



Evaluation of the Child and Parent Centre Initiative

FINAL REPORT
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Prepared for Department of Education,
Western Australia
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ACRONYMS AND ABBREVIATIONS

Acronym/ Abbreviation	Meaning
AEDC	<p>Australian Early Childhood Development Census (formerly AEDI (Index)) is a measure used to determine if early childhood development is on track across five domains:</p> <ul style="list-style-type: none">• physical health and wellbeing• language and cognitive skills (school-based)• communication skills and general knowledge• social competence• emotional maturity <p>Pre-primary teachers complete the AEDC instrument with their students.</p>
CPC	Child and Parent Centre
CPFS	Department for Child Protection and Family Support
DLGC	Department of Local Government and Communities
FTE	Full time equivalent
ICSEA	Index of Community Socio-Educational Advantage
LAC	Local Advisory Committee
MOU	Memorandum of Understanding
NAPLAN	National Assessment Program – Literacy and Numeracy
NGO	Non-Government Organisation
OECDL	Office of Early Childhood Development and Learning in the Department of Education, Western Australia
PI	Performance Indicator
SEI	Socio-economic Index
WA	Western Australia

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EXECUTIVE SUMMARY

The Child and Parent Centre Initiative provides support to families with young children to help them achieve their potential. Specifically, it provides facilities and services throughout Western Australia, on public primary school sites, for families with children from pre-birth to eight years (with an emphasis on pre-birth to four years old). Services support early childhood development, seeking to close the gap between the development, health, and learning outcomes of young children, particularly those at risk of not achieving their potential. The focus is on engaging families with early childhood development needs, contributing to a home environment in which young children can thrive, and providing a supported transition into schooling and subsequent sustained participation.

The Initiative is funded by the WA State Government, through the Department of Education as lead agency, with non-government organisations in the community services sector contracted to operate, manage and report on the centres. The Department of Health, Department for Child Protection and Family Support, and Department of Local Government and Communities have committed to working with the Department of Education on the Initiative.

The State Government provided \$48.7 million to build Child and Parent Centres on school sites and initially committed to fund the Initiative for four years (2013 to 2017). Recurrent funding is now secured.

Shelby Consulting was engaged by the Department of Education on behalf of the State Government to evaluate the Child and Parent Centre Initiative. The 16 Child and Parent Centres established by the Initiative are included in the evaluation. However, an additional five centres which were previously Australian Government Children and Family Centres, and became Child and Parent Centres in January 2016 (excluding the Early Learning and Care element), are not included as they were not part of the original scope.

Methodology

The evaluation adopted a mixed methods approach with a rigorous evaluation framework to utilise and integrate multiple sources of data, both quantitative and qualitative as well as ensuring a high level of stakeholder engagement. A Realist approach was incorporated into the data collection tools to assist in identifying local contexts and influences and how these might affect families' decisions.

Shelby reviewed program documentation, and developed a draft program logic diagram, further developing and testing this with the reference group and coordinators to clarify the causal mechanisms expected to contribute to program outcomes. Detailed program data, submitted by the NGOs to the Office of Early Childhood Development and Learning (OECDL) in the Department of Education, and provided to Shelby Consulting in the form of documents and data tables, was analysed and the quantitative data was graphed. The interviews were

supplemented with an online survey of service providers, carried out twice, with 81 and 135 responses respectively.

Data was collected across two stages and included information provided by 354 government and NGO service providers, parents and other stakeholders during two-day site visits to the centres through interviews and focus groups. Additional interviews were also carried out with reference group and high level stakeholders to provide overarching views and context. In addition, stakeholders in two control areas which have a similar socio-economic environment to those in which the centres are placed were interviewed to provide a comparison, for a more holistic view of the centres and the impact they are having upon their communities.

Key findings

Key Question 1: To what extent is the Child and Parent Centre Initiative as a whole being implemented as planned? In particular, have the Key Program Components been delivered?

The original design and intention of the Child and Parent Centre Initiative have been very closely followed in the translation into procurement documents and into the execution of the Initiative. Overall, the Initiative is being implemented as intended.

Key Question 2: To what extent are Child and Parent Centres meeting their Outcomes, Performance Indicators and Deliverables, including trend projections? In what contexts? How (what are they doing differently)?

Overall, the Child and Parent Centres are largely meeting their outcomes, performance indicators and deliverables. The majority have implemented the centre as designed and are on track to delivering the desired outcomes to their capacity at the current stage of implementation. The capacity overall appears to be growing as successful structures and relationships are bedded in and built on. There are inevitable variations in implementation due to differences in context, skills and resources of the operating NGO, centre staff, and surrounding services and schools.

