Creating Better Futures
Report on Tasmania’s Child and Family Centres
2018
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Acknowledgements

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A free resource for practitioners based on the wider study is available at https://www.creating-better-futures.org/
Executive Summary
The study involved interviews with 48 staff, volunteers and parents from 3 Tasmanian Child and Family Centres (CFCs) in 2017. Evidence shows the impacts of CFCs, what makes these impacts possible, and emerging challenges.

CFCs are achieving diverse outcomes with and for children, families and communities
- Accessing services and support
- Promoting children’s development, wellbeing and readiness for school
- Enhancing parent-child relationships
- Fostering parent growth
- Changing family circumstances
- Strengthening communities.

The conditions of possibility in which CFCs operate make these outcomes possible
- Co-location of and co-operation between multiple services, with symbiotic relationships between sectors
- Working on timescales from immediate response to years of change
- Scope to conduct high-value multi-purpose, above-ordinary informal work as well as formal activity
- Working at the frontier – leading innovation beyond service-as-usual.

CFCs are encountering emerging challenges as they and the communities they serve evolve
- Balancing breadth and depth of focus
- Demands resulting from successes in terms of increasing community access and engagement
- Ensuring the ‘right mix of people’ with stable, well-supported staffing, while also responding to changing needs.

Policy reflections – Learning from CFC successes
The successes of CFCs have implications for wider policy seeking to address social disadvantage and the effects of inequality on children’s health, well-being and education. CFCs address the wicked nature of these problems through an evolving art of innovation, monitoring and adaptation. Seven key enablers of this were identified in the study:
- The place-based, integrated approach, co-locating multiple services in the heart of communities
- Working with community through involvement, inclusion and commitment (under the guiding principles)
- Dynamic and responsive co-operation and co-ordination between sectors, services and agencies
- Scope to work on diverse timescales from immediate response to years-long activity
- Breaking away from ‘service-as-usual’ through high value-add, multi-purpose and above-ordinary informal practices, and frontier work that exploits critical passage points as value multipliers
- Operating in fluid, responsive ways that constitute an ‘evolving art’. CFCs work in a way that involves learning about the changing problems they are addressing, not assuming they are stable and known
- Practices in CFCs are informed but not constrained by formal / research evidence. Innovations and pioneering work also responds to need based on situated knowledge and professional experience.

Implications for social policy more generally include creation of conditions of possibility, scope for practice to move ahead of policy, an agile policy environment to support the evolving art of response to wicked problems, including and going beyond evidence-based practice, and tolerance of uncertainty and flexibility.

Policy reflections – The future
As emerging challenges arise, strategic visions are updated, and communities change, CFCs and similar initiatives will need appropriate policy environments to support, enrich and extend their work including:
- Protective features that are working well and the conditions of possibility in which they thrive
- Catching up with practice where innovations are proving successful and generalisable
- Explicit recognition of the kinds of policy that address the wicked nature of disadvantage, including value of stable, committed funding over multi-year timeframes with scope for additions on a needs/case basis
- A ‘comply, explain, learn’ approach that nurtures innovation within a needs-based, human response, strategically aligned framework.

These are aligned with key elements of Tasmania’s DoE and Communities Tasmania current Strategic Plans.
Background

Tasmania’s Child and Family Centres (CFCs)

In 2009 the Tasmanian Government announced CFCs as a whole of government initiative responding to need to change the way services are delivered to children and families. The CFCs were designed as a single point of entry to a range of Early Childhood Services (ECS) including universal, targeted and specialist approaches that offer support for children and/or their parents (Taylor et al 2017). Government, non-government organisations and communities provide services, which span education, health, children and youth, and community development. As such, CFCs are a place-based collaborative service delivery model (Tasmanian Government 2017).

The CFCs aim to improve the health and wellbeing, education, and care of Tasmania’s children under 5 years of age by supporting families and improving access to quality services in the local community (DoE 2015).

The broad goal of ensuring the best possible start in life is to be delivered through outcomes relating to children as healthy, confident and curious learners, nurtured by their families in communities that support, honour, respect and value childhood, with supports and services responding early to identified needs in culturally appropriate ways (DoE 2011). The guiding principles of CFCs are inclusiveness, reaching out, mutual respect, integrity, affirming diversity, and adding value.

Twelve CFCs opened across Tasmania from 2011 to 2014, located in areas with high levels of socio-economic disadvantage, high proportions of children under 4 years of age, and community support for a CFC.

