



The Family Activity Centre approach to early intervention and prevention



Children Communities Connections Learning Network

The Family Activity Centre approach to Early Intervention and Prevention

Many families are at risk of vulnerability as they attempt to deal with a complex array of problems which have often come about through generational trauma, abuse and neglect. In 2005 a Family Activity Centre was developed as a result of community and family support services consultations conducted by Salisbury Communities for Children.

FamilyZone Ingle Farm Hub is an innovative and progressive model of engagement with families with children at risk of abuse or neglect. It promotes integrated support facilitated by a number of professionals and agencies operating in a co-located space (one-stop shop concept). It is underpinned by a single entry point 'no-wrong-door' approach that provides 'soft entry' for stressed/isolated families. This approach at FamilyZone aims to avoid stigmatisation of families at risk of vulnerability. It also helps with engagement when working with hard to reach populations and provides an important entry point to more specialised services.

A universal service setting requires coordination between services so that problems such as impending homelessness, mental or physical illness and delays in children's development are identified and comprehensively addressed (McInnes & Diamond, 2011). The 'one stop shop' model is particularly beneficial for implementing perinatal support which assists parents with mental health, family violence and related needs. Coordination depends on open communication, shared understandings of the integrated service environment as well as positive relationships between the different professionals who have day to day contact with families.

AIFS Promising Practice Profile

"The success of FamilyZone is achieved through provision of integrated services in a family friendly and responsive environment that facilitates 'seamless transitions'. While the governance arrangements provide a foundation for service delivery, it is the principles that inform that service delivery which are considered the key contributing elements" (Promising Practice Profile, p4)

These are listed as:

- Family centred and holistic approach
- Establishment of strong links with state and local government departments
- Multi-agency and multi-disciplinary
- Subcontracting provision of key services to established local service providers
- Cross cultural competence
- Facilitating access to different groups that operate in the hub
- Co-location of services
- Unlimited access timeframe
- Perception of workers as friends

http://www3.aifs.gov.au/institute/cafcapppp/ppp/profiles/pppdocs/cfc_familyzone.pdf

An evaluation has focused on the experiences of families at FamilyZone to determine the effectiveness of the services provided. Parents and caregivers were asked if they thought they were better off because of their involvement at FamilyZone. The report showed that "there is clear evidence that FamilyZone Hub is meeting its objectives of providing an environment which is supportive of child-friendly and inclusive communities, effective service coordination for children and families and improvements in children's development and well-being and positive family relationships" (McInnes & Diamond, 2011, p6).

"The community hub strategy is based on evidence that in socio-economically disadvantaged communities, coordinated approaches across sectors can improve social and educational outcomes for children in the pathway to school and families can receive more comprehensive parenting support within a 'one stop shop' approach".

The Family Activity Centre approach to early intervention and prevention also facilitates prevention of child abuse and neglect by bringing together a range of universal & targeted support services for families. It provides a family friendly environment which engages a broad range of families including those most at risk of poor developmental outcomes. Families are engaged through a number of pathways including referrals, hospital screening protocols, refugee settlement programs, word of mouth, social media and internet browsing. Parents make a very significant contribution to the way services are designed and delivered. A 'no wrong door' entry policy and exit points with warm referral processes are key elements of effective centres.

Typically a Family Activity Centre may facilitate:

- a range of playgroups,
- perinatal support groups for parents at risk of PND,
- parent groups,
- soft entry activities such as cooking and sewing,
- CALD support activities,
- home visiting programs,
- volunteer and early childhood leadership training is being facilitated,
- co-located NGO and government department activities.
- Satellite outreach activities into surrounding suburbs. (Brettig, 2015)

In the period January-July 2015 FamilyZone had 1,259 contacts with families including 567 CALD (including Afghani, African & Vietnamese) and 49 Indigenous. Some of these involved several visits per week and some several per year depending on the complexity of the issues involved. An interagency, multi and trans-disciplinary team co-ordinates the various activities developed to enhance wellbeing & resilience in young families.

