

# Tasmanian Child and Family Centres

## Action Research Project

### Phase One Report

## PART B Appendices

March 2012

Prepared for:

**Tasmanian Department of Education and**

**Tasmanian Department of Health and Human Services**

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## Appendix A: Community and Parent Journal Data

The following tables show collated responses to the fourteen questions comprising the Community and Parent Journal (first capture). Community Inclusion Workers were asked to interview two parents from their CFC community. Six CFC communities/Community Inclusion Workers participated; thirteen parents were interviewed (Break O'Day CFC interviewed three parents).

Summary of Responses

N = 13 (CFCs = 6)

### Q 1: About you & family

Responses:

- 5 children (1, 2, 7, 10, 12)
- 3 children (17 months, 5, 6)- married & mortgage; husband lived here all his life
- 1 toddler - single mum
- 1 (18 months) - 21, lived in this region all my life
- 1 (b 8)
- 2 children (g 5; b 2) mum & dad
- 3 children (3 months, 2, 4) - blended family; Previous partner helps with children; support from my family
- 3 children (3months, 3, 5) - blended, close happy, children are focus, lots of support
- 4 children (2, 12, 21, 24) - 43yo involved with community house through SICLO
- 3 children (b 7, b 4, b 11 months) - husband born local; stay at home mum
- 4children (b15, g11, b5, g2) - with help my problems are getting better
- 3 children, girls (1, 4, 8) - both Grandparents live nearby
- 4children (b6, g18months)

N = 13 (CFCs = 6)

### Q 2: What's great about living in this community

Responses:

- close community, people know you by name x2
- school is great - holds community together x3
- Launch into Learning
- community feel, safe x2
- affordable housing
- community house
- you know where you stand with people
- friendly x2
- support from many others
- everyone looks out for each other
- support for children 0 - 4
- close to shops x2
- certain people are ok x2
- near water; activities for y children (pre-school);
- easy, laid back
- Young Mums Activity Group (Geeveston CFC) art activities
- nothing really - like getting out of house to go to YMAG to meet new people

- quiet
- beautiful walking track near beach

N = 13 (CFCs = 6)

### Q 3: What's difficult about living in this community?

#### Responses:

- stigma from outside community x2
- everyone know everyone's business x2
- accessing specialist services (e.g. speech, physio)
- distance to outside appointments (L'ton) or B'water/Hobart
- don't drive, so accessing health services can be hard
- sometimes feels judged (by past family history etc.)
- access to services/shopping x2
- nothing
- no activities for school age children
- some are judgemental about teen mums x2
- too many skanks; don't like policeman
- isolated - services not as good as metro areas
- prams don't fit on buses; lack of pay phones; distance to town
- no response

N = 13 (CFCs = 6)

### Q 4: Have you heard about CFC?

#### Responses:

- yes (13) and live across road from CFC; through sister's involvement on LEG

N = 13 (CFCs = 6)

### Q 5: How do you feel about CFC?

#### Responses:

- good - it's something we really need
- good thing/idea x3
- help keep services in area
- excited x2
- great
- it's going to be fantastic - access to services
- love the idea and can't wait til it opens x2
- positive - great to have everything in one spot
- will turn things around for children
- waiting with great anticipation; already walking group is a success
- it will be an improvement to accessing services and a social areas for community

N = 13 (CFCs = 6)

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**Q 6: How will CFC help?****Responses:**

- meeting place/drop in place x2
- playgroup/ great learning/play experiences/safe place for children to play x5
- speech & early intervention
- by helping out if we need help x3
- be available
- better access to services - more likely to use if in one spot - feel more comfortable to access
- more than just 0 - 5 services
- canteen, helpful groups and help (getting a drivers licence)
- coffee machine - canteen; provide groups like YMAG; crafty activities
- just visit; see CHAPS
- inside play during winter
- helping others
- not sure
- no response

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N = 13 (CFCs = 6)**Q 7: Are you involved in CFC****Responses:**

- yes LEG & Workshops (direct) x7
- only through YMAG (indirect) x2
- no x4

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N = 13 (CFCs = 6)**Q 8: Would you like to be involved? What can help this to happen?****Responses:**

- yes, but would like to be approached by someone already involved rather than just an open invitation - more personal
- no not interested
- I have been invited and know I can attend LEG if I want, but too busy
- not at this stage
- don't feel comfortable in large groups - but still attend
- n/a x3
- no response x5

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N = 13 (CFCs = 6)

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**Q 9: How did you become involved?**

**Responses:**

- CIW & LiL coord x2.
- CIW x4
- realised my children were so welcomed
- no response x2
- not applicable x4
- teacher at child's school; my involvement makes me feel good about myself; gives me confidence; feels good to give something back to community
- through community house

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N = 13 (CFCs = 6)

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**Q 10: Have you had a say about CFC?**

**Responses:**

- yes x6
- yes -comments I've said at meetings
- yes - feel my voice is heard; feels very positive x3
- yes - I think the Forestry building is a good spot (Geeveston CFC)
- no
- comfortable to tell CIW & Launch into Learning Coordinator

N = 13 (CFCs = 6)

**Q 11: Has your involvement made a difference/had an influence?****Responses:**

- yes x3 - and my opinion is always validated
- yes I've helped get language changed
- yes - I keep pointing out kids don't stop being part of family when they turn 5
- yes, I helped start YMAG and pick activities
- yes - services are listening; influence on building plans (play spaces and entrances)
- don't know yet - won't know until CFC is running
- we started YMAG because young mums were home bored
- as a group yes (not individually)
- n/a
- no response x2

N = 13 (CFCs = 6)

**Q 12: Any change in your feelings/understanding about CFC so far?****Responses:**

- yes & no
- yes, at first my focus was on adults courses, now have understanding of all the other plans
- yes and becoming clearer about CFCs x2
- yes - I was concerned about impact on community house, but now if understand it's ok
- yes - initially thinking about CFC for my children, but now understand big picture more - impact for whole community/Tas
- yes, now more likely to volunteer
- no x2
- no - but have always been positive about CFC project x2
- more positive - becoming more excited
- no response

N = 13 (CFCs = 6)

**Q 13: Any change in way you/community meets around CFC?****Responses:**

- yes & no
- unsure - CIW comes around (which is different)
- was established very early on
- no x2
- no, but it's been positive
- lots of positive feedback from community - excitement building
- don't know - only talk informally about it with parents & SICLO
- yes - LEG and SICLO more visible and open to more people

- yes where we meet
- yes the use of community forums - brings people together
- no response x2

N = 13 (CFCs = 6)

Q 14: Are services working together well? How will be helpful?

**Responses:**

- yes - good to know what's available and for workers to know as well
- yes - generally services for children work well together x2; however there are some who don't - only think about own interests rather than for good of whole community
- yes within out CFC community - through our working together agreement; will be a better product at the end if working together better; have to engage lots of services outside community - this might help
- yes - it's a good thing x2
- no - people don't know what's out there
- no - so many things available, but not working together
- No - but well enough so that I don't feel we have missed out; loves going where I'm already known and services acknowledge & build relations with children
- when there is better understanding - people will work together better
- it helps to get to know other workers who introduce you to others and other activities and programs; - this leads to other opportunities - volunteering etc.
- need to see and feel progress
- not sure if services are working well together, however it would be helpful for families for specialist services to work with CHAPS for example
- no response



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## Appendix B: Journey to Integrated Service Delivery Snapshot Data

The following Figures and Tables show collated responses by Local Enabling Group members to the first capture (pre CFC opening) of the Journey to Integrated Service Delivery Snapshot. Between February 2011 (Beaconsfield) and August 2011 (George Town), LEGs from eight CFC communities participated in the Snapshot.

Keeping in mind the significant limitations of this data (see 3.4.5 - Challenges Faced in Collecting Data), the information shows the Principles and Attributes more likely to indicate advancement in the journey towards integrated service delivery.

Responses are averaged and expressed as a percentage of the maximum total score for the given Principle or Attribute (maximum score = maximum possible for 'fully integrated' option).

### Note:

In the following Tables, information displayed in RED indicates Attribute data that has been modified. Modification involved selecting the middle column score, where responses had been entered in all three columns (co-located; partially integrated and fully integrated) for a particular Attribute. This occurred with multiple attributes for East Devonport, Clarence Plains and Geeveston. One attribute was affected in both George Town and Queenstown.

This data modification was necessary as responses entered in all three columns for a particular Attribute resulted in scores that exceeded the maximum expected value for the Attribute, leading to inflated and therefore skewed values.



This Self Assessment Tool has been adapted from a checklist developed by the Centre for Community Child Health with funding from the Victorian Department of Education and Early Childhood Development.

## TASMANIA'S CHILD AND FAMILY CENTRES INITIATIVE

### Integrated Service Delivery - Self Assessment Tool

\* optional – names will not be kept as part of the sharing of information arising from this Tool

Date completed:

Name:\*

Agency/Service:

Name of CFC Community:

#### INSTRUCTIONS FOR CHECKING BOXES

DOUBLE CLICK ON THE BOX YOU WANT TO TICK. CLICK ON DEFAULT VALUE "CHECK" THEN OK. IF YOU CHANGE YOUR MIND DOUBLE CLICK AND CLICK ON "DEFAULT VALUE NOT CHECKED".

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## Professional/community member background

Which of the following best describes your position/background? Please mark all that apply.

- Early Childhood (including Kindergarten) teacher
- Child Care practitioner
- Director, Long Day Care
- Child Health and Parenting (CHAPS) nurse
- Playgroup/Launch into Learning Co-ordinator
- CEO
- Parent representative
- Senior Manager
- Service Co-ordinator or Service Manager
- Centre Manager
- Member of the Local Enabling Group (LEG)
- Member of a LEG working group or sub-committee
- other \_\_\_\_\_

## Principle 1 - Service philosophy and provision is driven by the needs of children and their families

The Child and Family Centre community has core early learning and care services which are universal, inclusive, and culturally sensitive and which are underpinned by an understanding that the focus of all services is the needs of children and their parents. The Centre provides children with safe and stimulating learning environments and a wide variety of learning and social experiences.

Attributes of an early childhood service	Our CFC community exhibits the attributes of a <i>co-located</i> early childhood service	Our CFC community exhibits the attributes of a <i>partially integrated</i> early childhood service	Our CFC community meets the attributes of an <i>integrated</i> early childhood service
Referral processes and services accessibility	<input type="checkbox"/> each program/service has their own standardised referral policy and process <input type="checkbox"/> each program/ service provides information about their service function and availability	<input type="checkbox"/> each program/ service has their own standardised referral policy and process but all programs/services meet regularly as a group to address referral issues <input type="checkbox"/> each program/ service work together as a group to provide information about their service function and availability	<input type="checkbox"/> the centre has standardised processes for referral into and out of the centre services, where consent is obtained from parents to support information sharing and feedback <input type="checkbox"/> Information related to accessibility of all Centre services is provided to families in printed and web based forms. <input type="checkbox"/> the centre is part of an integrated service system that is able to address all factors known to put children and families at risk
Building access	<input type="checkbox"/> each program/service has a separate entry point	<input type="checkbox"/> some program/services share common entrance	<input type="checkbox"/> families enter the building through a single welcoming entrance <input type="checkbox"/> families report feeling welcomed within the centre
Philosophy, vision and values	<input type="checkbox"/> each program/service has developed their individual philosophy, vision and values <input type="checkbox"/> each program/services' vision is that work with children and families is based on the core principles of child and family centred practice	<input type="checkbox"/> some joint planning has taken place but each service has developed their individual philosophy, vision and values <input type="checkbox"/> the program/services' vision is that work with children and families is based on the core principles of child and family centred practice and there are some agreed approaches between services	<input type="checkbox"/> a shared philosophy and vision (including a commitment to integrated child and family services) have been developed and formally agreed to by all key stakeholders <input type="checkbox"/> the CFC's vision is that work with children and families is based on the core principles of child and family centred practice

## Principle 2 – Child, family and community participation is actively promoted and supported

Child and Family Centres actively support and engage their community and key stakeholders – young children and their families

Attributes of an early childhood service	Our CFC community exhibits the attributes of a <u>co-located</u> early childhood service	Our CFC community exhibits the attributes of a <u>partially integrated</u> early childhood service	Our CFC community meets the attributes of an <u>integrated</u> early childhood service
Child and family consultation	<input type="checkbox"/> each program/service may conduct individual consumer surveys, but there is no formal consultation process in place	<input type="checkbox"/> there are some formal processes in place to jointly consult with children and families	<input type="checkbox"/> families have been and are continually engaged and consulted to inform service and program development across the centre
Community consultation	<input type="checkbox"/> individual services may consult the local community regarding program/service delivery	<input type="checkbox"/> some programs/services may consult with the local community in relation to joint planning/activities	<input type="checkbox"/> the local community has been and will continue to be consulted in centre planning and service delivery <input type="checkbox"/> community needs and priorities are considered when planning centre activities
Child and family friendly practices and environment	<input type="checkbox"/> each service works in partnership with families using strengths based focus <input type="checkbox"/> each service has a welcoming environment for children and their families	<input type="checkbox"/> each individual service works in partnership with families, using a strengths based focus, however there are some opportunities to work as a team in this manner <input type="checkbox"/> as a group services endeavour to work together to provide a welcoming environment for children and their families	<input type="checkbox"/> the centre's work is based on the core principles of child and family centred practice, working in partnership with families and building families capacity <input type="checkbox"/> the centre provides a welcoming physical and social environment for families
Family representation on governance or steering group	<input type="checkbox"/> families participate in the governance groups of individual services	<input type="checkbox"/> families participate in the governance groups of individual services and there is some opportunities for joint services meetings	<input type="checkbox"/> families participate as active members of a governing body or steering group in service planning across the centre
Relationships with local schools	<input type="checkbox"/> individual services are linked to local schools to support transition programs <input type="checkbox"/> the centre is located on or near school sites	<input type="checkbox"/> individual services are linked to local schools to support transition programs <input type="checkbox"/> the services as a group sometimes meet with the school to develop programs or activities <input type="checkbox"/> the centre is located on or near school sites	<input type="checkbox"/> the centre is located on or near a school <input type="checkbox"/> the centre actively collaborates with and plans activities with the local school aimed at supporting the transition of children and families into the school system <input type="checkbox"/> primary/early years teachers and staff participate together in professional development and planning activities
Arrangements for use of centre outside normal service hours	<input type="checkbox"/> individual services have ad hoc arrangements with community members or organisations to use the facility	<input type="checkbox"/> some services have joint arrangements to support use of facilities after-hours for community groups	<input type="checkbox"/> the centre is available outside service hours for community activities at no charge/nominal cost and there is a clear policy and central booking system
Enrolment system for early learning and care services	<input type="checkbox"/> each service has a separate enrolment/intake system in place -	<input type="checkbox"/> some services have joint intake/ enrolment systems e.g. child care and kindergarten but no maternal child health	<input type="checkbox"/> a central intake system for early learning and care services supports families accessing the centre
Supportive programs and opportunities for parents	<input type="checkbox"/> each service provides activities for parents to meet with other parents	<input type="checkbox"/> opportunities for parents to meet are provided by some services with some cross service planning involved	<input type="checkbox"/> the centre provides a range of opportunities for families to meet other families and promote the development of social and community networks

### Principle 3 Governance and planning is informed and inclusive

The services involved in the Child and Family Centre have established a clear mandate as well as supporting policies and planning procedures to underpin the development of early childhood services

Attributes of an early childhood service	Our CFC community exhibits the attributes of a <b><i>co-located</i></b> early childhood service	Our CFC community exhibits the attributes of a <b><i>partially integrated</i></b> early childhood service	Our CFC community meets the attributes of an <b><i>integrated</i></b> early childhood service
Steering or management group (Local Enabling Group)	<input type="checkbox"/> each program/service has their own management or steering group	<input type="checkbox"/> each program/service has their own management or steering group but on some occasions meets as a group to discuss and address issues	<input type="checkbox"/> a steering group or management group to oversee the CFC is established or in the process of being developed <input type="checkbox"/> agreed outcomes (contributed to by parents, services/staff ) underpin the design and implementation of CFC programs
Strategic direction	<input type="checkbox"/> each program/service has developed their individual strategic plan	<input type="checkbox"/> although each program/service has their own strategic plan, joint consultation has occurred	<input type="checkbox"/> a shared strategic plan has been developed or is currently in the planning process <input type="checkbox"/> the best available evidence of integrated children’s centres informs service delivery and practice
Communication and information sharing	<input type="checkbox"/> limited communication occurs between each program/service	<input type="checkbox"/> efforts are made to establish ongoing communication between programs/services	<input type="checkbox"/> open and transparent communication processes are present at all levels of centre function <input type="checkbox"/> information is shared between co-located and external services/programs based on obtaining consent from the family
Funding	<input type="checkbox"/> each program/service has separate funding arrangements	<input type="checkbox"/> some joint programming has required a shared funding arrangement	<input type="checkbox"/> pooled funding is administered for common early learning and care programs
Planning processes	<input type="checkbox"/> each service manager develops a plan which includes <ul style="list-style-type: none"> <li>• realistic timelines</li> <li>• a communications strategy</li> <li>• evaluation plan</li> <li>• risk management plan and reporting process</li> </ul>	<input type="checkbox"/> each service manager develops a plan which includes <ul style="list-style-type: none"> <li>• realistic timelines</li> <li>• a communications strategy</li> <li>• evaluation plan</li> <li>• risk management plan and reporting process</li> <li>• Services meet to complete some joint planning activities</li> </ul>	<input type="checkbox"/> a single overall planning process is in place and includes the implementation of <ul style="list-style-type: none"> <li>• realistic timelines</li> <li>• a communications strategy</li> <li>• evaluation plan</li> <li>• risk management plan and reporting process</li> </ul>
Information systems and information provision	<input type="checkbox"/> each service has an independent information system e.g. client records, intake system, referral process. This may be IT based or a ‘paper based’ system <input type="checkbox"/> each service ensures parents are fully informed about services, programs and facilities that are available to them	<input type="checkbox"/> each service has an independent information system e.g. client records, intake system, referral process. This may be IT or a ‘paper based’ system. There is some agreements in place to client share informat’ n <input type="checkbox"/> each service ensures parents are fully informed about services, programs and facilities available to them across the centre	<input type="checkbox"/> an information system (IT) exists which supports a central intake process, avoiding the need for families to enrol in each separate program <input type="checkbox"/> a centre webpage is established for parents to access information <input type="checkbox"/> the centre presents parents with a comprehensive guide to services, programs and facilities that are available to them across the centre

## Principle 4 – Professional practice is based on respectful relationships embedded in a learning culture

The Child and Family Centre community acknowledge the role respectful relationships and have established and implemented policies which support the ongoing needs of staff through opportunities to develop and reflect on practice in order to work effectively with children and families.

Attributes of an early childhood service	Our CFC community exhibits the attributes of a <i>co-located</i> early childhood service	Our CFC community exhibits the attributes of a <i>partially integrated</i> early childhood service	Our CFC community meets the attributes of an <i>integrated</i> early childhood service
Effective leadership	<input type="checkbox"/> each program/service has their own leader/manager <input type="checkbox"/> each service's management and staff seek to build a positive organizational climate	<input type="checkbox"/> each program/service has their own leader/manager but regularly meet as a group to share information <input type="checkbox"/> each service's management and staff seek to build a positive organizational climate -there are some shared activities to support this work	<input type="checkbox"/> the CFC has a leadership structure with clear delegation for outcomes across all programs <input type="checkbox"/> ongoing training and support is provided for managers working in an integrated service model <input type="checkbox"/> CFC management and staff seek to build a positive organizational climate
Employment arrangements	<input type="checkbox"/> each service has individual employment arrangements for their staff	<input type="checkbox"/> each service has individual employment arrangements for their practitioners.	<input type="checkbox"/> all staff are employed by the Centre under a transdisciplinary employment model (e.g. shared job descriptions, employment conditions) <input type="checkbox"/> staff identify that respectful relationships are integral to effective teamwork <input type="checkbox"/> 'working in an integrated service model' is part of the staff induction process
Staff involvement in planning and service development	<input type="checkbox"/> staff involvement in planning is limited to individual services	<input type="checkbox"/> staff are actively involved in some planning activities related to shared service provision across the centre	<input type="checkbox"/> staff are actively involved in the planning and development of the CFC's overall services and operations <input type="checkbox"/> staff have a clear understanding of how both the service provided and their contribution achieves the desired outcomes
Professional development and training/reflective practice	<input type="checkbox"/> each service has a separate policy and plan for professional development and staff training <input type="checkbox"/> each service has a plan for bringing staff together to reflect on their practice	<input type="checkbox"/> opportunistic shared training of staff is supported <input type="checkbox"/> each service has a separate policy and plan for professional development and staff training <input type="checkbox"/> some staff are involved in reflective processes to inform their practice	<input type="checkbox"/> joint training of staff is planned, promoted and supported <input type="checkbox"/> professional development is underpinned by the CFC philosophy and a commitment to an integrated service model <input type="checkbox"/> All staff are actively engaged in shared reflective processes that inform their practice
Staff meetings	<input type="checkbox"/> each service has separate arrangements for regular staff meetings	<input type="checkbox"/> each service has own arrangements for staff meetings, with active networking between services encouraged	<input type="checkbox"/> regular cross-service staff meetings are facilitated <input type="checkbox"/> all staff are encouraged to contribute to meeting agendas
Staff involvement in strategic planning	<input type="checkbox"/> each service has individual strategic planning processes in place	<input type="checkbox"/> each service has individual strategic planning processes in place <input type="checkbox"/> some opportunities for sharing of strategic directions	<input type="checkbox"/> joint strategic planning opportunities for all staff are facilitated
Staff meeting and preparation areas	<input type="checkbox"/> each service has a separate facility arrangement for their staff	<input type="checkbox"/> some facilities of the centre are shared by staff from different services	<input type="checkbox"/> staff share common preparation, meeting areas and kitchen facilities

## Principle 5 – Child and family centre’s practice and programs are evaluated and reviewed

Child and Family Centre community reviews and evaluates programs and policies as part of delivery of an early childhood programs/services

Attributes of an integrated early childhood service	Our centre exhibits the attributes of a <u>co-located</u> early childhood service	Our centre exhibits the attributes of a <u>partially integrated</u> early childhood service	Our centre meets the attributes of an <u>integrated</u> early childhood service
Evaluation and review processes	<input type="checkbox"/> each service seeks feedback from families regarding their experience of the service or program delivered <input type="checkbox"/> each service measures the impact of their service or program on children and families <input type="checkbox"/> this information is used to inform and adjust individual service delivery to better meet child and family needs	<input type="checkbox"/> individual services may work together to seek feedback from families <input type="checkbox"/> this information is used to inform and adjust service delivery to better the needs of children and families	<input type="checkbox"/> the CFC seeks feedback from all families accessing the centre regarding their experience of the various services and programs. <input type="checkbox"/> the CFC measures the impact of its services/programs on children and families <input type="checkbox"/> this information is used by the centre to inform and adjust service delivery and program content to better meet child and family needs
Quality assurance	<input type="checkbox"/> each service has a documented quality assurance strategy which is updated each year <input type="checkbox"/> staff from each service participate in the development of their quality assurance program	<input type="checkbox"/> each service has a documented quality assurance strategy which is updated each year <input type="checkbox"/> services work together on some quality assurance programs which impact on all services <input type="checkbox"/> staff from each service may participate in joint quality assurance activities	<input type="checkbox"/> the CFC has a comprehensive quality assurance and improvement strategy in place which is reviewed each year <input type="checkbox"/> all CFC staff participate in the development and application of the strategy



## Beaconsfield CFC

### Overview of Principles

Figure 1 Percentage of average response by Beaconsfield LEG participants, compared to the possible maximum score for each principle (n=8).