Prior work on CFCs

Learning Development Strategy and CFC Action Research Projects (funded by Tasmanian Early Years Foundation) – produced discussion papers and guides to support integration of service delivery with emphasis on partnership (Prichard et al 2010, 2011), and a report describing the journey of change in conjunction with the Strategy (Prichard et al 2015), which highlights the following as key enablers of success: partnership between stakeholders, working together agreements, flexibility, taking time, reflection on practice, exploring meaning and achieving common understanding, inspiring and motivating leadership, informed and motivated CFC teams, formalizing service environments, and challenging thinking.

Partnership – there was a strong focus on ensuring all core staff at CFCs undertook Family Partnership Training, with parents and community members participating in training alongside professionals. Elements of the Family Partnership Model (Day et al 2015) were mapped to the CFCs, with a focus on community engagement (McDonald et al 2015).

Telethon Kids Institute Evaluation – focused on parents’ use and experiences of CFCs (funded by the Tasmanian Early Years Foundation). Overall it found the CFCs are promising as a place-based model that addresses social determinants of inequalities in child development.

- CFC users felt their children were better prepared for school and that they had closer links with school as parents (Taylor et al 2015). Recommendations: (a) employing strategies to engage fathers and male caregivers; (b) developing ways to ensure benefits of CFCs continue when children start to school, such as clear transition pathways.
- CFC users rated their experiences of ECS more highly than those who do not use the CFCs, reporting convenience, perception of commitment to help, accessibility, non-judgemental and supportive approaches, feeling valued, respected and safe (Taylor et al 2017).
- Centres are not only engaging families who require parenting support, but are helping them to develop parenting skills, capabilities and competence (Jose et al 2018). The range of services and informal supports is crucial, alongside the partnership approach and reinforcing the development of positive parenting practices.

Tasmanian Government Submission to Legislative Council Select Committee Enquiry – noted increasing engagement over time, high demand for services, significant engagement in early-learning programs, CFCs’ contribution to community-level education, health and wellbeing outcomes. It identified challenges relating to effectively measuring long-term outcomes in such place-based collaborative service models, and access for those without transport who do not live within walking distance of a CFC (Tasmanian Government 2017).

Data collection for this study

The study of Tasmanian CFCs was conducted in three of the original 10 CFCs, two in the south of Tasmania, and one in the north. One served a community with a high proportion of refugee and immigrant families.

Twenty staff, 16 parents and 12 volunteers were interviewed. While previous studies have interviewed parents, this study offers fresh insights because it also captured the views of staff and volunteers.

The researcher made two visits to each centre, several months apart, spending at 7-10 days in each. Many informal conversations were also conducted, enriching the evidence and basis for interpreting data.
Findings – CFC Outcomes

CFCs are achieving diverse outcomes with and for children, families and communities, aligned with their mandate. This study found outcomes relating to:
- Accessing services and support.
- Promoting child development and readiness for school.
- Enhancing parent-child relationships.
- Fostering parent growth.
- Changing family circumstances.
- Strengthening communities.

See overleaf for related Policy Highlights.

Accessing services and support

The place-based approach with multiple services co-located within communities with high support needs is making it possible for parents to access services and support that they would not otherwise. This complements prior evaluations (Taylor et al 2015).

The open-ended and often unscheduled or incidental nature of CFC support and services meant parents felt “There is always help available when you need it”. Accessing help through CFCs was experienced as non-judgemental and contrasted with other services:

*It doesn’t matter what kind of day you’re having, you can come in, kid screaming, and know that you’re not going to be looked down on. If you go to a doctor’s appointment and your kid is throwing a tantrum, everyone is looking at you.*

Access often follows long, gradual trajectories of engagement. One parent initially threw pebbles at a window to see the nurse, but eventually became active in group activities. Many developed trust through outreach work (door-step chats, toy-swap bags and pop-up playgroups).

Promoting child development and school readiness

CFCs are helping parents make a tangible difference to children’s physical, cognitive and emotional development. The strength of evidence is very strong from the current study and prior work (Taylor et al 2015).

Parents and staff noticed changes in children’s ability to engage in imaginative play – one of many cognitive outcomes described in interviews. This was attributed both to activities in the CFCs involving close contact with trained staff, but also to changes in parenting capacity.

Social outcomes were widely recognised as well. While developing parenting skills was a crucial component of this, the CFCs provided a venue for children’s social interaction that might otherwise have been missing:

*When we first came here he used to kick all the kids around, he didn’t understand play. Now he’s learning to share, find friends and play with other kids. I couldn’t be out of sight, he’d go ballistic, but now he’s really good.*

Staff and parents gave examples of children learning to climb, balance, and fall safely, as well as to work with their fingers and hands – gross/fine motor outcomes. Staff could identify children needing extra support and offer targeted assistance to children and their parents.