A short film illustrating the work of the FamilyZone team can be found at:

<https://www.youtube.com/watch?v=6yn1qhzVjTE&t=6s>

The following case study of Tessa demonstrates the intensity of support provided to a family through this model at FamilyZone where this is needed. It reflects the benefits of integrated service provision at Family Zone, the nature of 'wrap around' services needed for complex cases presenting at a Family Activity Centre and also the value of targeted and mainstream activities. In a case like Tessa, the level of intensity of services available gave her the opportunity to connect with support groups in an

Tessa's Story

Tessa and baby Oscar were referred to Home Visiting when Oscar was 6/12 and was reportedly an unsettled baby. On paper at least, this referral had the potential to be straight forward and routine. Initial assessment revealed a different and quite complex story – Tessa was suffering from depression – later diagnosed as post-natal depression. The house was disorganised, dark and gloomy and she was immobilised on the lounge with a screaming baby on a mat on the floor. She reported her husband was no help because he was on work-cover suffering from depression as the result of a major road accident some years ago. He couldn't handle the baby crying and had withdrawn from the family emotionally and physically.

Referral to a local GP resulted in referrals to a paediatrician for Oscar and a psychologist for mum along with a mental health plan which gave her access to child care and a post-natal depression support group (Being with Baby). We also placed a family support worker to visit on a regular basis. The paediatrician diagnosed reflux and medicated baby Oscar. Anti-depressants combined with Being with Baby supported her as did the family support worker who for a short time visited on a daily basis, later reducing to weekly visits.

The skills learned from Being with Baby contributed to Tessa changing her pattern of thinking. She persevered with child care, at times finding the conflict between wanting to be a good mum and her need for time out, almost too much. The skills learned from this group also influenced her marital relationship. To support the positive changes occurring in this family she was offered the opportunity to attend Stepping Stones play group which follows Being with Baby. This is a very small supported play group which encourages families at an individual level and makes connections with the broader community, i.e. library, speech pathologist.

Tessa was also encouraged to join several of the groups operating at FamilyZone. She chose to join New Age Mums group which meets on a Friday afternoon, following Friday morning play group. Within this group she found the support to enjoy her parenting but also voice concerns and ask questions of the other women. This group enjoys crèche on occasions but it is more common for the women to interact with their children within the group setting. She also found the craft group supportive, being able to have her baby close by as well as enjoy the company of the other women.

Twelve months down the track Tessa has secured child care with which she is happy – she has returned to work three days a week. Baby Oscar is a lively likeable toddler who socialises well within the group setting but has obvious strong attachment to his mum. He also has a strong attachment to his dad who is now also responsible for child care one day a week. They report their relationship is much more positive – they really appreciate the support offered and the journey FamilyZone travelled with them.

environment of ongoing relationships of trust with staff and other families. She had the opportunity to make friends and access support, without which the outcomes for this family may have been very different.

Family Activity Centres and Children's Centres

Family Activity Centres differ from children's centres which include childcare and early learning activities. Family Activity Centres are most effective when they have the capacity to respond to families in crisis in a timely manner. These include those experiencing domestic violence or mental health issues. If these families at high risk of vulnerability can be engaged during such times and receive appropriate support, it has been found that they will be more likely to continue to access the range of wrap around services they require. Many of these families are less likely to engage under normal circumstances as they tend to be cautious of such support due to previous unsatisfactory experiences or inaccurate information about services. Interventions in these circumstances require a level of staffing and flexibility that is difficult to provide in Children's Centres. By their nature Children's Centres engaged with children and families usually need to have a more structured and less disruptive environment in which to function effectively.

Does it work?

