

Supporting Tasmania's Child and Family Centres

The journey of change through a Learning & Development Strategy

Centre for Community Child Health

June 2015

'We would not be the places we are without the many and wide-ranging learning opportunities provided by the Learning & Development Team and I personally would not be the type of leader that I am without it. In fact, I wouldn't be CFC Leader at all!' (CFC Leader)

Acknowledgements

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Introduction

Changing the way services are delivered in order to improve educational, health and wellbeing outcomes for children is not achieved simply through new buildings and co-locating services. It requires developing shared understanding, a shared vision and a new culture of service delivery between services and the local community.

In order to reach families who have previously found services hard to access, local services need to work alongside parents and community members to co-design and co-deliver locally effective and responsive programs.

In 2009, the Tasmanian Early Years Foundation recognised the need for a concurrent strategy to support the rollout of the state Government's Child and Family Centre Project (CFC). With the support of Government, it was also agreed that this strategy would have most impact if it were independently facilitated. This would enable the strategy to contribute to CFC planning and implementation, unrestrained by any one service partner, and support the development of new ways of working with and for families.

The Learning & Development Strategy has been designed and facilitated by the Centre for Community Child Health¹ between July 2009 and June 2015. The forward thinking of the Tasmanian Government, together with innovative strategy and resourcing from the Tasmanian Early Years Foundation, inspired this project. The project is now being recognised by national and international early years leaders as leading the way in engaging communities of disadvantage in the co-production of local service models.

As with most change processes, this project has not been without challenges. However, it has been immensely rewarding in demonstrating the benefits of genuine partnership between parents, community members and services providers in practice.

This paper attempts to capture the main elements of the journey undertaken through the Learning & Development Strategy, and to document some of the many learnings along the way.

Please refer to [Appendix A](#) and [Appendix B](#) for comprehensive background, context and history for the CFC Project and the introduction of the Learning & Development Strategy.

Why a Learning & Development Strategy?

It became apparent that the success of the CFCs would require a huge agenda to be addressed, and effort was needed in several different facets of the project at the same time. Aside from the infrastructure demands of the CFCs, the most significant challenge was to ensure genuine community engagement in the vision and co-production of the desired outcomes for children and families – as well as in the design, building and governance of the centres.

Genuine community engagement is not easy, it is not part of the toolkit of most service providers, and it will not happen without dedicated expertise and resourcing. But without genuine and respectful community engagement, even the best intentioned new models are unlikely to reach those most

¹ The Centre for Community Child Health is a department of The Royal Children's Hospital, Melbourne and a research centre of the Murdoch Childrens Research Institute.

disaffected and disengaged from services. Traditionally termed the “hard to reach”, lessons from early years models such as SureStart in the UK and Toronto First Duty in Canada, indicated that a radical change in thinking and delivery of services would be necessary. As one eminent UK early years leader said,

“... instead of asking what is wrong with these people that they don't use our services, we should be asking what is wrong with our services that people don't want to use them.”
(Margy Whalley 2009)

Equally challenging was finding effective ways to engage different service providers in a more collaborative way of working – both with each other and with families and communities. It had long been recognised that services for children and families in Tasmania were fragmented; there was poor intersectoral working (at ground level and in management tiers) and structures and funding models that worked against good horizontal linkages (Jenkins 2004).

Additionally, staff from different sectors (including child health, education, children's therapy, family support, dental care) each came with a focus on very different aspects of a child, and different skills in working in partnership with families. For many, a holistic and ecological view of the child within their family and community was not part of their thinking.

Traditionally, child health nurses and therapists have had core training in strengths-based approaches to families and, potentially, some grounding in community development approaches. However, these skills were not prominent in the training undergone by the majority of educators. For educators, the focus has understandably been on the child's educational outcomes; working directly with families and communities would be seen as challenging for many. In addition, many workers – in childhood education and other sectors – operate within bureaucracies that reinforce the notion of ‘core business’, especially when resources are tight. ‘Core business’ thinking leaves little space and time for effective collaboration.

... “to be responsive and flexible, service providers need to be seeing the world through the lens of the person and family in the community rather than through the lens of a program or service”.

David Adams 2009, A Social Inclusion Strategy for Tasmania

The journey towards truly integrated services would require a major shift in philosophy and way of working for all service providers involved – this shift would not happen simply by co-locating services. There were also weak links between government and non-government services, with a low degree of trust on both sides. All this meant that there was a massive change agenda facing the CFC Project Team, which was unlikely to be fully addressed in an environment where resources were solely devoted to frontline services.

Towards a Learning & Development Strategy

During deliberations on how best to support government with CFC development, and following discussions with government, the TEYF Board considered a proposal to invest in a Learning & Development Strategy. The Board agreed on an initial allocation of \$300,000 over two years. The Board was influenced in its decision by a range of factors, including feedback from a recent TEYF-funded study tour of South Australian Children's Centres that highlighted the need to invest resources in learning and development for staff and community members.

This initial investment by TEYF saw success (documented by the Learning & Development Team, the

CFC Project Team and the [Action Research Project](#)) and further funding was allocated in 2011 to continue the Learning & Development Strategy, which was ultimately funded by the TEYF until June 2015. The total allocation of funding was just over \$1,000,000.

