

**Child and family centres - how effective?**

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**Overview**

- Rationales for family services integration
- Key elements of service integration
- Policy context of family services integration
- The Family Zone Hub evaluation
- Some key findings
- Stories from other Communities for Children sites

**Rationales : Service Efficiency**

Epidemiologists have found increases in social and health problems (eg. asthma, obesity, diabetes, child abuse, binge-drinking, drug abuse and mental illness)

- Pressure to increase efficiency to minimise government expenditure on disease prevention.



**Rationales: 'joined-up' services**

Social and health problems are now seen as interrelated.

- Need policy responses to link social, educational and health service "silos" to provide more cohesive support



**Rationales 'Early Intervention'**

Poor physical and mental health, compromised capacity to learn and antisocial behaviour become recognised as originating in adverse environments in early childhood.



- Move to an "investing in children model" where children's wellbeing and development are seen as 'everybody's business'.

**Rationales : Family Context**

Recognition that the family context is a critical element of the early childhood environment.

- Move towards services to support effective parenting, family functioning and wellbeing, rather than services only for children.



### **Rationales : Optimising Access**

More mothers of young children in the workforce.

+

Access issues for many families



- Recognition of the need for 'one stop shop' services (child care, education, social and health services in one location) from conception through early years of school.

### **Key elements: Policy & Funding Rules**

The centre manages the “multilayered policy landscape” to meet the needs of the children and families in *its community*.

- discussions to develop shared understandings between professional staff and families (effectiveness requires continuity of staff and families)
- Staff engage in creative non compliance

### **Key elements : Leadership in multi-service sites**

The centre manages multiple programs within complex sets of regulations using funding from multiple sources, and attending to multiple lines of accountability to meet the needs of the children and families in its community.

- Creative, well informed, organised leadership with strong, persuasively communicated vision
- Relationships and continuity

### **Key elements : Shared Professional Understandings**

Service providers are better informed about each others' roles and constraints, and engage in more shared planning, budgets and program delivery.

- Shared vision
- Open communication
- Trust, goodwill and professional respect

### **Key elements: Community Access**

Programs are more accessible and responsive to the needs of *all* parents' and children in the wider community than before integration.

- Put needs of children and families in the wider community at the *centre* of decisions about program provision & the model of integration used.
- Provide *quality* programs

### **Key elements: Co-ordinated Action**

Problems (eg. impending homelessness, mental or physical illness, children's development) are identified and cohesively addressed earlier than before integration.

- Each service needs to be high quality
- Communication and coordination between services

### Key elements : Involving Families

- Increasing family participation in early childhood care and education services
- Parents and services work in partnership to improve children’s wellbeing, learning and development.
  - The roles and functioning of centres are determined through families’ role in governance.

### Key elements : Holistic Benefits

- Improved child development in the wider community than before integration
- Quality programs for children  
*linked with*
  - Programs to support happier, more effective parenting.

### Policy Contexts of Service Integration

- FaHCSIA Family Support Program including Communities for Children
- COAG Agenda Early Years Learning Framework
- National Framework for Protect Australia’s Children 2009-2020
- SA Integrated DECS ‘Children’s Centres’ – child-care, pre-school, child health nurses, specialist para-health services eg speech pathology and adult education.

**Communities for Children** aims to deliver positive and sustainable outcomes for at risk children and families in disadvantaged sites throughout Australia through:

#### Healthy Young Families and Learning and Care

- Improved ante-natal and post-natal health, child physical health and development, child cognitive development and competence, child social/ emotional development



#### Supporting Families and Parents

- Strong parent/child relationships
- Improved parenting competence and style
- Improved family resources and capacity including gaining employment
- increased knowledge and skills related to family functioning, family safety or child development
- maintaining improved family relationships

#### Child Friendly Communities and Reducing Disadvantage through Social Inclusion

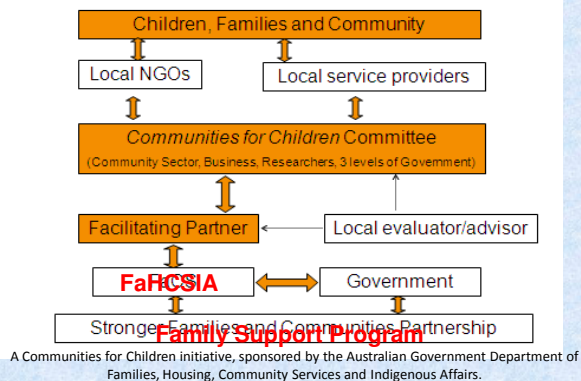
- Communities inclusive of all families and cultures
- Reducing disadvantage – improved access to health, education and other services
- Increasing social, civic and economic participation through provision of skills and support leading to improved connection to community
- Improved community interest and capacity to own & respond to early childhood issues, and issues that relate to families and communities
- Community members, its facilities and institutions work together to improve early childhood and children’s health, development and well-being