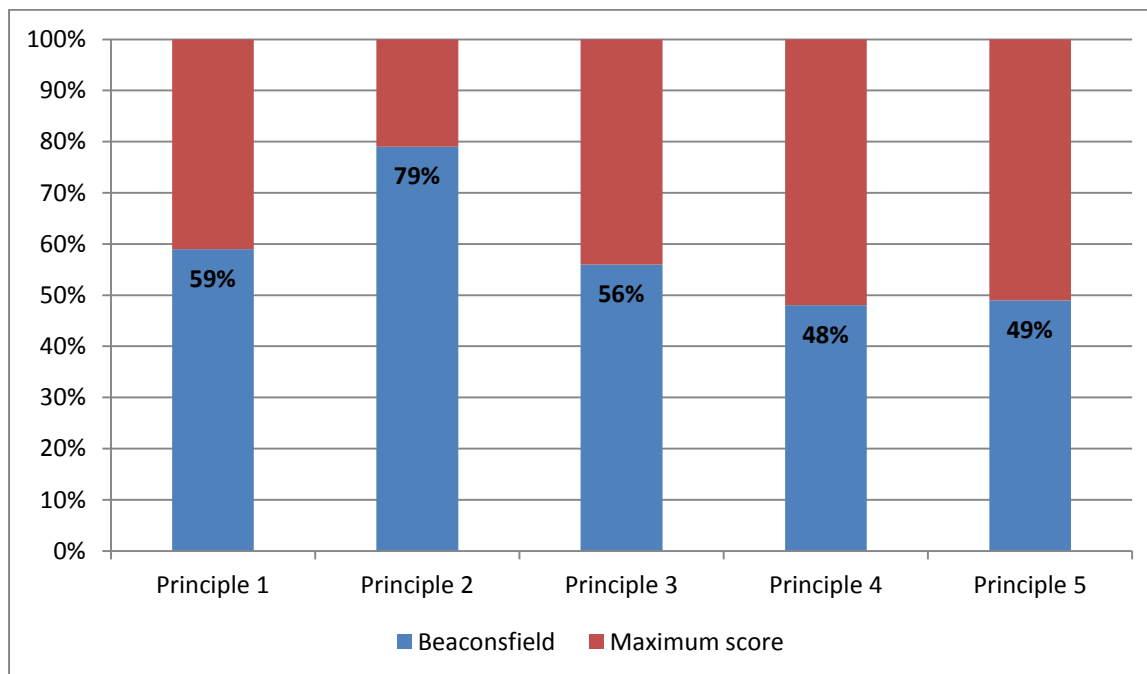
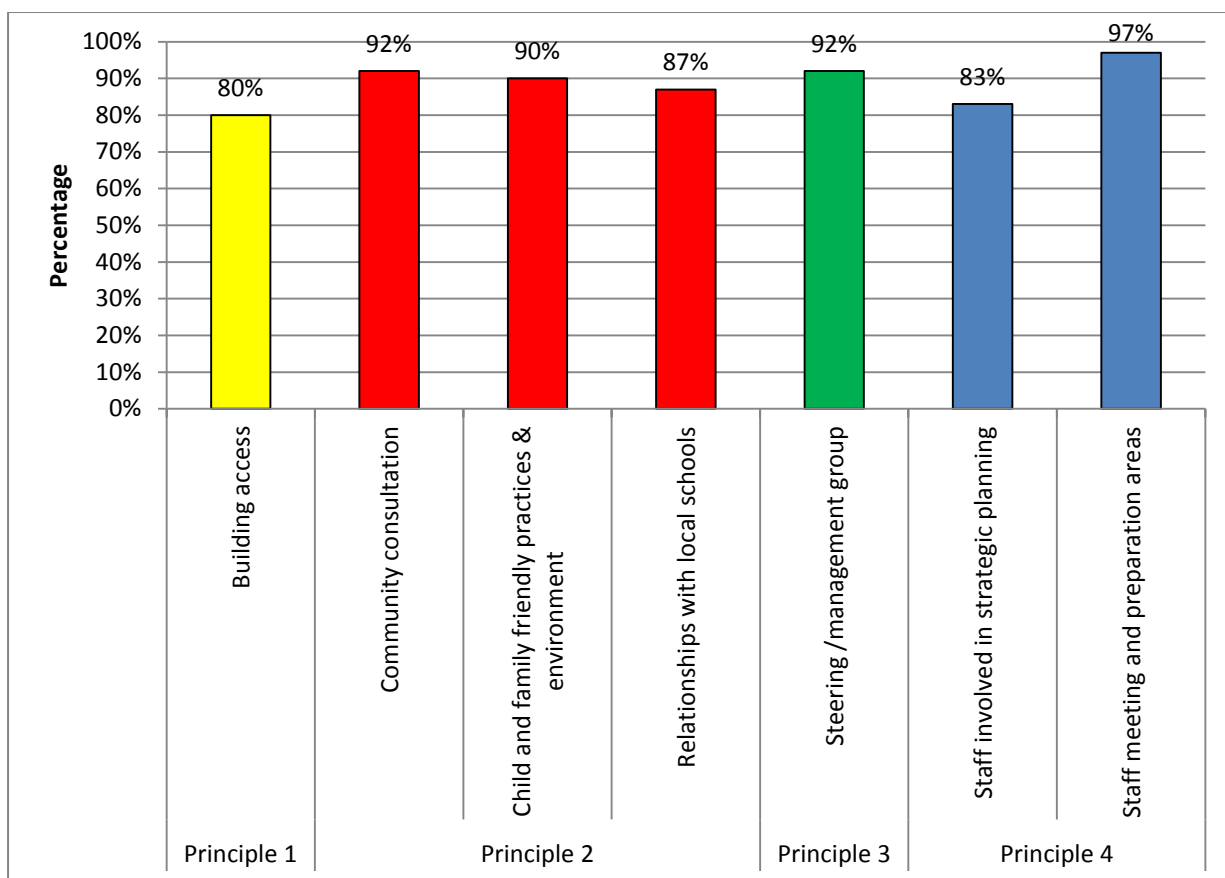


Figure 1 demonstrates that the Beaconsfield LEG/CFC community is travelling well in relation to Principle 2, *Child, family and community participation is actively promoted and supported*.

Respondents were least likely to indicate that integrated service delivery was strong in Beaconsfield prior to implementation of the CFC for Principles 4 and 5 (*Professional practice is based on respectful relationships embedded in a learning culture and Child and family centre's practice and programs are evaluated and reviewed*).

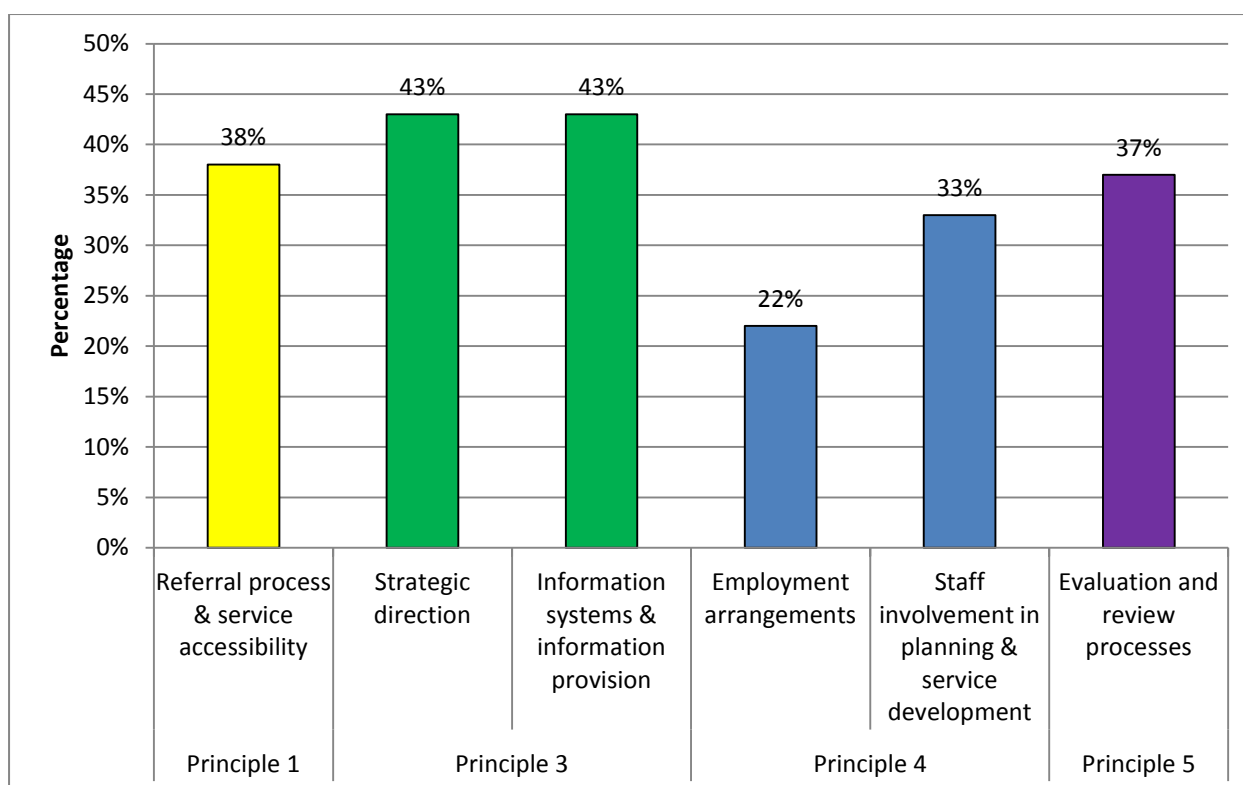
### Which attributes are going well?

Figure 2 The most highly rated attributes by Beaconsfield participants compared to the maximum possible scores (n=8).



### Which attributes could the Beaconsfield CFC community focus on improving?

Figure 3 The least highly rated attributes by Beaconsfield participants compared with the maximum possible scores (n=8)



### Overview of attributes

Table 1 Average of Beaconsfield participants' responses for each attribute (n=8)

	Maximum score	Average Beaconsfield score	Difference (%)
<i>Principle 1 - Service philosophy and provision is driven by the needs of children and their families</i>			
Attribute 1: Referral processes and services accessibility	9	3.4	38%
Attribute 2: Building access	6	4.8	80%
Attribute 3: Philosophy, vision and values	6	4.3	72%

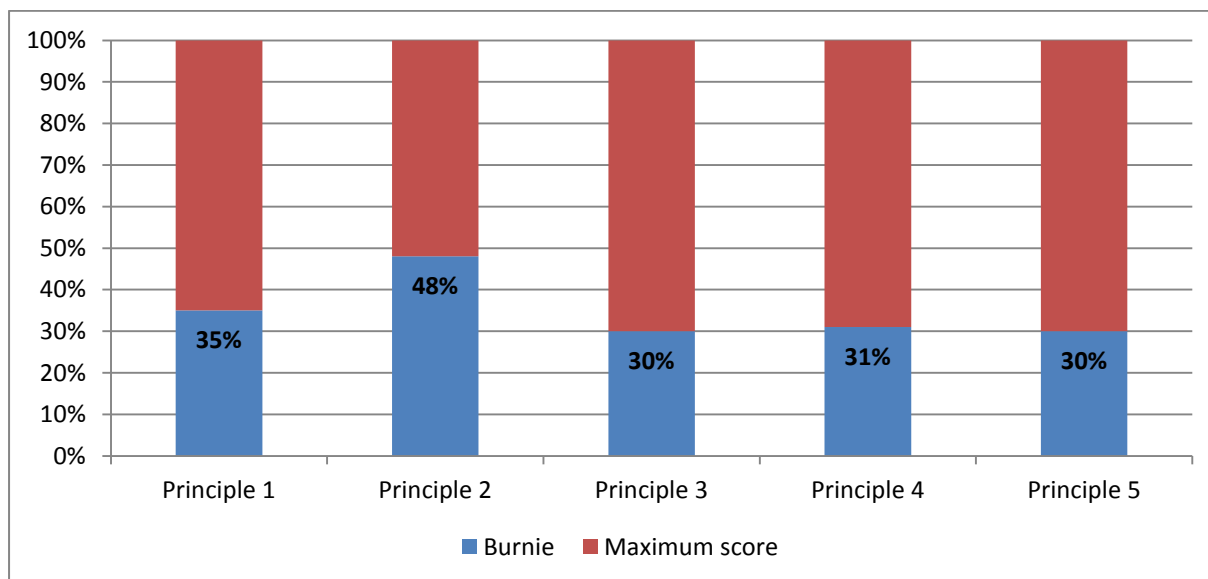
	Maximum score	Average Beaconsfield score	Difference (%)
<i>Principle 2 – Child, family and community participation is actively promoted and supported</i>			
Attribute 1: Child and family consultation	3	2.3	77%
Attribute 2: Community consultation	6	5.5	92%
Attribute 3: Child and family friendly practices and environment	6	5.4	90%
Attribute 4: Family representation on governance or steering group	3	2.3	77%
Attribute 5: Relationships with local schools	9	7.8	87%
Attribute 6: Arrangements for use of centre outside normal service hours	3	2	67%
Attribute 7: Enrolment system for early learning and care services	3	1.5	50%
Attribute 8: Supportive programs and opportunities for parents	3	1.9	63%
<i>Principle 3 – Governance and planning is informed and inclusive</i>			
Attribute 1: Steering or management group	6	5.5	92%
Attribute 2: Strategic direction	6	2.6	43%
Attribute 3: Communication & information sharing	6	2.9	48%
Attribute 4: Funding	3	1.5	50%
Attribute 5: Planning processes	3	2.1	70%
Attribute 6: Information systems and information provision	9	3.9	43%
<i>Principle 4 – Professional practice is based on respectful relationships embedded in a learning culture</i>			
Attribute 1: Effective leadership	9	4.5	50%
Attribute 2: Employment arrangements	9	2	22%

	Maximum score	Average Beaconsfield score	Difference (%)
Attribute 3: Staff involvement in planning & service development	6	2	33%
Attribute 4: Professional development and training/reflective practice	9	4.6	51%
Attribute 5: Staff meetings	6	2.9	48%
Attribute 6: Staff involvement in strategic planning	4	3.3	83%
Attribute 7: Staff meeting and preparation areas	3	2.9	97%
<b>Principle 5 – <i>Child and family centre's practice and programs are evaluated and reviewed</i></b>			
Attribute 1: Evaluation & review processes	9	3.3	37%
Attribute 2: Quality assurance	6	4.1	68%

## Burnie CFC

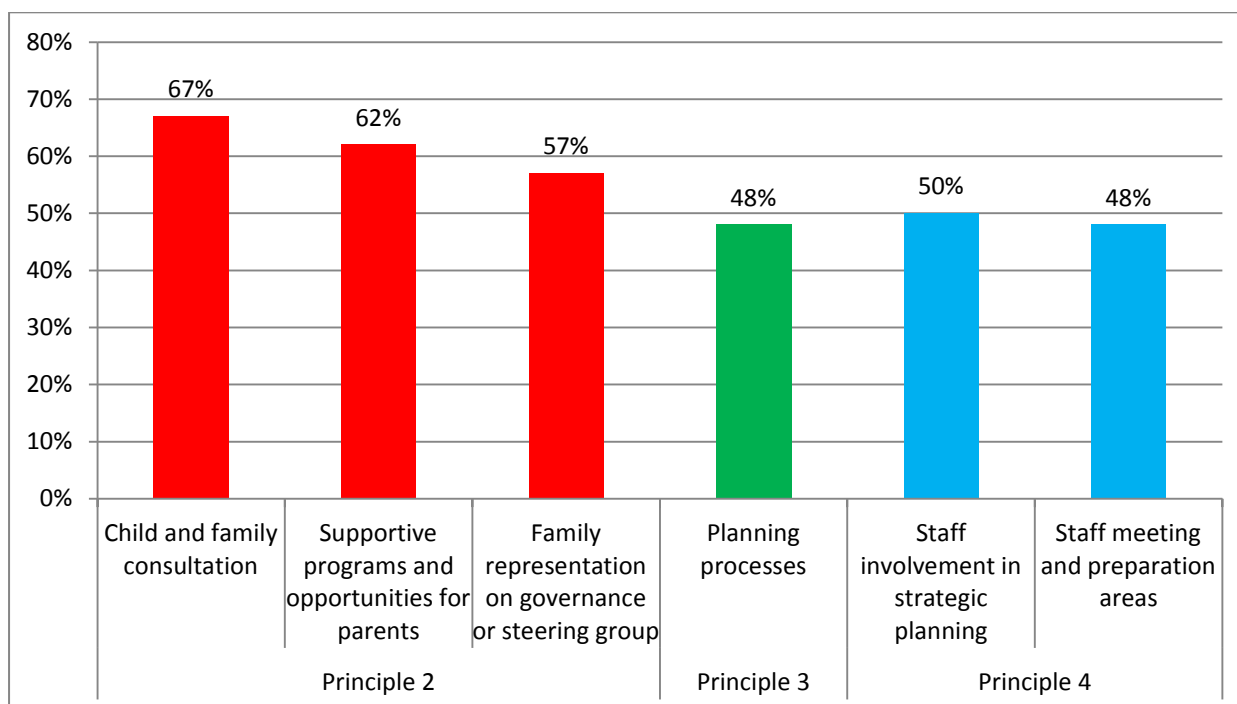
### Overview of Principles

Figure 4 Percentage of average response by Burnie LEG participants, compared to the possible maximum score for each principle (n=7).



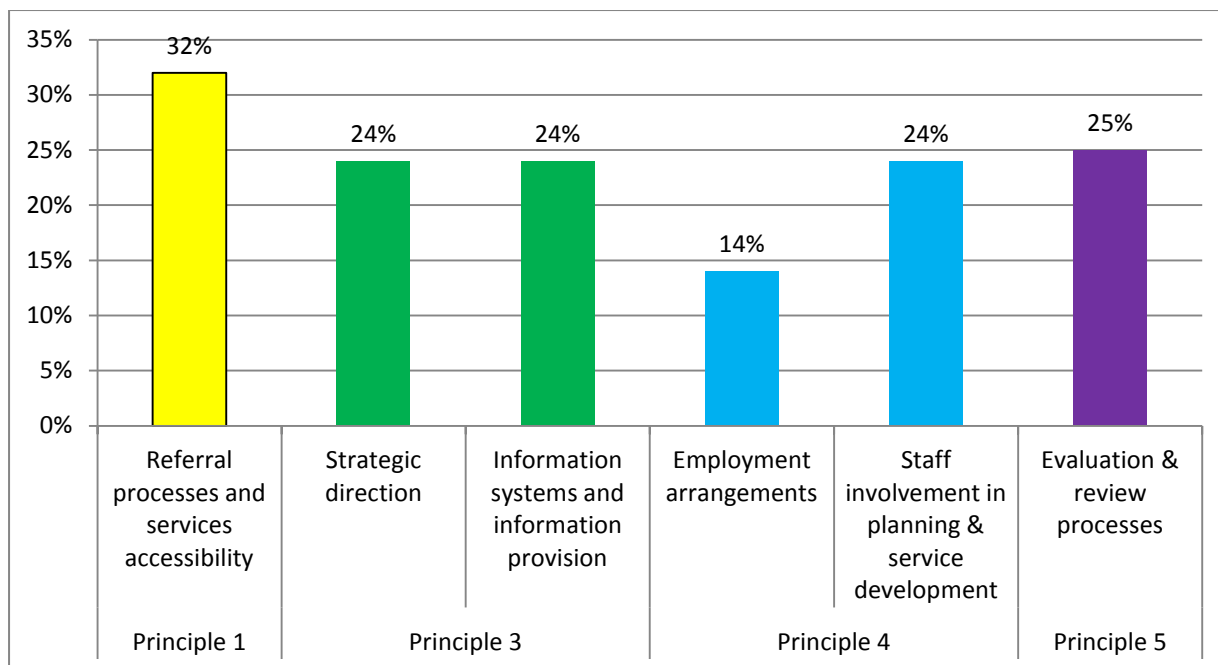
### What is going well?

Figure 5 The most highly rated attributes by Burnie participants compared to the maximum possible scores (n=7).



### Which attributes could the Burnie CFC community focus on improving?

Figure 6 The least highly rated attributes by Burnie participants compared with the maximum possible scores (n=7)



### Overview of attributes

Table 2 Average of Burnie participants' responses for each attribute.

	Maximum score	Average Burnie score	Difference (%)
<i>Principle 1 Service philosophy and provision is driven by the needs of children and their families</i>			
Attribute 1: Referral processes and services accessibility	9	2.9	32%
Attribute 2: Building access	6	1.9	32%
Attribute 3: Philosophy, vision and values	6	2.6	43%
<i>Principle 2 Child, family and community participation is actively promoted and supported</i>			
Attribute 1: Child and family consultation	3	2	67%
Attribute 2: Community consultation	6	2.3	38%

	Maximum score	Average Burnie score	Difference (%)
Attribute 3: Child and family friendly practices and environment	6	2.9	48%
Attribute 4: Family representation on governance or steering group	3	1.7	57%
Attribute 5: Relationships with local schools	9	4	44%
Attribute 6: Arrangements for use of centre outside normal service hours	3	1.3	43%
Attribute 7: Enrolment system for early learning and care services	3	1.1	37%
Attribute 8: Supportive programs and opportunities for parents	3	1.9	62%
<i>Principle 3 Governance and planning is informed and inclusive</i>			
Attribute 1: Steering or management group	6	2	33%
Attribute 2: Strategic direction	6	1.4	24%
Attribute 3: Communication & information sharing	6	1.7	29%
Attribute 4: Funding	3	1.1	38%
Attribute 5: Planning processes	3	1.4	48%
Attribute 6: Information systems and information provision	9	2.1	24%
<i>Principle 4 Professional practice is based on respectful relationships embedded in a learning culture</i>			
Attribute 1: Effective leadership	9	2.7	30%
Attribute 2: Employment arrangements	9	1.3	14%
Attribute 3: Staff involvement in planning & service development	6	1.4	24%
Attribute 4: Professional development and training/reflective practice	9	3.9	43%
Attribute 5: Staff meetings	6	1.4	24%
Attribute 6: Staff involvement in strategic planning	4	2	50%



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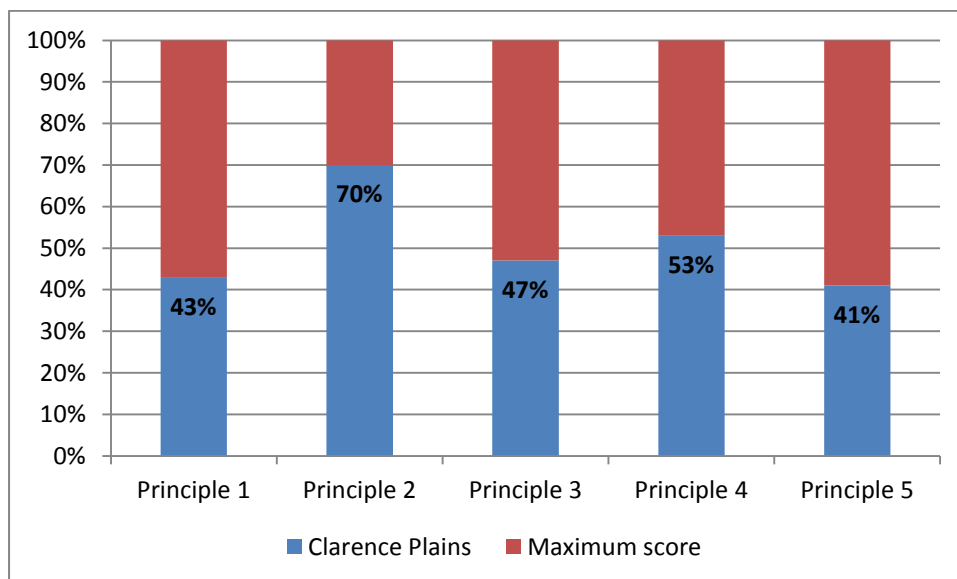
	Maximum score	Average Burnie score	Difference (%)
Attribute 7: Staff meeting and preparation areas	3	1.4	48%
<hr/>			
<i>Principle 5 Child and family centre's practice and programs are evaluated and reviewed</i>			
Attribute 1: Evaluation & review processes	9	2.3	25%
Attribute 2: Quality assurance	6	2.1	36%

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## Clarence Plains CFC

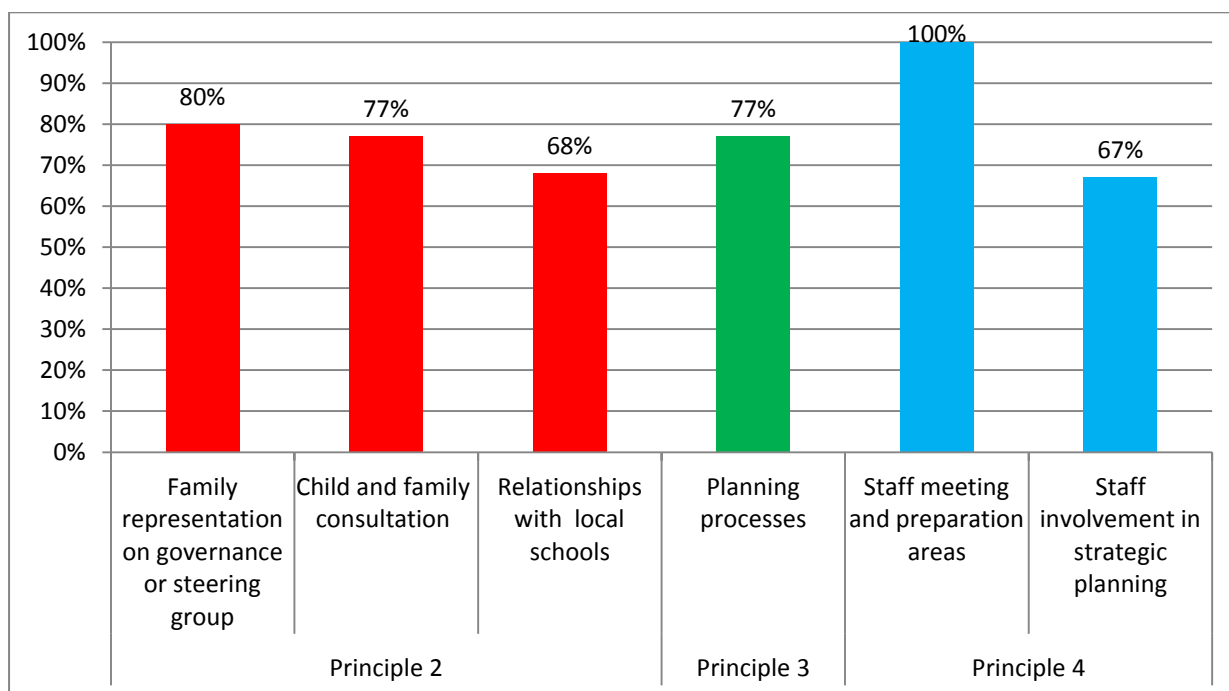
### Overview of Principles

Figure 7 Percentage of average response by Clarence Plains LEG participants, compared to the possible maximum score for each principle (n=9).



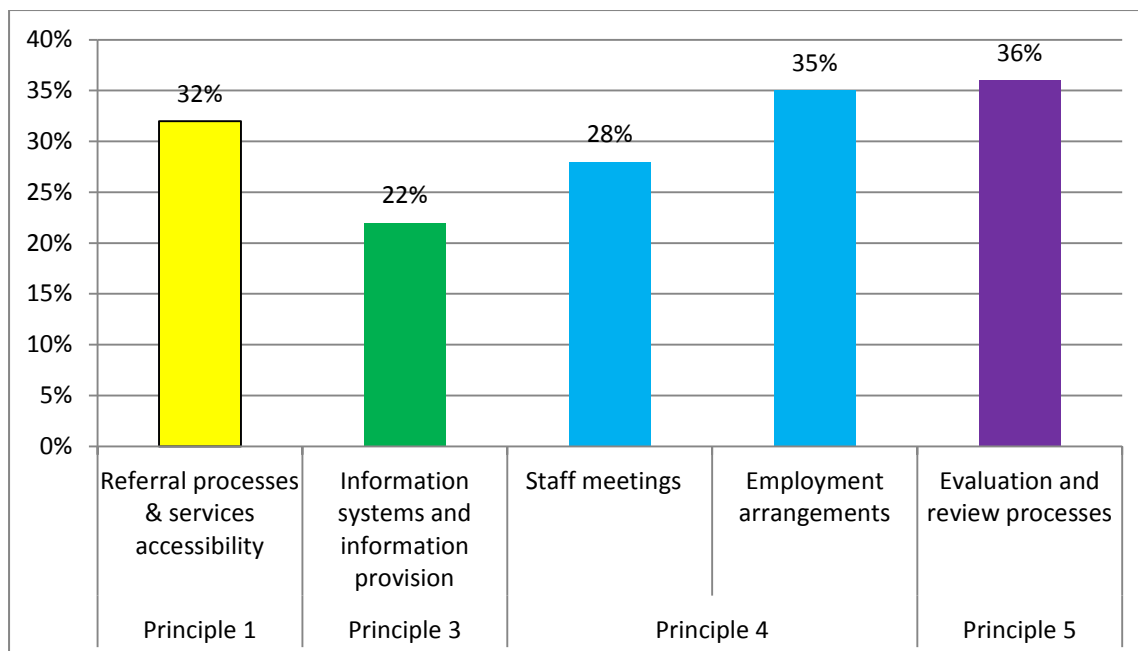
### What is going well?

