. Furthermore, parents described a strong sense of community ownership of the Centres. As a result, parents felt safe and able to fully engage with the services and supports available to them and their families. Parents who used Centres were more likely to report feeling valued by service providers than non-users.

Since the announcement of the Centres in 2009, the Tasmanian Early Years Foundation, with the support of the Tasmanian Government, contracted the Centre for Community Child Health to develop and deliver a Learning and Development Strategy between 2009 and 2015. This initiative was to support new ways of working with and for families in communities of disadvantage (Prichard, Purdon & Chaplyn, 2010). A number of different activities were undertaken as part of this initiative including community forums and workshops, professional development and training in the Family Partnership Model and cultural awareness, state-wide forums and mentoring. The approach was underpinned by principles of inclusion, engagement, equality, relationship development, shared understanding and partnership. The process involved communities, service providers and managers and built engagement and shared understanding through discussion and training to achieve new learning and skills. The process strengthened and changed the way community, parents and services interact (McDonald, O'Byrne & Prichard, 2015).

While the results have illustrated the positive impact the Centres and their new way of

working with children and families has had on parents, children and communities, a couple of challenges were identified. The disparity between the numbers of males and females who access services and supports at the Centres is recognised by Centre users. It appeared that the Centres were attempting to address this disparity by offering some programs and activities specifically for dads. Seeking specific input from males in the local community through a male-only advisory group or ensuring there is male representation on the local advisory groups may be an initial step to addressing this gender imbalance.

Parents are not eligible to use Centres if they do not have a child aged 5 or younger. Parents raised concerns over the process of transitioning from Centres to other supports and services available in the local community once children were older. Parents reported that this transition was unclear and were apprehensive about the process. The challenge of transitioning parents to other services and supports may not have been on the agenda during the establishment phase of the Centres. However, it is apparent that this is an area that Centres need to begin to address. A clearer transition process was desired by parents with assistance in establishing new relationships with relevant services and supports. Parents identified the local Community/Neighbourhood house as the most obvious place to transition to, but were unclear about services and supports offered at the Community/Neighbourhood house. This project was unable to comment on the relationships between Centres and Community/Neighbourhood houses, but strong relationships between the two as well as other services and supports will assist in clarifying the transition process. The establishment of a local community group to examine this issue of transitions with membership from Centres as well as Community/Neighbourhood houses and service providers may assist in ensuring this

process becomes clearer and more positive for local parents and families.

This evaluation instituted collection of data on participation and programs at the Centres. These data have been informative and have already shown encouraging patterns in service use. As discussed earlier, the precise population reach of the Centres will only be known if Centre enrolment information is collected for all children and families who use Centres and linked to the total population of eligible children and families living in Centre communities. Only then, will it be possible to identify service gaps and what these service gaps mean for children and families. Qualitative data collection has also been key in this project to obtain a detailed understanding of parents' experiences of the Centres. Qualitative methods are likely to be beneficial in the future, for example, to collect information about the Centre model from service providers.

Strengths and Limitations of the Project

Strengths of the project included strong project governance and productive partnerships between researchers and the Tasmanian Department of Education, Centres, parents and schools through all stages in the research cycle (NHMRC, 2005). Establishing the governance and partnerships required a long lead time but the benefit is that it has built a solid foundation for research collaborations in the future. Addressing education and health inequalities in Tasmania requires a long-term focus and commitment. This project is a promising start to the sustained research, government and community partnerships that will be required to lift education and health standards in Tasmania. The use of mixed methods provided valuable insights into parents' experiences of the Centre model that would not have been possible without combining the results of the survey, focus groups and interviews. A strength of the school-based sampling frame for the

survey was that it included parents who were eligible, but did not necessarily use the local Centre. This approach made it possible to compare the experiences of parents who did and did not use Centres. Another strength was that parental engagement in the survey, focus groups and interviews was high. The project used methods that were practical and effective for engaging parents in the research. Participant recruitment and data collection was managed locally by the schools and Centres.