Many parents explained how involvement with their Centre helped their children be emotionally ready for school:

*My youngest had trouble with anxiety, meeting people. They’ve helped her with that. Now she’s just started kindergarten. If I didn’t have this, I’d have a real struggle getting her there.*

Enhancing parent-child relationships

The study found CFCs are making a difference to parents’ understandings of their children and of how they themselves can make a difference to their children’s development (confirming Jose et al 2018). For example, a staff member commented:

*I’m thinking of a little girl who had a lot of anxiety issues and how much difficulty mum had with her. By coming to the groups we were able to help mum gradually step back a bit, give her strategies for dealing with it.*

Many staff noticed changes in parents’ interactions with children, from volatile or angry exchanges, to warm and supportive responses based on listening and empathy.

Fostering parent growth

CFCs are enabling parent themselves to grow, with positive consequences for the nurturing environments in which children are raised. Prior studies have used quantitative measures of self-regulation (Taylor et al 2015; Jose et al 2018). This study found complementary evidence, as well as new findings relating to CFCs helping parents shift from isolation to active participation and even community leadership.

*A mum said last week this is the only place where she hears positive things about her parenting, about herself.*

Parents’ growing confidence and self-esteem were a direct result of the positive regard shown to them by staff, volunteers and other parents in the Centres, and opportunities to participate and make valued contributions to life in their CFC. Participation in EPEC (a peer-based programme training parents to deliver ‘Being a Parent’) was a turning point for parents who had this opportunity.

The study found evidence of extraordinary trajectories of change for parents. Parents became volunteers, delivered parenting courses (EPEC), and found employment with assistance from the Centres, and with confidence
that would have been inconceivable without them. This applied to diverse families, including refugees, parents with disability, those with histories of violence and crime, and those fearful of authorities due to past experiences. I’m getting out of the house and doing things. I do more things on my own now, I’m able to talk to people now. You don’t just go to the child health nurse and ‘see you later’! You’ve got options of other things. It’s led me into doing things I never would have imagined doing.

Changing family circumstances

An extension of parents’ growth as individuals is the way that CFCs are helping families to take control over aspects of their lives that affect them, changing their circumstances for the better.

Centres contributed directly to these outcomes by helping parents navigate systems to access legal support during marital separation or in circumstances of domestic violence. They also helped parents on long journeys towards getting children back into their own care, through formal channels such as hosting supervised visits in the CFC, or informally and spontaneously.

One mother struggling with substance abuse became distraught when her case worker did not show up, meaning a visit with her children couldn’t go ahead. While the Centre staff could not locate the case manager, they were able to ‘sit and listen’, an act that proved pivotal in the changing circumstances for this family:

She felt she hadn’t been respected and listened to. After that, she always came across to speak to me. Before she was very reticent. She hasn’t got her children back yet, but they’re doing home visits now. She’s had success with her rehab as well. That day was a turning point for her. She felt supported and that someone was listening. Rehab weren’t listening to her story. I sat down, made a cup of tea and just listened to her.

This example shows how valuable outcomes may result from work that is invisible to others, and with impacts that are hard to trace in the short term. This also applies to support offered to parents in crafting CVs, preparing for interviews, and so on. One refugee explained how coming to the CFC boosted his confidence interacting with others, with knock-on effects for the whole family:

It’s good for my job as well because I work in a restaurant so I can’t just be shy and nervous, I have to be out there and talk to people. So taking my son here is good not just for him but for me as well, for all of us.

There were many accounts across the Centres involved in this study of urgent support provided for mothers who needed help escaping from escalating domestic and family violence, including finding transport and arranging a safe house within a matter of hours.

Strengthening communities

CFCs are evidently making a positive difference at a community level as well as for children, parents and families. The Centres are a place where community feel they belong, and through which they make new friends and widen their social support networks.

Before I started coming here, I knew people but I didn’t really talk to any of them. I didn’t really have friends.

Many participants described a shift in community culture that they attribute to the CFC.

Now, everyone gets treated the same. You might not like something that someone does, but you accept them. It’s helping to accept people how they live different outside the Centre as well.

According to parents involved in the study, their communities had become safer places because of the CFC. Domestic and family violence remain a serious problem, but many parents felt safer in the street, more able to report incidence of crime, and more ready to seek support if they were affected by violence. Their safety net included the CFC but also the relationships of trust they had developed with other community members through the Centre.

Celebrations of diversity, excursions, community events, and practices of displaying photographs and creating albums all contributed to a sense of community that was totally new for many Centre users.

I didn’t want to move here because of all the talk about what happens here. But actually I’m glad I did, because I found this Centre.