Performance Indicators are being achieved, and professionals are working together to deliver services to families. There has been a focus on parenting, health and early learning services with mental health, disability and maternal health services receiving less focus. While host school communities have the advantage of local access, centres are working to provide services more widely, and particularly to the surrounding school communities.

Quantitative measures for medium and long term outcomes are not yet available but should confirm that the outcomes are on track to being achieved.

Key Question 3: To what extent is the Child and Parent Centre Initiative as a whole meeting, or is on track to meet, State Government objectives and outcomes? In what contexts and how?

The centres are bringing services to local communities where they are more easily accessed by those requiring them. In addition, they are linking the early learning, early childhood education and the community services sectors which have previously been largely independent of each other. There is some variation in the level of success of individual centres, but the Child and Parent Centre Initiative as a whole is on track to meet State Government objectives and outcomes.

Key Question 4: What are the opportunities for program refinement and improvement?

Overall the Initiative design and implementation is very highly regarded by Government and non-Government service providers and community stakeholders. Possible opportunities for program refinement that could be considered are identifying and specifying functions being provided by the centres' operators, promoting the extension or adjustment of opening hours, requiring strategic planning at the centre level, and reviewing the monitoring framework.

Most of the suggestions for improvement made by stakeholders were for more Child and Parent Centres in vulnerable communities and more resources for existing centres so they can extend services and activities to meet the needs of an increasing number of families accessing them. Other suggestions were promoting collaboration and better data sharing. Reaching target clients and managing resources to provide appropriate services accounted for the majority of challenges, while the most common gaps in services were different types of health services.

Key Question 5: What are the key success factors?

The Child and Parent Centre model is widely recognised as excellent, and therefore the key success factors identified by stakeholders are elements of the design. The aspects that were highlighted were the quality of centre staff and service professionals, having the centres operated by organisations that took a community development and collaborative approach, locating the centres on school sites and the active participation of the Local Advisory Committee (LAC) members. The presence of community services and a high-level of inter-agency cooperation were also required for success. The strong overall fidelity of the implementation to the design was clearly a result of the activity of the OECDL, and this was seen as key to continued success.

Key Question 6: What is required to sustain the Child and Parent Centre Initiative? (What support is necessary to assist the implementation and operation of the Initiative?)

The majority of stakeholders said that what is required to sustain the Child and Parent Centre Initiative is secure, long-term funding. At the time of the stakeholder interviews and survey, it seems that they were not aware that long-term funding for the Initiative had been secured. Some centres are already constrained by the limitations of budget and/or space. Another challenge they face is responding to additional, changing or newly identified needs of the community, and the changing circumstances of other service providers. When the latter lose their funding to deliver programs and workshops the coordinators have to find ways of filling the gaps in services. This is an on-going process, and highlights the importance of the role of the LAC and coordinators, in networking and creating new partnerships with service providers, and the role of the OECDL in maintaining direction, and guiding and supporting the Initiative.

Key Question 7: What are the (positive & negative) unintended consequences (if any)?

Overall, there were few unintended consequences of the Child and Parent Centre Initiative identified. A small number of stakeholders were concerned about the effect that the Child and Parent Centres might have, or have had, on existing services: either providing competition to make them become unviable or causing other services to be cut in the belief that the Child and Parent Centre would fill the gaps.

To date, with some variation between the most successful and those with some challenges, the Centres are providing valuable community resources. The Initiative is being well implemented and is on track to deliver the planned outcomes. There are many components to success, and often they are subtle: the warmth and acceptance of staff, the generosity of spirit of the host principal, the recruitment of a key CaLD community member as a volunteer. The challenge is to ensure that measures and metrics are monitored to ensure that anomalies are identified and explained without them driving and destroying the uncountable transactions that are key to the success of centres engaging families.

1 INTRODUCTION AND DESCRIPTION

1.1 Background

The Child and Parent Centre (CPC) Initiative provides facilities and services in communities in Western Australia on public primary school sites. It is an initiative of the Government of Western Australia working in collaboration with non-government organisations (NGOs) in the community services sector. The purpose of the Child and Parent Centre Initiative is to provide support to local families with children from pre-birth to eight years of age (with an emphasis on pre-birth to four years old) in relation to early childhood development, and to close the gap between the development, health, and learning outcomes of young children, particularly those at risk of not achieving their potential. Developmental issues for young children may be physical, cognitive, linguistic, emotional or social. The focus is on engaging families to improve early childhood development outcomes, contributing to a home environment in which young children thrive, and providing a supported transition into schooling and subsequent sustained participation.