From the outset, TEYF and the Department of Education recognised that the strategy would be best served by being independently developed and led; to bring a fresh perspective and to challenge existing practice. This led to the appointment of the Centre for Community Child Health (CCCH) to lead the Learning & Development Strategy, working closely with the CFC Project Team. The choice of CCCH was influenced by their extensive work in the early childhood sector, including developing the Platforms Framework (CCCH 2009), which was seen as particularly applicable to developing CFCs in Tasmania. The Department of Education then seconded leading early years educators to be part of the team delivering the strategy.

What difference was sought from the Learning & Development Strategy?

From the outset, the CFC Learning & Development Strategy sought 'To provide a planned professional development program for staff and community members who are involved in establishing and operating CFCs to support the operation of integrated child and family services.'

The Learning & Development Strategy involved a number of different components, designed to support staff and community members in CFC communities to work together to design and implement collaborative service models to achieve the CFC Project's stated outcomes.

The leadership at Tasmania's CFCs, and the quality of the professional development and learning opportunities across all service providers, was critical to the CFC's success. A further contributor to success was effective engagement with local CFC communities. The Learning & Development Strategy can be seen as a capacity building, community development framework. Through that framework, the community partnership can say 'look what we've achieved together' rather than 'look what others did for us'.

The core strategies employed through this project are outlined in [What Happened?](#) and all were underpinned by the principles of:

- inclusion
- equality
- engagement
- relationship development
- shared understanding, and
- partnership.

This section will provide an overview of the difference the Learning & Development Strategy set out to achieve. The four main areas of focus are set out below.

1. Supporting services to understand the change

A significant task within any change process is helping all existing stakeholders, particularly those who are expected to support the change, to understand and agree to the concept, the process and their

role within it.

The Learning & Development Strategy was designed to support the changes needed, across CFC communities, to move towards more integrated, collaborative and locally responsive service models. Concurrently, the state-wide CFC Project Team was leading change at senior management level, including designing policies and strategies to support the change.

Most significantly, services and their workers were challenged to reconceptualise collaboration in design and delivery to embed it in a framework of genuine community engagement: parents and community members – particularly those previously disengaged from the service system – actively supporting, informing and influencing CFC planning, implementing, delivering and governing.

2. Creating a shared culture and understanding of community engagement

In Australia, community engagement is often perceived by health, education and care services as a necessary consultative stage in the process of implementing new programs or strategies. Engaging community members in service design is actually more challenging. It is a process of meaningful relationship building where each contributor (community member, parent, child, worker) is recognised and appreciated for the unique contribution and expertise that they bring to the process.

Practitioners working in health, education and care services have often been trained and mentored to practise from an expert model that implies a hierarchical relationship between worker and parent. The 'expert' instructs or prescribes solutions, with parents and children as recipients or beneficiaries of the expertise. The cultural shift from an expert model to a model of partnership with families is often complex and initially difficult for many workers to understand and accept.

From the outset, implementing the Learning & Development Strategy required a significant investment of time in listening, exploring, and building relationships with key service stakeholders to establish shared understanding and generate a high level of trust. This was necessary before commencing community engagement.

[Figure A](#) illustrates the projected role of the Learning & Development Strategy in supporting engagement between community members, service providers and managers moving towards new ways of working together. It also gets to the core of the difference the Learning & Development Strategy Team sought to achieve in its role alongside the state-wide CFC Project.

The role of independent and impartial facilitator, provided through the Learning & Development Strategy Team, could allow respectful questioning and prompting to support stakeholders to assume new ways of viewing and thinking about issues as they arise. This process required the attributes of partnership (Davis & Day, 2010) to be modelled through the facilitation of the strategy. The Strategy needed to be informed by evidence-based practice that viewed community strengths and local experience as critical and central to moving forward. The TEYF identified [Platforms](#) (Centre for Community Child Health 2009) and the [Family Partnership Model](#) (Centre for Parent and Child Support 2002) as evidence based and complementary tools that would support the design and implementation of CFCs in each community.

Every strategy implemented by the Learning & Development Team had to be facilitated in a way that engaged both community members and service providers alongside each other within a respectful culture of co-learning. These meetings, workshops and training programs were noticeably different from what parents and workers initially expected and were a key component of exploring and demonstrating 'partnership' between all community and service stakeholders:

"I did the family partnership five-day course with the nurse who helped us out with [child's name]. I came to see that she has struggles just like me and we are friends now"
(parent)

"I understand so much more about why we need to develop a new type of service for families. I think the workers in the training understand too. We are all excited about it, but it is going to be hard"
(parent)

"These meetings are different. I feel equal to everyone else even though I'm not a professional. I have ideas that I contribute and people stop and really listen to what I have to say"
(parent)

"I've seen big changes already! How meetings are held, the time we give to getting to know one another, the language used ... it all helps mums like me feel more comfortable being involved"
(parent)

"L&D has provided us the opportunity to come together as service providers, friends of the community, parents and children, in a less formal way to learn together. The relationships that are flourishing are due to the fact that there is an explicit emphasis on building relationships and respect. Parents are more confident in expressing their thoughts and there is a feeling of 'belonging' when we are all together. We laugh, we struggle with ideas and problems, and we learn together. It is one the most powerful and uniting experiences I've had in this community and I leave each session with a feeling of hope."
(practitioner)