Policy Highlights – CFC Outcomes

- The CFC model, vision, principles and associated policy are enabling Centres to deliver strong and diverse outcomes.
- The place-based, integrated approach with co-location of multiple services is highly effective.
- The current policy environment is enabling practices that deliver outcomes that are vital, but which may be slow to accrue and hard to measure.
- Many outcomes are inter-linked, enabling one another in complex trajectories of change; breaking away from service-as-usual has been crucial to enabling this.
- Outcomes that pertain primarily to one domain (e.g. education), may depend on outcomes accomplished through another (e.g. health), and so attributing outcomes to one or other service or funded activity is often not possible.
Findings – Conditions of Possibility

The conditions of possibility in which CFCs operate make the outcomes described above possible. These include:

- Co-location of and new forms of co-operation between services, agencies and sectors.
- Working on timescales from immediate response to years of change.
- Scope to work informally in high value-add, multi-purpose and above-ordinary ways, as well as through formal structures.
- Working at the frontier – leading innovation in beyond service-as-usual practices.

See overleaf for related Policy Highlights.

Co-location and co-operation

The place-based nature of CFCs is crucial but not sufficient in itself) in making Centre outcomes possible. This study offers detailed insights that add to prior work (Taylor et al 2015; Jose et al 2018).

Co-location avoids parents making difficult journeys to access services that are not offered in their communities. It also means that parents did not have to disclose to parents or others in the community the reason for a visit (also found by Taylor et al 2017). It enabled spontaneous, unplanned access facilitated by staff who saw opportunities to link parents with other support.

Co-location makes a difference to the way staff from different services and agencies can work together.

I’m not a child health expert, I’m an educator, so it’s really important that I have that input, particularly when I’m working with really young children.

Co-operation between staff often created possibilities for access and engagement with services.

In this clinic we have an open door. If the team out in the main area see something and have a question, they’ll come and filter them through to me, because it’s opportunistic. They’re here at the time, it’s a way to connect.

It also meant that more complex needs could be met in a way that wouldn’t be possible in separate services:

We’ve got the service providers here in the building. Whatever is walking in the door, mental health, family violence, especially the pointy end situations, I’m able to quickly take the next step that’s needed, talk to the experts, right here.

The capacity for staff to make such crucial connections and co-ordinate their work is linked to the scope they have to respond to immediate situations and work opportunistically. This is not only a question of being in the same place but being able to work flexibly with time.

Timescales of Centre work

The Centre’s outcomes are possible because they are able to respond quickly to urgent needs and provide continuity of support over several years.

Immediacy

The need for immediate support is often triggered by children’s behaviours (e.g. when they become aggressive), or parent breakdowns (see Page 4).

When we notice someone who is very reactive, we jump in and model stuff.

This need can also arise when mothers need assistance escaping violence in the home (also on Page 4), or when child safety and child protection concerns are activated.

The fact that Centre staff are not desk-bound, shut away in offices or closed off through back-to-back appointments, makes this immediate work possible.

Staff need to have time available not just to respond when needed, but to be around and available when situations arise. Many important interactions were described when help was given by Centre staff, valued by parents, but would not have been sought out had the staff not been present and approachable.

A culture that says to parents ‘we are available when you need us’ was described by parents as very different from other services. This becomes possible when staff have scope and time to be ‘on the floor’, retain agility in their schedules, and discretion in how they use their time.

Processes that take years

Other outcomes took years to accrue. These were made possible because Centre staff were not a ‘drive-by’ presence in the communities, and because they were able to co-ordinate and co-operate with others (see below). This study confirmed what Prichard et al (2015) found: that ‘taking time’ is a key enabler of outcomes.

Effective outreach work often meant waiting for a particular moment or phase in order to offer something parents would see as acceptable and non-threatening:

Usually we wait until the end of the year or a term, or when there’s a new group starting, something for their child’s age. We say ‘Look we’ve got this group starting up, your child would fit into the age group, how would you feel about coming along?

Many outcomes also reflected processes that unfolded on timescales of days, weeks, and months. This included work done through formal groups and informal modelling and coaching in relation to managing challenging child behaviours. Children who were aggressive and defiant at the start of the term were managing their emotions and learning to join in reading groups and sing-alongs months later.
High value, above-ordinary informal work

There is no doubt that formal groups and programs (e.g. Circle of Security–Parenting; EPEC/Being a Parent), structured playgroups, and pre-arranged appointments in clinics with nurses, social workers and others, make a huge contribution to Centre outcomes. They are a vital feature of CFCs.

However, the study found evidence that informal work in the CFCs was also vital, as it was often:

- High value-add in balance between input and impact
- Securing impacts not possible through formal activity
- Multi-purpose – securing progress of several fronts
- Above-ordinary – beyond ‘service-as-usual’ and meeting community needs.

This often happened outside appointments or planned activities. Outcomes were often both immediate and contributing to long-term trajectories of relationship-building and more gradual change in families and communities.