Figure 8 The most highly rated attributes by Clarence Plains participants compared to the maximum possible scores (n=9).



### Which attributes could the Clarence Plains CFC community focus on improving?

Figure 9 The least highly rated attributes by Clarence Plains participants compared with the maximum possible scores (n=9)



### Overview of attributes

Table 3 Average of Clarence Plains participants' responses for each attribute.

	Maximum score	Average Clarence Plains score	Difference (%)
<b>Principle 1 Service philosophy and provision is driven by the needs of children and their families</b>			
Attribute 1: Referral processes and services accessibility	9	2.9	32%
Attribute 2: Building access	6	2.7	45%
Attribute 3: Philosophy, vision and values	6	3.4	57%
<b>Principle 2 Child, family and community participation is actively promoted and supported</b>			
Attribute 1: Child and family consultation	3	2.3	77%
Attribute 2: Community consultation	6	2.8	47%

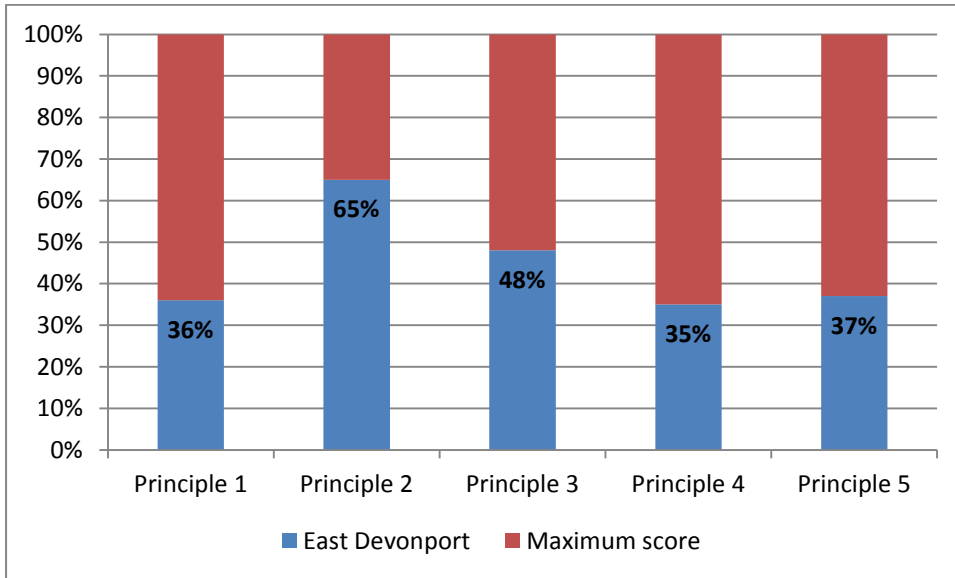
	Maximum score	Average Clarence Plains score	Difference (%)
Attribute 3: Child and family friendly practices and environment	6	3.9	65%
Attribute 4: Family representation on governance or steering group	3	2.4	80%
<b>Attribute 5: Relationships with local schools</b>	<b>9</b>	<b>6.1</b>	<b>68%</b>
Attribute 6: Arrangements for use of centre outside normal service hours	3	1.8	59%
Attribute 7: Enrolment system for early learning and care services	3	1.6	52%
Attribute 8: Supportive programs and opportunities for parents	3	2.2	73%
<b>Principle 3 <i>Governance and planning is informed and inclusive</i></b>			
Attribute 1: Steering or management group	6	3.6	59%
Attribute 2: Strategic direction	6	2.8	46%
<b>Attribute 3: Communication &amp; information sharing</b>	<b>6</b>	<b>3.1</b>	<b>52%</b>
Attribute 4: Funding	3	1.7	56%
Attribute 5: Planning processes	3	2.3	77%
Attribute 6: Information systems and information provision	9	2	22%
<b>Principle 4 <i>Professional practice is based on respectful relationships embedded in a learning culture</i></b>			
Attribute 1: Effective leadership	9	4.4	49%
Attribute 2: Employment arrangements	9	3.1	35%
<b>Attribute 3: Staff involvement in planning &amp; service development</b>	<b>6</b>	<b>3.1</b>	<b>52%</b>
Attribute 4: Professional development and training/reflective practice	9	5.1	57%
Attribute 5: Staff meetings	6	1.7	28%

	Maximum score	Average Clarence Plains score	Difference (%)
Attribute 6: Staff involvement in strategic planning	4	2.7	67%
Attribute 7: Staff meeting and preparation areas	3	3	100%
<i>Principle 5 Child and family centre's practice and programs are evaluated and reviewed</i>			
Attribute 1: Evaluation & review processes	9	3.2	36%
Attribute 2: Quality assurance	6	2.9	48%

## East Devonport CFC

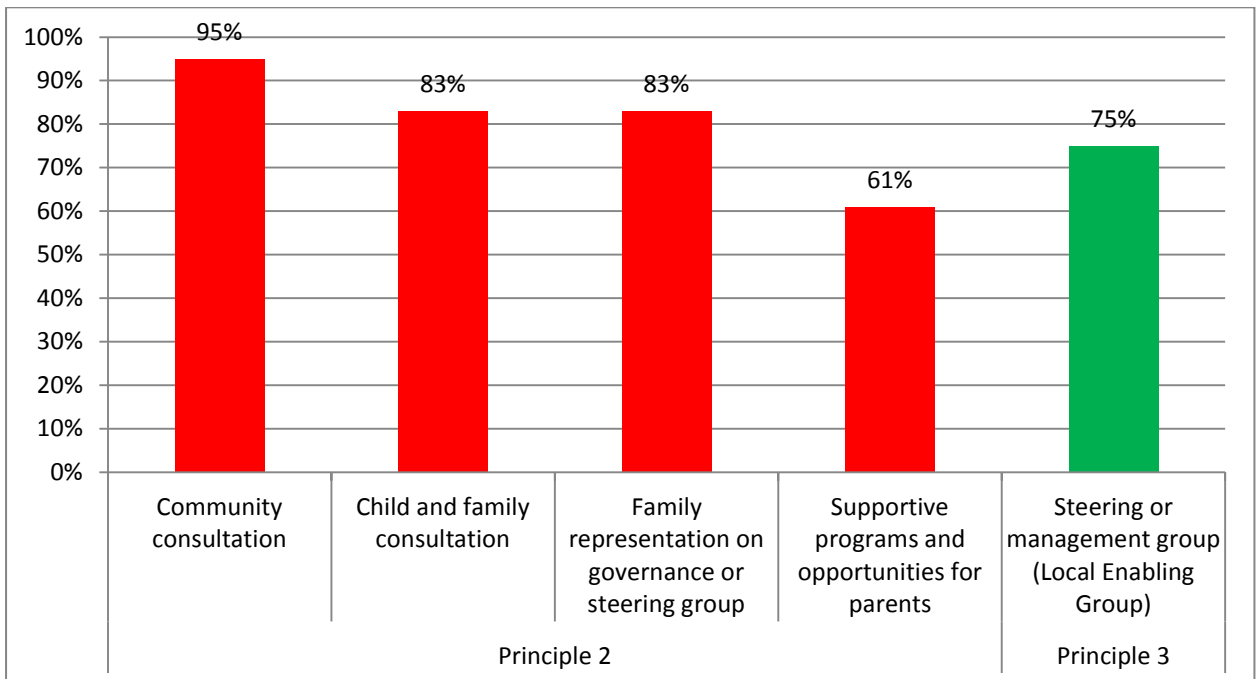
### Overview of Principles

Figure 10 Percentage of average response by East Devonport LEG participants, compared to the possible maximum score for each principle (n=6).



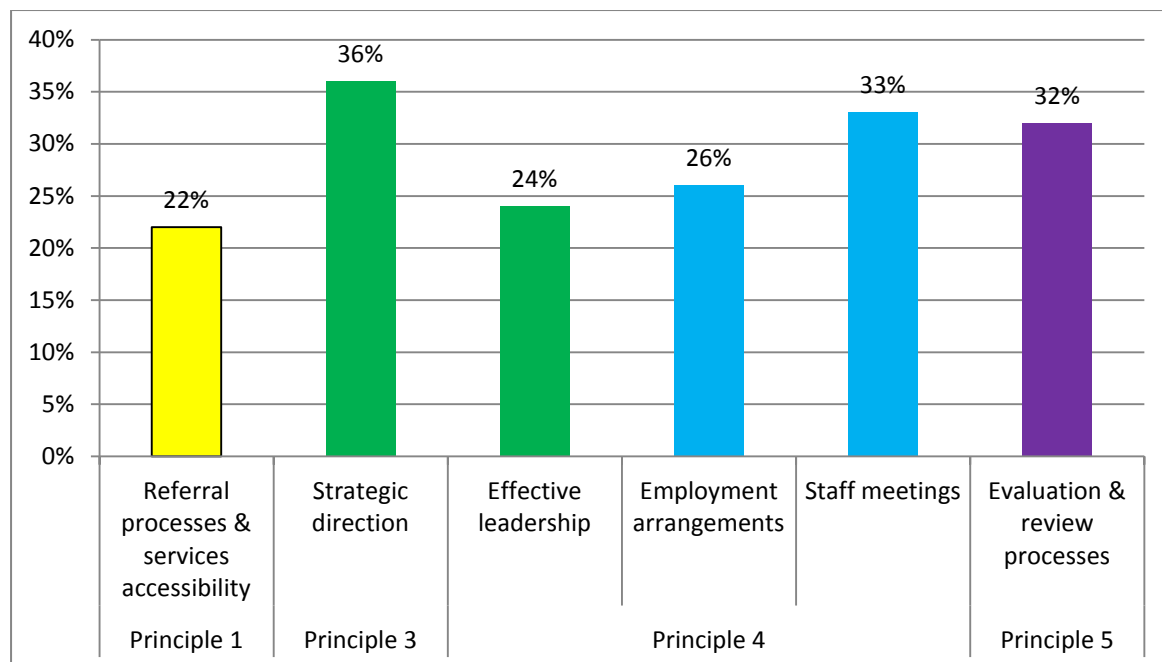
### What is going well?

Figure 11 The most highly rated attributes by East Devonport participants compared to the maximum possible scores (n=6).



### Which attributes could the East Devonport CFC community focus on improving?

Figure 12 The least highly rated attributes by East Devonport participants compared with the maximum possible scores (n=6)



### Overview of attributes

Table 4 Average of East Devonport participants’ responses for each attribute.

	Maximum score	Average ED score	Difference (%)
<b>Principle 1 <i>Service philosophy and provision is driven by the needs of children and their families</i></b>			
Attribute 1: Referral processes and services accessibility	9	2	22%
Attribute 2: Building access	6	2.8	47%
Attribute 3: Philosophy, vision and values	6	2.7	44%
<b>Principle 2 <i>Child, family and community participation is actively promoted and supported</i></b>			
Attribute 1: Child and family consultation	3	2.5	83%
Attribute 2: Community consultation	6	5.7	95%

	Maximum score	Average ED score	Difference (%)
Attribute 3: Child and family friendly practices and environment	6	3.2	53%
Attribute 4: Family representation on governance or steering group	3	2.5	83%
Attribute 5: Relationships with local schools	9	4.7	52%
Attribute 6: Arrangements for use of centre outside normal service hours	3	1.7	56%
Attribute 7: Enrolment system for early learning and care services	3	1.5	50%
Attribute 8: Supportive programs and opportunities for parents	3	1.8	61%
<i>Principle 3 Governance and planning is informed and inclusive</i>			
Attribute 1: Steering or management group	6	4.5	75%
Attribute 2: Strategic direction	6	2.2	36%
Attribute 3: Communication & information sharing	6	2.3	38%
Attribute 4: Funding	3	1.5	50%
Attribute 5: Planning processes	3	1.5	50%
Attribute 6: Information systems and information provision	9	3.7	41%
<i>Principle 4 Professional practice is based on respectful relationships embedded in a learning culture</i>			
Attribute 1: Effective leadership	9	2.2	24%
Attribute 2: Employment arrangements	9	2.3	26%
Attribute 3: Staff involvement in planning & service development	6	2.5	42%
Attribute 4: Professional development and training/reflective practice	9	3.7	41%
Attribute 5: Staff meetings	6	2	33%
Attribute 6: Staff involvement in strategic planning	4	1.7	42%

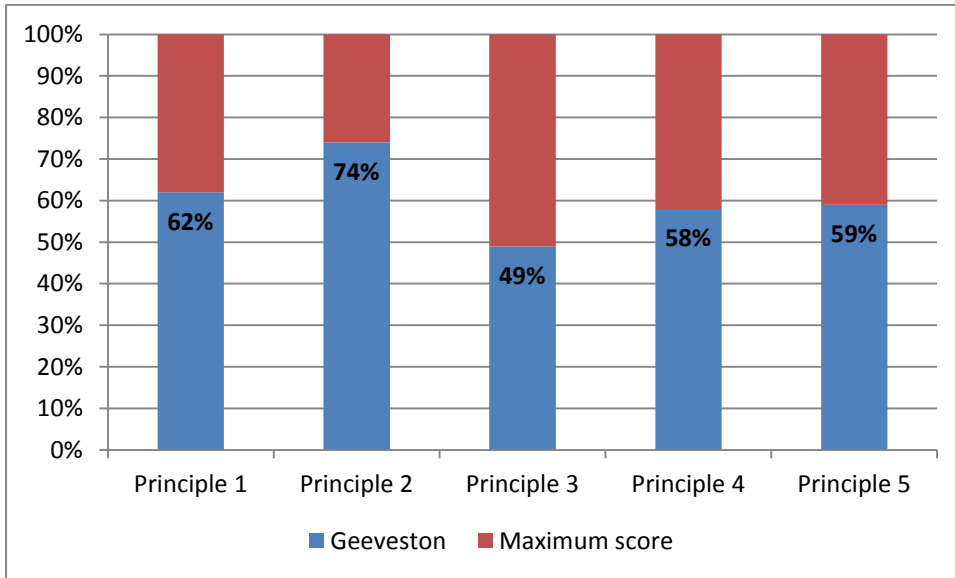


	Maximum score	Average ED score	Difference (%)
Attribute 7: Staff meeting and preparation areas	3	1.5	50%
<i>Principle 5 Child and family centre's practice and programs are evaluated and reviewed</i>			
Attribute 1: Evaluation & review processes	9	2.8	32%
Attribute 2: Quality assurance	6	2.7	45%

**Geeveston CFC**

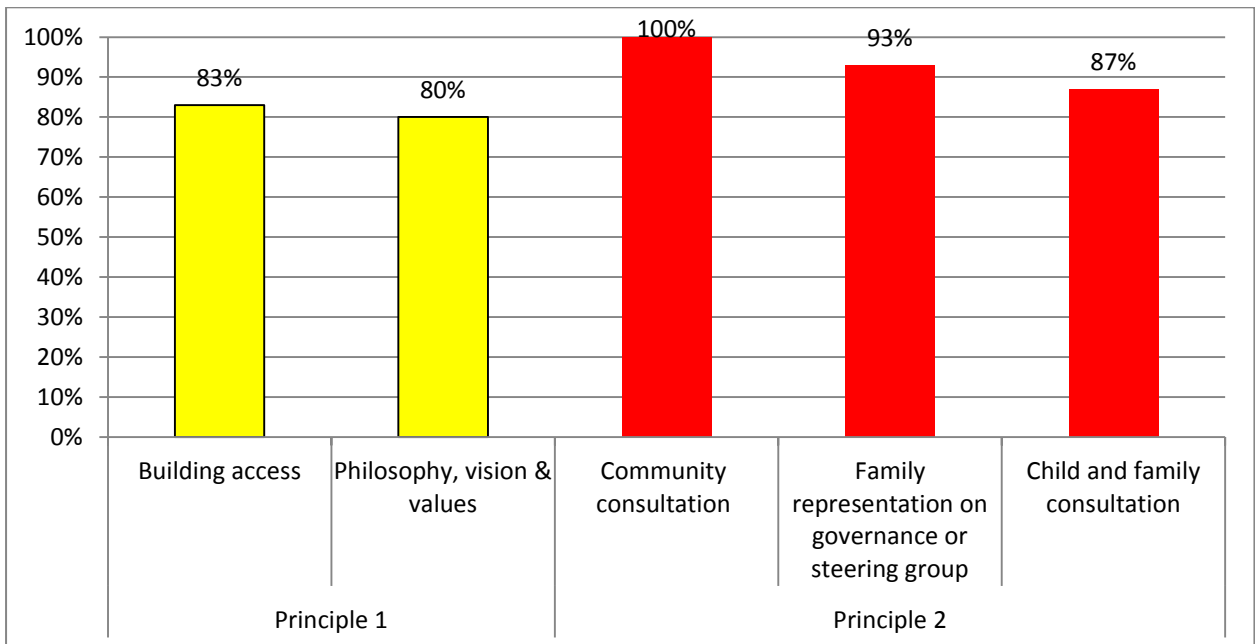
**Overview of Principles**

Figure 13 Percentage of average response by Geeveston LEG participants, compared to the possible maximum score for each principle (n=5).



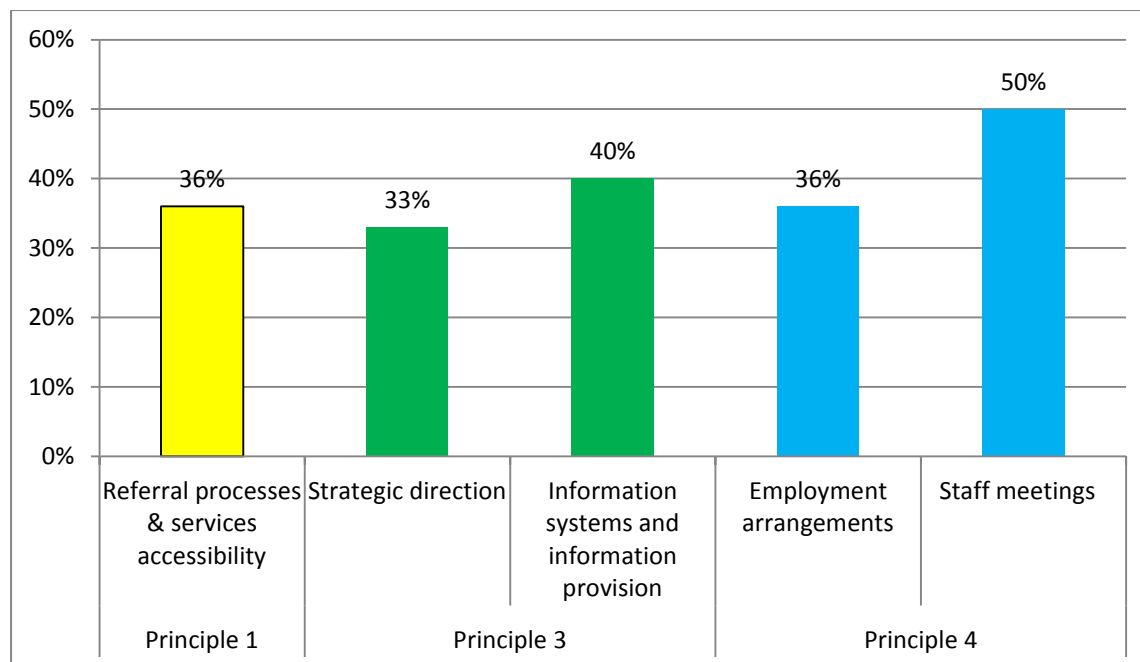
**What is going well?**

Figure 14 The most highly rated attributes by Geeveston participants compared to the maximum possible scores (n=5).



### Which attributes could the Geeveston CFC community focus on improving?

Figure 15 The least highly rated attributes by Geeveston participants compared with the maximum possible scores (n=5)



### Overview of attributes

Table 5 Average of Geeveston participants' responses for each attribute.

	Maximum score	Average Geeveston score	Difference (%)
<b>Principle 1 <i>Service philosophy and provision is driven by the needs of children and their families</i></b>			
Attribute 1: Referral processes and services accessibility	9	3.2	36%
<b>Attribute 2: Building access</b>	<b>6</b>	<b>5</b>	<b>83%</b>
Attribute 3: Philosophy, vision and values	6	4.8	80%
<b>Principle 2 <i>Child, family and community participation is actively promoted and supported</i></b>			
Attribute 1: Child and family consultation	3	2.6	87%
Attribute 2: Community consultation	6	6	100%

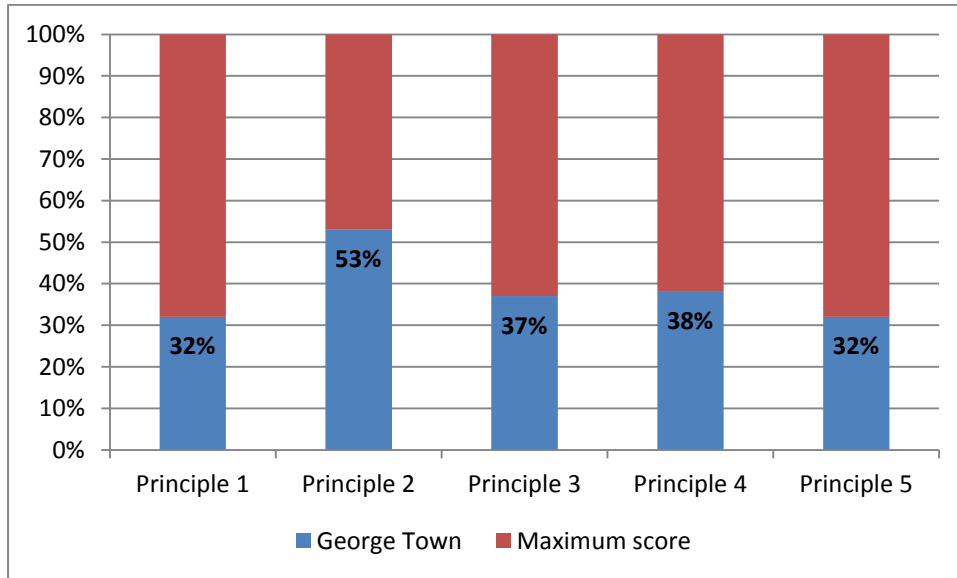
	Maximum score	Average Geeveston score	Difference (%)
Attribute 3: Child and family friendly practices and environment	6	3.4	57%
Attribute 4: Family representation on governance or steering group	3	2.8	93%
Attribute 5: Relationships with local schools	9	4.8	53%
Attribute 6: Arrangements for use of centre outside normal service hours	3	2.2	73%
Attribute 7: Enrolment system for early learning and care services	3	2.4	80%
Attribute 8: Supportive programs and opportunities for parents	3	2.4	80%
<i>Principle 3 Governance and planning is informed and inclusive</i>			
Attribute 1: Steering or management group	6	3.6	60%
Attribute 2: Strategic direction	6	2	33%
Attribute 3: Communication & information sharing	6	3.2	53%
Attribute 4: Funding	3	2.2	73%
Attribute 5: Planning processes	3	1.6	53%
Attribute 6: Information systems and information provision	9	3.6	40%
<i>Principle 4 Professional practice is based on respectful relationships embedded in a learning culture</i>			
Attribute 1: Effective leadership	9	5.2	58%
Attribute 2: Employment arrangements	9	3.2	36%
Attribute 3: Staff involvement in planning & service development	6	4.6	77%
Attribute 4: Professional development and training/reflective practice	9	5.4	60%
Attribute 5: Staff meetings	6	3	50%
Attribute 6: Staff involvement in strategic planning	4	3.2	80%

	Maximum score	Average Geeveston score	Difference (%)
Attribute 7: Staff meeting and preparation areas	3	2	67%
<i>Principle 5 Child and family centre's practice and programs are evaluated and reviewed</i>			
Attribute 1: Evaluation & review processes	9	5.4	60%
Attribute 2: Quality assurance	6	3.4	57%

## George Town CFC

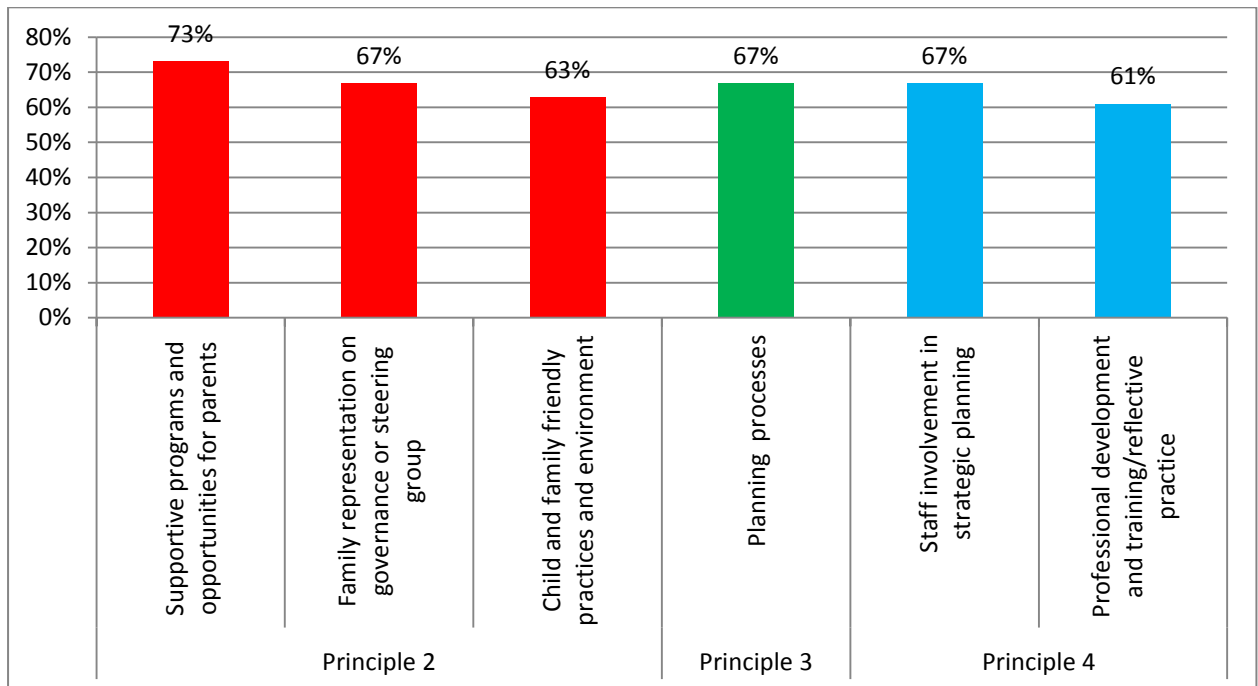
### Overview of Principles

Figure 16 Percentage of average response by George Town LEG participants, compared to the possible maximum score for each principle (n=6).