A conduit to service & community engagement

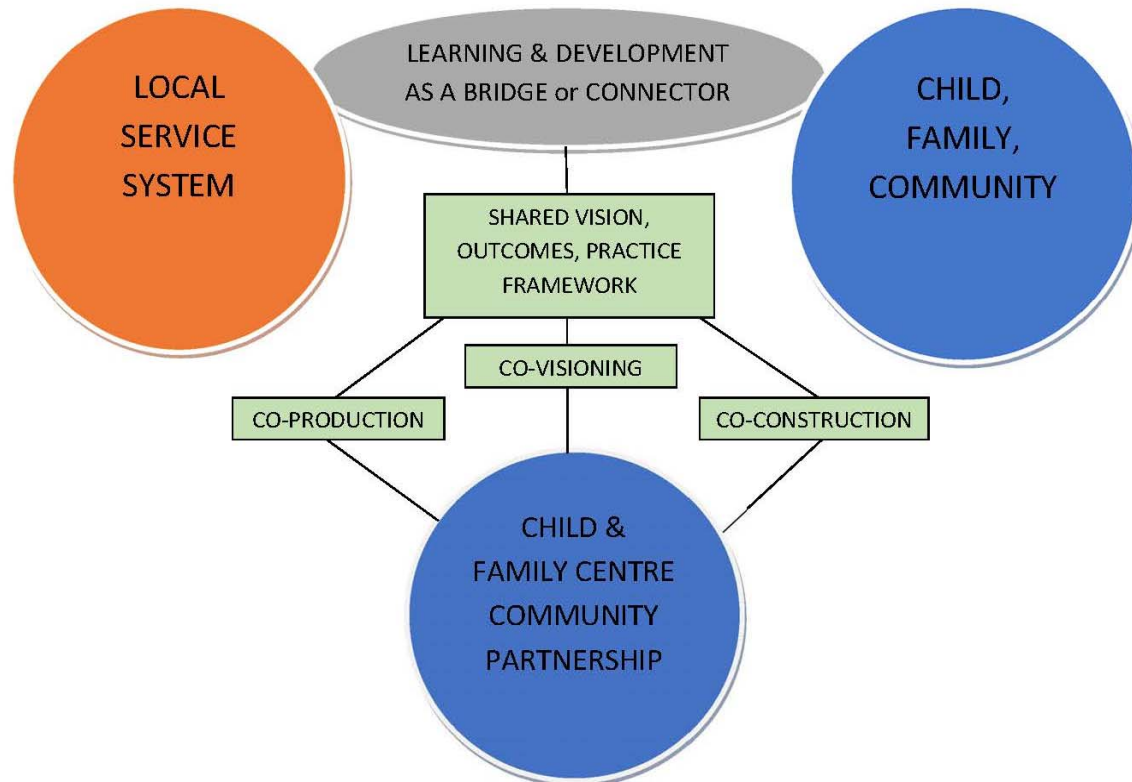


Figure A – The Learning & Development Strategy model

3. Co-designed and co-delivered service responses

Both state and federal governments initially intended that CFCs would be 'integrated child and family services'².

Integrating services is a dramatic shift from traditional and deeply ingrained modes of service delivery. Successful service integration demands new ways of working and impacts on all aspects of service delivery, including governance structures. It presents great challenges for services, communities and governments, and requires significant shifts in individual practice (Prichard, Purdon & Chaplyn, 2011).

The Learning & Development Strategy has been explicit about the importance of local community members having input and influence as partners in the design, implementation and delivery of all CFCs as integrated child and family services.

It was understood from the start that this would be time consuming, complex and challenging. However, it was also understood that co-design of services with community members, particularly in communities of distinct disadvantage, is the most respectful and sustainable approach to reaching families who struggle to access, or are disengaged from, early childhood services.

4. Community partnerships through reflection and learning

Developing respect, trust and reciprocity in relationships between individuals requires empathy and an understanding of the perspectives of the other. The Learning & Development Strategy needed to provide opportunities for community members and service providers in CFC communities to develop and nurture relationships that reflect these characteristics. A variety of strategies would be needed to facilitate these relationships, especially where existing relationships were characterised by suspicion, mistrust or indifference.

In the Learning & Development Strategy, a shared culture and appreciation of reflective practice and learning between parents and workers was modelled and encouraged. This included parents and other community members attending training³ alongside local practitioners.

What happened?

This section will outline how the Learning & Development Strategy Team went about supporting change in CFC communities, and what occurred as a result.

The underlying, major task of the Learning & Development Strategy Team was to support change; change that would 'fundamentally re-engineer early childhood services in Tasmania' (Tasmanian Government 2008).

² Integrated services refer to the process of building connections between services in order to work together to deliver services that are more comprehensive and cohesive, as well as services that are more accessible and responsive to the needs of families and their children (Centre for Community Child Health, 2009).

³ The training incorporated Family Partnership Model, facilitated workshops, and state-wide CFC forums that all emphasised and modelled partnership, reflective practice, and the benefits of learning together.