Informal work often led to formal work. Casual interactions between staff and parents happened in open spaces, and when staff joined in group activities led by others. It showed they cared, and often led to more formal bookings:

I’ll make coffee, be friendly, ask ‘How’s your baby?’ I’ll come out of that with two or three appointments.

Our child health nurse has lunch where community sits, and parents get to see that service providers are caring people, who swap roles, coming to our playgroups.

We go down to Launching into Learning programs, to playgroups. You’re showing up, chatting to parents.

Informal work around formal activities also created opportunities for parents to shape their experience and access more support.

When everyone’s saying goodbye at playgroup, that feels like more valuable time because people will come up to and chat about something else.

Working at the frontier

The study found that many outcomes become possible through work that was at the leading-edge, innovating in ways that were guided by community needs and human responses. In that this takes practices in the CFCs further beyond service-as-usual, and often into new territory, it can be regarded as ‘frontier work’.

Relationships between CFC staff and community often went significantly beyond relationships typical of other services. Meeting families’ needs and responding in a human way to their circumstances often required going beyond what formal structures or guidelines might normally prescribe.

This could involve offering longer or additional appointments. Staff felt the alternative (terminating discussions before parents felt listened to or problems were addressed, or withholding further support where it was needed), could alienate parents, undermine strengths of the CFC model, and ultimately put children at risk.

This kind of frontier work was about delivering equity (giving community the support they need to thrive) rather than equality (giving everyone the same support).

Providing support beyond the core birth-to-five age range was often needed to keep the primary target age-group safe and well, adding value to core activity. Hosting adolescent mental health services in a Centre could help protect younger children from aggressive siblings. Keeping fathers involved after their children had started school helped to sustain dads’ groups and enriched the experience for fathers of younger children.

Frontier work also included improvising and innovating depending on emerging needs. Centres had closed to the general community in order to offer a non-threatening time for new families to visit, run pop-up playgroups, developed unused land into nature play areas, initiated events to celebrate diversity, found ways for community to contribute and feel valued (e.g. through gardening).

CFCs often recognise that they are the only ones who can help, and from whom help will be accepted. This can mean going ‘above and beyond’ but is crucial to keeping children safe and in positive, nurturing environments.

Policy Highlights – Conditions

- Policy can play a crucial role in maintaining conditions of possibility that enable outcomes that are not possible through service-as-usual approaches.
- The integrated, place-based approach is necessary but not sufficient – other conditions are needed.
- Outcomes accrue on timescales from immediate response to years of work, so may not map readily onto usage tracking, budget or strategic cycles.
- Policy can maintain and protect high-value, multi-purpose and above-ordinary informal work.
- Frontier work that leads innovation in response to community need depends on a supportive and tolerant policy environment.
- Policy suited to one sector or service independently may not be appropriate for integrated models.
Findings – Emerging Challenges

CFCs are encountering new challenges as they and the communities they serve evolve. These include:

- Balancing breadth and depth of focus.
- Demands resulting from their own success.
- Ensuring the ‘right mix of the right people’.

See below for related Policy Highlights.

Balancing breadth and depth of focus

As the CFCs mature, there are emerging needs requiring context-specific, dynamic balancing. Demands for health services are increasing as parents feel more comfortable accessing services, and as educators’ contact with community is identifying needs that might have been overlooked. The challenge is to maintain symbiotic relationships between education and health, delivering on both fronts without diluting quality.

Activity that might appear to be ‘non-educational’ enables and adds value to education-focused work. Welfare-related work, immediate responses to crises in families or the community, and brokering mental health support for children affected by trauma are all ‘core business’.

Demands and possibilities arise that can further a Centre’s mission and stretch activity more broadly. In one CFC unused space was developed into a nature-based play area. In another, parents’ requests for help looking after themselves were met with provision of a yoga class.

Both/and solutions and dynamic balance between depth and breadth are needed. Linked to timeframes (see above), there is a need for funding over multiple years, without precluding additional short-term funds for targeted initiatives that respond to emerging local priorities.

Challenges resulting from CFC successes

Participation in many Centre is increasing. There is an optimum size for each group activity, and staff and parents feel that exceeding this can compromise quality:

As more people engage we get more need and we can’t service that need at times to provide the quality that they want. A lot of families have anxiety around other people so small groups work better... Parents don’t like it if they can’t touch base with one of the key adults during the session.

Therefore a challenge is to maintain quality and staff-community contact within activities where there is increasing demand, without setting up barriers to participation that would exclude community members. Caps on numbers in groups would create rigidity and closure where flexibility and openness are needed.

More than one CFC studied had confronted challenges relating to some users’ behaviour as they formed new friendship groups and felt like the Centre was ‘theirs’. Socialising and a sense of ownership are positive, but there have been needs to address concerns that some behaviours might be alienating or intimidating to others, especially newcomers.