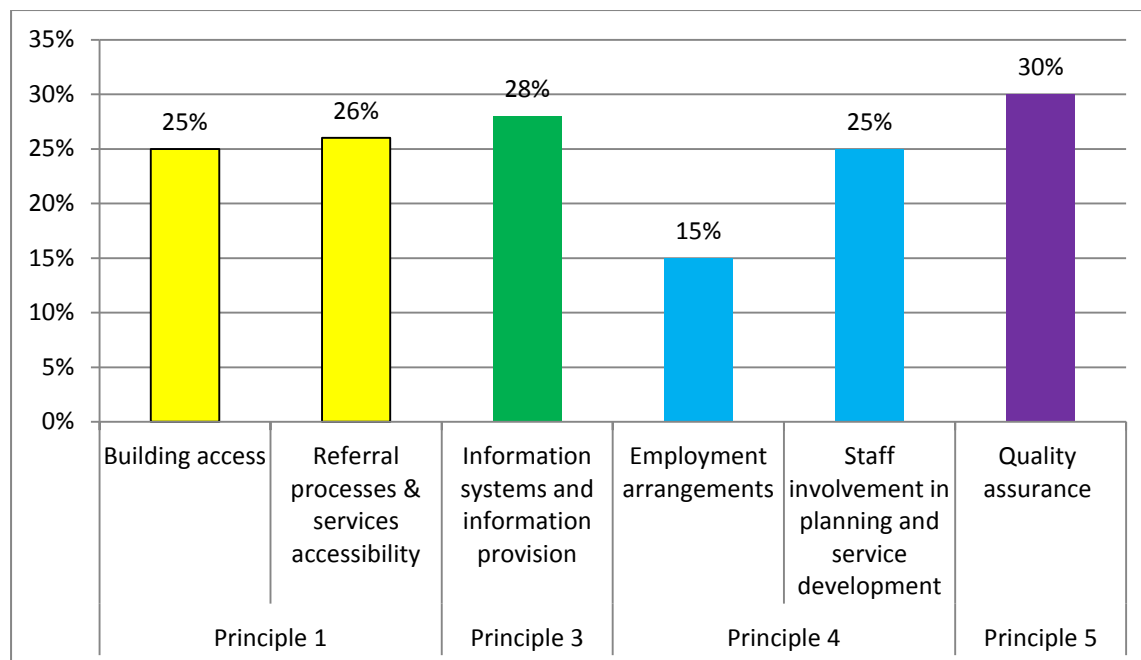
### What is going well?

Figure 17 The most highly rated attributes by George Town participants compared to the maximum possible scores (n=6).



### Which attributes could the George Town CFC community focus on improving?

Figure 18 The least highly rated attributes by George Town participants compared with the maximum possible scores (n=6)



### Overview of attributes

Table 6 Average of George Town participants’ responses for each attribute.

	Maximum score	Average GT score	Difference (%)
<b>Principle 1 <i>Service philosophy and provision is driven by the needs of children and their families</i></b>			
Attribute 1: Referral processes and services accessibility	9	2.3	26%
Attribute 2: Building access	6	1.5	25%
Attribute 3: Philosophy, vision and values	6	2.8	47%
<b>Principle 2 <i>Child, family and community participation is actively promoted and supported</i></b>			
Attribute 1: Child and family consultation	3	1.5	50%
Attribute 2: Community consultation	6	3.2	53%

	Maximum score	Average GT score	Difference (%)
Attribute 3: Child and family friendly practices and environment	6	3.8	63%
Attribute 4: Family representation on governance or steering group	3	2	67%
Attribute 5: Relationships with local schools	9	3.7	41%
Attribute 6: Arrangements for use of centre outside normal service hours	3	1.6	53%
Attribute 7: Enrolment system for early learning and care services	3	1.2	39%
Attribute 8: Supportive programs and opportunities for parents	3	2.2	73%
<i>Principle 3 Governance and planning is informed and inclusive</i>			
Attribute 1: Steering or management group	6	2.3	39%
Attribute 2: Strategic direction	6	2.2	37%
Attribute 3: Communication & information sharing	6	1.8	31%
Attribute 4: Funding	3	1.3	44%
Attribute 5: Planning processes	3	2.0	67%
Attribute 6: Information systems and information provision	9	2.5	28%
<i>Principle 4 Professional practice is based on respectful relationships embedded in a learning culture</i>			
Attribute 1: Effective leadership	9	3.3	37%
Attribute 2: Employment arrangements	9	1.3	15%
Attribute 3: Staff involvement in planning & service development	6	1.5	25%
Attribute 4: Professional development and training/reflective practice	9	5.5	61%
Attribute 5: Staff meetings	6	1.8	31%
Attribute 6: Staff involvement in strategic planning	4	2.7	67%



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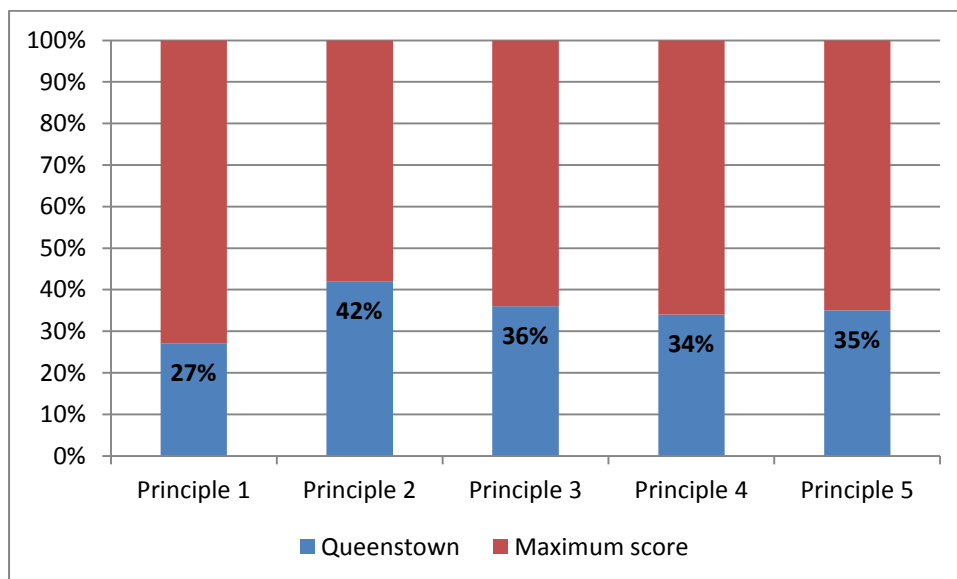
	Maximum score	Average GT score	Difference (%)
Attribute 7: Staff meeting and preparation areas	3	1.2	39%
<hr/>			
<i>Principle 5 Child and family centre's practice and programs are evaluated and reviewed</i>			
Attribute 1: Evaluation & review processes	9	3.0	33%
Attribute 2: Quality assurance	6	1.8	30%

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## Queenstown CFC

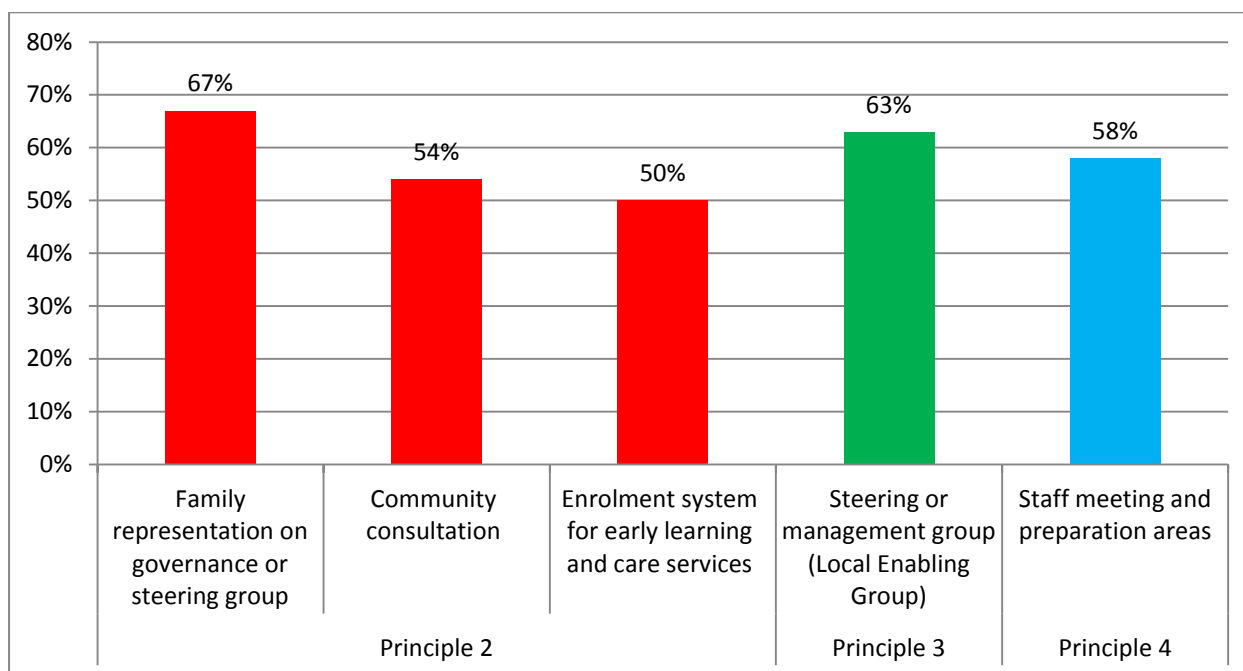
### Overview of Principles

Figure 19 Percentage of average response by Queenstown LEG participants, compared to the possible maximum score for each principle (n=4).



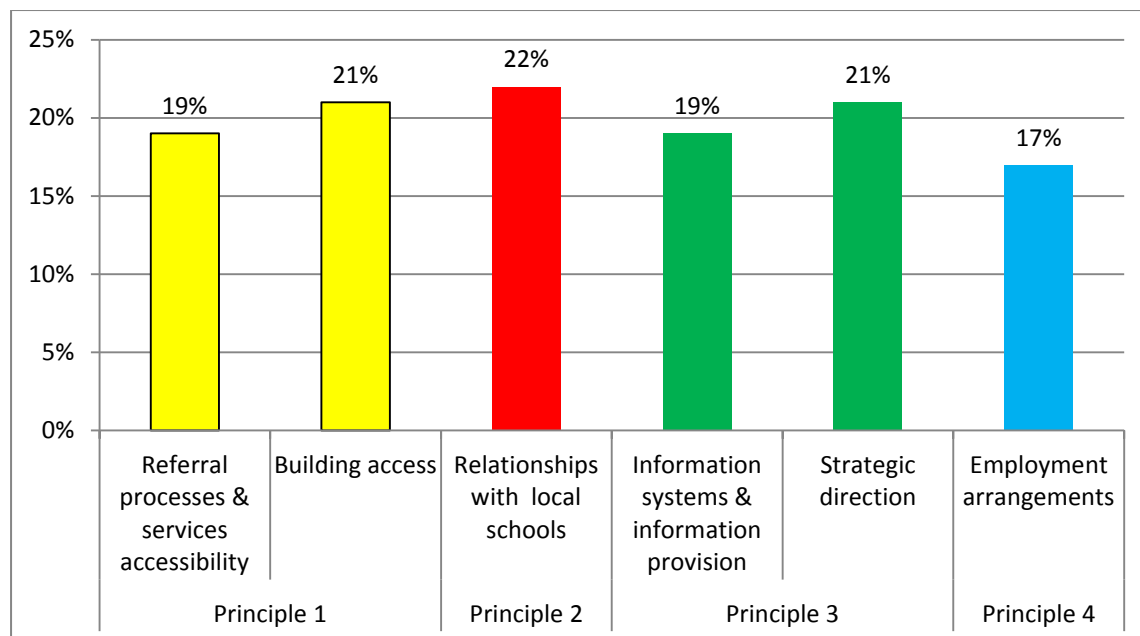
### What is going well?

Figure 20 The most highly rated attributes by Queenstown participants compared to the maximum possible scores (n=4).



### Which attributes could the Queenstown CFC community focus on improving?

Figure 21 The least highly rated attributes by Queenstown participants compared with the maximum possible scores (n=4)



### Overview of attributes

Table 7 Average of Queenstown participants' responses for each attribute.

	Maximum score	Average Queenstown score	Difference (%)
<i>Principle 1 Service philosophy and provision is driven by the needs of children and their families</i>			
Attribute 1: Referral processes and services accessibility	9	1.8	19%
Attribute 2: Building access	6	1.3	21%
Attribute 3: Philosophy, vision and values	6	2.8	46%
<i>Principle 2 Child, family and community participation is actively promoted and supported</i>			
Attribute 1: Child and family consultation	3	1.3	42%
Attribute 2: Community consultation	6	3.3	54%

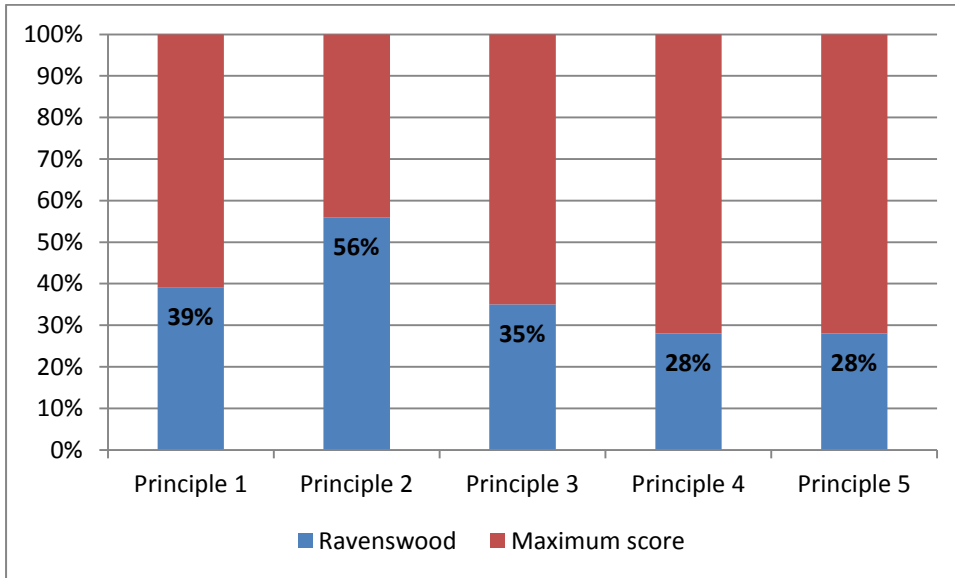
	Maximum score	Average Queenstown score	Difference (%)
Attribute 3: Child and family friendly practices and environment	6	2.0	33%
Attribute 4: Family representation on governance or steering group	3	2.0	67%
Attribute 5: Relationships with local schools	9	2.0	22%
Attribute 6: Arrangements for use of centre outside normal service hours	3	1.5	50%
Attribute 7: Enrolment system for early learning and care services	3	1.5	50%
Attribute 8: Supportive programs and opportunities for parents	3	1.5	50%
<i>Principle 3 Governance and planning is informed and inclusive</i>			
Attribute 1: Steering or management group	6	3.8	63%
Attribute 2: Strategic direction	6	1.3	21%
Attribute 3: Communication & information sharing	6	2.8	46%
Attribute 4: Funding	3	1.3	42%
Attribute 5: Planning processes	3	1.3	42%
Attribute 6: Information systems and information provision	9	1.8	19%
<i>Principle 4 Professional practice is based on respectful relationships embedded in a learning culture</i>			
Attribute 1: Effective leadership	9	3.0	33%
Attribute 2: Employment arrangements	9	1.5	17%
Attribute 3: Staff involvement in planning & service development	6	2.8	46%
Attribute 4: Professional development and training/reflective practice	9	2.5	28%
Attribute 5: Staff meetings	6	2.3	38%

	Maximum score	Average Queenstown score	Difference (%)
Attribute 6: Staff involvement in strategic planning	4	1.8	44%
Attribute 7: Staff meeting and preparation areas	3	1.8	58%
<i>Principle 5 Child and family centre's practice and programs are evaluated and reviewed</i>			
Attribute 1: Evaluation & review processes	9	3.3	36%
Attribute 2: Quality assurance	6	2	33%

## Ravenswood CFC

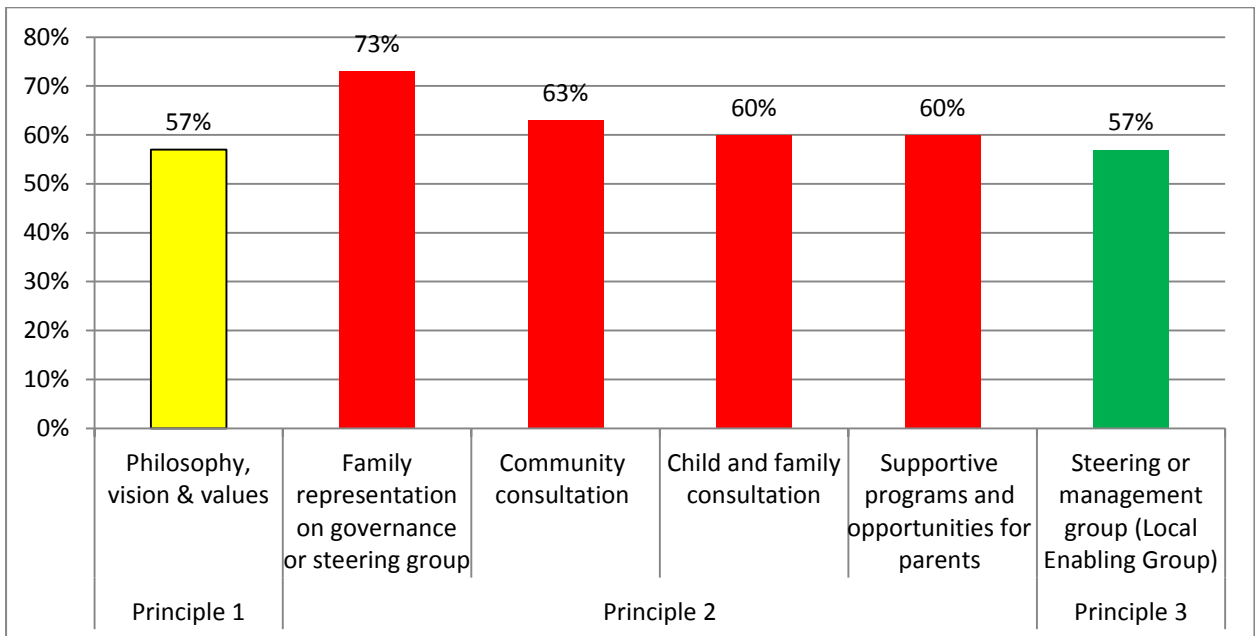
### Overview of Principles

Figure 22 Percentage of average response by Ravenswood LEG participants, compared to the possible maximum score for each principle (n=5).



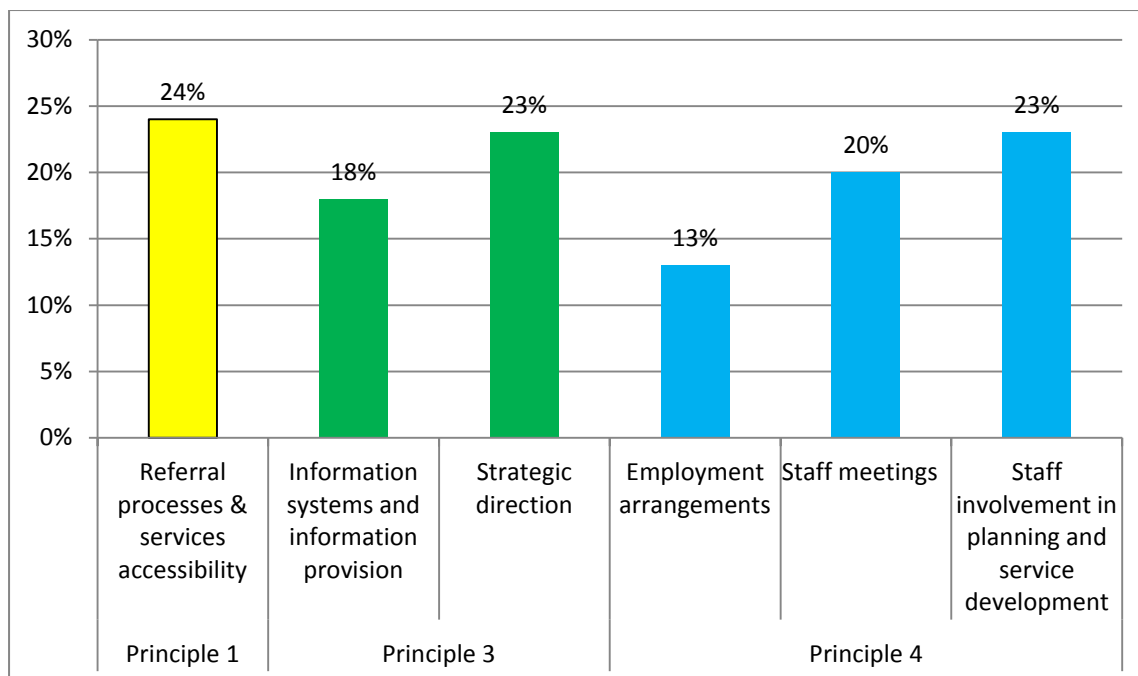
### What is going well?

Figure 23 The most highly rated attributes by Ravenswood participants compared to the maximum possible scores (n=5).



### Which attributes could the Ravenswood CFC community focus on improving?

Figure 24 The least highly rated attributes by Ravenswood participants compared with the maximum possible scores (n=5)



### Overview of attributes

Table 8 Average of Ravenswood participants' responses for each attribute.

	Maximum score	Average Ravenswood score	Difference (%)
<b>Principle 1 <i>Service philosophy and provision is driven by the needs of children and their families</i></b>			
Attribute 1: Referral processes and services accessibility	9	2.2	24%
Attribute 2: Building access	6	2.6	43%
Attribute 3: Philosophy, vision and values	6	3.4	57%
<b>Principle 2 <i>Child, family and community participation is actively promoted and supported</i></b>			
Attribute 1: Child and family consultation	3	1.8	60%

	Maximum score	Average Ravenswood score	Difference (%)
Attribute 2: Community consultation	6	3.8	63%
Attribute 3: Child and family friendly practices and environment	6	3	50%
Attribute 4: Family representation on governance or steering group	3	2.2	73%
Attribute 5: Relationships with local schools	9	4.8	53%
Attribute 6: Arrangements for use of centre outside normal service hours	3	1.6	53%
Attribute 7: Enrolment system for early learning and care services	3	1	33%
Attribute 8: Supportive programs and opportunities for parents	3	1.8	60%
<i>Principle 3 Governance and planning is informed and inclusive</i>			
Attribute 1: Steering or management group	6	3.4	57%
Attribute 2: Strategic direction	6	1.4	23%
Attribute 3: Communication & information sharing	6	2.4	40%
Attribute 4: Funding	3	1	33%
Attribute 5: Planning processes	3	1.6	53%
Attribute 6: Information systems and information provision	9	1.6	18%
<i>Principle 4 Professional practice is based on respectful relationships embedded in a learning culture</i>			
Attribute 1: Effective leadership	9	2.6	29%
Attribute 2: Employment arrangements	9	1.2	13%
Attribute 3: Staff involvement in planning & service development	6	1.4	23%
Attribute 4: Professional development and training/reflective practice	9	3.6	40%



	Maximum score	Average Ravenswood score	Difference (%)
Attribute 5: Staff meetings	6	1.2	20%
Attribute 6: Staff involvement in strategic planning	4	1.6	40%
Attribute 7: Staff meeting and preparation areas	3	1.2	40%
<i>Principle 5 Child and family centre's practice and programs are evaluated and reviewed</i>			
Attribute 1: Evaluation & review processes	9	2.4	27%
Attribute 2: Quality assurance	6	1.8	30%

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## **Appendix C: Integrated Service Delivery Working Together Agreement**

The following is a draft of a Working Together Agreement developed by the Ravenswood CFC community as part of their exploration of Integrated Service Delivery facilitated by the Learning and Development Strategy.

**DRAFT**

***Working Together Agreement***

**between**

**the Ravenswood Child and Family Centre**

**and**

**all 'workers'**



## Contents

1. What is a Working Together Agreement
2. Background
3. Outcomes/objectives (goals)
4. Purpose of this Agreement
5. Principles for working together
6. Steps and processes for settling differences
7. Reflective practice - the tool for working in partnership
8. Privacy and confidentiality

### 1. What is a Working Together Agreement?

This working together agreement (WTA) is a document describing a bilateral or multilateral agreement

### 2. Background

On 7 September 2008, the former Premier announced that the Tasmanian Government would establish up to 30 Child and Family Centres (CFCs) over the next four years. Child and Family Centres (CFCs) will be multi-service; trans-disciplinary centres which aim to improve the health, well-being, education and care outcomes of children from birth to age 5 by supporting and empowering families in their parenting role and enhancing accessibility in the local community. The centres aim to strengthen local communities and to also offer pathways to training and employment. The centres require a collaborative and integrated way of working for the staff who provide direct services, including visiting services.

### 3. Broad Outcomes of the Tasmanian Child & Family Centres

The broad outcomes for Tasmanian Child and Family Centres as reflected in the CFC Statewide Outcomes Framework are:

- Children are born and remain healthy and are confident and curious learners;
- Families nurture healthy development and well-being of their children;
- Communities support, value, honour and respect children and childhood; and
- Supports and Services respond early to identify needs of young children and their families in culturally appropriate ways.

Whilst these outcomes are broadly based, it should be noted that more specific local outcomes are determined with each local CFC community.

It is also acknowledged that Non Government Organisations and third parties will have their own specific outcomes and objectives that they will want to achieve in working within the CFC setting. It is understood that these outcomes would not be

in opposition or counterproductive to what the CFC is endeavoring to achieve on behalf of children and their families.

#### 4. **Purpose of this Working Together Agreement**

The purpose of this Agreement is to facilitate and promote partnership (Integrated Service Delivery) between the Ravenswood Child & Family Centre and the people who work in the centre.