The Learning & Development Strategy Team concentrated the change support effort with all CFC stakeholders – parents/community, service providers and policy/agency managers – exploring genuine engagement, facilitating new discussion and new knowledge, and enabling skill development.

Supporting change

Influencing and supporting change, through the Learning & Development Strategy, is seen in two concurrent processes that focus on *collective change* and *change for individuals*.

Collective change focussed on systems that required high-level understanding and agreement to challenge and change systemic issues and achieve improved outcomes for children.

Collective change also considered the way local agencies interacted with other agencies to deliver responsive, relevant services and programs for the benefit of children and families, and the way services approached community engagement in the context of the development and direction of CFCs.

The work towards collective change was facilitated by discussion in community workshops and forums. Participants included parents and community members, service workers and managers, together with representatives of local government and state government departments. The groups were generally between 6 and 20 people (See [Platforms](#) for more detail on the meeting processes).

In the very early stages of the CFC project, the number of parents who attended the Learning & Development forums and workshops were low. Community members were often suspicious of government-led projects promising benefits in their communities, due to past experiences or word of mouth about previous government projects (CCCH 2012). Often, one or two more confident parents would attend and, once these pioneering parents were satisfied that the process and content were genuine and 'not a risk', they would spread the word to other parents and encourage them to attend future meetings.

Change for individuals focussed on the way practitioners/workers responded to and interacted with community (children, parents, other workers); the delivery of services; and design and reshaping service programs and approaches.

While Learning & Development Strategy activity in this stage could involve workshops and forums, it mostly involved specific training and professional development, such as the Family Partnership Model, cultural safety, father-inclusive practice training, reflective practice, and supervision.

To champion the effort and culture of change in developing CFCs in Tasmania, Dr Margy Whalley⁴ was funded by the TEYF to undertake an independent role of critical friend and mentor to the CFC initiative.

During the three visits Margy made to Tasmania (between 2009 and 2013), she worked with all levels of the project, including government, the CFC Project Team, the Learning & Development Team, the Tasmanian Early Years Foundation, and CFC communities throughout Tasmania. Margy's independence gave her licence to question, challenge and prod to stimulate and develop new thinking, particularly around the question:

'What have you done to make sure that what you are doing, designing, creating,

⁴ Margy is Director of Research, Development and Training at Pen Green Centre for Children and Families in Corby, UK, where she has led the development of the Centre since 1983.

*changing is in direct and meaningful engagement with the local community, in particular those we do not usually hear from?’
(Margy Whalley, 2009)*

Margy was an important sounding board for the Learning & Development Team to check learning and training approaches against evidence and research. She was able to draw on her vast experience of developing and operating integrated services, as well as her input into early years policy development in the UK and South Australia.

The Learning & Development Team planned and implemented strategies that supported the development of common understanding and a shared culture that was determined to improve outcomes for children. The major strategies comprised:

Facilitated community workshops

Facilitated community workshops occurred in all CFC communities. Often these workshops would occur as part of a Local Enabling Group, where parents, services workers and CFC staff come together as a governance group. The workshops became an important vehicle to examine the relationships between services, communities and parents, and question the purpose of these relationships.

State-wide forums

The Learning & Development Team facilitated state-wide forums from July 2009, in order to bring together CFC communities from all corners of Tasmania to share what has worked well and what has been learnt. As CFC communities became more confident and skilled, they began hosting, arranging and running these forums themselves. While visiting guest speakers in the field of early childhood practice were invited, increasingly parents and community members took on more prominent roles, including as Master of Ceremonies, guest speaking, panel discussants, reception, catering and overall organisation.

The first forums attracted around 70 registrations, mostly attendees from services. However, more recent forums have had registrations of over 150 people, with around half parent and/or community member attendees.

Other strategies included:

- **Mentoring, coaching, supervision** to support individual change or particular work being undertaken in a CFC – this involved a strong reflective practice approach.
- **Advocacy** across and up the service system and bureaucracy to help explain and sustain change; target groups included senior management, operational management, early years committees and boards, school principals.
- **Discussion papers** on topics to support the embedding of change within an articulated CFC culture, eg community engagement, service integration.
- **Focused training**, including cultural awareness and safety, working in partnership, the Family Partnership Model.

Underpinning the Learning & Development Strategy – and all of the activity outlined above – are two frameworks that form a strong and common foundation across the CFC initiative: Platforms and the Family Partnership Model.

Platforms

Platforms is a theoretical, guiding framework. The framework assists communities to refocus services for children and families in a more coordinated way and respond more effectively to the needs of children. This improved response then promotes improved outcomes. The Learning & Development Team adopted the stepwise process from Platforms to prompt discussion at:

- Initial Learning & Development Team visit/overview – relationship building, what do we plan to do? How will we do it? Who is involved?
- Developing a Working Together Agreement – how do we agree to work together in a way that is inclusive, respectful and keeps the child/local community at the centre of all processes?
- Hearing the community story – what has happened previously? What do we know about our community in relation to the children and families? How will we capture this unique story and share it with others as they join the CFC development process?
- Why change? – What is the CFC really about? What may need to change? How will this happen?
- Creating a vision – What are we hoping to achieve? What is our shared dream for children and families in this community?
- Developing outcomes – What are the steps to help us get to our dream/vision?
- What is integration of services? – What does it really mean and what are the benefits? What will it ask of services and families?
- Action planning – being clear about what specifically needs to be done – who does what/when?