The State Government committed to build Child and Parent Centres on school sites in communities with high numbers of vulnerable children, with NGOs contracted to operate, manage and report on all centres¹. Initially \$48.7 million was committed to fund the building construction or refurbishment of existing school facilities and their operation from 2013 through to June 2017. Recurrent funding is now provided from the Department of Education's budget.

The communities in which Child and Parent Centres are located were identified through a range of data sources, including the Australian Early Development Census. Sixteen Child and Parent Centres were established in two phases and were fully operational by January 2016. An additional five centres, which are on or near public school sites, were originally Children and Family Centres funded by the Australian Government. The Family Centre element was brought into the Initiative at the beginning of 2016, but these are not included in the scope of this report.

The intent is that each Child and Parent Centre collaborates with their 'host school' and with other 'surrounding schools' in the local area. The centres are coordinating programs and services intended for these communities through the Child and Parent Centre Initiative.

¹ Via two contracts *Request for the Provision of the Co-ordination of Programs and Services at and through Child and Parent Centres (ETG215/2012)* for the ten phase one Child and Parent Centres and *Request for the Provision of the Co-ordination of Programs and Services at and through Child and Parent Centres (ETC282/2013)* for the six phase two Child and Parent Centres.

Shelby Consulting was engaged by the Department of Education in January 2015 to evaluate the Child and Parent Centre Initiative.

1.2 Structure of this report

The next section of this report, Section 2, details the evaluation scope and methodology, and Section 3 describes the Initiative and its key elements.

The majority of the findings are provided in Section 4, which is structured to respond to each of the evaluation questions in turn. Some of these are through necessity long and interwoven as they respond to a comprehensive Reporting Framework. Question 1 focuses on the 12 Key Program Components that define the design and implementation of the Initiative. Question 2 reports against the Child and Parent Centre reporting framework with its six performance indicators, 12 outcomes and 12 deliverables. Question 3 responds to the Initiative objectives. The remaining questions, 4 to 7, present opportunities for improvement, key success factors, requirements for sustaining the Initiative and unintended consequences. The report ends with a discussion and conclusion.

Note that as several of the outcomes and deliverables have long descriptions, they can be interpreted in a variety of ways and provide considerable overlap. However, seen within the overarching structure it is clear that particular parts of the description are the focus. These have been bolded and the response narrowed to that focus to reduce some of the overlap. In addition, cross-references have been provided to related parts of the report.

2 EVALUATION SCOPE AND METHODOLOGY

The purpose of the evaluation was to examine and report on:

- The extent to which the Child and Parent Centre Initiative is meeting, or is on track to meet, State Government objectives, outcomes and key components.
- The extent to which Child and Parent Centres' outcomes, performance indicators and deliverables are being met, including trend projections.
- The identification of key success and sustainability factors for future application, and whether there are opportunities for refinement and improvement of the Initiative.

2.1 Scope

The 16 Child and Parent Centres established by the Initiative are included in the evaluation. As indicated earlier, the additional five centres which were previously Children and Family Centres, and became Child and Parent Centres in January 2016, are not included as they were not part of the original scope.

Data collected for the Child and Parent Centres up to June 2016 has been included.

2.2 Evaluation questions

There were seven Key Evaluation Questions (KEQs) to be addressed by the evaluation:

1. To what extent is the Child and Parent Centre Initiative as a whole being implemented as planned? In particular, have the Key Program Components been delivered?
2. To what extent are Child and Parent Centres meeting their outcomes, performance indicators and deliverables, including trend projections? In what contexts? How (what are they doing differently)?
3. To what extent is the Child and Parent Centre Initiative as a whole meeting, or is on track to meet, State Government objectives and outcomes? In what contexts and how?
4. What are the opportunities for program refinement and improvement?
5. What are the key success factors?
6. What is required to sustain the Child and Parent Centre Initiative? (What support is necessary to assist the implementation and operation of the Initiative?)
7. What are the (positive & negative) unintended consequences (if any)?

2.3 Methodology

Shelby Consulting proposed to take a Realist Evaluation approach to the evaluation, to assist in understanding the different local contexts in which the Child and Parent Centres were located and how these might affect the mechanisms at play in families' decisions to use the services and the resulting outcomes. This approach informed the development of interview and survey questions and the identification of themes. The evaluation consisted of the following components.