A limitation was that there were some systematic differences between respondents and non-respondents to the survey. Survey respondents had higher levels of education than non-respondents. Also the response rate for Indigenous families was lower than non-Indigenous families. This meant that the survey sample was not truly representative of the communities from which the sample was drawn and that the findings cannot be generalised to all parents in these communities. Further, the study design and methods do not permit these findings to be generalised to other communities that were not involved in the project. That said, of the parents who took part in the survey, Centre users and non-users did not differ with respect to parent age, education, household structure (e.g., single parent) or number of children. Another limitation is that the methods did not permit causal inferences to be made about the Centre model and service use and experiences. That is, we cannot attribute increased service use by Centre users, compared to non-users, to the Centre model. Causal inferences and attribution require research designs and analytic approaches that were beyond the scope of the current project (Lynch, Law, Brinkman, Chittleborough, & Sawyer, 2010). Some of the challenges in evaluating the effectiveness of place-based initiatives such as Child and Family Centres relate to their defining characteristics, such as local autonomy and flexible delivery (Wilks, Lahausse & Edwards, 2015).

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CONCLUSION

"
Child and Family Centres offer a comprehensive range of high-quality services and supports to parents in their local community.
"

Conclusion

The results showed that Centres had a positive impact on parents' use and experiences of services and supports for young children. Parents provided evidence that Centres were successfully engaging, supporting and working with families to give their children the best start in life. Parents experienced Centres as welcoming,

respectful and inclusive places that were helping them develop positive child, family, school and community connections. Child and Family Centres are showing promising signs that they are having an impact in communities where new ways of thinking and doing are needed to improve outcomes for children, families and communities.

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RECOMMENDATIONS

"…*building connections between children, families, communities and service providers in an effort to make a real and lasting change for families and children with greatest need.*"

Recommendations

The recommendations are that Centres continue to engage, support and work with children and families according to the principles and priorities identified in the Child and Family Centres Strategic Plan (see Appendix 1). These principles and priorities include whole-of-government and local community governance; cohesive working; shared training and learning opportunities for service providers, families and community members; use of the Family Partnership Model; and flexible delivery of formal and informal services and supports to meet the needs of Centre communities, now and in the future.

Two specific recommendations are to work with local communities to **(1)** employ strategies to engage fathers and male caregivers; and **(2)** develop ways in which the positive benefits of Centres continue when children and families transition from Centres to schools after the age of five years.

In relation to future research, there are benefits to **(1)** continuing to develop a state-wide administrative data collection system for Centres and **(2)** exploring the possibilities of connecting early years administrative data so it can be used to investigate the impact of Centres on children's health and education outcomes over time. This project was conceived and conducted as a partnership between researchers, the Department of Education, Centres, schools and communities. The beliefs that guided this partnership paralleled the beliefs that guide the work of the Centres. A final recommendation is that future research is conducted in partnership with government departments, Centres, schools, and families, from the initial idea through to communicating the results.

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APPENDICES

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Appendices

Appendix 1: Tasmania's Child and Family Centres Strategic Plan 2015-2017

Tasmania's Child and Family Centres
STRATEGIC PLAN 2015–2017

⊘LEARNERSFIRST

Our Vision
We aim to develop successful, skilled and innovative Tasmanians.

CFC Vision for 2015-2017
All Tasmanian children have the best possible start in life, are healthy, safe and curious learners nurtured by confident, capable families living in strong, supportive communities.

Our Purpose
Child and Family Centres aim to improve the health and well-being, education and care of Tasmania's children (pre-birth to 5 years) by supporting families and improving their access to quality services in the local community.

Our Priorities
Child and Family Centres are a Whole of Government initiative with an important role in achieving the Learners First strategy that includes a focus on Bright Beginnings for the Early Years and these strategic priorities:
- Planning and delivering high quality education and care programs and services for babies and young children, so they develop as confident and curious learners prior to beginning school.
- Engaging, supporting and working with children and families in a collaborative way by connecting to and working with relevant, health, well-being, education and community services.
- Developing and maintaining strong relationships between families, schools, services and the broader community.
- Working with children and families using the Early Years Learning Framework for Australia.

Our Mission
To provide every Tasmanian with the opportunity to continue to learn and reach their potential, to lead fulfilling and productive lives and to contribute positively to the community

The beliefs that guide us in our work

Children and families are our focus	Appreciating difference and diversity	Being part of the community	Active learning for children, adults and community members	Working collaboratively to build positive environments and community capacity	Creating fair access to resources and support	Ensuring high quality
• Working with families/carers, supporting them as their child's first and most important teacher. • Using an holistic approach builds connections between children, families and communities and recognises the importance of shared relationships and partnerships for learning and development.	• Our centres are welcoming places and inclusive of all community members being accessible and accepting in our communities. • Everyone has the right to engage in learning opportunities in culturally appropriate settings.	• Our centres are respectful and culturally responsive to the needs of families and groups in our communities. • Establishing effective partnerships that support families, carers and services within our programs and communities	• We deliver creative, supportive, and shared learning programs in environments which support and provide opportunities for lifelong learning. • We work together with services to deliver high quality educational programs for children and families.	• We work together with families and a range of health and community services to create ongoing positive change. • We collaborate to provide appropriate, timely and practical responses to support children, young people and their families.	• Working with our communities and families enables us to provide appropriate support and make referrals as required. • Our centres aim to meet the changing needs of our communities.	• We deliver effective programs with families that support healthy development in children from before birth. • Our services are planned and delivered using evidence-based best practice.