Family Partnership Model

The Family Partnership Model is an evidence-based approach to working with families. The Model involves:

- building parents' capacity to utilise their own resources and establish methods for adapting to and managing problems in the long-term
- engaging parents and developing a partnership relationship with them that is supportive in and of itself
- understanding families in a holistic way, hearing the whole story, seeing the full picture, knowing their main worries, learning their strengths (Davis & Day, 2010).

The combination of Platforms as a theoretical guide for facilitation and the Family Partnership Model enabled the Learning & Development Team to model **content** (change, service integration, partnership, improving outcomes for children, engaging the disengaged) and **process** (a series of planned steps or content, facilitated through respectful reflection and explicit, shared understanding/language).

A shared understanding was established between the various stakeholders in CFC communities through one-to-one and group processes, involving parents, service providers and managers, funders and policymakers. This work required an enormous commitment in time as each CFC community required a significant number of Learning & Development Team visits to complete the content outlined above.

The Learning & Development Team sought to model partnership for both individuals, groups and communities that could be repeated and adapted by CFC communities beyond the life of the Learning & Development Team. Participants of Learning & Development Team processes worked as 'community tentacles', disseminating and filtering, connecting and drawing in new participants and ideas.

What changed?

The existence of a planned Learning & Development Strategy, alongside planning and establishing the CFC initiative, has demonstrated significant change in community and service partnerships over seven years. This change was due not only to the content delivered by the Learning & Development Team, but also the process of modelling partnership and respectful relationships.

Early indications from qualitative research being undertaken as part of the CFC evaluation, demonstrate that parents feel more confident and more connected with other parents. There is also evidence that suggests improved connections between community members and services. Developing partnership approaches, together with engaging and connecting families and parents, figures boldly in the CFC Statewide Outcomes Framework (CCCH 2012). The Framework included the following:

- Families are supported by and connected to their communities.
- Parents have skills and knowledge to nurture their children.
- Families have opportunities to participate in learning pathways.
- Communities are informed, engaged and responding to the needs of children and families.
- Community partnership approaches are at the centre of planning and governance of CFCs.
- Services embrace a partnership approach with families and community.

(Tasmanian CFC State-wide Outcomes Framework 2010)

Further change can be seen in the way parents and community members have stepped up to take a leadership role within the governance group of CFCs and in volunteering as part of the operational team. For many parent volunteers, increased confidence and skills have led to offers of employment in community, school and/or early years sector, and many have gone on to participate in formal training courses.

Learning & Development processes and content, delivered in all CFC communities, resulted in a common and consistent culture of co-learning, respectful relationships and explicit conversations leading to shared understanding. This has influenced the way services and parents interact both individually and collectively.

This common culture can be seen in the way CFC meetings and governance bodies now function, mirroring Learning & Development processes and content. This is evidenced by the format and process of meetings; parents/community members in positions of responsibility (eg chairperson, presenter); welcoming people warmly – particularly new participants; negotiating agendas; and the use of Working Together Agreements (see [Appendix C – example of CFC Working Together Agreement](#)).

The work outlined above has taken seven years and over \$1,000,000 of funding from the

TEYF. The common culture, as influenced by the Learning & Development Team, continues to evolve and remains fragile as key personnel change. There is always a risk that the new CFCs will come under pressure to revert back to less effective approaches.

A strong focus for the Learning & Development Team has been the importance of building and maintaining respectful relationships, as a means of building partnership between all stakeholders (parent, community members and service providers).

What have we discovered?

As anticipated, the Learning & Development Team experience has been an enormously demanding and rewarding process. The privilege of hindsight has aided the Learning & Development Team to recognise issues that could have been addressed more effectively. However, this reflection is also an opportunity to consider a process that has emerged as a national case study and informs practice in other jurisdictions.

The Learning & Development Team experience has provided a unique insight into the complexity of implementing a practice change framework within existing service systems. This section aims to provide a brief overview of what the Learning & Development Team discovered through supporting the development of the Tasmanian Child and Family Centres, alongside the CFC Project Team.

These experiences are presented below as [enabling factors](#) and as [barriers to change](#).

Enabling factors

There are certain factors that enable services and community members to work effectively in the process of designing and implementing CFCs. They include:

- **Partnership between all stakeholders** – The Family Partnership Model (FPM) (Davis and Day, 2010) was used to support the development of a common language and shared understanding in order to foster genuine relationships between all stakeholders (community members, parents and service workers). It was the first time this internationally recognised framework has been used with both community members and practitioners participating in the training together. FPM provided an opportunity to focus on the critically important but subtle qualities and skills involved in respectful relationship development.
- **Working Together Agreements** – Every CFC community was supported to develop and use a written agreement that focussed on the nature of interpersonal relations. These agreements are living documents that are actively used between all local stakeholders to negotiate shared understanding around agreed behaviours. The agreements help nurture a culture of respectful practice and are used in a variety of ways to help review and provide feedback between stakeholders.