#### Family and Children’s services Work Effectively as a System

- Improved coordination of services and institutions to support the improvement in early childhood health, development and well-being and implementation of social inclusion priorities



### The Communities for Children Model



## Professional Intersections

### Services

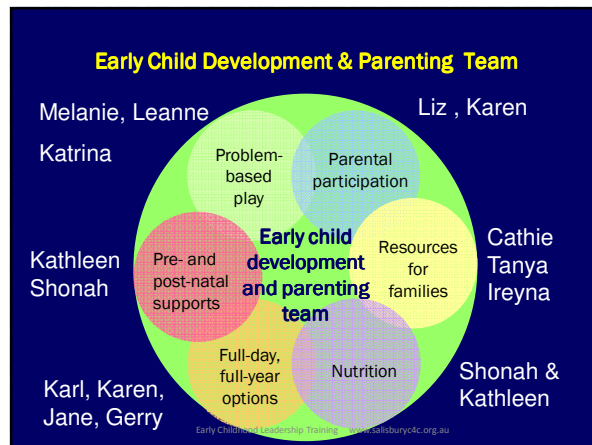
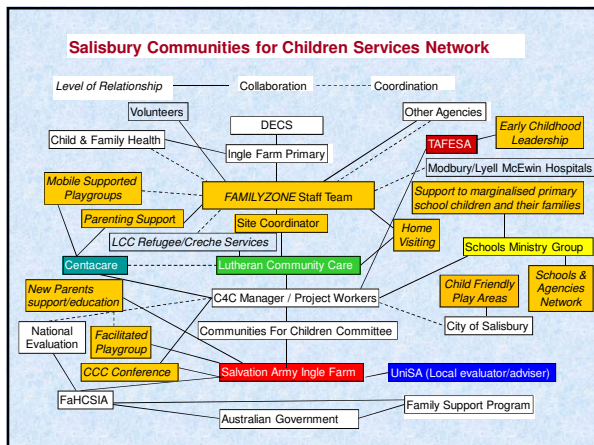
- Social Welfare
- Parenting support
- Health
- Mental Health
- Child Protection
- Child Care
- Education
- Adult Education

### Professionals

- Social workers, counsellors
- Social workers & nurses
- GP, nurses, specialists
- GP, specialists, psychologists
- Social workers
- Child carers, teachers
- Teachers
- Graduate educators

## Salisbury C4C Family Zone Hub: Ingle Farm

- Located in Ingle Farm Primary School targeting families with children under 5. Seeing approx. 375 families per month.
- Described as a 'meeting place for families staffed by professionals from a number of agencies and supported by volunteers.'
- Lutheran Community Care facilitates support groups for African and Afghani communities and other new arrivals, as well as TAFE English language classes
- Mother and baby groups with a focus on supporting maternal mental health, parenting groups and supported playgroups
- Home visiting service
- Crèche for families involved in the various craft, cooking, parent education activities.
- Internet access and a range of family resources available.



## Evaluation Methods

- Parent survey
- Focus groups with African & Afghani parents
- Referring Agencies survey
- Program Cases
- This presentation draws on data from the parent survey & focus groups



## African & Afghan focus group interviews

- 'Afghan group' included 9 of approximately 12 core attendees at the 'Afghan Women's Group'
- 'African group' included 4 of approximately 12 core attendees at the 'African Group'.
- Translators engaged to translate questions and answers.



### Parent Survey Sample

- 42 respondents. 39 mums & 3 FDC providers: aged 25-45.
- 37 (88%) relied on wage income: 5 on Centrelink payments
- 31 (73.8%) were born in Australia. 2 in UK, 2 in Korea and 2 in the Philippines. There was 1 family each from New Zealand, Germany, India, China, Japan.
- 15 respondents (35.7%) lived in couple households with 1 child and 14 (33.3%) lived in couple households with 2 children. 4 couple households (9.5%) had three children and 2 couple households had 4 or more children (4.8%).
- 5 single parent households (11.9%). 3 of these were single child families, one had 2 children and another had three children.