#### 5. **THE VISION FOR THE RAVENSWOOD CHILD & FAMILY CENTRE IS:**

‘The child and family centre will ensure that all children and their carers are cherished, nurtured and will always remain at the centre of decision making.’

#### **WE WILL ACHIEVE THIS BY WORKING TOWARDS THE FOLLOWING OUTCOMES:**

- Parents and carers have opportunities for learning
- Parents and carers are confident to have their say and are heard
- children have opportunities for learning, fun and social interaction
- Children are healthy emotionally and physically
- Services listen to community so that real community needs are taken on board, fulfilled and respected

#### **THE MISSION FOR WORKING IN PARTNERSHIP (IE INTERGRATED SERVICE DELIVERY) IS:**

‘The Ravenswood Child and Family Centre are a group of people coming together to work as a team, always moving forward.’

We believe that the best possible working model for our Child and Family Centre is for all those who work with our families at Ravenswood is to **work together** to achieve our vision, outcomes and mission for partnership.

To reach our vision we will:

- Welcome families into our centre
- Offer programs and services that meet the ever changing needs of our community
- Be inclusive of all parents, carers and children no matter their religion, culture, gender, ability or disability
- Offer opportunities that foster learning and development for mothers/fathers/carers/children
- Provide opportunities for as many people as possible to be involved in decision making

**We believe that the following goals will help us to reach our vision.**

**Our goals are:**

- We will, assist our families to nurture happy, healthy, confident and curious children
- We will, support, value, honour and respect children and childhood
- We will provide supports and services that respond early the needs of our young children

**To reach our goals we will:**

- Build positive relationships with parents and carers
- Provide services that meet the needs of young families including those that assist parents to gain the skills and knowledge about child development including health, behaviour, nutrition, play and parenting
- Facilitate regular visits from child and family health nurses and health clinicians
- Provide activities that facilitate education and training opportunities for parents including links to employment
- Ensure both mums and dads are offered opportunities to participate in ways that suit their needs.

**We believe that there are many ways parents/carers, community members and others can help us to work together**

**Volunteering**

We will train our volunteers so that they understand important things about volunteering including:

You can gain a qualification in volunteering

The policies and procedures of the Child and Family Centre

Occupational health and safety requirements

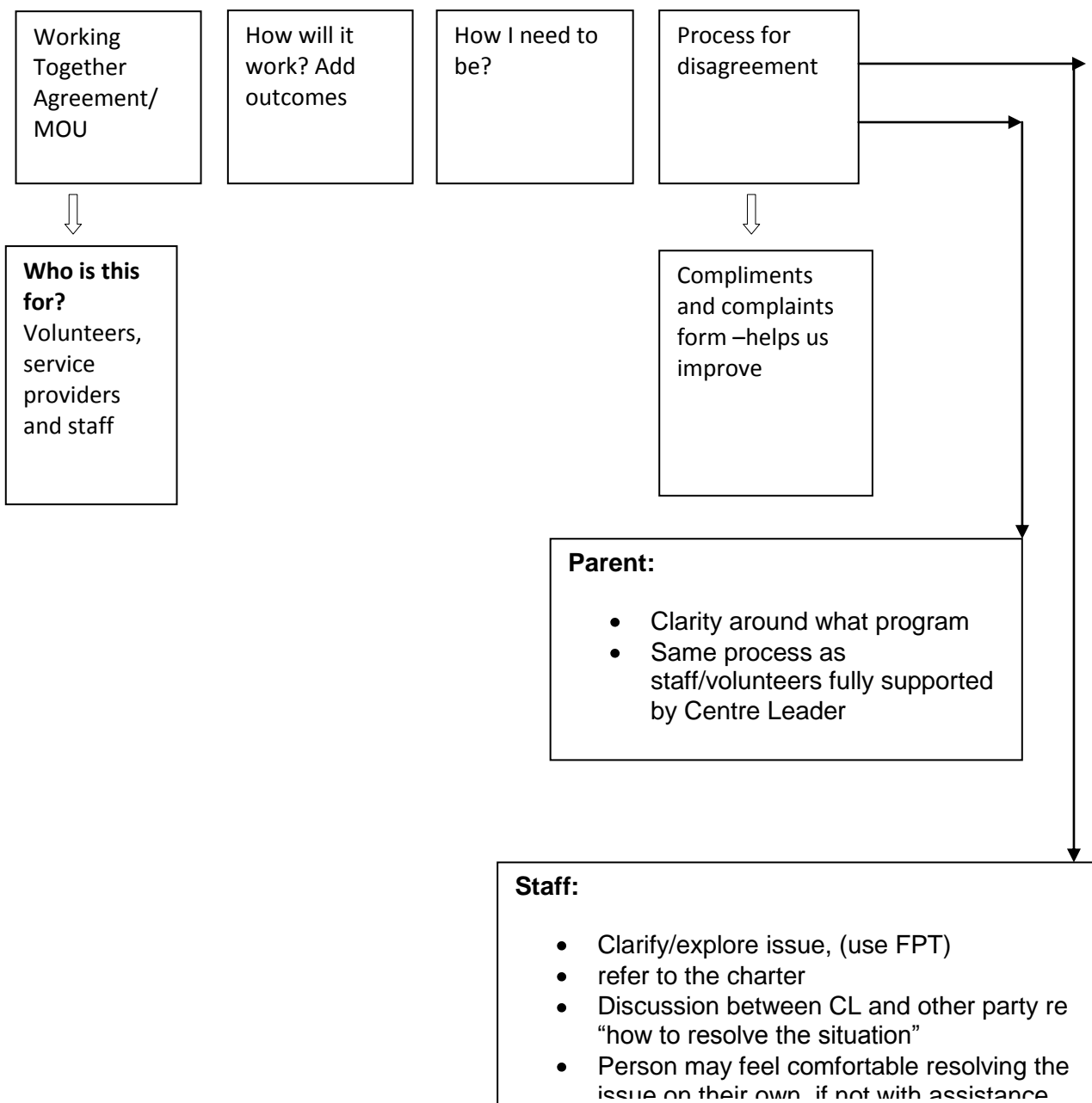
What it means to be a volunteer

**Our community working in partnership to strengthen health, well being and early education for all our children and families.**

## 6. Principles for Working Together

- Fun
- Do not be afraid of conflict
- Open minded
- Honest and tactful
- Value difference
- Respectful
- Flexible
- Let go of ownership
- Sharing of knowledge
- Friendly and smile
- Show empathy
- Trustworthy
- Confidential
- Name issues up appropriately
- Active listening
- Focus on issues not person
- Protects self esteem
- Build a sense of team
- Use “I” statements not ‘you’ statements
- Compassion/energy
- ‘be there – be present’
- Commit to shared purpose
- Humility – able to say sorry, able to accept others can do it
- No egos

**6. Steps and Processes for Settling Differences**





## **Use of Family Partnership Model Reflective Practice as a tool for reflection of how this agreement is working**

### **8. Privacy and Confidentiality**

The Parties will share material or information obtained as a result of working collaboratively and will be respectful of privacy and confidentiality and any legal restrictions.

If either party supplies confidential information, each party agrees to:

- Protect the confidential information in a manner which accords with any applicable professional standards;

- Use and reproduce the information only for the purposes set out in the MOU; and

- Not disclose the information other than to personnel who have a need to know to give effect to the purposes set out in the MOU.

Disclosure of personal information by the Parties must comply with State and Federal privacy laws and any other legislative requirements, including the *Children's Family and Young Persons Act 2008* and other relevant legislation.

All discussions with the media will be conducted through the Lead party unless otherwise agreed in relation to the program or issues that may arise.

IN WITNESS WHEREOF the undersigned, being duly authorised by their respective authorities, have signed this Memorandum of Understanding at .....on the .....day of ..... in the year 2011 in two original copies being equally authentic.

.....

FULL NAME

.....

Signature

For .....

.....

FULL NAME

.....

Signature

For .....

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## Appendix D: CFC Communities Overview

### North

**Beaconsfield** was the first community to construct and open a CFC. The official opening was in March 2011, although it opened for families in January 2011. Accommodated in the same building as the CFC is a dedicated childcare facility operated by a non-government childcare provider. The building is situated close to the Beaconsfield Primary School and Beaconsfield Community House.

The Beaconsfield community was well placed to take action on securing a Child and Family Centre. Around 2002, a group of local people (known as the Dream Weavers) had formed to work on securing childcare in the area. When opportunities were presented to secure a childcare facility and a child and family centre, the community acted to roll these two initiatives together. The CFC Centre Leader commenced in January 2011. To date, the Community Inclusion Worker has been present for the duration of the project.

**George Town** is one of three Child and Family Centres to be located within a 'Community Services Hub' model that includes a Learning Information Network Centre (LINC) and Service Tasmania.

Construction of the George Town CFC has been delayed while planning issues are resolved through the local planning authority. The preferred site is in the main street, near other services and public buildings. The George Town CFC community have identified a 'virtual CFC', as they continue to meet together to explore the possibilities of what a George Town CFC may achieve. A Centre Leader has not been appointed. The current Community Inclusion Worker is the second for this project.

**The Ravenswood CFC** is situated next to the Neighbourhood House and across the road from the Ravenswood Primary School. Like Beaconsfield, the Ravenswood CFC will also be accommodated in a building that incorporates a dedicated childcare facility, operated by a non-government provider. The building is well advanced and is due for completion and opening in December 2011. A Centre Leader commenced in July 2011. The Community Inclusion Worker commenced in June 2010.

### Northeast

**The Break O'Day CFC** is based in St Helens and has a focus on the entire rural and remote municipality. The building was completed in October 2011 and has commenced welcoming children and families. A formal opening will occur in early 2012. The CFC is located on a large site that includes a new Skills Institute and the District High School, and is within walking distance of the Community Hospital and Health Centre and Childcare Centre. A Centre Leader commenced in September 2011; the Community Inclusion Worker has been present for the duration of the project.

### Northwest

**The East Devonport CFC** is located in the grounds of the East Devonport PS and next to a childcare facility operated by a non-government provider. The building was completed in October 2011 and has commenced welcoming children and families. The Centre Leader commenced at the end of April 2011, while the current Community Inclusion Worker is the second for the project, commencing at the end of August 2010.

Construction of the **Burnie CFC** has recently commenced and like George Town, the Burnie CFC community have focussed on a 'virtual CFC' as a way of continuing to explore and define the important elements of a future CFC community. The location of the Burnie CFC will be on the site of the former Acton Primary School, following local school amalgamations and closures. A Centre Leader is yet to be appointed. The original Community Inclusion Worker has recently left the project. Recruitment for the new CIW is underway.

**The Queenstown CFC** is the second to be located within a 'Community Services Hub' model, incorporating a Learning Information Network Centre (LINC). While based at Queenstown, the focus for the CFC community is the rural and remote West Coast. The building housing the CFC and LINC was completed in early October, with an official opening occurring on October 7 2011. The location of the CFC is on a site adjacent to Local Government offices, close to the centre of town and on the main road approaching Queenstown from the south. The Centre Leader commenced in June 2011, while the Community Inclusion Worker has been present for the duration of the project to date.

### South

**The Derwent Valley CFC** is based at New Norfolk. Following extensive community consultation and feedback, the site for the CFC has been finalised. The location is on existing public parkland that has a significant area of open space, adjacent to a Kindergarten and on the main link between the town and the high school. Construction is scheduled to commence in early 2012. The Centre Leader is yet to be appointed. The Community Inclusion Worker has been present for most of the project to date.

**The Bridgewater CFC** is the third to incorporate a 'Community Services Hub' and one of two Australian Government funded centres that have a focus on Aboriginal children and families. Construction has recently commenced on a site adjacent to the Civic Centre, Community Health Centre and other community and commercial outlets. The Bridgewater CFC is being built in the context of major school reforms. The Centre Leader has commenced, however Bridgewater is the only community without a Community Inclusion Worker. At the time of writing an Aboriginal Liaison Worker role has recently commenced.

While not the same as the George Town and Queenstown 'Hubs', the Bridgewater CFC is being constructed at the same time and on the same site as some LINC

and other functions (Online Access Centre and Service Tasmania), however these will operate quite separately from the CFC.

**The Chigwell CFC** is located on a 'stand alone' site; it is situated amongst new and older housing and is not located with other community services (for example school, community centre or other community building or service). Construction has commenced and the Centre Leader has also recently been appointed. At the time of writing, a change of Community Inclusion Worker has occurred and role will continue to be based at the Community House.

**The Clarence Plains CFC** is primarily focussed on the Clarendonvale and Rokeby communities. The site is located on the grounds of the Clarendonvale Primary School, adjacent to the Community House. Construction is almost complete, with children and families expected to be welcomed in January 2011. The Centre Leader has commenced work and the new Community Inclusion Worker has also commenced recently (the Community Inclusion Worker won the position as Centre Leader).

**The Geeveston CFC** is the second of the Australian Government funded centres and like the Bridgewater CFC, has a focus on Aboriginal children and families. Following strong community discussion and feedback, the preferred site adjacent to the township was ruled out due to flooding and other planning obstacles. However another site using an existing building has been agreed to. This site is further away from the main town, but close to the Community House. Renovation and building works have commenced on the first stage. The Centre Leader has commenced and the Community Inclusion Worker has been present for the duration of the project so far. At the time of writing a new Community Inclusion Worker and Aboriginal Liaison Worker have commenced (the former CIW has taken up a psychologist role within the CFC).

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## **Appendix E: Early Years Outcomes Indicators by CFC Communities**

The following two tables (Tables A and B) match together the twelve CFC communities with nine child outcome indicators from the Tasmanian Early Years Foundation's *Outcomes in the Early Years Report 2009* dataset. The data shows that all CFC communities rate significantly worse than the state average on at least two outcome indicators, with three communities rating worse on eight of the nine indicators. Interestingly, Burnie CFC community rates significantly better than the state average on three indicators.

For a complete analysis and data collection notes, please refer to the report, *Outcomes in the Early Years: The State of Tasmania's Young Children 2009* (Tasmanian Early Years Foundation, 2009).

Table A: CFCs and Outcomes Indicators\*\*

\* Australian Early Development Index

Indicator	Beaconsfield	Break O'Day	Bridgewater	Burnie	Chigwell	Clarence Plains	Tas. average
low birth weight	8.7%	9.3%	11.2%	7.7%	10.4%	10.2%	7.2%
smoking during pregnancy	33.0%	35.1%	62.9%	33.6%	37.9%	50.1%	27.4%
alcohol during pregnancy	13.3%	20.7%	15.5%	9.6%	15.5%	12.0%	15.2%
exclusive breast feeding @ 6 weeks	50.1%	59.6%	15.5%	40.9%	37.8%	28.7%	51.2%
breast feeding at 6 months	54.7%	59.3%	15.9%	38.9%	36.1%	25.8%	50.7%
children developmentally vulnerable on one or more domains of AEDI*	11.1%	16.7%	33.6%	25.9%	30.7%	48.5%	21.8%
children in child protection notifications (0-5 year olds; rate per 1000)	45.3	56.2	210.0	77.8	84.1	153.0	62.9
children attending 6 week child health nurse assessment	83.1%	77.1%	52.5%	88.2%	73.5%	72.5%	79.5%
children attending 18 month child health nurse assessment	50.4%	33.3%	16.2%	62.5%	37.5%	36.6%	49.0%

**Red = significantly worse than State average****Green = significantly better than State average**

\*\*

Outcomes data is taken from a Tasmanian Early Years Foundation report -

**Outcomes in the Early Years: The State of Tasmania's Young Children 2009**

Table B: CFCs and Outcomes Indicators\*\*

\* Australian Early Development Index

Indicator	Derwent Valley	East Devonport	Geeveston	George Town	Queenstown	Ravenswood	Tas. average
low birth weight	9.2%	8.5%	12.3%	5.9%	6.7%	9.3%	7.2%
smoking during pregnancy	35.4%	30.2%	30.7%	39.4%	47.0%	58.3%	27.4%
alcohol during pregnancy	15.5%	8.2%	15.1%	9.9%	11.9%	12.9%	15.2%
exclusive breast feeding at 6 weeks	37.5%	49.4%	48.1%	32.1%	36.2%	27.2%	51.2%
breast feeding at 6 months	33.5%	40.3%	44.1%	33.2%	28.5%	31.1%	50.7%
children developmentally vulnerable on one or more domains of AEDI*	32.5%	23.9%	47.8%	43.3%	29.3%	37.5%	21.8%
children in child protection notifications (0-5year olds; rate per 1000)	68.6	96.7	64.9	84.2	97.7	167.5	62.9
children attending 6 week child health nurse assessment	74.4%	89.3%	83.4%	81.5%	83.5%	73.6%	79.5%
Children attending 18 month child health nurse assessment	39.0%	63.2%	46.9%	51.2%	50.8%	27.3%	49.0%

**Red = significantly worse than State average****Green = significantly better than State average**

\*\* Outcomes data is taken from a Tasmanian Early Years Foundation report -

***Outcomes in the Early Years: The State of Tasmania's Young Children 2009***



## Appendix F: Summary of Key Themes, Enablers and Barriers

Table 6 Key Themes - Enablers and Barriers

THEME	WHAT'S HELPFUL	WHAT BLOCKS PROGRESS
<i>Consultations and Communications</i>	<ul style="list-style-type: none"> <li>consultations and planning with communities that reflect genuineness, respect and learning from previous failures</li> <li>regular, consistent communications</li> <li>sharing issues and celebrating progress/change across project</li> </ul>	<ul style="list-style-type: none"> <li>selective, narrow first consultations</li> <li>government and/or services making assumptions about communities and their networks</li> <li>government and outside-community communications and schedules imposed on communities</li> </ul>
<i>Community Engagement and Participation</i>	<ul style="list-style-type: none"> <li>taking time to build genuine and respectful relationships</li> <li>meeting formats that welcome and value contribution from all participants</li> <li>a community liaison and development role based in the community (SICLOs)</li> <li>listening to community and parent voices</li> <li>availability of childcare for parents</li> <li>taking time to reach shared agreements and understanding about what/how things are done</li> </ul>	<ul style="list-style-type: none"> <li>decision-making based on the needs of services/Govt</li> <li>verbal and non-verbal intimidation of community members (e.g. clothing, verbal and body language, behaviour, meeting format, job title)</li> <li>change or interruption in provision of key community liaison roles (CIWs)</li> </ul>
<i>Leadership and Community Development</i>	<ul style="list-style-type: none"> <li>continuity of people in leadership roles assists relationship building</li> <li>negotiating shared and agreed plans and vision spreads leadership across group/community</li> <li>capacity building through community leaders and co-chairpersons underpins local decision-making and ownership</li> <li>how community engagement and relationship building occurs effects the likely emergence of community leaders</li> <li>skilled community liaison/community development roles based in communities builds and sustains engagement and participation</li> </ul>	<ul style="list-style-type: none"> <li>inconsistent modelling of appropriate leadership and partnership at all levels of the project</li> <li>lack of high level project champions</li> <li>lack of clear project management documentation and processes</li> <li>turnover of people undertaking key leadership and community support roles across CFC project (statewide, community/Local Enabling Group, Community Inclusion Workers) leads to poorer community engagement and relationship building</li> </ul>

THEME	WHAT'S HELPFUL	WHAT BLOCKS PROGRESS
<i>Learning and Development</i>	<ul style="list-style-type: none"> <li>dedicated resources and programs to support change and build skills(Learning &amp; Development Strategy) significantly impact on how communities come together, build relationships, reach shared and agreed plans and actions</li> <li>parents and other community members gain confidence, knowledge and skills through the modelling of welcoming, respectful, and inclusive approaches that value their ideas and thoughts</li> <li>access to training and awareness courses, including Family Partnership and Cultural Competency build bridges and common learning that connect communities and families</li> <li>opportunities for diverse communities to come together and share and celebrate progress, ideas and challenges builds a wider strength and support network to further support change and reform</li> </ul>	<ul style="list-style-type: none"> <li>disconnected relations and poor communications between CFC project stakeholders leads to less effective change and threatens overall project aims</li> <li>statewide stakeholder schedules and timelines do not necessarily fit with community/parent schedules and priorities - requiring flexibility and adaptability</li> <li>government pressure and community desire for a physical building to be erected can distract discussion away from what's to happen in the building that improves outcomes for children</li> </ul>

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## Appendix G: Parent Stories of Change

The following stories were originally presented by the authors to the CFC Statewide Forum in April 2011.

### JESS'S STORY

I'm sure today we will hear many community members tell us of the growth and overall positive experiences they've had along their journey with their respective Child and Families Centres (CFC). The great thing is these experiences have been mirrored throughout every Local Enabling Group (LEG) across the state.

I've seen it in my own LEG and have reflected on my own amazing journey. I wrote down my journey pin pointing all that I have achieved personally through my involvement in the Child and Family Centres project and acknowledged all those people that have helped me to get to where I am now. But then I heard two voices, one being Suzanne and the other Martin saying, "I think you're onto something there, but let's explore it further", and so with much honesty I have.

I grew up part of a single parent family. My parent suffered most of my childhood from a mental illness. As the eldest child I took on the responsibility of taking care of my younger siblings and running our house. I didn't know then that this wasn't the best way to deal with the situation until I was told so by a counsellor at school. For me and many others where I lived it was just the way things were. You relied on your family not outside help.

I then choose to become a mother myself at the age of seventeen and by the time my first son was born I was a single parent too. Again I didn't truly realise how much of an impact this would have on my life until a social worker told me so. I wasn't the first teenage mother in my community and shared being pregnant with a few of my friends from school.

There was a period in my son's first 12 months of life I wasn't his primary carer. I struggled being a single mother and with the reality of looking for love and acceptance in the wrong way again. But the more help I sought, the more confused I became. I knew I needed help but what I kept facing from those I received that help from was shock and pity every time I had to tell my life story. I didn't see myself as a victim and didn't understand why my life experience was clouding my service providers' judgement on what it was I was dealing with now. I became frustrated and felt let down.

Being involved with the Local Enabling Group for the Derwent Valley and being led and guided by people such as our Community Inclusion Worker Katrina, our Learning and Development workshop facilitator Suzanne and Martin from Action Research, has been helpful. I've actively researched and had open conversations with many community members and services providers to gain a better understanding of The Derwent Valley's past, present and its needs and wants and what it is that our community is missing regarding families with children of 0-5 year olds. This train of thought has also had a flow on effect in how I review and understand my personal life.

In the last 12 months I have realised I needed to re-learn the way in which I look at service providers, my community and families with young children. Like my own children, I mimicked and learnt from the role models I had in my life and had formed views and opinions loosely based around those of my peers and some of my own experiences. These views and opinions tended to be made from limited information and understanding. Coming from a past of distrust and frustration using services, it's been wonderful to speak to other parents and some service providers with some of the same frustrations. All of us are positively looking for an improved way of interacting and engaging families with young children. This in turn has helped me find some trust again in a system I felt for a long time had failed.

On reflection I've asked myself a couple of questions.

If I wasn't open to change would I be able to except that this system of service providers is knowingly and willingly wanting to improve the way families access and utilise the services they provide? The answer is no I would not.

And if I hadn't been nurtured and guided through this whole process would I have achieved the personal growth I have? The answer is definitely not.

So what's different this time then from all my other encounters with services?

Obviously to start with I'm not seeking a service for a specific need I have. But until involvement in this CFC project I didn't realise you could access services without being at the point of help. I also don't have to tell my life story to our Local Enabling Group. I am taken by all those I've uncouncted as the person they see before them today, not what I was or where I came from - which is the whole point

There is an understanding between all those paid to attend a Local Enabling Group meeting or Learning and Development workshop and all those community members who volunteer to be there that every voice in the room is important. That every person brings vital points of view to the table.

And the fact is this project isn't about me or my previous experience. It is about improving health, well being and developmental outcomes for our community's very young children. But to help those children we need to reach their parents and families who may feel threatened by or inferior to those who will be offering the services we run out of our centre. If you had asked me 12 months ago if I felt this way about some services I would have probably said no. Asked if I would use these services for my children I would have also said no. Because the truth is until being involved in this project I had never felt as though I was in control when utilising a service for myself or my children. There was always an underlying feeling of being judged on my parenting skills, my ability or inability to provide all that my children needed, and fear that I wouldn't be able to make choices that were right for my family, because I felt that if I disagreed with a professional, I would be making the wrong choice even if it didn't sit right with me and we all know I am not the only parent that feels this way.

In a sense being part of this project has been all the help I've search for over the years and really I haven't entered a programme or service. But by being an active part of a group and being able to look from the outside in, relating statistics to some of my own life, I've healed wounds and been able to understand where some of my previous service providers were coming from.

For me the Derwent Valley Local Enabling Group has become the family I didn't have growing up. They've provided guidance and acceptance in a nurturing environment for me to grow and develop my understanding of all that children need and why they need it and a safe space to lend my opinion and have my voice heard. Being involved in my Local Enabling Group has nurtured me to be able to speak in a group and feel

comfortable to address you all here, as well as have enough confidence to take on a leadership role as Co-Chair.

They've given me back my self belief and encouraged me to push myself at a pace I'm comfortable with, while knowing I have always been in control. They've shown integrity and respect to all of our members which has given me the ability to be more open and actually listen instead of just hearing. This experience has changed the way in which I carry myself. I'm now quite conscious of being approachable, respectful and open to listening to everybody's views and opinions, not just those that reflect my own.

Local Enabling Groups also provide opportunities of learning and training, building relationships and networking for all members which have been as valuable to community members as it has to paid service providers. We have all made boundaries to work within, by implementing our working together agreement every time we meet. If we can achieve this environment in our Centre, then the benefits for our whole community will be immense.

Why though has being part of this project had such a positive impact on my life and so many others? Well I'm not sure of the answers for everybody else. For me, actually being aware that just because some graph shows that this community NEEDS this service so let's put it there and expect it to be taken advantage of, doesn't work. It actually creates more distance and distrust within the community you're working with and this has been a crucial element.

Being told that as a mother I'm the expert on my children, as a community member I have more knowledge and understanding of my community and then to be really treated with respect has been another key.

Also by creating an environment that is safe it engages and challenges everyone in the room to be open to all possibilities, to be respectful of each individual for their views/experiences and stage in life.

To encourage more people to be part of our project and not be a closed group and to work alongside so many professionals on an equal level has been another key part of the recipe.

To reflect on my journey feels a little immature at the moment as I'm still very much at the start of it, and it's easy to forget that we have been working on this project for over 12 months. But by taking the time to reflect I realise over those 12 months of fortnightly to monthly meetings they've provided not only all the components to get our project this far but also a safe environment for me to develop into the young woman you see today. I truly believe every person in this room deserves a round of applause for taking a chance at a new direction, committing yourselves to it and working together towards our respective Child and Family Centres.