“Our Working Together Agreement helps us in a lot of different ways. It is used in meetings to make sure everyone is feeling ok and able to say what they want to say. There is a copy on the wall in the meeting room and another on the kitchen table. All regular users, volunteers and service providers at the CFC have to read through it and can discuss it with other parents or volunteers before they sign it. We make sure we go back to it quite often to make sure it is still ok for the Centre. It took a long time to finish because we had to make sure we talked about it with as many parents and workers as possible. We had lots of meetings about it and even put a chart on the wall with

coloured dots so people coming to the Centre could vote on the words we ended up using. We also took the words and tried them out with people in the community to make sure they made sense. It was important that we used words in a way that everyone can understand and that are focused on positive behaviour -what we want from each other rather than what we don't want. I've seen parents using it with each other, workers and parents together and even worker with worker. It is really important to have an agreement when things are not going ok between people.”
(parent)

- **Flexibility** – Service models that support practitioner flexibility enable innovative practice. This in turn promotes trust and rapport with previously disengaged families. However, practitioners who display flexibility in practice regularly comment that they feel their practice is subversive as it is ‘not allowed’ or ‘outside of organisational policy’.

A practitioner working from a CFC recognised the value and importance of attending the fortnightly CFC team meetings with community volunteers and other service providers. These meetings allowed her to strengthen relationships with other key people in the CFC, come to a better understanding of the emerging community needs, and ultimately respond more effectively in her practice. She was directed by her line manager not to attend the meetings as her caseload did not allow the time required. However, she continued to attend the meetings, with the belief that her practice as part of the CFC team was no less important than the core work of her service.

- **Taking time** – Restoring trust and rapport between previously disengaged parties requires a tremendous amount of time, energy and good will. Investing time in building trusting relationships between community members and key CFC workers was essential. This was especially so in the early years of the project as it enabled an honest exchange when identifying new ways of engaging and working together. The Learning & Development Team has observed acceptance and recognition that the pace of change needs to suit the local community, rather than political or bureaucratic timeframes. At times, this caused understandable frustration, particularly for managers engaged in the process.
- **Reflection on practice** – Reflection as an explicitly modelled practice (worker to worker, parent to worker, parent to parent) supports collective learning and promotes reflective behaviours that can result in safer parenting practice. Both Platforms and the Family Partnership Model engender reflective individual and group practices.
- **Exploring meaning and achieving a common understanding** – Assumptions can be unhelpful in many contexts. The CFC model promotes a shared understanding between all stakeholders. This requires purposeful ‘slowing down’, exploring and checking meaning. This practice models equality between worker and parent and a desire to understand the other’s unique perspectives.
- **Leadership that inspires and motivates** – Effectively engaging families is not only dependent on the quality of a service’s programs, but the interpersonal skills and qualities of key personnel. Parents and other community members are animated and energised by practitioners and managers who are strengths focused and child-centred. All stakeholders, workers included, are motivated by supportive, caring, interested and flexible leadership. Leadership must be responsive and clearly communicate that families, community members and workers place equal value on children. This is easy to talk about, but complex to achieve.

- **An informed and motivated CFC team** – The local CFC team has to be viewed as community members and practitioners working together to improve outcomes for children. “*We are working with and through other parents NOT to and for them*” (Anita, EPEC Parent Facilitator, East Devonport, 2014). Viewing oneself as a valuable part of a team is central to participation, commitment and motivation. Authenticity is critical in communicating a desire to learn from each other in partnership.
- **De-formalising the service environment** – Parents who are suspicious of services and reluctant to engage with early childhood programs appear to relax when given the opportunity to meet with each other and practitioners in less formal settings. The physical layout and design of the Tasmanian CFCs enable parent-worker encounters in an environment that is warm, informal, homely and relaxed. As mentioned previously, worker skills and qualities play an equally critical role in ensuring interactions are not clinical, formal and intimidating for parents who are prepared to attempt to re-engage with services.
- **Challenging thinking** – Adult learning requires current practice to be disturbed. In order to discover new ways of viewing problems, or different approaches, our current view needs to be challenged. The Learning & Development Strategy started from a premise that change was needed. Supporting very skilled and experienced practitioners to consider new ways of doing things requires trust and an ability to nudge and challenge thinking. The independence of the Learning & Development Team from the government-driven CFC model has been helpful in enabling honest challenging of ideas and practices from a foundation provided partnership. While the Learning & Development Team was independent, it was working closely with the CFC Project Team to ensure a common goal.

Barriers to change

There are also factors that have inhibited the change that the Learning & Development Strategy has sought to influence. They include:

- **Resistance to change** – Any change can be difficult and confronting. At the heart of the CFC Project is an understanding that services need to change their processes for program planning and implementation, the way they interact with parents and community members, and even their modes of practice. Even the most skilled practitioners can find change difficult. There have been several examples where both practitioners and community members have found this change process confronting. In some instances, this led to key CFC staff (including community volunteers) feeling undermined and the model being compromised.
- **Lack of understanding of the local benefit of the process** – In the early stages of the CFC Project it was difficult to communicate with stakeholders (community, government and non-government) the long-term benefits of this approach. From the very beginning, the CFC Project was different and it took a lot of time and patience to support key senior personnel to share an understanding about the benefits of community engagement in an integrated approach. It was particularly difficult to achieve a shared understanding between service stakeholders around the difference between ‘consulting’ with community and ‘engaging’ with community. The concepts of co-design and co-delivery ‘alongside community members’ were foreign to many. This made the process of negotiation slow and complex.