The right mix of well-supported staff

CFCs depend on having the right kind of people in the mix of staff, and the right mix of people. This goes beyond staff being ‘informed and motivated’ (Prichard et al 2015). The following qualities were recognised by staff, volunteers and parents as essential: knowledge, relational skills, flexible ways of working, being ready to do things differently, genuine positive regard for community and engaging on a human level (coming across as caring and being easy to talk to).

Staff need support and encouragement to work in a flexible and different ways needed to be effective in a CFC. For those employed by outside organisations, this can require backing from managers in their ‘home’ institutions to align approaches with what works in particular CFCs. Training and support to work in integrated place-based environments can enhance general skills for practitioners who also work in other settings.

What each CFC offers will evolve with changing community strengths and needs. Stability of staffing underpins working relationships with community and makes CFCs different from the turbulence many community members have experienced in the past. But, some changes in the mix of staff will be needed – a delicate balance.

Volunteering has contributed significantly to CFCs and can continue to do so. It provides community members with pathways to employment and ongoing relationships with Centres, but volunteers do not constitute a ready replacement for highly skilled paid staff.

Policy Highlights – Emerging Challenges

- The success of CFCs will likely see continued increases in demand and resource requirements, including multi-year and responsive funding.
- Policy plays a vital role supporting flexible, symbiotic relationships between education and health.
- Policy can support both/and solutions and dynamic balance in breadth and depth of focus.
- CFCs need support to ensure increasing access does not compromise quality.
- Stability in staff supported to work effectively in CFC environments is crucial, although changes may be needed to respond to new circumstances.
- Effective use of volunteers is a key policy consideration in relation to emerging challenges.
Policy Reflections – Learning from CFC Successes

The successes of CFCs to date have important implications for wider policy seeking to address social disadvantage and the effects of inequality on children’s health, wellbeing and education.

- CFCs address the wicked nature of disadvantage.
- They do so through an evolving art of innovation, monitoring and adaptation.
- Seven key enablers were identified in the study.

Social disadvantage as a wicked problem

The idea of wicked problems is often applied to social disadvantage and inequality in childhood. Wicked problems are complex, unstable, open-ended and result from complex interdependencies (Rittel & Weber 1973).

Tackling wicked problems is an evolving art. They require thinking that is capable of grasping the big picture… They often require broader, more collaborative and innovative approaches. (Australian Public Service Commission 2007)

Wicked problems have no single solution and do not sit within the responsibility of any one institution. It is helpful to consider whether or not initiatives address the wicked nature of the problems they are responding to.

How CFCs address the wicked nature of social disadvantage

This study found evidence that CFCs are addressing the wicked nature of disadvantage. Seven key enablers are:

- The place-based, integrated approach, co-locating multiple services in the heart of communities
- Working with community through involvement, inclusion and commitment (under the guiding principles)
- Dynamic and responsive co-operation and co-ordination between sectors, services and agencies
- Scope to work on diverse timescales from immediate response to years-long activity
- Breaking away from ‘service-as-usual’ through high value-add, multi-purpose and above-ordinary informal practices, and frontier work
- Operating in fluid, responsive ways that constitute an ‘evolving art’. CFCs work in a way that involves learning about the changing problems they are addressing, not assuming they are stable and known
- Practices in CFCs are informed but not constrained by formal / research evidence. Innovations and pioneering work also responds to need based on situated knowledge and professional experience.

These seven enabling features support CFC activity in relation to three dimensions of wickedness (Head 2008):

- Complexity – CFCs have been able to address interdependencies between different elements, rather than pursuing multiple parallel tracks.
- Uncertainty – Through open-ended and frontier work, CFCs innovate, monitor and adapt, dealing with the fact that the consequences of actions relating to wicked problems cannot always be known in advance.
- Divergence – The enablers listed above have helped to avoid fragmentation among multiple viewpoints, values and strategic intentions that are characteristic of wicked problems.

Implications for social policy

The CFCs responded to what is known about social disadvantage and inequality in early childhood with a place-based, integrated model.

This study has delved into the detail of how such a model is enacted in practice, finding much of relevance and interest to a wider policy audience. The implications below address a granular level of policy-practice relations, and complement models, strategic visions and principles that provide a broader policy framework around the CFCs.