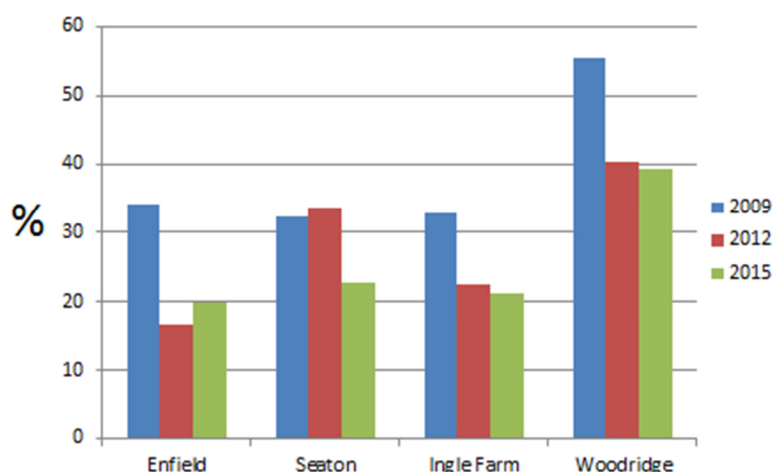
As part of the national evaluation of the Communities for Children initiative two rounds of baseline data tracking changes in services was collected (Muir et al, 2009). It showed that 15 of 23 new services added to the site during this 3 year period were located at FamilyZone Ingle Farm. The Australian Early Development Census (AEDC) data released in 2006 showed that Ingle Farm in the northern suburbs of Adelaide had the highest proportion of children vulnerable in one or more domains of all the suburbs in the Salisbury C4C site (32.5%) which at that time did not include Brahma Lodge (added in 2009). AEDC results measured in 2009 revealed no significant change (32.9%), however in 2012 a reduction, by approximately one third, of children vulnerable in one or more domains (22.5%) was measured for Ingle Farm. This was sustained and marginally improved as measured by the 2015 data.

We anticipate that by 2012 most of the 0-5 year olds and their families engaged in the site would have been part of the cohort assessed on entering reception. The 2009 cohort would have measured children who had experienced some early intervention activities as pre-schoolers but not any engaged in C4C activities during the perinatal period as they were not yet in operation. This data lends support to the importance of intervention in the first three years and the notion that community capacity building initiatives such as C4C can be expected to take some time before their impact becomes measurable. Substantiated notifications data from Ingle Farm also appears to be trending in the right direction, significantly reducing in the period 2012-2015 in comparison to the previous three years.

The SA Department of Education and Child Development has been instrumental in providing significant space in partnership with Salisbury C4C to develop this centre at Ingle Farm Primary School. With the establishment of a Children's Centre the Ingle Farm Campus now offers one of the most comprehensive early childhood support

services of its kind. The Salisbury site drew on the experience of a prior state and federally funded initiative known as CaFE Enfield. It is significant that the suburb of Enfield saw a 14% reduction in child vulnerability in one or more area between 2009 and 2015 on the AEDC. The North Western Adelaide C4C site also developed a family activity centre at Seaton and this suburb saw a 9.7% reduction in vulnerability in one or more areas between 2009 and 2015. Only a few C4C sites developed family centres including one at Woodridge in Queensland which was modelled on FamilyZone Ingle Farm and this suburb saw a 16.2% reduction in vulnerability in one or more areas between 2009 and 2015.

AEDC vulnerability in one or more domains in Australian suburbs with Family Activity Centres developed between 2004 and 2009.



Overall the CfC initiative has been positive for families including seeing fewer families living in jobless households. An extensive national evaluation of the Communities for Children initiative (Edwards et al, 2009) found that "The overall conclusion is that on balance that CfC had positive impacts. The positive impacts were that:

- fewer children were living in a jobless household
- parents reported less hostile or harsh parenting practices
- parents felt more effective in their roles as parents

The Nordic Model of Family Centres

A recent OECD Report partially funded by the Australian Government recommended single entry points to access services (one stop shops). It highlighted universal family centres as the preferred model for delivering integrated social services for vulnerable groups.

In the Nordic model family centres offer integrated services usually including antenatal healthcare, social welfare preventative activities and operations and what the Swedish call open preschool (Bing, 2013). Open preschool offers a space where parents can visit together with their children while they have parental leave or have leisure time on weekdays. It offers parents the opportunity of using both expert knowledge and peer support to improve their lives and those of their children. A drop-in service is available when the parents need it without an appointment in advance (Abrahamsson, 2013). The objective of these centres is to offer a neighbourhood meeting place to strengthen the social network of parents and children providing learning and skills development opportunities, information and encouragement.