- **Lack of time and patience** – All services (government and NGO) involved in the CFC process must be applauded for their flexibility in understanding the importance of giving time to CFC development. Restoring trust with previously marginalised communities takes a significant amount of time.
- **Inflexible, risk-averse structures and policies** – While sometimes necessary, viewing risk mitigation as a high priority, influences worker/parent relationships and can inhibit flexibility in frontline worker practice. Despite the obvious gains achieved in the CFC Project, there have been examples of practice tensions and barriers that have arisen between CFC communities and workers due to overarching policies and worker requirements. These sometimes appear to contradict the principles of co-ownership, partnership, and locally responsive approaches to service delivery.
- **Low community representation** – All Learning & Development activity required strong community participation, and each CFC's success in achieving strong local participation and input was significantly influenced by key personnel and their interpersonal skills. Attunement, and an ability to relate to diverse groups of people, are qualities that are not easily developed. There are noticeable differences between CFCs across Tasmania, largely influenced by the extent to which attunement and interpersonal skills are displayed by key personnel.
- **Behaviours and language** – The greatest barrier or enabler to engaging families and restoring trust between the services and communities is how people are made to feel. At the very beginning of the process it was necessary to spend time negotiating with service managers, area managers and directors etc involved in the governance of CFCs, around their interactions with community members in CFC workshops. Professional business attire, arriving late, leaving early, and taking phone calls, are all seemingly little things but send a powerful message to community members who may consider themselves as 'unequal'. Conversely, taking a personal interest in what a parent is saying, leaving the meeting after helping pack up, making coffees for community members, arriving early to greet people, and avoiding jargon and exclusive language are examples of behaviours that build trust and put others at ease. However, in the busy-ness of daily work it is sometimes hard to slow down and remind ourselves of the importance of such behaviour.
- **Changes of state-wide CFC leadership** – Changes of senior leadership in the CFC Project Team resulted in a loss of momentum and repeated renegotiation of relationships between key government stakeholders and the Learning & Development Team. There were six changes of project management in six years.

The influence of the Learning & Development Strategy on the roll out of the CFC Project in Tasmania has been profound and noted by leading academics, practitioners and policymakers, both within Tasmania and across Australia. On the basis of the Tasmanian Learning & Development Team experience, the Centre for Community Child Health has undertaken a comprehensive re-write of Platforms to incorporate a significant focus on engaging community members in service redevelopment.

Conclusion

The Tasmanian Child and Family Centres are at a critical juncture. Further consolidation, and continued attention to community engagement processes and partnership between all stakeholders, will continue to require patience and bureaucratic restraint. However, there is still potential to make a significant difference for child and family outcomes in the 12 existing CFC communities.

The Learning & Development Team gratefully acknowledge the support and trust of the parents and community members, service practitioners, and agencies who have participated in this process. Our sincere gratitude is offered also to the Tasmanian Early Years Foundation, which has provided unwavering support for the Learning & Development Strategy. The Tasmanian Government has also provided generous in-kind support to the project over six years. Lastly, the Centre for Community Child Health has provided continued support to the Learning & Development Team throughout the life of the strategy as supervisors, theoretical mentors and through promotion of this work.

Recommendations

In order to sustain the benefits resulting from the Learning & Development Strategy across the Child and Family Centre Communities, a number of recommendations were made to the Tasmanian Early Years Foundation and the Tasmanian Government. They covered the following areas:

1. ongoing joint training of CFC workers and community members
2. ongoing cross fertilisation of thinking and experiences between communities
3. encouraging leadership and innovation in practice
4. further development of CFC research and evaluation partnerships
5. wider promotion of the CFC model.

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Appendices

Appendix A – Background to the early years in Tasmania

Since the early 2000s Tasmania has had a focus on the early years. This focus has largely been in response to international research on the neuroscience of early brain development, and initiatives taking place in Canada, the USA and the UK demonstrating evidence of the long term effectiveness of early intervention in the critical first few years of life (eg Shore 1997; McCain and Mustard 1999; Shonkoff and Phillips 2000). That evidence included publications on the cost effectiveness of investment in the early years, citing the long-term effects in terms of improved health, education, income and social outcomes (see for example Keating and Hertzman 1999; Heckman 1999; Heckman and Masterov 2004).

The importance of developmental programs focused on early childhood was also being stressed by the World Bank (Young 1997; Van der Gaag 2000), and Australia had developed several initiatives focused on children and families, including the Stronger Families and Communities Strategy, since 2000. Communities for Children was a program within this strategy, it had a strong early years focus and was implemented in selected disadvantaged communities from 2004, including three sites in Tasmania.

Academic institutions, particularly Murdoch Childrens Research Institute and the Telethon Institute for Child Health Research (now Telethon Kids), played a significant role in lobbying to influence government policy, as did the organisation National Investment for the Early Years and subsequently the Australian Research Alliance for Children and Youth.