This project has given me myself back. It's given me the tools to be a confident and able community member, mother and wife. And it's also opened the window of opportunities out there for me and my family to pursue. I've become a more informed member of my community, by actively seeking information to make better decisions and outcomes for this project and myself. Not only do I feel valued and appreciated for every effort I've made and the time I've committed to this project but I also realise the value of all the individuals that make our LEG such a passionate and productive team.

My name is Jessika. I'm a mother of 3 young children and the Co-Community Chair for the Derwent Valley Local Enabling Group.  
I would like to thank you all very much for being such a kind audience.

## ROWENA'S STORY

Being a young mum with no formal education I felt I was inadequate. Yes I do have three beautiful children and a wonderful partner but I struggled. I felt I was looked down upon if you admitted you were not coping. Isolated and lonely I struggled on. Life isn't always easy, but I believe with positive influences and role models you grow.

When I heard about the Child and Family Centre project, I wanted to be involved. I wanted to help other parents even though I didn't know anything so they didn't have to feel like I did. Little did I know being involved would help me grow!

My mind has been expanded to new learning's and experiences. All these things sound minor but they have had a big effect on my life.

Presenting at the first State wide Forum I didn't know what to expect. I was so nervous I was shaking. I managed to speak for 3 minutes. I felt so pumped when I had done it. Being nominated for the LEG, I didn't realise I was allowed to contribute, let alone be listened to, without a formal education or job.

Attending and presenting at the Early Childhood Conference I was so nervous. Leaving my partner and kids. Catching a plane, I had only flown once before many years ago. When we visited the two centres in Adelaide, I thought I would float in the background. Suzanne wanted my opinion and feelings on the centres even though I had no formal early childhood education. Then came the conference. One presentation I attended the lady presenting said you would only be listening to this if you were an early childhood educator or a child care worker. I giggled to myself as I was none of them. I was a mum given a wonderful opportunity. I learnt so much. As parents we do a lot for our children but don't often stop and ask or listen to their opinions. Children are little people in their own right. Learning as parents we can help our children learn and develop. As parents we have an unrealistic idea of a perfect parent. Helping parents raise children is not about telling them what to do or how to do it.

Standing up there in front of people, with people who had formal education. It comes to my turn and everyone seemed interested in what I had to say. The feeling I had when we finished I could not put in to words. Once again I had stepped out of my comfort zone and survived. Then of course when I got home along came the dream crushers. People who reckoned I had turned into a SNOB! My self-confidence was growing and I was taking an interest in something and some people didn't like that. I was excited about what I had learnt and I wanted to do was share that with people.

Taking on further education and learning. I hated school and always said I would never go back. The opportunities of Family Partnership training. Learning how to work in partnership with helping people. Acknowledging and building on parents pre-existing skills to help them stand on their own two feet without doing harm. I thought I always did things with the best of intentions but I was probably doing more harm than good.

I feel my experiences and involvement with the Child and Family Centre project has led me to becoming more involved in our community. Our local school was having issues and every time I voiced my concerns to the principal I would get the same response "lack of funding, lack of funding." To me I wasn't satisfied with that response. My sister and I discussed opening an Op Shop with the proceeds going back into our school for positive programs. Once upon a time I would have accepted the principal's response, but I feel I have grown in many different ways which led me to do something about it.

I believe I have changed personally and grown over the last two years. My involvement has led to me taking an interest in something. My self-confidence has grown, leading me to attempt or participate in things I would have never dreamed of. Opportunities have crossed my path and my eyes and mind have been opened to see these opportunities. In the past I would have never noticed these opportunities let alone had the confidence to take a chance. I feel the support I have had and the way I have been treated as an

equal has vastly contributed to this. I have learnt you don't need a title to make a difference. I can contribute and be listened to. I'm not just a mum. I am someone who wants to be involved, to have a say and contribute to empowering our community in helping give our children the best possible start in life. And supporting parents in our community to do this together.

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## Appendix H: Interviews with Aboriginal People

### Interview with Aboriginal young mum and Aboriginal Elder – Geeveston CFC, 20 April 2011

Q1. *How did you become (aware of / involved with) the Geeveston Child and Family Centre?*

- through talking with Nel and Anna (CIW and CL)
- reading something in the school newsletter
- asked to be on LEG as an Aboriginal Elder

Q2. *What are your expectations of the CFC?*

- get the kids off the streets
- children under 5 and parents to have a break from home - somewhere for kids to go
- unity and acceptance for Aboriginal children and families
- healing and happiness between Aboriginal & non Aboriginal children and families
- support for dads and young mums

Q2a. *What services are you expecting in the CFC?*

- antenatal, postnatal support
- rehab services for children and parents (smoking and drinking)
- child health and teenage sexual health
- parental stress

note 1: don't underestimate the Aboriginal grapevine/word of mouth

note 2: some of the above services happen already from SETAC

Q2b. *CFCs are talking about integrating services; how do you think this could help?*

- services altogether – less parent stress
- nothing or no one has a name
- child health nurse would be available to talk to

Q3. *What are the thoughts and feelings of Aboriginal families regarding the Geeveston CFC?*

- somewhere to get help if needed
- decent playground for children
- privacy – being able to talk one on one
- more things for Aboriginal families to do



Q3a. *What would make it easier for Aboriginal families to attend CFC?*

- something to welcome Aboriginal people – flag, art
- someone from Aboriginal community present in CFC
- acceptance of all cultures – not just Aboriginal
- any support needs to be friendly, respectful and helpful with children

Q4. *What changes (if any) have already happened for Aboriginal families as a result of the Geeveston CFC work?*

- parents growing in confidence
- a feeling that something good is going to happen for their children and families
- It's going to happen because of the team working together
- happiness, because it's something needed for our isolated, remote community
- increased community bonding – through awareness, leadership, engagement – in together
- increased community bonding within Aboriginal community (previously you only mixed with your immediate community; now there is more awareness of other community)

Q5. *Any final comments?*

- Services must commit to working together **with** families – they need to work to understand our culture
- CFC should be central, most welcoming place for everyone
- main things are **happiness, care, sincerity and trust**
- our children have been isolated; they need to mix – socialisation
- not told, but taught.

---

Interview with Rachel Bruce, SETAC: 3 May 2011 Geeveston

Q1 *What expectations do Aboriginal families have? (of the Geeveston CFC)*

- accessible, inclusive, culturally mindful – sharing of culture, welcoming
- SETAC's expectations mirror families' expectations

Q2 *How would above be achieved?*

- input from SETAC – Aboriginal organisation
- Aboriginal presence in CFC – leads to 'safety' for Aboriginal people
- Aboriginal families knowing that SETAC is ok with CFC
- Inclusiveness applies to organisations, communities and individuals
- good relationship building

Q3 *How did SETAC become (aware of / involved with) Geeveston CFC?*

- Anna – information, invitation
- being listened to – *How?* – whole communications process – courtesy, genuine consultations (we know when it's not genuine!)
- communicating to Aboriginal families
- word of mouth (grapevine)
- through programs

Q4 *How would better services integration be helpful?*

- Now, some services work collaboratively with SETAC, others seem to run their own programs
- collaboration and working together must be 2 way and genuine
- SETAC are inclusive of ALL
- To have better programs, always asking how we can make working together workable

Q5 *What changes (if any) have occurred so far since the CFC work has commenced?*

- an excitement and growing expectation amongst Aboriginal and non Aboriginal families
- people feeling that they will be able to access the CFC
- Aboriginal families feeling more comfortable and reassured that SETAC are involved
- increasing happiness that a Centre is being set up in our community

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Interview with Bridgewater CFC Community Co-Chair and Aboriginal community member

Bridgewater, 1 November 2011

Q1. *How did you become (aware of / involved with) the Bridgewater Child and Family Centre?*

- Through Good Beginnings worker; came along to a LEG meeting and have been coming ever since.
- Now am a Community Co-Chair; I have lived in this community all of my 29 years and am proud to call Bridgewater home; not everyone who live here thinks the same.

Q2. *What are your expectations of the CFC?*

- Community development - seeing the community improve
- Quality place for children to play
- Breaking the stigma for children and families - stigma held by people outside this community - it's a negative and has an impact on what people think about living here
- Positive events and activities happening
- Changing the statistics (like AEDI) - improving things for children and families
- Sick of all the negatives, particularly from the media; they never report on the many positive events and stories that happen

Q2a. *What services are you expecting in the CFC?*

- CHAPS nurses - they have started to do outreach at some of the playgroups, and this has made a big difference, particularly for parents who don't drive
- Antenatal care
- Specialist services (speech, early intervention)
- Arrangements for supervised access visits to happen at the CFC
- Playgroups

Q2b. *CFCs are talking about integrating services; how do you think this could help?*

- Not talking to 100 people or services when you only want to tell your story once
- Your need that relationship to be in place for you to talk
- Integration will mean there is one person or you only have to tell your story once
- Point you in the right direction, if the CFC can't help directly; not say, 'Here's a referral - go and do it'

---

Q3. What are the thoughts and feelings of Aboriginal families regarding the Bridgewater CFC?

- Very few Aboriginal families/parents know much about the CFC
- One Aboriginal dad I spoke with said he didn't know anything about the Bridgewater CFC, but was involved in the Risdon Cove Aboriginal CFC
- One friend, who has 4 children under 7 is excited about the CFC being built in Bridgewater, because it will mean less travel and easier access to services and specialists.

Q3a. What would make it easier for Aboriginal families to know about and/or attend the CFC?

- Need to get more information out to the community generally
- Aboriginal families need to meet informally - maybe a BBQ, where they can meet CFC workers, hear about the vision and what the CFC is about
- There is low literacy across the community, so we have to be careful about how we communicate; flyers in shop windows miss some people
- Some Aboriginal families attending LiL - Margie has been visiting and meeting parents which helps

Q4. What changes (if any) have already happened for Aboriginal families as a result of the Bridgewater CFC work so far?


- No real changes at the moment; once more people become aware and their understanding increases, then there might be changes

Q5. Any final comments?

- no, not really.

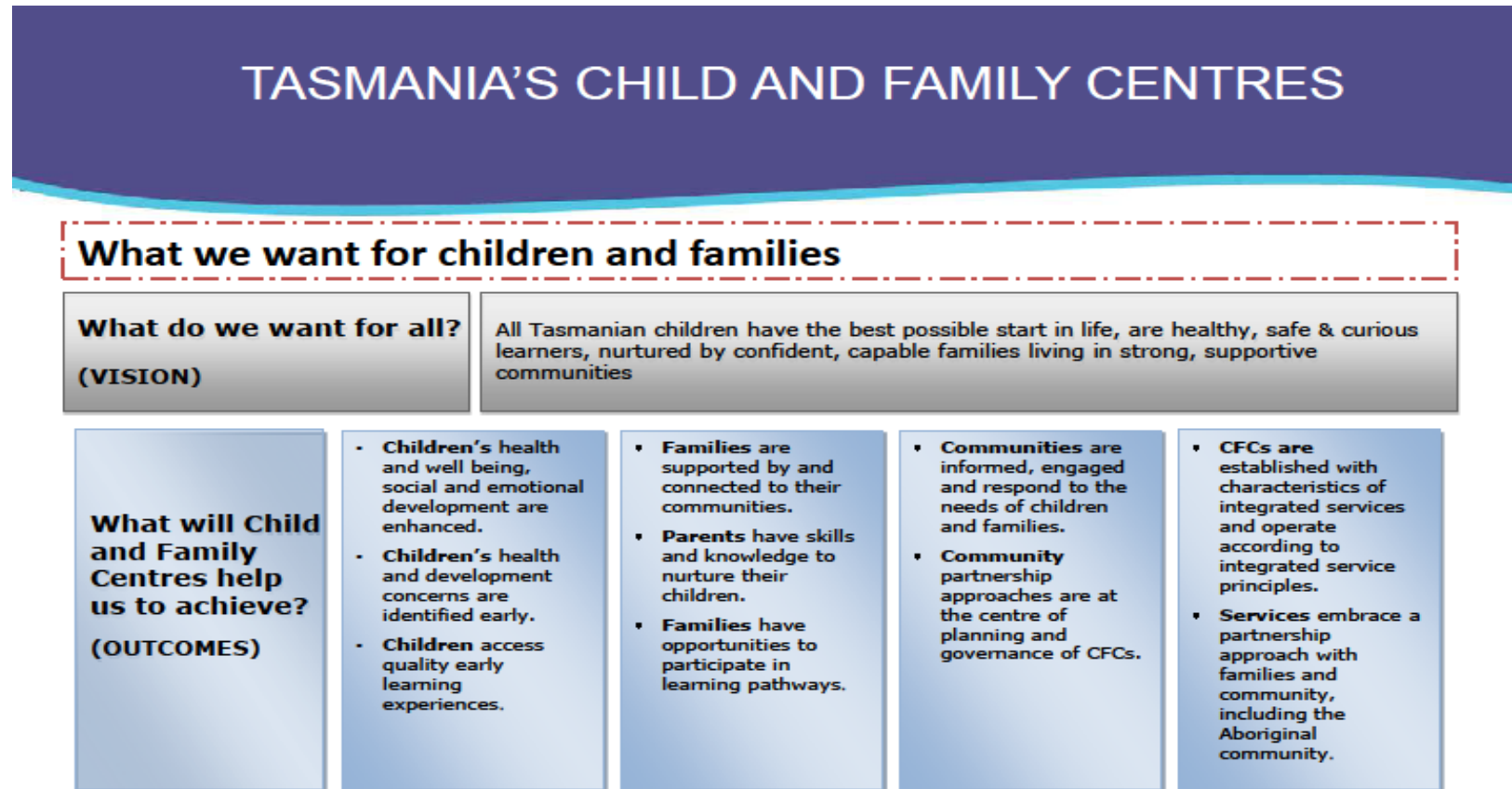
# Appendix I: Statewide Outcomes Framework

(Note: to view detail, double click mouse over the document below and adjust size of viewing window)

 <b>Tasmania's Child and Family Centres (CFCs) initiative</b> <b>CFC Statewide Outcomes Framework</b>		<b>DRAFT - as at Feb 2011</b> [includes post consultation feedback]		
<b>What do we want for all?</b> <b>VISION</b>	All Tasmanian children have the best possible start in life, are healthy, safe & curious learners, nurtured by confident, capable families living in strong, supportive communities			
<b>What are we trying to achieve at a state level?</b> <b>BROAD OUTCOMES</b>	<b>Children</b> are born and remain healthy and are confident and curious learners	<b>Families</b> nurture healthy development and well-being of their children	<b>Communities</b> support, value, honour and respect children and childhood	<b>Supports and Services</b> respond early to identified needs of young children and their families in culturally appropriate ways
<b>What will Child and Family Centres help us to achieve?</b> <b>DIRECT OUTCOMES</b>	<ul style="list-style-type: none"> <li>Children's health and well being, social and emotional development are enhanced.</li> <li>Children's health and development concerns are identified early.</li> <li>Children access quality early learning experiences.</li> </ul>	<ul style="list-style-type: none"> <li>Families are supported by and connected to their communities.</li> <li>Parents have skills and knowledge to nurture their children.</li> <li>Families have opportunities to participate in learning pathways.</li> </ul>	<ul style="list-style-type: none"> <li>Communities are informed, engaged and respond to the needs of children and families.</li> <li>Community partnership approaches are at the centre of planning and governance of CFCs.</li> </ul>	<ul style="list-style-type: none"> <li>CFCs are established with characteristics of integrated services and operate according to integrated service principles.</li> <li>Services embrace a partnership approach with families and community, including the Aboriginal community.</li> </ul>
<b>What are we going to do?</b> (Moving from outcomes to action) Increase, reduce, decrease establish connections, opportunities, levels, actively and/or conditions <b>OBJECTIVES (Goals)</b>	<ol style="list-style-type: none"> <li>To increase participation of children in quality early learning experiences.</li> <li>To increase earlier identification of children's developmental concerns.</li> <li>To increase the number of children making a successful transition to school.</li> <li>To decrease the number of children entering school with previously undetected learning, health (including oral health) and development problems.</li> <li>To increase children's opportunities to engage with Tasmanian Aboriginal culture.</li> </ol>	<ol style="list-style-type: none"> <li>To increase families' access to community information.</li> <li>To increase families' connections and community supports.</li> <li>To increase families' access and participation in a range of community and learning activities, including those that acknowledge Tasmanian Aboriginal culture.</li> <li>To increase parents' skills and knowledge in nurturing their children.</li> </ol>	<ol style="list-style-type: none"> <li>To increase the knowledge of communities about the health, development and learning needs of children and families.</li> <li>To increase the knowledge of different cultural practices and world views including those of the Tasmanian Aboriginal Community.</li> <li>To increase participation by community members in the planning and governance of CFCs.</li> <li>To increase community awareness of key health indicators eg breastfeeding and smoking.</li> </ol>	<ol style="list-style-type: none"> <li>To establish CFCs which reflect the attributes of integrated services.</li> <li>To increase the capacity of CFCs to adopt the integrated service delivery principles.</li> </ol>
<b>How will we do it?</b> <b>What do we have to do to get there?</b> Provide, build, create, assist, promote, develop, establish <b>STRATEGIES</b>	<ul style="list-style-type: none"> <li>Provide and assist with connections to quality early learning experiences.</li> <li>Provide a developmental screening tool for use in CFCs.</li> <li>Provide information and education for families, community members and Centre staff about child development stages.</li> <li>Provide and assist with connections to Child Health and Parenting Service (CHAPS), health and developmental assessments.</li> <li>Provide training for CFC staff around early identification of developmental and health (including oral health) outcomes.</li> <li>Establish networks and promote Aboriginal</li> </ul>	<ul style="list-style-type: none"> <li>Provide a range of information about available services and community facilities.</li> <li>Establish family friendly community services/activities and facilities.</li> <li>Provide community services, activities and facilities responsive to the needs of families.</li> <li>Provide a range of parenting information/education programs.</li> <li>Provide opportunities for volunteering, education/training pathways.</li> </ul>	<ul style="list-style-type: none"> <li>Provide information to raise awareness of the health, development and learning needs of children and families.</li> <li>Provide opportunities for community members to participate in the planning/governance of CFCs.</li> <li>Create opportunities for community partnerships to occur.</li> <li>Foster health promotion initiatives to address locally identified priorities (eg breast feeding, smoking, mental health, accidents etc).</li> <li>Create opportunities for communities to celebrate achievements.</li> </ul>	<ul style="list-style-type: none"> <li>Establish CFCs in Tasmania.</li> <li>Create governance and planning processes and structures that are inclusive and in the spirit of community partnership.</li> <li>Provide integrated service delivery information/education to service staff.</li> <li>Provide support and training to CFCs, community services staff to work in an integrated way and in partnership.</li> </ul>
<b>How will we know if we are doing well and making progress?</b> <b>How will we know if its progress we expected?</b> % increase... No. of ... Parents report... Staff report... <b>DIRECT INDICATORS</b>	<b>Impact Indicators</b> <ul style="list-style-type: none"> <li>% increase of children's participation in quality early learning experiences (Child Care, Launching into Learning and other programs) over 12 months.</li> <li>% increase in children whose developmental concerns have been identified.</li> <li>% increase in the number of children attending the 2, 4, 8 &amp; 9 week, 4, 8, 12 &amp; 18 month and 3.5 year Child Health and Parenting Service (CHAPS), health and developmental assessments.</li> <li>% increase in the number of children immunised each year.</li> <li>% increase in referral to Aboriginal Services.</li> <li>% increase in referral to Oral Health Services Tasmania (OHST) or dental professionals</li> </ul> <b>Process Indicators</b> <ul style="list-style-type: none"> <li>No. of quality early learning experiences (Child Care, Launching into Learning and other programs) operating in CFCs.</li> <li>No. of health related visits made by parents/families.</li> </ul>	<b>Impact Indicators</b> <ul style="list-style-type: none"> <li>Parents report they feel better informed about services in their community.</li> <li>Parents report they are better supported and connected.</li> <li>% increase in families participating in programs and learning activities.</li> <li>% increase in parents reporting that CFC experiences have changed their parenting practice positively.</li> <li>% increase in culturally inclusive activities.</li> </ul> <b>Process Indicators</b> <ul style="list-style-type: none"> <li>No. of families receiving community information.</li> <li>No. of families reporting easier access to CFC community activities.</li> <li>Parents report satisfaction with their participation in activities/services.</li> <li>No. of parents attending activities/services through the CFCs.</li> <li>No. of parenting forums delivered.</li> </ul>	<b>Impact Indicators</b> <ul style="list-style-type: none"> <li>Communities report they have new knowledge about the needs of children and families.</li> <li>Communities report they have participated positively in the planning and governance of CFCs.</li> <li>Communities report improvement in key priority areas eg an increase in breast feeding; reduction in smoking during pregnancy.</li> <li>Communities report trusting, respectful relationships, interactions and environment.</li> </ul> <b>Process Indicators</b> <ul style="list-style-type: none"> <li>No. of community members participating in information forums about the needs of children and families.</li> <li>No. of information forums held.</li> <li>No. of community members participating in planning forums and governance structures.</li> <li>No. of celebratory events.</li> <li>No. of cultural events.</li> </ul>	<b>Impact Indicators</b> <ul style="list-style-type: none"> <li>% of staff who report they have increased their capacity to work in an integrated way.</li> <li>% of CFCs that reflect the attributes of integrated service delivery.</li> <li>% of staff reporting they are using Family Partnership Framework in their daily work.</li> <li>% of staff participating in cultural awareness training.</li> </ul> <b>Process Indicators</b> <ul style="list-style-type: none"> <li>No. of CFCs established.</li> <li>No. of CFCs/community services staff and community members report that the establishment and development of CFCs has been effective.</li> <li>No. of CFC/community staff who have completed Family Partnership training.</li> </ul>
<b>TOOLS FOR MEASURING IMPACT AND PROCESS INDICATORS</b>	<b>Who will we ask to check our progress and what tools will we use?</b> CFC Progress notes; Focus groups; Child developmental measures (KCF KDC PIPS); Surveys; Parent Interviews; Case Studies etc			

## Appendix J: Statewide Outcomes Summary Version

(Note: to view detail, double click mouse over the document below and adjust size of viewing window)



Note: summary taken from Tasmania's Child and Family Centres Statewide Outcomes Framework, May 2010

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## **Appendix K: Local Outcomes Facilitation Plan**

The following pages contain notes on the facilitation approach taken in developing local outcomes with CFC communities.

# GUIDE TO FACILITATING PLATFORMS WITH A COMMUNITY

## DEVELOPING (LOCAL) OUTCOMES

### FACILITATOR'S NOTES

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#### SESSION OBJECTIVES:

- To increase the Community Group's understanding of outcomes and how they are helpful.
- To increase the Community Group's clarity about what they are aiming to achieve for children and families.
- To commence work on a local outcomes framework.
- To come to an agreed and collective understanding of the above.
- To continue to build and model positive relationships.

#### SESSION CONTEXT:

As a follow on from local conversations about a shared and agreed vision (where are we heading?), outcomes can be viewed as smaller stepping stones that help us on our journey toward our vision.

At this point, communities will have discussed and come to an agreed understanding about how they work together, what an integrated service is and how it might be helpful, why and what sort of change might be required and what has been the story of the community for children and families. In addition, a presentation and discussion may have occurred as part of earlier sessions about what the local data tells us about how children and families are doing, including positives and concerns.

Being mindful of all of the above, a conversation about what it is we want for children and families (i.e. outcomes), can help us be clearer about what's important to make happen and how we might go about it. Outcomes can be viewed as positive results and they can help us to have a focus and stay on track toward achieving our vision.



#### PLANNING

#### CONSIDERATIONS

##### SUGGESTED TIME FRAME:

2 Hours with a follow up

##### PLATFORMS REFERENCES:

Guide to Planning, Implementing and Evaluating a Community Initiative

##### FACILITATOR RESOURCES:

Butchers Paper and Pens

##### MEETING SPACE:

Chairs in a circle without tables

##### HANDOUTS:

Local Data on Outcomes (if appropriate)

Outcomes Framework Template

##### PRIOR TO SESSION ENSURE THAT THE FOLLOWING HAS HAPPENED:

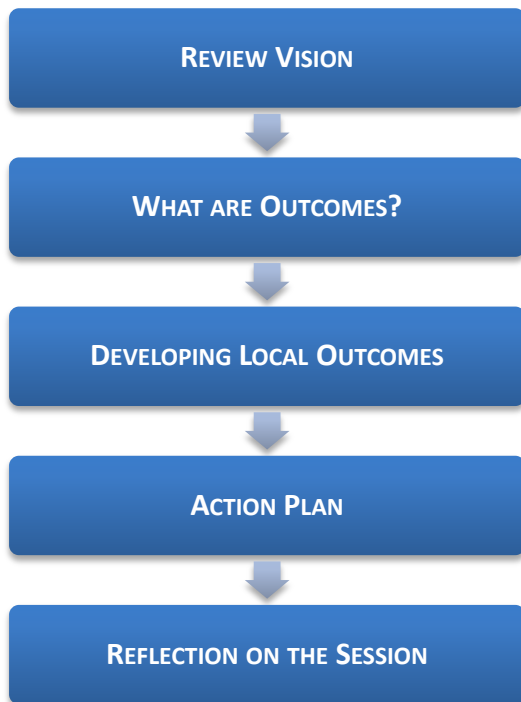
- You have listened to their story.
- Conversation about why change.
- Created your vision.

##### SESSIONS:

*Setting the Scene*  
*Hearing Your Story*  
*Why Change, What to Change & How to Change*  
*Working Together*  
*Creating a Vision*  
*Developing Outcomes*  
*What is Integration?*  
*Integrated Service Delivery*



## SESSION OUTLINE



This discussion about outcomes commences with a consideration of the word 'Outcomes'. Through exploration of the questions "what are outcomes?" and "why have outcomes?", a common community meaning and purpose can be found.

We then explore what it is that we want to happen for children and families in our community and what positive end results we want.

Exploring this together enables a wide section of interest and focus to be viewed and provides an opportunity for seeing common themes, overlap and duplication.

Further clarifying and refining work might be required to draft clear, achievable and agreed outcomes.

## INTRODUCTIONS

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Every session from now on will begin with taking time getting know each other. If this is the first session with a community, please refer to **Setting the Scene at Each Session** for more information on the first meeting.



10 min

As in previous sessions we begin by modelling the importance of building helpful enabling relationships.