How we will achieve our vision and monitor our progress

Priority Areas	Goals	Progress Measures	Data Sources
Learning and Wellbeing	To provide high quality learning, health and wellbeing programs that support children and families to learn and thrive.	Delivery of quality programs to children and families involved in the centres.	Our planning and work will be informed by the following: • Child and Family Centres' data collection (statewide) • Evaluation Project data • School data sets (e.g. Launching into Learning, Kindergarten Development Check, Performance Indicators in Primary School, NAPLAN) • The Australian Early Development Census • Other health and wellbeing data as available • Community engagement in governance processes
Community Belonging	To build each community's sense of belonging with their centre as a place of importance.	The number of families, children and community members actively participating at the centres.	
Working Together	To create and maintain strong and flexible partnerships between everyone involved in each centre's community	The number of partnering organisations and services involved in the centres that are working collaboratively and effectively with families, schools and each other	
Measuring Outcomes	To develop tools that will show the difference the centres are making to the lives of children, their families, support services and the community.	The tools and the data collected by these tools meet the needs of centres and reporting requirements	

Department of Education

Tasmanian Government

November 2014 Child & Family Centre Ravenswood

☎ Ph | 6336 5141

Legend icons: Bootcamp · Cert 3: Children's Services · Cooking Group · Financial Adviser · Learn to Sew · Let's Cook · Let's Splash · Little Talkers · Playgroup · Tiny Talkers · Second Bite

MONDAY 3
LONG WEEKEND
CFC CLOSED

TUESDAY 4
CFC open for play 8·30 - 2pm
- 9 - 1:30 Cert 3: Children's Services
- 9:30 Cooking Group
- 1 Let's Splash

WEDNESDAY 5
- 9:30 - 11:30 Learn to Sew
- 10:30 - 12:30 Let's Cook
- 11:15 Second Bite
- 4:30 Bootcamp

THURSDAY 6
Early Childhood Intervention Services Groups
Children/Family Counsellor in
- 9:15 Financial Adviser Available
- 10 Tiny Talkers
- 11 Little Talkers
- 1:30 Let's Splash

FRIDAY 7
CFC open for play 8·30 - 3pm
Children's Counsellor in
DROP IN to see Child Health Nurse 9 - 12
- 9:30-11 Playgroup

MONDAY 10
- 9:15 - 10:15 Let's Exercise
- 9-10 Baby/Toddler Playgroup
- 9:30 Yoga Bugs
- 11:15 Second Bite
- 11 - 12:30 Playgroup

TUESDAY 11
CFC open for play 8·30 - 2pm
- 9 - 1:30 Cert 3: Children's Services
- 9:30 Cooking Group
- 1 Let's Splash

WEDNESDAY 12
- 9:30 - 11:30 Learn to Sew
- 11:15 Second Bite
- 4:30 Bootcamp

THURSDAY 13
Early Childhood Intervention Services Groups
Children/Family Counsellor in
- 9:15 Financial Adviser Available
- 10 Tiny Talkers
- 11 Little Talkers
- 1:30 Let's Splash

FRIDAY 14
CFC open for play 8·30 - 3pm
Children's Counsellor in
DROP IN to see Child Health Nurse 9 - 12
- 9-10 BREAKFAST
- 9:30-11 Playgroup

MONDAY 17
- 9:15 - 10:15 Let's Exercise
- 9-10 Baby/Toddler Playgroup
- 11:15 Second Bite
- 11 - 12:30 Playgroup

TUESDAY 18
CFC open for play 8·30 - 2pm
- 9 - 1:30 Cert 3: Children's Services
- 9:30 Cooking Group
- 1 Let's Splash

WEDNESDAY 19
- 9:30 - 11:30 Learn to Sew
- 10:30 - 12:30 Let's Cook
- 11:15 Second Bite
- 4:30 Bootcamp