- Policy works in on wicked problems by creating conditions of possibility.
- Extended timeframes are crucial to this, but uncertainty related to annual funding models can constrain effective practices. A 3-year model with roll-over options and provision for additional funds for specific initiatives (similar to that of Community Houses) would address this.
- While practice needs to be led by innovative policy, practice also needs to be able to move ahead of policy – this is a crucial condition of possibility.
- The evolving art of responding to a wicked problem can be accomplished when policy and practice are in iterative relationship – each leading, learning from and supporting the other.
- This evolving art requires both a flexible policy environment (i.e. one that is ready to adapt and change) and flexible policies (i.e. policies that give discretion and degrees of freedom to practitioners).
- Evidence-based practice has an important role to play, but practice must be able to go beyond what is currently known. Policy can support this process and in doing so create conditions for new, situated and experiential evidence to be created and shared. The CFCs have found effective ways to incorporate evidence-based programs alongside local innovation.
- Many CFC successes have been achieved because the policy environment has tolerated uncertainty and flexibility at both state-wide and local levels. Risk-aversion, rigidity and standardisation in policy can undermine the conditions of possibility required to address wicked problems.
Policy Reflections – The Future

As emerging challenges arise, strategic visions are updated, and communities change, CFCs and similar initiatives will need appropriate policy environments to support, enrich and extend their work including:

- Protecting features that are working well and the conditions of possibility in which they thrive
- Catching up with practice innovations that are successful and generalisable.
- Explicitly recognising the kinds of policy that address the wicked nature of disadvantage.
- A ‘comply, explain, learn’ approach to nurture innovation within a needs-based, human response, strategically aligned framework.

These are aligned with Tasmania’s DoE and Communities Tasmania current Strategic Plans.

Nurturing conditions of possibility

Conditions of possibility start with a well-conceived model, strategic vision, and clear principles. Future policy developments that are closer to the operational level might be tested against evidence from this study of how CFCs are achieving impacts:

- Does the policy sustain and promote high-value, multi-purpose, above-ordinary informal work?
- Does the policy support and nurture frontier work – on-the-ground innovation led by community need and human responses?
- Does the policy provide funding stability and duration needed to work on multi-year timeframes and/or targeted, flexible options for needs-specific initiatives?
- Does the policy promote equity rather than equality in service provision?
  - Equity – place-based and integrated decisions that reflect what community needs in order to thrive, favour agility and variation to match demand
  - Equality – centralised (and perhaps unilateral) decisions about service provision that favour standardisation and uniformity.

Catching up with practice

Policy is most effective in responding to wicked problems if it is led by practice as well as leading it. As staff and communities work together at the frontier, new insights into effective practices and the policies that best support them will emerge. In this way going beyond service-as-usual can facilitate development of policy-beyond-usual.

A climate where practitioners are encouraged and legitimised in describing ways in which practice forges ahead of policy can enrich the basis for policy-making. A comply, explain, learn approach is suggested as a means to nurture such a climate (see below).

Critical passage points

Families’ shifts from limited engagement to sustained and broad use of services through CFCs often passed through ‘critical passage points’. These act as gateways to more than they offer themselves, without which there would be loss of access and/or risk to child wellbeing. They take diverse forms, reflecting multiple entry points.

For many families a positive and respectful appointment with a CHAPS nurse led to walk-throughs and introductions to Centre staff, which led to play and other activities. Nurses’ involvement in wider Centre life was crucial in families trusting and benefit from ongoing screening.

Screening can add value by acting as a threshold, and less formal work can add value to screening. Through critical passage points, work that begins with a focus on health comes to benefit education, and vice versa. Flexibility in the number and timing of appointments will be crucial if critical passage points are to act as value multipliers.

Critical passage points can work symbiotically with services provided outside CFCs. A sustained home visiting service could foster transitions into CFCs, meet needs that Centres cannot address, and recruit through CFCs.

Beyond policy-as-usual

The CFCs’ impacts are accomplished amid multiple interdependent causes that are characteristic of wicked problems. This has important implications for future policy:

- Hard-to-attribute input-outcome relationships
- Balance between tight and loose policy
- A comply explain learn approach may be needed.

CFCs break away from service-as-usual, and from policy-as-usual. A continued readiness to work in ways that best serve community needs will be crucial.

Attribution of input to outcome

Approaches that address wicked problems cannot be modelled, resourced, or evaluated on a simple input-process-output basis. Outcomes cannot be attributed to any one program or activity. Pathways from input to outcome are complex, inter-woven, non-linear and fragmented.

This means that questions of who pays for which outcomes, or even what constitutes value for money in relation to specific resourcing mechanisms are problematic in the context of the CFCs and contexts like them. Complex timescales of impacts make measuring outcomes difficult, and modelling causal chains when formal and informal activities are mutually enabling is complex.

This involves a philosophy of buying in to outcomes that may not be attributable to any particular input or initiative – resourcing environments, staff and activities that have scope to work at the frontier.
**Tight and loose policy**

Frameworks that combine ‘tight’ and ‘loose’ policy appear helpful. The metaphors have different meaning here than in monetary policy where they are commonly used.