If there are new people in the group, welcome them to the group. Take time to introduce them. Taking time to welcome new people is important in modelling the notion of partnership.

### Discussion Guidelines (New Members):

Ask the participants how we can bring new members up to speed about what has happened before.

### Responses may include:

- Give them copy of story so far.
- One person will take on role of welcoming new people and following up.

## Discussion Guidelines (Introductions):

Below are some examples of questions that could be used to help get to know each other:

- Q** *Tell us what you are passionate about?*
- Q** *Tell us something we don't know about you?*
- Q** *Where is your favourite holiday place in Tasmania? (Choose the state you are in?)*

If this is second or third session, you may like to start by asking:

- Q** *How will we do the introductions today?*
- Q** *How are we working together? What is working well? What could we do better?*

After three or four sessions you may like to ask:

- Q** *What have you learned? About yourself? About the process or the journey?*

## AGENDA

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Sharing and negotiating the agenda with the group is another way to involve everyone in the process.



5 min

Resources:

Butcher's Paper

### Discussion Guidelines:

- The agenda for this session is the same as the Session Outline above and should be written on butcher's paper and displayed for the group.
- Explain the time frame and the process for today's workshop and then ask the group the following questions:

**Q** *Is this is okay?*

*We ask this question to be inclusive of all participants, to empower them to make decisions, to prevent facilitators from 'doing to' rather 'doing with' and to make sure everyone is on same page.*

**Q** *Are there any changes?*

*This is a genuine question and there needs to be a pause after asking it so that participants have the chance to think and then reply. If we don't ask this question, we run the risk of not having participants engaged from the very beginning.*

**Q** *Are you happy with the Agenda?*

## WHAT ARE OUTCOMES?

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### Q *What do we mean by the word 'Outcomes'?*

*Outcomes are desired conditions of wellbeing for children, families and communities. Outcomes address the questions: What is it we want for children and their families in our community? What will be the end result? What is the ultimate purpose of the strategy? Why are we doing it?*



30 min

Resources:

Butcher's Paper

### Q *Why bother with 'Outcomes'?*

*Outcomes help us to be clear about what it is that we want. By starting with the end in mind right at the beginning, we can be clearer about what steps and in what direction we go. We can't expect to achieve positive outcomes if we're not clear about the outcomes we are wanting.*

#### Discussion Guidelines:

- The aim of this discussion is to reach a common understanding about the above questions.
- Invite participants to work in pairs consider the above questions for 5 minutes.
- Use butcher's paper to record main feedback points under 'What?' and 'Why?'
- Come back and explore together as a large group.
- Be sure and all this to the story so far.

## DEVELOPING LOCAL OUTCOMES

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### Q *What do we want to happen for children and families?*

### Q *What positive change do we want for children and families?*



50 min

Resources:

Butcher's Paper

#### Discussion Guidelines:

- Invite participants to reflect on their individual and collective knowledge and understanding of the community in which they live and/or work, the vision or dream and what they know about how children and families are going.

- Ask participants to break into mixed groups of around 4 or 5 and have a conversation about what outcomes we want for children and families in this community as a result of this process.
- After about 30 minutes, bring back together as one group to share thoughts and responses.
- Capture on butcher's paper if necessary.
- Capture common themes from all the groups.
- Explain this is the beginning of a body of work. From the outcomes we will need to develop strategies and indicators etc. (the ingredients for a plan.)

## WHERE TO FROM HERE? (ACTION PLAN)

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### Discussion Guidelines:



- *For a sample Action Plan, refer to Appendix 38 in the Guide to Community Engagement. More information can be found in Appendix 41.*
- Ask the working group to document the actions and then address what needs to happen next.
- Strategies to explore "Where to From Here?", could include questions like:
  - Q** *What needs to happen from here?*
  - Q** *What tools do we use for this and how?*
  - Q** *Who will do it?*
  - Q** *What is the time frame?*

## ADDING TO THE STORY SO FAR

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### Discussion Guidelines:



- Remind the group that the work undertaken today is a continuation of a story and needs to be compiled to assist other people who might join the process further down the track to understand what has gone before.
- Invite someone from the group to take away notes / butcher's paper to collate and send out to all group members both those present and absent.
- Ask the working group to document and add to the Story So Far.

## REFLECTION ON THE SESSION

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At the end of every session, it is vital that there is time to reflect on the session. There are three areas to reflect on:

### 1. The Content

What was covered (to find out if the content is appropriate, useful and helpful). If not how could this change?

### 2. The Process

The way the session was run (were participants happy with the small groups work, butchers paper, the facilitators, large group work, introductions). If we don't ask this, we don't know if we need to change. Remember the aim of the facilitator is to DO NO HARM.

### 3. Take Home Messages

What, will participants take home? What have they learned? Have there been any "ah ha" moments?

#### Discussion Guidelines:

- As one group, review what has been covered and the actions agreed upon.
- Ask each participant to comment on the questions below. After each question, give thinking time before eliciting responses. Thinking time makes sure that everyone has time to process the question and consider their response.

**Q** *Was the information covered useful, helpful to the project?*

**Q** *Were you happy with how the session was run?*

**Q** *Is there anything that might need to change in future sessions?*

**Q** *What do you take away from this session?*

## SUGGESTED NEXT SESSION

*What is Integration?*

## REFERENCES

Centre for Community Child Health (2009), *Platforms, A Service Redevelopment Framework; Communities Improving Outcomes for Children*. Centre for Community, Melbourne, Victoria: Centre for Community Child Health, Royal Children's Hospital

Tasmanian Government (2010), *Statewide Outcomes Framework Draft: Child and Family Centre Project*. Available online at:  
<http://www.education.tas.gov.au/childandfamily/plans/framework>

## FACILITATOR GUIDELINES

There are many sources of local data available to help inform a picture of how the community is fairing with regard to outcomes for children and families.

In Tasmania, the Kids Come First report can be accessed through the Tasmanian Early Years Foundation on: <http://www.earlyyears.org.au/>

In other states, you may find the AEDI data helpful. This can be accessed on:  
[http://www.rch.org.au/aedi/index.cfm?doc\\_id=13051](http://www.rch.org.au/aedi/index.cfm?doc_id=13051)

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## **Appendix L: Local Vision and Outcomes**

The following pages contain an outline of the various Visions and Local Outcomes developed in each CFC community

\* final vision and outcomes to be confirmed by communities

	<i>VISION*</i>	<i>OUTCOMES*</i>
<b>BEACONSFIELD</b>	Our children to reach their full potential and achieve optimal health, education and well being	<ul style="list-style-type: none"> <li>• All children have access to early learning opportunities</li> <li>• All children’s overall health and well being is enhanced</li> <li>• All children’s health and development needs are identified early</li> <li>• Parents have skills and knowledge to enhance their family’s lives</li> <li>• Families are engaged and supported by the community</li> <li>• Community partnership approaches are at the centre of planning and governance of the BCFC</li> <li>• Community is well informed regarding children and their ongoing needs</li> <li>• BCFC is established with characteristics of integrated services and operate according to integrated service principles in a harmonious way</li> <li>• Services embrace a partnership approach with families and community</li> </ul>
<b>BREAK ‘O’ DAY</b>	Working together to connect our Break ‘O’ Day community to enhance health, wellbeing, happiness and the future of our children and families	<ul style="list-style-type: none"> <li>• Children and Families have access to a broad range of quality integrated services on a regular basis</li> <li>• Parents are informed about and actively engaged in their child’s learning and development</li> <li>• Children’s health, social and development needs are identified early</li> <li>• The community, through the Child and Family Centre, nurtures the healthy development and education of children and families (revised 8th December 2010)</li> </ul>
<b>BRIDGEWATER</b>	Strong and Proud Place – Caring for our Children and Families	<ul style="list-style-type: none"> <li>• Aboriginal children, families and extended families are connected to their culture, community and country</li> <li>• Children and families are safe and healthy</li> <li>• Children and families access quality learning experiences</li> <li>• Families are confident and supported to make choices</li> <li>• Services are connected and working together with children, families and community</li> </ul>



<b>BURNIE</b>	Child and Family Centre community united in providing the Best Chance for Kids	<ul style="list-style-type: none"> <li>• Our children and their childhood are valued by our community</li> <li>• Our children are born healthy and remain healthy physically, socially and emotionally</li> <li>• Our families are empowered, supported and respected in parenting</li> <li>• The Burnie Child and Family Centre is an integrated and flexible community owned and directed facility that builds on the strengths of our community</li> </ul>
<b>CHIGWELL</b>	Safe, welcoming and caring place for children and families to grow	<ul style="list-style-type: none"> <li>• All children are valued, healthy and safe</li> <li>• All families are connected to their communities</li> <li>• Services work together to support children and families</li> </ul>
<b>CLARENCE PLAINS</b>	Open, proud, self-caring community where people choose to be	<ul style="list-style-type: none"> <li>• Families feel safe</li> <li>• Children and Families are supported to access quality services</li> <li>• Children are healthy</li> <li>• Families are confident to make decisions for the benefit of their children</li> <li>• Children and families are genuinely valued</li> <li>• Staff are approachable flexible and respectful and meet the needs of children and families</li> </ul>
<b>DERWENT VALLEY</b>	Happy, healthy children thriving in our community Nurturing and supporting families	<ul style="list-style-type: none"> <li>• Our community values children and support families</li> <li>• Families, parents and teenagers are informed about choices and parenting</li> <li>• Families have opportunities to participate in learning and education</li> <li>• All families are recognised as important members of our community</li> <li>• Services are approachable, committed and form genuine partnerships with our community</li> </ul>
<b>EAST DEVONPORT</b>	A welcoming place of opportunity; safe and respectful for children and families to play, learn and connect – OUR PLACE.	<ul style="list-style-type: none"> <li>• Children are safe, healthy and confident and actively learn through play and fun</li> <li>• Families are valued, respected and supported in their role as caregivers</li> <li>• Community value ALL Children and Families</li> <li>• Services put Children and Families at the centre of decision making</li> </ul>

<b>GEEVESTON</b>	Our children, our community: welcoming families to grow together	<ul style="list-style-type: none"> <li>• The CFC will provide a safe meeting point where families and children can nurture and connect.</li> <li>• All children and families will have improved capacity to access food, water, shelter and clothing.</li> <li>• All children and families feel that their knowledge, skills, values and culture are welcomed and respected at the Geeveston CFC</li> <li>• The CFC will work in partnership and increase opportunities for all children and families to access quality health and educational programs</li> <li>• The Geeveston CFC will be a responsive and adaptable community organisation</li> </ul>
<b>GEORGE TOWN</b>	Our place is welcoming. We are passionate about making life the best for each and every child. Everyone will be accepted, honoured and respected in a supportive, friendly environment.	<ul style="list-style-type: none"> <li>• Every child reach their full potential</li> <li>• Community support families and value childhood</li> <li>• services are relevant, flexible and responsive</li> <li>• Parents, services and community share understanding and work towards the CFC vision</li> </ul>
<b>QUEENSTOWN</b>	Our community actively supporting families to raise happy, healthy and confident children	Draft Outcomes Pending
<b>RAVENSWOOD</b>	The child and family centre will ensure that all children and their carers are cherished, nurtured and will always remain at the centre of decision making	<ul style="list-style-type: none"> <li>• Parents and carers have opportunities for learning</li> <li>• Parents and carers are confident to have their say and are heard</li> <li>• Children have opportunities for learning, fun and social interaction</li> <li>• Children are healthy emotionally and physically</li> <li>• Services listen to community so that real community needs are taken on board, fulfilled and respected</li> </ul>

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## **Appendix M: Example of Expanded Outcome**

The following page provides an example of an expanded outcome that was developed in the Derwent Valley CFC community.

**OUTCOMES****(WHAT WE WANT TO ACHIEVE)**Outcome 2

**Families, Parents, Young People and Teenagers are informed about Parenting and Life Choices (ownership, goals, hopes and dreams)**

**OBJECTIVES****(WHAT WE WANT TO TARGET)**Objective 1

To increase the number of parents/caregivers and young people who feel more informed and connected

Objective 2

To lessen the number of teenage pregnancies

**STRATEGIES****(HOW WE ARE GOING TO DO IT - BROADLY)**

- Build relationships and confidence
- Create opportunities for family connections
- Strengthen teenage networks
- Establish connections with relevant services eg. Brave Foundation, Family Planning Tasmania (FPT), Department of Education (DoE), Department of Health and Human Services (DHHS), Claremont College, etc
- Provide a web of knowledge and support (1 stop shop : no wrong door)

**ACTIVITIES****HOW WE ARE GOING TO DO IT – SPECIFICALLY**

- Organise Brave Foundation to present to a parent/community workshop once in 2012
- Arrange for Brave Foundation to deliver their programs to New Norfolk High School and Glenora District High School
- Commence FPT community education programs based at New Norfolk starting 2012
- FPT deliver relationships and sexuality education programs to New Norfolk High School, Glenora District High School and feeder primary schools starting in 2012
- FPT deliver health promotion activities at health and wellbeing events in the Derwent Valley starting in 2012
- FPT to employ a Community Engagement Officer for the Derwent Valley to assist with the development of a Local Area Action Plan, to provide organisations with information about programs for young people to assist with the reduction of teen pregnancies, deliver peer education programs to young people, engage other agencies to take on programs eg. mentoring, etc, and provide professional development for health and youth workers (subject to TCF funding)
- FPT to provide IUD and Implanon training for GPs in the Derwent Valley (subject to TCF funding)
- Commence FPT clinic from CFC starting 2012
- Present at each local school and also colleges where Derwent Valley students travel eg. Claremont College, Elizabeth College once per year to inform about the CFC and programs
- Establish CFC Facebook and Twitter and link with other sites in 2012
- Utilise and connect with existing youth networks eg. Council, Non Government Organisations (NGOs) such as Salvation Army, school chaplains, etc

**IMPACT INDICATORS****(HOW WE KNOW WE ARE MAKING A DIFFERENCE AND MOVING TOWARD OUR OUTCOME?)**

- % teenagers, parents and families who report being more informed and connected (eg. feedback/survey)
- Services/youth reporting more collaborative network approach between youth and linked service providers
- Long term reduction of teenage pregnancies – evidence through Kids Come First and Australian Bureau of Statistics data
- 

**PROCESS INDICATORS****(HOW WE KNOW WE ARE DOING WHAT WE PLANNED AND IN A QUALITY WAY)**

- Parent/community workshop held
- Workshops delivered
- Community education programs commenced
- FPT clinic operational
- Presentations held
- Facebook and Twitter online
- Parents/participants report satisfaction with activities/workshops (ie. build question into feedback programs, suggestion box, face to face and on line)
-

## Appendix N: Initial CFC Community Visit Summary

### Tasmania's Child and Family Centres Initiative Action Research Project

#### Summary points arising from introductory visit to CFC communities

##### Introduction

As part of the action research project, twelve Child and Family Centre communities were visited during April and May 2010. The purpose of these visits was to:

- introduce myself and the action research project;
- familiarise myself with community settings; and
- receive feedback regarding progress and issues to date.

The schedule of visits are outlined below in table 1

<b>Date</b>	<b>CFC</b>	<b>Person(role)</b>
Fri 16/April	Chigwell	Sarafino Enadio(SICLO) Doreen (LEG member – Coord. Community House)
Fri 16/4	Clarence Plains	Ian Brown(SICLO)
Mon 19/4	Queenstown	Fiona Hales (SICLO) David Cashion(LEG chair)
Tues 20/4	Burnie	Kellie Anderson(SICLO) Leanne Raw(LEG chair)
Tues 20/4	E. Devonport	LEG meeting, chaired by Bruce Cameron Jake Jacobson(SICLO)
Tues 20/4	Beaconsfield	Heather Green(SICLO) Peter Fraser(LEG chair)
Fri 23/4	George Town	Barbara Parker(SICLO)

		Ann Cameron(LEG member)
Fri 23/4	St Helens	Jo Long(SICLO)
Mon 26/4	Derwent Valley	Katrina Higgins(SICLO)
Fri 30/4	Ravenswood	Lynn Wylie-Watson(LEG member)  Lynette Burr & Angela(Neighbourhood House workers & LEG members)  Mick Davey(school principal & LEG member)
Fri 30/4	George Town	Stephen Murray(LEG chair - DoE)
Fri 30/4	St Helens  Ravenswood  Beaconsfield	Mike Willie(LEG chair – DHHS)
Tues 4 May	Bridgewater	Cheryl Caulfield(CFC team)
Wed 5/5	Geeveston	Nel Walton(SICLO)  Anna Jones(CFC team)

The following are a collection of summary points and direct quotes resulting from interviews with Social Inclusion Workers, Local Enabling Group (LEG) chairpersons and some community members involved with Child and Family Centres. All points derive from people interviewed, although where appropriate they have been summarised. No interviewer comments or observations are included. Quotation marks will generally not be used in this summary.

## **1. *ENGAGEMENT AND CONSULTATIONS – communities having their say***

### ***Community consultations can be improved:***

- During local conversations there have been some tensions with what local people believe 'higher government' want;
- Previously we have been done to and not worked with – therefore a massive shift for community in accepting a new approach;
- People are sceptical of government;
- What sort of support do community members need in order to participate?;
- Recently spoke with a mother of 11 children who said, 'They don't want to hear what I've got to say...';
- Marginalised, isolated families are a priority for engagement;
- Consulting/talking with children re the CFC;
- They are doing something else to us (some responses following initial announcement);
- Some confusion because community had been focussed on one issue (e.g. youth engagement), then announcement on CFC, causing sudden shift in focus;
- Some communities are sick of responses that are reactive;
- We had no say in choosing the architect;
- No respect for introductory processes – sometimes community development is missing;
- Some community members feel they have been 'consulted to death' – causes some stress on current relationships with community/family/parents – these relationships have taken years to develop; and
- Community can sniff 'bullshit'.

### ***Some service delivery issues:***

- Connecting with existing programs and services important;
- Service delivery = outsiders come and things get done to locals/community – then they leave;
- Locals often don't know what services exist and when they operate;
- The first question new teachers get asked is, 'How long are you here for?'; and

- Many services are funded to service our community, however they are not really present;
- Launch into Learning and Playgroups important contact points with parents/families;
- Integrated services – concerns about how difficult it will be to merge data and information;
- Some tensions between focus of The Link vs. focus of CFC – project milestones around infrastructure vs. focus on people and better service integration;
- Integration can't just happen – processes have to be gone through;
- Some concerns about some ancillary services moving from hospital to CFC;
- How to get the best CFC for our community; what should we leave standing? What should we give up? and
- Integration in the sense of utilising existing services – don't want to reinvent what services already do.

***It can be difficult for families to participate:***

- Community members have to know and feel 'safe' about participating and talking;
- In small communities judgements are easily made – teenage pregnancy;
- We are dealing with some vulnerable communities – low on confidence;
- How do families/parents participate in processes dominated by paid workers?;
- Parents and families can be easily intimidated; and
- Parents want places where they can just drop in with their children.

***Other:***

- Context of school mergers relevant to some communities – Dept of Education involvement in both this and CFC processes noted by some - has had some effect on community perceptions;
- Initial work for SICLOs has been to boost family/community participation on LEGs;
- There is still a long way to go;
- Trust and relationships;
- Have stuck at it – keeping the community benefits as a focus;
- People are really honest, open with their feedback – but cynical about 'white elephant'; and
- Risk in getting it too wrong – further disengaging the disengaged.



## **2. COMMUNICATIONS – spreading the word on CFCs**

### ***What has worked?***

- Community surveys have been used to find out what local people are thinking and feeling about the proposed CFC;
- Schools have been including information and surveys in school newsletters;
- Articles in local newspapers;
- CFC community barbeques;
- Without some tangible progress, community excitement dissipates; and
- Keeping it (the CFC) alive; so often dreams are squashed.

### ***What are important community/service contact points?***

- Community/Neighbourhood Houses a key contact point for reaching communities;
- Parents often mention Child Health and Parenting & Launch into Learning as important services; and
- Important to make contact with parents not involved with existing Launch into Learning programs.

### ***What are some important SICLO roles?***

- SICLOs have an important role to bring people together through supporting existing community structures and processes; and
- One aim for SICLOs is to grow a sense of ownership and belonging to CFC – very difficult.

### ***Other:***

- There is genuine excitement and interest in the CFC;
- Relationship building and empathy very important;
- About 90% have heard of the CFC; about 10% know what it's about; and
- Inter-agency issues need to be sorted as part of better integration.

### **3. LOCAL ENABLING GROUPS –meeting community**

#### **What is working?**

- LEGs are changing – community participation is increasing;
- At first the focus of LEGs was on site and building – huge pre-Christmas pressure to get this progressed - this has now eased a little; and
- Relationships.

#### **What are the challenges?**

- Changing personnel on LEGs has had a impact – relationship building;
- Concept and role of community co-chair has been talked about, however in most cases this requires support for mentoring such a role and person;
- LEGS have been service provider-centric;
- Conscious of paid vs. parent positions on LEG;
- Negativity at these meetings can be difficult;
- Timelines unrealistic following initial announcement – some processes disjointed and unclear;
- Parents don't work in formal groups – creates issues around LEG format;
- Perception that parent group outside LEG meeting receive a top down approach;
- Current LEG processes exclusive to parent/community input;
- Prefer title of Community Engagement Group; and
- Childcare for parents invited to participate in LEGs not always available – this affects participation.

#### **4. VISION AND PLANNING – towards the dream**

##### ***What are the positives?***

- Relationships;
- State LEG Forum important impetus – also Margy Whalley and Bijou Blik;
- Village concept - CFC = the village well; CFC = tools for families' tool bag;
- The central site will bring the community together;
- We have come a long way;
- In the early days Councillors did not think it (the CFC) would happen - now they are supportive;
- Adult learning as part of CFCs;
- Hub & spoke model – where CFC has both a core or hub and outreach and connections with existing services in community; and
- Parents want a place that is 'safe'.

##### ***What are the challenges?***

- Re the CFC – "is it going to be closed on weekends? What about school holidays?
- Parents/residents often ask, *Do you think it will really happen?*;
- Ongoing operational funding is not known?;
- Promotion and marketing of CFCs and SICLOs needed – there is no common letterhead for CFCs;
- We need a childcare budget for assisting parents to participate;
- Catering for children and families with disabilities;
- If children are happy to enter CFC, then parents will be less anxious and wanting to enter as well;
- Viewing CFC and its entrance from child's perspective
- How do we know what services are going to meet the needs of families and children in our community?;
- Values and judgements – how do we manage smokers?;
- Site decisions were made very quickly;
- Isolation and transport are big issues;
- Would have liked more fanfare from the State Government about CFCs – many people on the ground are not aware of CFC;
- Top-down process of developing draft Statewide Outcomes Framework; and
- Childcare critical to meeting parents' needs.

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## **Appendix O: Statewide Survey - Value of Key Inputs**

The following figures provide statewide survey data to accompany discussion of the value of support provided to CFC communities (see Part A - 4.1.1). For each of the key input areas, there are two figures showing data for how well work was done and the difference made. In addition there is a summary of comments made by respondents for each set of statements

A copy of the Statewide Survey is provided in the following pages.

## Introduction

The Action Research Project is interested in your thoughts about key parts of the Child and Family Centres (CFC) project.

These key parts include:

- \* Statewide Project Team
- \* Learning and Development Strategy
- \* Local Enabling Groups (or Advisory Boards)
- \* Community Inclusion Workers (formally SICLOs), and
- \* Action Research Project

The following survey seeks your thoughts about HOW WELL these key parts of the CFC have done what they said they would do, and WHAT DIFFERENCE this has made.

Your participation is greatly valued. The learning we gain from what we do now and in the past will help us to plan and change what we do in the future so that better results or outcomes are achieved for children and families.

Please allow approximately 15 minutes to complete the survey.

### **\*1. Which of the following best describe your role in the Child and Family Centre community?**

- Parent/Community Member
- Community Inclusion Worker
- CFC Centre Leader
- Services worker(government)
- Services worker (non-government)
- Services Manager/Coordinator(government)
- Services Manager/Coordinator(non-government)
- Chairperson(of Local Enabling Group or Advisory Board)
- Co-Chairperson(as above)
- Other (please specify)

## Statewide Project Team

The Statewide Project Team's main role is to give overall leadership and guidance across the Child and Family Centre (CFC) project. The Statewide Project Team do this through encouraging and supporting shared leadership, building local skills and knowledge, communicating effectively, and helping change to happen.

### \*2. Please indicate to what extent you agree with the following statements regarding the work that the Statewide Project Team has done.

The Project Team encourage a shared leadership approach that supports all parts of the Child and Family Project to be involved in planning and decision-making.

The Project Team invests in the strength of the community through building confidence, increasing knowledge and improving skills that result in increased community participation, empowerment and ownership.

The Project Team works to ensure clear, open communications occur across the CFC project, including Local Enabling Groups, services and other community representatives, so that helpful information is shared across and within CFC communities.

The Project Team supports CFC communities, including parents and services to discuss change and consider doing things differently in the interests of better outcomes for children and families.

Please comment on how well the Statewide Project Team has undertaken their work.

### \*3. Please indicate to what extent you agree with the following statements regarding the difference that the Statewide Project Team has made.

I believe parents and community members are more supported to be involved in the planning and decision-making regarding the CFC, as a result of work done by the Statewide Project Team.

I feel the CFC community is more confident, informed and empowered as a result of work done by the Statewide Project Team.

I now feel information is shared effectively between the CFC community and other parts of the project in ways that are helpful, as a result of work done by the Statewide Project Team.

I believe the CFC community is open to change and prepared to do things differently for the benefit of our children and families, as a result of work done by the Statewide Project Team.

Please comment on the difference the Statewide Project Team has made.

## Learning and Development Strategy

The Learning and Development Strategy's main role is to highlight and support change across the Child and Family Centre(CFC) project.

Learning and Development do this through encouraging respectful and genuine participation by parents, community, services and other key parts of the CFC project; facilitating discussion to support agreed understanding and new knowledge; and the improvement of skills.

### **\*4. Please indicate to what extent you agree with the following statements regarding the work that Learning and Development has done.**

Learning and Development model a way of meeting together that helps everyone to participate, their views to be valued and relationships to be strengthened.

Learning and Development create opportunities to identify new knowledge and improve skills in a way that is responsive to community needs.

Learning and Development model an approach to change that is respectful and inclusive of all, including parents, community members and service providers.

Please comment on how well the Learning and Development Strategy has undertaken their work.

### **\*5. Please indicate to what extent you agree with the following statements regarding the difference that Learning and Development has made.**

I feel the CFC community is more skilled in engaging and building relationships with children, parents, community members and service providers, as a result of work done by the Learning and Development Strategy.