Across Australia, early childhood strategies and programs were being put in place to varying degrees from the late 1990s. South Australia was a leading example, investing in Children's Centres (25 centres opened between 2005 and 2013) and hosting Canadian early childhood leader Dr Fraser Mustard as a thinker-in-residence in 2006/7. Across all states there was increasing responsiveness to parents' views with an emphasis on more 'joined up' services and a move towards integration of services for young children and their families.

A Tasmanian whole-of-government Policy Framework for the Early Years was developed in 2005. *Launching into Learning* (a range of programs supporting children from birth to 4 together with their families) was introduced in over 100 primary schools in 2006, although several schools had shown leadership by initiating early years programs well before this.

The international evidence, particularly from Canada, was a key driver for setting up the Tasmanian Early Years Foundation (TEYF). Legislation was enacted in 2005 and the Foundation became operational in 2007. TEYF was instrumental in the development of Child and Family Centres (CFCs) in Tasmania, proposing this model to Government in 2008 after researching the justification and impact of similar models both nationally and internationally.

TEYF has been a strong and strategic supporter of the CFC model from the start, allocating significant resources to the Learning & Development Strategy for CFCs, and funding Action Research into implementation of the model and an Evaluation of CFCs in Tasmania.

Appendix B – A brief history of Child and Family Centres in Tasmania

In September 2008 the Tasmanian Premier announced \$91 million had been allocated to establish up to 30 Child and Family Centres (CFCs) in areas of disadvantage in Tasmania; further detail was provided in March 2009.

The Social Inclusion Unit of Premier and Cabinet was tasked with working with Kids Come First (a database of child, family and community indicators) to determine appropriate communities and sites. Sites were chosen after extensive consultation and research to identify communities with both the need for and the potential capacity to support a centre. The vision included a move to more integrated service delivery, as well as a commitment to involve families and community members in decision-making and governance.

“The co-location of services for children and families should be situated within an overarching vision and set of goals that sees a fundamental re-engineering of the full range of services currently delivered by Government Agencies, particularly those provided by the Department of Health and Human Services and Department of Education, as opposed to simply moving services to a single site” (Premier David Bartlett, 2009)

The key factors underpinning the selection of locations were the level of disadvantage, projected population growth, the number of 0-4 year olds in the immediate area, data from the TEYF's report *Outcomes in the Early Years: the state of Tasmania's young children (2009)*, the *Kids Come First Report 2009*, and findings from consultations led by the Social Inclusion Unit.

Two of the CFCs, at Bridgewater and Geeveston, were federally funded and had a particular focus on Aboriginal children and their families, as part of COAG initiatives to address Aboriginal disadvantage – *Closing the Gap*. The Closing the Gap initiatives were funded under the Indigenous Early Childhood Development National Partnership Agreement.

CFCs aim to improve the health, wellbeing, education and care of Tasmania's very young children by supporting parents and enhancing the accessibility of services in the local community. In addition, CFCs work to build community capacity by developing partnership with parents, carers and the local community. The first staff to be appointed were Community Inclusion Workers (CIWs) for each site, who were tasked with consultation and engagement with local communities.

Local Enabling Groups were established in each community to ensure community partnership and a robust community voice in all decision making. Once the CFCs opened, these groups morphed into Advisory Groups with a mix of community members and service providers.

There were 12 sites selected for the first CFCs; however, the fallout from the Global Financial Crisis, and subsequent severe budget constraints, have meant that no further centres have been budgeted for, despite ongoing commitment to the model and the evident success of existing centres.

Appendix C – Working Together Agreement

Ravenswood Child and Family Centre



'Committed to a safe, supportive community for all children and families'

Working Together Agreement

In order for all of us involved in the Ravenswood Child and Family Centre to work together in a helpful way we have created a Working Together Agreement. This document was created in consultation with families, local community and service providers.

We agreed on the following:

How do we want the language to be?

- Clear – no big words
- Fewer words as possible
- What we want (not what we don't want)
- We agree to do **this**

Why do we need a Working Together Agreement?

- Everyone on the same page – a shared or common understanding
- What our purposes/needs/behaviours
- To all feel safe and respected
- All in the know/expectations
- Shared info
- Protection of privacy
- Children are the centre of our lives, are important to us, the reason we are here.

How will it be used?

- Attach it to our new information forms
- Discuss agreements with new families and service providers
- Visible copy on display in the centre
- Re-visit it as a group regularly or if there is an issue
- On our facebook page
- Give it to head of services – the school, St Giles, Link services etc
- On table at each meeting

Ravenswood Child and Family Centre



'Committed to a safe, supportive community for all children and families'

The Agreement

1. We agree to be honest and respectful of one another. This means ... we agree to listen to one another.
2. We agree to accept that everyone has different ways of doing and seeing things. This means we include everyone.
3. We agree to be flexible. This means we make allowances if we can.
4. We agree to keep personal information private.
5. We agree to do what we say we are going to do.
6. We agree to be welcoming to everyone especially people coming to the CFC for the first time.
7. We understand that things don't always go to plan when we disagree. When this happens we agree to deal with it in a safe and respectful way.
8. We agree to always set a good example for our children.

I agree to participate and work in the Ravenswood Child and Family Centre as described above.

Name: _____ Signed: _____

From: _____

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