Tight (more restrictive) policy could maintain features that might be hard to preserve without deliberate attention, or to create common platforms, as with reporting child safety concerns, for example.

Loose (more expansive) policy could afford degrees of freedom and discretion to innovate and customise according to local conditions and needs.

Going beyond policy-as-usual involves new ways of developing policy and new kinds of policy. Policy covering any one sector needs to be broad (or ‘loose’) enough to accommodate the most effective ways of working in various settings, including those that are place-based and integrated like CFCs.

Existing approaches that expect consistency in minimum content within consultations, but flexibility in how these happen and their manner of conduct seem to offer adequate scope for delivering equitable care effectively in different service and community contexts. Symbiosis between education and health happens in interactions on the ground and through policies that exploit the opportunities and demands of working in CFCs.

**Comply, explain, learn**

Balancing the need for compliance with room to innovate and respond on the ground is crucial but difficult.

Overly strict compliance requirements can burden practitioners, create rigidity where agility is needed, and reduce opportunities to learn from the realities of practice.

Overly loose compliance requirements can create risks to staff as well as service users, diffuse alignment with strategic priorities, and undermine accountability.

‘Comply or explain’ is used in some voluntary corporate governance codes and has spread to other contexts. The expectation is that a company complies with a code, but if not, is required to state this is the case and explain why. The market and shareholders determine whether the justification is adequate and subsequent course of action (Keay 2014).

**Comply, explain, learn** would adapt this for contexts like the CFCs.

- The expected norm would be that practices adhere to a policy’s provision
- When this is not the case, it is communicated upwards to an appropriate level and an explanation is given

- Deliberation on the justification for non-compliance facilitates learning about the relationship between policy and practice.

In place of the market and shareholders, justifications could refer to community need and human response at a general level, and to specific strategic plans and the values and principles contained therein (see below).

Embracing such an approach could have the advantage of encouraging sharing about the realities of practice, legitimising innovative frontier work and aligning it with strategic priorities, reducing risks to staff, and increasing policy agility and relevance.

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**Alignment with Strategic Plans**

These suggestions align with recent plans released by relevant Tasmanian Government Departments. The *italics* below are drawn from strategy documents, and the subsequent text explains how suggestions align.

**2018-2021 Department of Education Strategic Plan**

- **Courage** – accepting emerging challenges in policy as well as practice, embracing opportunities to enhance relationships between service-beyond-usual and policy-beyond-usual.
- **Respect** – for community needs, human responses, the judgement of people on the ground, the value of policy as a creator of conditions of possibility, and the need for practice to go ahead of policy in some circumstances.
- **System Improvement Model based on co-construction** – practice innovating at the frontier through work with and for community, policy catching up with practice as staff are enabled to pursue improvement through local initiatives.

**Healthy Tasmania Five Year Strategic Plan**

- **Grassroots partnerships** – have both structural (designed-in) features, and emergent, informal features that result from local innovation.
- **Community ownership** – where ‘looser’ policy can give Tasmanians a greater say in how CFCs evolve
- **CHoPS Model of Care reforms to deliver services in partnership with families, with flexibility to respond to family need** – this can be supported by frontier work, above-ordinary informal work and equity rather than equality-focused policy that supports these and catches up with practice where helpful innovations have forged ahead of policy.
- **Ease of access to making health choices** – making effective use of critical passage points, including through symbiotic and hard-to-attribute processes involving other services, agencies and sectors.
Future Research Directions

Future research can continue a dual benefit approach whereby international audiences can learn through study of the CFCs, while research generates insights that is of use to stakeholders in Tasmania.

This study echoes prior work showing the CFCs are accomplishing outcomes in line with the strategic vision. Productive avenues for future enquiry include:

- Detailed qualitative understandings of how this is achieved would help to identify the most effective practices and provide a focus for future developments so they can target the highest value-add activity.
- Comparative studies including established CFCs and newly added ones would help to exploit benefits of diversity in approach and activity from Centre to Centre.
- Action research could help Centres to develop and test ways to respond to emerging challenges, and develop tools that both foster and provide evidence of outcomes at a range of levels.
- As the involvement of multiple services and community support is so central, studies that focus on how people from different contexts work together around children’s trajectories would add insights into how the CFCs work, what makes them distinctive, and how they might evolve.
- Further data linkage and longitudinal tracking to build on the Tassie Kids study.

Research-based resources

The Creating Better Futures ARC-funded study involved multiple services across New South Wales, Tasmania and South Australia.

Analysis of data from all sites involved led to development of a suite of research-based resources designed for practitioners to enhance their work in partnership with parents and secure lasting, positive impacts with families.

These, and accompanying worksheets, are freely available at [https://www.creating-better-futures.org/](https://www.creating-better-futures.org/)

References