I now feel parents and community members are more confident to participate in the CFC project, as a result of work done by the Learning and Development Strategy.

I feel that our CFC community sees the value in the Learning and Development approach to community planning and decision-making, as result of work done by the Learning and Development Strategy.

Please comment on the difference the Learning and Development Strategy has made.

## Other Parts of the Child and Family Centres Project

Other key parts of the Child and Family Centres project are:

- \* Local Enabling Groups or Advisory Boards
- \* Community Inclusion Workers (formally SICLOs)
- \* Action Research Project

### \*6. Please indicate to what extent you agree with the following statements regarding the work these other parts of the Child and Family Centres project have done.

The CFC Local Enabling Group (or Advisory Board) bring together parents, community members and services to build relationships that help plan, monitor and make decisions about the CFC.

The Community Inclusion Worker (formally SICLO) connect, organise and support the CFC community so that parents, community members and services are involved and informed about the CFC.

The Action Research Project models a way to identify results or outcomes we want for children and families and how we might measure our progress toward these outcomes.

The Action Research Project helps us to reflect on what we are doing by sharing the learning from all Child and Family Centres.

Please comment on how well any of the above have undertaken their work.

### \*7. Please indicate to what extent you agree with the following statements regarding the difference these other parts of the Child and Family Centres project have made.

I feel the CFC community is more informed, involved and has more ownership of decisions as a result of work done by the Local Enabling Group (or Advisory Board).

I believe parents, community members and services feel more supported, informed and confident to be involved in CFC planning and decisions as a result of work done by the Community Inclusion Worker.

I now feel clearer about the results or outcomes we want for our children and families and how we might start to measure progress toward these outcomes, as a result of work done by the Action Research Project.

I now have more understanding about what has worked well and what some of the challenges are across all Child and Family Centre communities, as a result of work done by the Action Research Project.

Please comment on the difference any of the above have made.



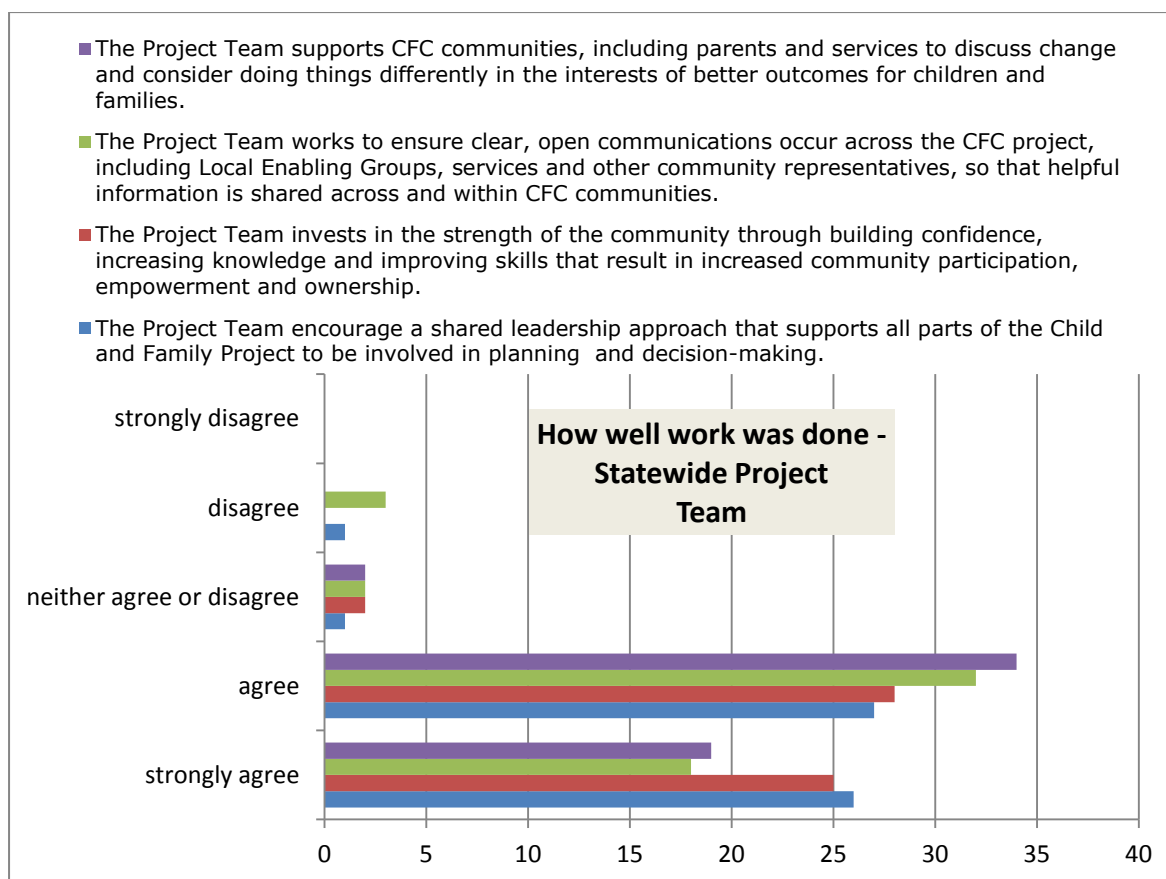
**8. Please make additional comments about the work done and the difference made by any of the CFC project parts.**



Thank you for completing this survey.

Information gathered here will assist us to better understand what has been helpful, as Child and Family Centres are established in Tasmania.

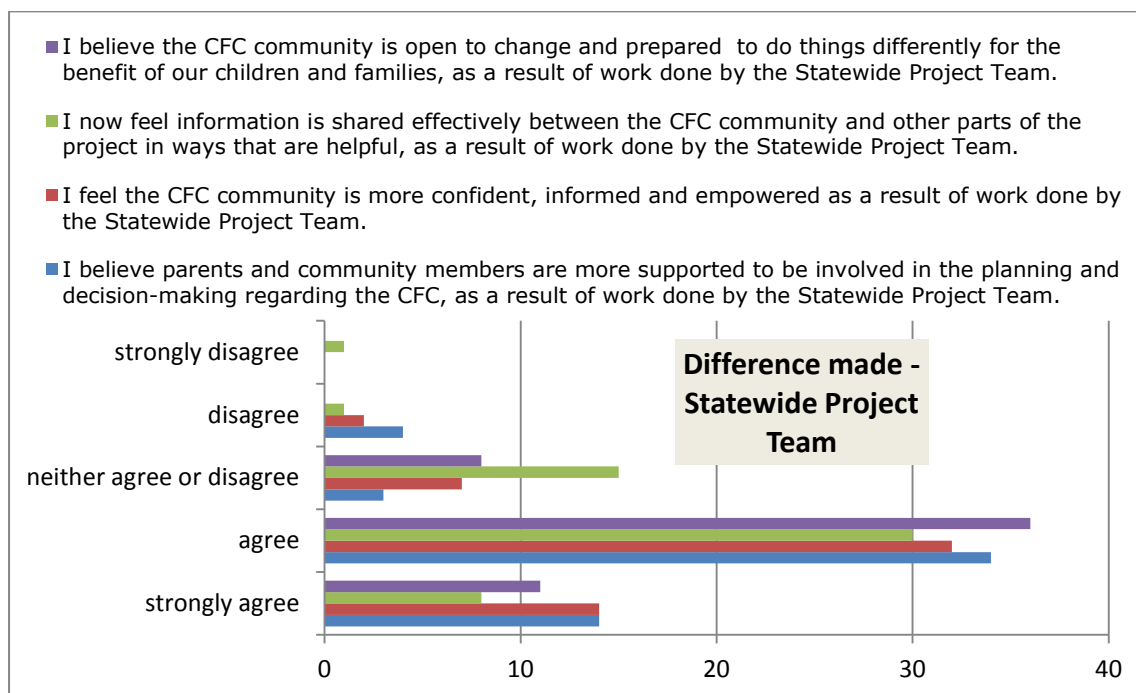
**Figure 1** How well was work done - Statewide Project Team (n=55)



### Summary of Comments

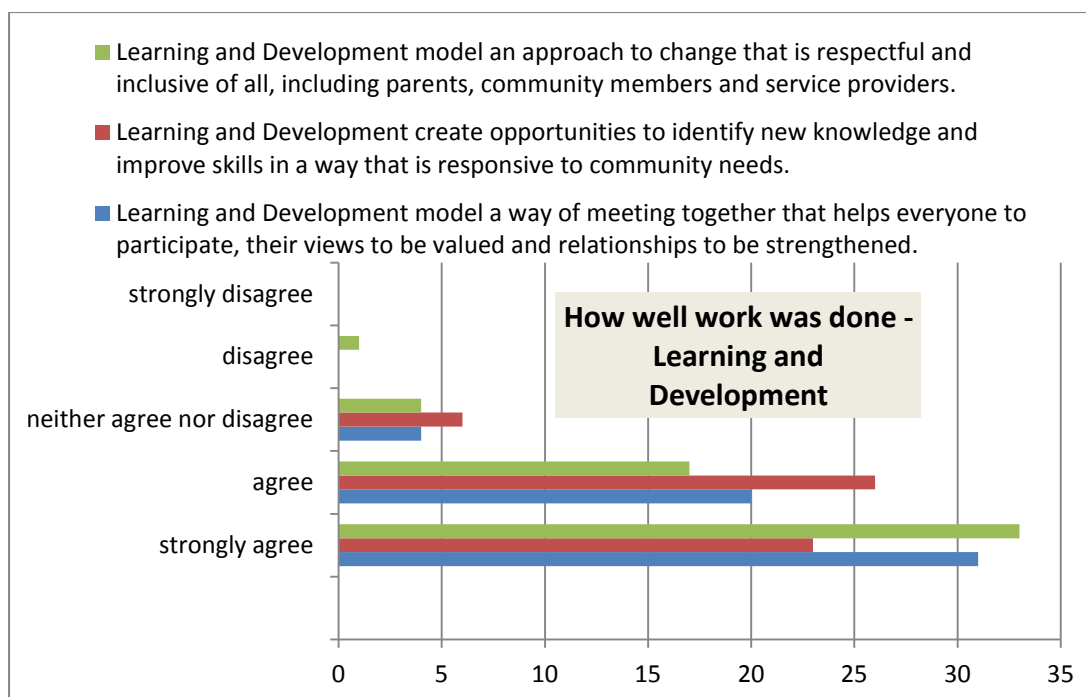
- The Project Team do a fantastic job developing and supporting each CFC community
- The Statewide Project Team has been very strongly supportive and patient with the LEG. Our :LEG has had a number of stops and starts and our experience with the project team is really just commencing.
- They have been accessible, willing to help and facilitated many good training opportunities, discussions and the flow of information
- Reasonably well but have limited resources. Suspect some CFCs have had more support than others due to geographical constraints (e.g. Queenstown less easy to visit) and enthusiasm of individual CIWs
- Community participation has been increased due to the work done on a local level by the relationships local staff have built with the community.
- The Statewide Project Team has been enthusiastic and energetic in providing positives for this project
- Inclusive, great information sharing and a variety of methods to capture community opinion
- Well done with extremely limited resources for such a big culture change that needs to be understood and enacted upon across all disciplines of state government for starters.
- I am happy with their current commitment with the community, however, more participation in the community activity is require of the team

**Figure 2**      **Difference made - Statewide Project Team (n=55)**



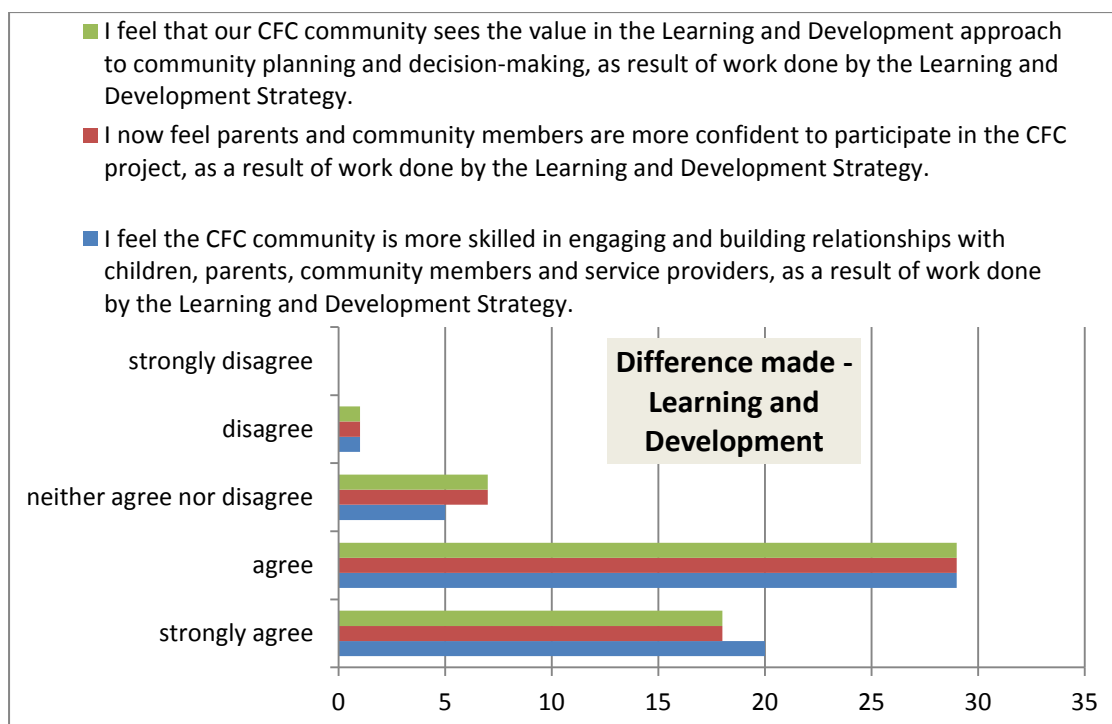
### Summary of Comments

- Given us hope that all the great local ideas are OK and may eventually come to fruition.
- They have made a difference by allowing parents have a say and participate in the development of CFC
- Again I believe parents feel empowered because of the support received on a local level not because of the statewide project.
- They seem calm and in control of it all; they are well ordered and organised and willing to handle questions and listen - as well as encourage questioning.
- The statewide project team has been able to introduce new thinking and new ideas whilst still showing a great deal of respect for those they work with
- The statewide team has bought structure and clarity to our CFC community.
- The ideas of working with community and the services is the positive differences they have made.
- Community involvement has been well nurtured and supported.
- Hard to distinguish between the Project Team and Learning and Development

**Figure 3** How well was work done - Learning and Development Strategy (n=55)

#### Summary of Comments

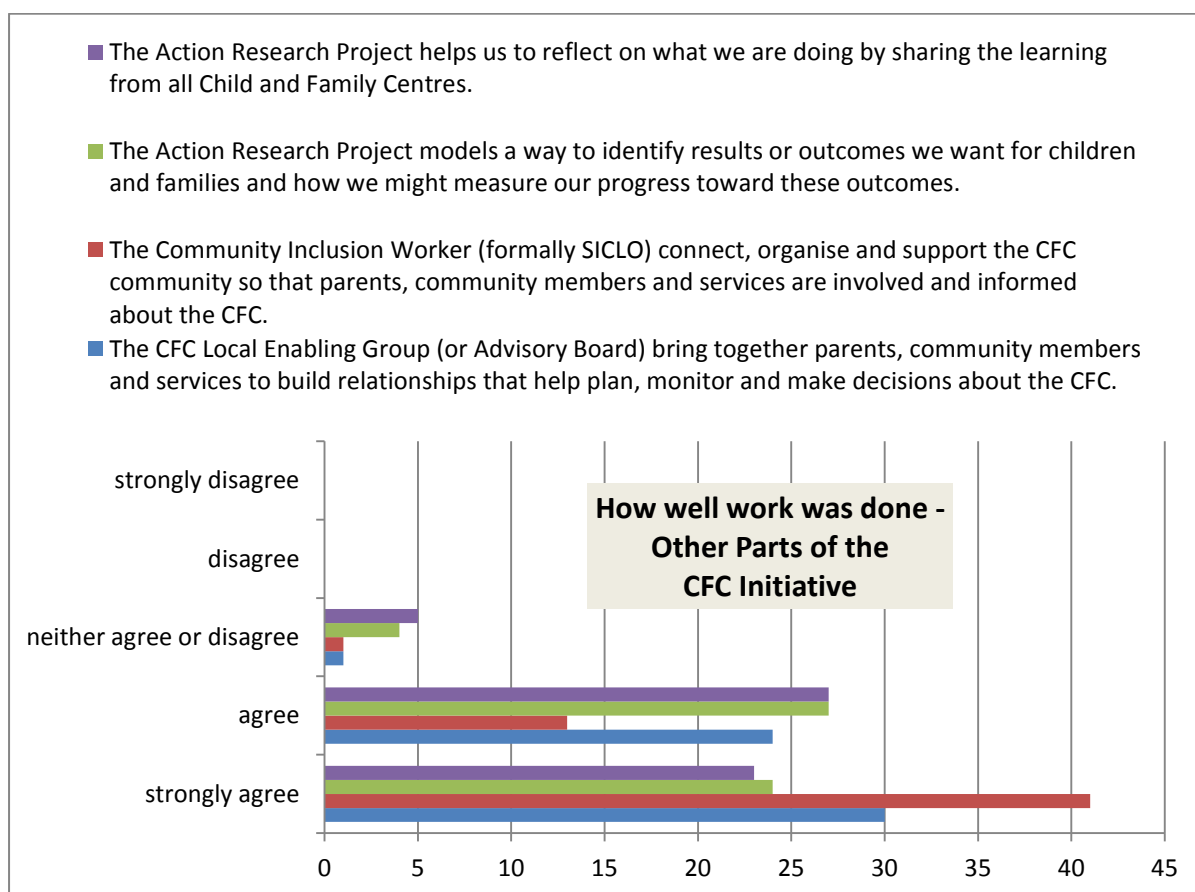
- Learning and Development Strategy has been pivotal in the change and doing things differently that has happened in the CFC
- Extremely well; believe we have a special cohesive approach to CFC development as a result
- It has given a powerful voice to people who had never been directly consulted as to what they really want their community to be and how they can contribute to achieving it
- Sometimes I feel that there is too much happening in the sessions and it becomes confusing
- The Learning and Development sessions in my community have been very positive experiences for all involved. All participants have expressed that they feel valued and respected, and that what they say is important. This has encouraged them to continue attending the sessions.
- Seems to take quite a while to achieve things, due to the nature of co-construction
- The Learning and Development strategy at times seems to move very slowly bit it does allow people the time they need to develop
- Learning and Development team are to be congratulated for introducing a new meeting culture. The open circle works a treat and so does the ice breakers and reflection at the end.
- At times the L&D team seem to have an agenda and while being respectful try to get people to go in this direction, don't know if this is really responsive to community need
- Brilliantly! Members of my community were chatting about this the other day and agree that they have empowered us and got us achieving things we didn't think we were capable of. Our community bonds are stronger too as a result

**Figure 4** Difference made - Learning and Development Strategy (n=55)

### Summary of Comments

- Our community is more respectful and inclusive on a whole
- It has adroitly steered us and helped us focus and think about what we really need/desire for our community. By doing so it has also increased our confidence and motivation and we feel 'ownership' and an equal partner in the project
- I'm not convinced that the CFC community see the L&D team as valued in their community planning approach. Again I think the parents and community see the value of the people based in their community working daily with them like the CIWs have been doing. Whether the true value is from other areas I think community members would identify the CIWs at this stage as the people who have made a difference to their learning and confidence
- Community members are far more confident now to participate in meetings and make decisions
- Provided necessary tools and great people who genuinely care about identifying needs, implementing strategies and achieving outcomes
- For those who do participate, it has made a difference, but our numbers are not big
- The L and D workshops have given a place for community to share skills and learn and develop new ones which have empowered community members and supported them feeling comfortable in sharing thoughts and values with services providers and other members of the CFC
- Assisted those of us 'on the ground' to appreciate more fully the 'worth' of all and how different members can contribute
- It has shown that everybody can be of value and that it is only a matter of giving people the space and context to express it. It has provided an astonishing education process for the community about self-empowerment and self-efficacy
- L&D has made a huge difference

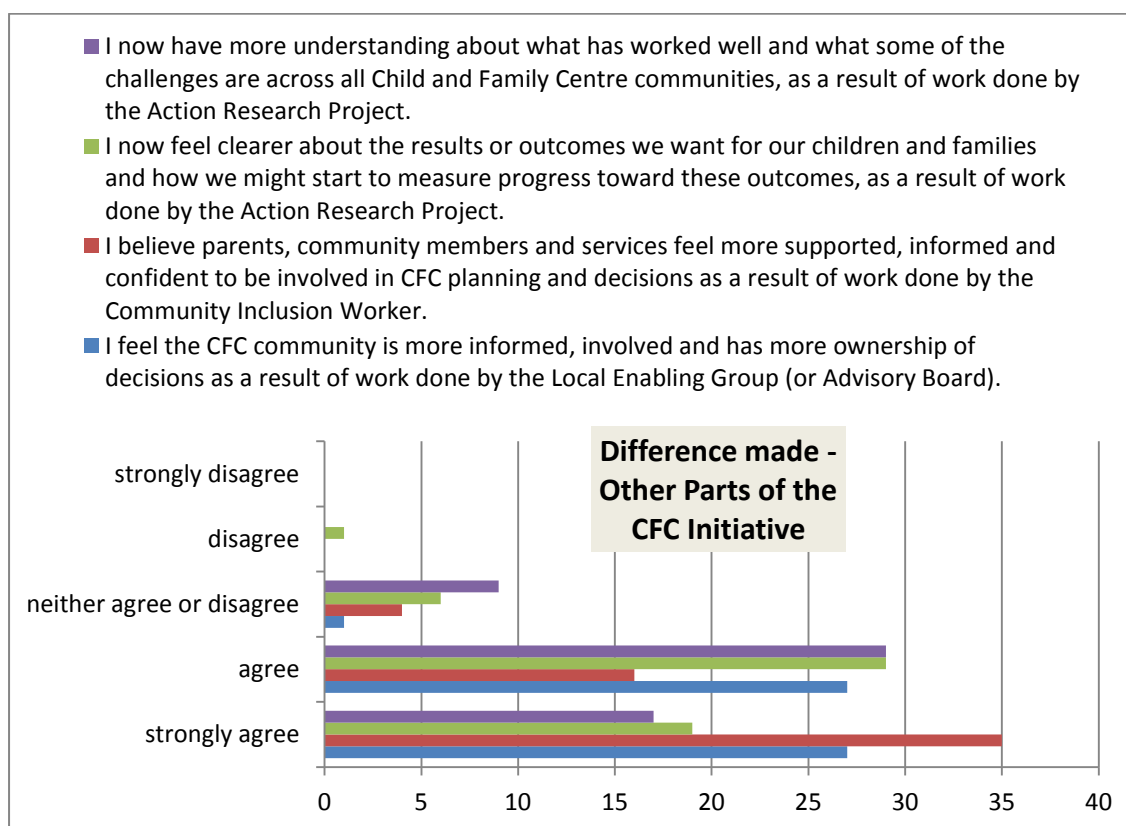
**Figure 5** How well was work done – Local Enabling Groups, Community Inclusion Workers and Action Research Project (n=55)



#### Summary of Comments

- The LEG concept has been fantastic - community members definitely feel they are driving this project in partnership with service providers
- Excellent job, particularly CIW
- LEG, CIW and action research are vital parts of engaging on the local level
- Our CIW has worked hard to share her passion for the CFC with others, and is quite strategic in the way she goes about her work.
- The LEG, SICLO and Action Research elements are the connecting rods for this project
- the community inclusion worker has worked with parents, children and the community and as achieved a high rate of parents being involved in the leg group
- I am proud to be a part of our LEG and we are privileged to have a Centre Leader and CIW that are both wonderful communicators and motivators. There is a strong respect for everybody and it is exciting to be a part of. The structure of the CFC project allows us to set goals, discuss and review so it helps keep us on track. We can learn much from the other CFCs in the State, be inspired by their achievements and draw on their strengths
- We have been extremely lucky to have such a fantastic, dedicated and motivated CIW in our community, without her help this community would still be divided, and I doubt whether this project would have been such a big success to this date
- Action research has given tools to look at where we are (base line) and where we should be heading and how to monitor change

**Figure 6**      **Difference made – Local Enabling Groups, Community Inclusion Workers and Action Research Project (n=55)**



#### Summary of Comments

- Centre Leader, CIW and Leg meetings have successfully united the community; made us feel fully involved and generated an excitement and sense of purpose. This truly is our CFC for our local families
- I think the formation of the LEG has allowed a broad cross-section of the community to be heard and validated
- The Community Inclusion Worker is the person who has provided the community support and has worked so hard to make sure that the CFC will be successful
- Action Research has been a primary driver in the development and thinking around where we need to head as a community with the improvement of outcomes
- People in the community will never step back now into the passive, dependent role forced on them in the past. They have learned how to ask for what they need and want and how to work together to achieve it
- Great stuff - we're all on a journey together

#### Other general comments included:

- Although we have not yet got a building there are so many programs up and running that have enriched the community and create friendships. This is through the relentless hard work of our CFC Leader and CIW and their work in encouraging community members to get involved. It is rewarding, fun and vital for the families here and I feel confident that the CFC will enrich our lives for the years to come and make a real positive difference
- My involvement with the CFC has given me confidence and opportunities through training to assist in making a difference to the CFC. I feel that I am treated as an equal at each and every

meeting held and strongly agree that our Community Inclusion Worker has done a fantastic job with involving myself and other community members in this project therefore giving us ownership and a sense of knowing that the centre will be a great asset to our area

- There is still a lot of work to be done to help people see where they fit within the CFC community and the decision making process. The shift has started and it will need to be built on by the Community inclusion Workers and the Centre Leaders working on the ground in the local areas. Statewide communication requires a great deal more work and the project needs further resources to try and build and improve
- The L&D and Action research elements have provided invaluable support to all CIWs who for a long time worked alone and sometimes in difficult circumstances
- I feel like our leg group and community have had the opportunity to voice their ideas/concerns throughout the entire process. Meeting monthly has enabled people to be updated on what has been happening
- There is a sense of hope that had not been felt for a long time if ever at all. It feels as if people were waiting for a bumper crop to mature well knowing that they were instrumental in creating the perfect conditions for this to happen, whilst also knowing that they are all going to share its benefits
- Can already see a difference in the community in general