THURSDAY 20
Early Childhood Intervention Services Groups
Children/Family Counsellor in
- 9:15 Financial Adviser Available
- 10 Tiny Talkers
- 11 Little Talkers
- 1:30 Let's Splash

FRIDAY 21
CFC open for play 8·30 - 3pm
Children's Counsellor in
DROP IN to see Child Health Nurse 9 - 12
- 9:30-11 Playgroup

MONDAY 24
- 9:15 - 10:15 Let's Exercise
- 9-10 Baby/Toddler Playgroup
- 11:15 Second Bite
- 11 - 12:30 Playgroup

TUESDAY 25
CFC open for play 8·30 - 2pm
- 9 - 1:30 Cert 3: Children's Services
- 9:30 Cooking Group

WEDNESDAY 26
- 9:30 - 11:30 Learn to Sew
- 10:30 - 12:30 Let's Cook
- 11:15 Second Bite
- 4:30 Bootcamp

THURSDAY 27
Early Childhood Intervention Services Groups
Children/Family Counsellor in
- 9:15 Financial Adviser Available
- 10 Tiny Talkers
- 11 Little Talkers
- 1:30 Let's Splash

FRIDAY 28
CFC open for play 8·30 - 2pm
Children's Counsellor in
DROP IN to see Child Health Nurse 9 - 12
- 9-10 BREAKFAST
- 9:30-11 Playgroup

November 2014 Child & Family Centre East Devonport

A | 40 Drew Street
PH | 6421 5153 or 6421 5154
TIMES | M - Th · 8:30 - 4pm, Fr · 8:30 - 1pm

MONDAY ③

PUBLIC HOLIDAY
CENTRE CLOSED

TUESDAY ④

Antenatal Clinic Child Health

9:30 — Couch Talk
9:30 - 2:30 — Avidity Training
1:30 — Lil - 'Sounds Great' - for pre-kinders

WEDNESDAY ⑤

9:15 — Prekinder
10:30 — Playgroup
10:30 — Baby Playgroup
1:15 — Play to Learn 'Cook & Books'

THURSDAY ⑥

9am — Family Shortcuts
9:30 — Music with Alex
10:30-11:30 — Layhooners Learning Playgroup
11:30-2:30 — Let's Fix it

FRIDAY ⑦

Centre closes at 1pm

9am-12 — Child Health Drop In
9:30 — Launching into Learning @ CFC
11am-1-2:30 — Josh's Music ($5/child)
11am-1-2:30 — Bringing Up Great Kids

SATURDAY ⑧

Australian breastfeeding Association training day at the CFC

MONDAY ⑩

10am — KYMS Group (Kids with young mums)
9:30 — Healthy Living Catch up
1pm — Playgroup

TUESDAY ⑪

Antenatal Clinic Child Health

9:30 - 2:30 — Avidity Training

WEDNESDAY ⑫

9:15 — Prekinder
10:30 — Playgroup
10:30 — Baby Playgroup
1:15 — Play to Learn 'Cook & Books'

THURSDAY ⑬

Doctor's Clinic

11:30-2:30 — Let's Fix it

FRIDAY ⑭

Centre closes at 1pm

9:30 — Launching into Learning @ CFC (Crookshank Band 11am)
11am-1-2:30 — Josh's Music ($5/child)

SATURDAY ⑮

9:30 — Music with Alex

MONDAY ⑰

Child Health (afternoon)

1pm — Playgroup

TUESDAY ⑱

Antenatal Clinic Child Health

9:30 - 2:30 — Avidity Training

WEDNESDAY ⑲

9:15 — Prekinder
10:30 — Playgroup
10:30 — Baby Playgroup
1:15 — Play to Learn 'Cook & Books'

THURSDAY ⑳

9am — Family Shortcuts
10:30-11:30 — Layhooners Learning Playgroup
11:30-2:30 — Let's Fix it
No Music Today

FRIDAY ㉑

Centre closes at 1pm

9am-12 — Child Health Drop In
11am-1-2:30 — Bringing Up Great Kids

SATURDAY ㉒

9:30 — Music with Alex

MONDAY ㉔

Child Health (afternoon)

5:30 — Community Tea PLEASE BOOK IN
9:30 — Toddler's Haircuts
10am — KYMS Group (Kids with young mums)
11am — Solicitor
1pm — Playgroup

TUESDAY ㉕

Antenatal Clinic Child Health

9:30 - 2:30 — Avidity Training

WEDNESDAY ㉖

9:15 — Prekinder
10:30 — Playgroup
10:30 — Baby Playgroup
1:15 — Play to Learn 'Cook & Books'