Children need to grow up in a supportive community. Many communities are trying to deal with significant and challenging family problems and need to be engaged with professionals who are skilled to identify and address issues. How do we develop child and family supportive communities at a scale and character that addresses barriers at every level and so potentially make a significant contribution to ending the kind of family violence which adversely effects child development? To do this we need to adopt a whole of community government and family approach to supporting families at risk of vulnerability.

The expanding universal family centre model

The most common form of universal family social service is perhaps the Family Centre model. In most cases these family centres bring together a fully co-located range of services central to promoting the wellbeing of both the children and the parents. In Sweden, the pioneer of this form of family support, municipal family centres offering a variety of services to families have been in place since the 1970s (Kekkonen et al, 2012). These centres, which are free of charge are open to all families and offer cross-sectional services, including educational support for children under six as well as health and social services for families. Families have access to services provided by multi-disciplinary teams consisting of paediatricians, nurses, psychologists, social workers and other professionals from pregnancy until a child's entry into primary school.

In addition to the Nordic countries where these centres play a central role in providing services for families, similar 'one stop shops' for families following the Nordic family centre model have also been introduced for instance in Belgium, Canada, the Czech Republic, France, Germany, Italy, the Netherlands, Poland and Slovenia in the past years, although these centres are not yet turned into a national service available nationwide (European Commission 2012).

OECD (2015), *Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery*, OECD Publishing, Paris. p60.

DOI: <http://dx.doi.org/10.1787/9789264233775-en>

By bringing together people working on all levels of society – from the local community to the national and global levels – coordinated, integrated and holistic approaches to ending domestic violence can be created. Government, social and family service organisations, educational and religious institutions, health care facilities, and business all have important roles to play in the efforts (Asay. et. al. 2014).

The Family Activity Centre model of integrated service delivery offers a highly promising way forward towards achieving the kind of tenfold return on investment, predicted by economists (Heckman, 2012), by providing the kind of services that support families, especially in the first one thousand days of life when they are most needed.

References:

- Abrahamsson, A., (2013) *Open Pre Schools at Integrated Health Services – A program theory*, University College of Kristianstad, Sweden and Jönköping Academy, University of Jönköping. Retrieved from:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3718272/>
- Asay, S.M., De Frain, J., Metzger, M., & Moyer, R. (2014). *Family Violence from a Global Perspective - A Strengths-Based Approach*, SAGE, p263.
- Bing, V., (2013). Family Centres in Sweden in a public health perspective – Everything in one place – accessible for each child.
- Brettig, K. (ed) (2016). *Building Stronger Communities with Children and Families*. Cambridge Scholars Publishing. p 60-61.
- Diamond, A., McInnes, E. & Whittington, V. (2013). Family services in suburbs; do they make difference in children's development? What 2009 and 2012 Australian Early Development Index results reveal about the efficacy of Salisbury Communities for Children. University of South Australia. Retrieved from:
http://www.salisburyc4c.org.au/resourcedownloads/Salisbury_C4C_2013_Evaluation.pdf
- Edwards, B. et al (2009). *Stronger Families in Australia Study: the impact of Communities for Children*. Social Policy and Research Centre, University of New South Wales and Australian Institute of Family Studies. p vii.
- Heckman, J., (2012). *Invest in Early Childhood Development: Reduce deficits, Strengthen the Economy*. Retrieved from:
<http://heckmanequation.org/content/resource/invest-early-childhood-development-reduce-deficits-strengthen-economy>
- McInnes & Diamond, (2011). *Evaluation of a Child and Family Centre*, University of South Australia.
- Muir, K., Katz, I., Purcal, C., Patulny, R., Flaxman, S., Abelló, D., Cortis, N., Thompson, C., Oprea, I., Wise, S., Edwards, B., Gray, M., Hayes, A., (2009). National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009, p8
- OECD Report (2015). *Integrating Social Services for Vulnerable Groups; Bridging Sectors for Better Service Delivery*. OECD Publishing, Paris. p60.

Contact:

karl.brettig@aus.salvationarmy.org

www.salisburyc4c.org.au