### Reason for attending Family Zone

- Referral from another service 14 33.3%
- Wanted a Playgroup 12 28.5%
- Needed social contact 10 23.8%
- Referral from friends 9 21%
- Children’s play & social development 5 11.9%
- Suitable location 2 4.8%
- Craft group 1 2.4%

GROUP	Current	Previous
African Support Group		
Afghan Support Group		
Indian Support Group	1	
Tuesday Playgroup	6	3
Friday Playgroup	19	2
Conversational English classes	1	
Home Visiting		5
Managing Motherhood		
Parenting Information Sessions	2	1
Cooking on a budget	3	4
New Age Mum’s Group	5	
Busy Fingers Craft Group	4	1
Being with Baby	2	8
Breastfeeding Support Group		
Family Day Care Providers Playgroup	2	
Move and Groove	16	3
School Holiday Program	1	1
Mother and Baby	3	3
Yoga	3	

### What mothers valued...Social Contact & Support

- *“Every time they (staff) see me they’re like ‘Oh great to see you here’ so I feel like they actually want me to come...they’re always happy to see you.”* Rosie, 2 children aged 2 and 5 months.
- *“Once you get in here you just mostly talk with the other mums. It’s just really nice having adult conversations rather than talking with children all day.”* Sasha 2 children aged 2 and 1.
- *“It’s knowing they’re here if needed to talk.”* Kerry, 2 children aged 3 and 10 months.

### African and Afghan women value social contact & support:

- refreshing chance to get away from home and the monotony of daily chores.
- discuss their children and parenting with each other.
- without Family Zone they would be bored, sad, lonely, friendless, depressed, anxious and sometimes angry.
- formed very close friendships through Family Zone, speaking to each other on the phone and visiting each other’s homes during the week.

### What Mothers Valued .. Respite

Being able to share responsibility for caring for their children in a safe environment, and being able to have time out for themselves and other children by using the crèche.

- *“If you’re having a rough time they will take the baby for you for a little bit and they’ll always be there to provide encouragement and stuff and they know you and they know the baby.”* Rita
- *“I’m able to relax. It gives me a few minutes to myself and I can get things done like scrapbooking, cards and sewing. Staff keeps you in the know and I chat as I’m leaving.”* Tam: 1 child aged 15 months

### African and Afghan women value the opportunities to learn

- learn about other cultures.
- go on excursions: understand the locality and its amenities.
  - Family Zone: safe place to go with their children. Public places like parks seen as unsafe.
- receive new information about education, health welfare and other support services and options.
- practise their English

### What changed for children....

- *"Definitely having a more attentive mother... I actually hated my youngest son for a while there, because with the PND I resented him taking me away from my older child. So coming to Being with Baby, having other people to talk to, has given me back to my family. Now I have people who are a support system to help, with me being there for them."* Ella: 2 children.
- *"I was trying not to let it show to her (child) how I was feeling. When you've got more support and people around it helps...Not having family and cousins and other babies of her age it means she can come and mix with other children. My husband can go out to work and know that I'm coming out and doing this now so he doesn't have to worry that he's going to get a call and I'm going to be upset or whatever. It's been fantastic."* Amy: 1 child aged 7 months.
- *"I'm a better mother because I'm coping better and they get that at home. Also my older child feels a lot more secure because I can put baby down for a sleep and play with her. That makes a difference to her, just to have me to herself. I get a bit bored at home but here it's just really easy to play with her because the room's set up."* Roma: 2 children aged 3 and 5 months.

### African & Afghan women also see benefits to their children:

- Children provided with opportunities to get out of the home, interact and play, developing confident relationships with other children and adults.
  - Children's behaviour is more challenging when they do not attend Family Zone.
- Attendance supports their children's bilingual development.
- Their responses to their children's behaviour become more positive through attendance at Family Zone.

### The African mothers also said

- Their children have formed strong, affectionate relationships with the African playgroup coordinator.
- She has helped their children.
- Enthused about her smiling, friendly demeanour, her genuine care and passion for her work, and her positive conversations with them about their children.
- Want to strengthen their relationship with this staff member by having her visit them at home.