THURSDAY ㉗

Doctor's Clinic

10:30-11:30 — Layhooners Learning Playgroup
11:30-2:30 — Let's Fix it
11am — Music in the Park (Canning Drive)

FRIDAY ㉘

9:30 — Launching into Learning @ CFC
11am-1-2:30 — Josh's Music
11am-1-2:30 — Bringing Up Great Kids
1:15 — Play to Learn 'Cook & Books'

SATURDAY ㉙

No Saturday Music

DEVONPORT SHOW DAY
CENTRE CLOSED

HERE TO HELP:

Doctor:
Nov 13 · 10:30am
Nov 27 · 10:30am

Social Worker
Nov 7 · 9:30am
Nov 10 · 1pm
Nov 24 · 11am

Toddler's Haircut
Nov 24 · 9:30am

Solicitor
Nov 24 · 11am

A band from Melbourne will be Launching into Learning on Friday Nov 14th

Crookshank

Key:

KYMS Group
Toddler's Haircut
Solicitor
Baby Playgroup
Prekinder
Playgroup
Lil - 'Sounds Great' - for prekinders
Music with Alex
Josh's Music
Play to Learn 'Cook & Books'
Let's fix it
Family Shortcuts
Avidity Training
Couch Talk
Healthy Living Catch up
Layhooners Learning Playgroup
Launching into Learning @ CFC
Child Health Drop in

November 2014 Child & Family Centre East Devonport

👤 KYMS Group

Kids and young mums group (mums under 25yrs) Every 1st and 3rd Monday at 10am. If you're a young mum and wanting to meet up with other mums and their bubs—come along for a chat!

✂️ Toddler's Haircut

Monday 24th at 9:30am.

🚀 *Launching into Learning @ CFC*

Tuesday 4th, 'Sounds Great'

Wednesday 5th, 12th, 19th and 26th at 1:15pm 'Cooks and Books'

Friday 7th, 14th , 21st and 28th at 9:30—11:30 Playgroup

👥 Family Shortcuts

Thursday 6th November 'Importance of Vitamin D'

Thursday 20th November 'Respectful Relationships'

Half hour of helpful hints, fun and hands-on info about parenting and everyday life!

SOCIAL WORKER

Social Worker will be @ the CFC:

Friday 7th 9:30-11am

Monday 10th 1-2pm

Monday 24th 1-2pm

CHRISTMAS CELEBRATIONS

Friday *5th December* - Devonport Christmas Parade 6.30pm

Saturday *6th December* –Christmas in the East

4-7pm in Pioneer Park.

Wednesday *17th December* –Final Playgroup for the year @ the CFC **10am –12**

Friday *19th December* – CFC Family Christmas BBQ in Pioneer Park **11-1pm**. Instead of Christmas Dinner, it's a BBQ this year. Please come and celebrate the end of another great year (please book in).

☕ COMMUNITY TEA

Monday 24th @ 5:30pm. Come along and enjoy a meal at the CFC with friends—no cost.

Please book by Friday 21st

🎵 Josh's Music

Fridays at 11am. All age groups, $5 per child.

➕ Child Health Drop in CLINIC

Drop in clinic - Fridays between 9-12.

🛋️ Couch Talk

The working group of the CFC are meeting Tuesday 4th at 9:30am. Come along and have your say about how the CFC runs, what programs are part of the calendar, etc.

🛸 MUSIC

Big thank you to Vinnies for letting us have music in their shop each week. It's been fun!

MUSIC IN THE PARK - Canning Drive Park

Thursdays 20th and 27th - everyone welcome to be outside and making music!

🔧 Let's fix it

The Let's Fix It group is off and running for this term. They are building vege gardens and learning heaps about outdoor maintenance!

If you're interested in learning about indoor maintenance or how to fix the car—let us know and we'll put your name down for next year's courses.

THE WEATHER IS GETTING WARMER..

As the weather is getting warmer we will be having a lot more outside play and activities so please remember to ensure your children......

SLIP on some protective clothing

SLOP on some sunscreen

SLAP on a hat

SLIDE on some sunglasses

SEEK for some shade

PUBLIC HOLIDAYS

Recreation Day November 3rd

Devonport Show Day November 28th

The CFC will be closed on these days.

ADDRESS | 40 Drew Street

PHONE | 6421 5153 or 6421 5154

OPEN TIMES | M - Th • 8:30 - 4pm, Fr • 8:30 - 1pm