Program logic development

Shelby Consulting developed the program logic to explain conceptually how Child and Parent Centres are expected to contribute to the long-term outcomes of childhood development and school readiness. It makes explicit the essential features of the Child and Parent Centre Initiative. The program logic was developed using the following process:

- Project documentation and contemporary theory were used to construct a preliminary logic model of Child and Parent Centre operation to promote discussion and response.
- Two workshops were held with stakeholders including the project group, reference group and coordinators to present the Realist Evaluation approach². These were used to develop the Child and Parent Centre program logic and clarify the causal mechanisms expected to contribute to program outcomes.
- The outcome of this workshop was presented to the reference group

The program logic is included in 3.1.3, followed by a description of the key model elements in 3.1.4.

Project orientation

The evaluation team reviewed the scoping documents and early monitoring data for the first phase Child and Parent Centres to gain an overall understanding of the depth and breadth of data available, the implementation of the roll out, and the relationships between the data, performance indicators and evaluation questions. A report presenting this early data and proposing the overall structure for the final report was presented to the Reference Group Chair mid-2015.

Document and Data collection

Data from a number of sources was used to inform the evaluation and respond to the key evaluation questions:

² The Realist Evaluation approach seeks to answer not only what happens but also how and why. It takes the position that outcomes occur as a result of people's decisions and that since these can be affected by different contexts they are important to understand as they can affect whether they will occur in different contexts. See Appendix F.

- documents and data provided by the Office of Early Childhood Development and Learning (OECDL); and
- information collected from site visits, interviews and online surveys.

Department Initiative documentation and data

The following Department of Education documents and data were reviewed and utilised:

- Initiative documents including presentations describing the program and its rationale, the evidence-base for the program, catchment area boundary maps, and the reporting and monitoring framework³;
- Child and Parent Centre coordinator reports including:
 - scoping documents – one per centre describing the demographics and services of the community;
 - bi-annual monitoring reports consisting of two parts: i) descriptive data addressing the Centre deliverables and ii) detailed service and attendance data, initially in spreadsheet form and later extracted from a continuously updated online database, known as the CPC Database
 - Child and Parent Centre census data collected twice yearly over a two-week period;
 - Child and Parent Centre satisfaction survey results; and
- Analysis and graphs generated by the OECDL from the monitoring data.

The final report utilises data extracted from the CPC Database on a number of dates in September and October 2016. Note that as part of the database implementation and refinement the data has since been cleaned, including the removal of duplicates and re-categorising of programs. Therefore, figures in the tables and graphs may vary from later reports and should only be used as a guide.

Child and Parent Centre site visits

Semi-structured interview and focus group schedules and the list of stakeholder roles to be consulted were developed and agreed in consultation with the Special Projects Manager and the Evaluation Reference Group. At the local level, these and additional stakeholders were identified through the Child and Parent Centre coordinators. The interview and focus group schedules are provided in Appendix B.

Shelby Consulting conducted two-day visits to the Child and Parent Centres to talk with stakeholders in the local communities. In 2015, Shelby Consulting visited the 10 communities where the Child and Parent Centres commenced operation in 2013 and interviewed key stakeholders from the remaining six Child

³ *Data Collection Framework Guidelines for Child and Parent Centre Data Collection*

and Parent Centres by phone. In 2016, Shelby Consulting visited all 16 Child and Parent Centre communities. The site visits were generally arranged around the scheduled Local Advisory Committee (LAC) meetings, and were organised in consultation with each Child and Parent Centre coordinator to develop a schedule that maximised the opportunities for in-person interviews and focus groups.

During the visits, Shelby's consultants:

- Carried out an observation of the Child and Parent Centre building and site;
- Interviewed the coordinator and other Child and Parent Centre staff;
- Interviewed child health nurses and allied health staff (Department of Health and privately contracted);
- Interviewed parent/caregiver clients of the centre by addressing existing groups, advertising feedback focus group times, contacting parents or as appropriate, to achieve a combination of opportunistic and purposeful sampling;
- Met with the LAC;
- Interviewed school staff including principals and early childhood teachers in host and surrounding schools;
- Interviewed a selection of other stakeholders including Local Government staff and other government staff, and NGO service providers.

Key staff were interviewed at each site as well as other stakeholders who were available. Site visits were augmented with phone interviews where stakeholders were not available, not located in the regional centre, or where additional information was required. Over the full list of site visits a variety of organisations and stakeholders were given the opportunity to provide feedback.

Parents/caregivers were provided with information about the evaluation and informed consent was obtained before they participated in interviews or focus groups. They were asked about their reasons for choosing to engage with the Child and Parent Centre, what activities and services they were using, and what they felt were the benefits for themselves and their children. They were also asked whether there was anything they thought could be improved about the Child and Parent Centre. The number of interviews and focus groups conducted, and stakeholders consulted are tabulated below, followed by a breakdown by area

Table 1: Site visit stakeholders consulted

	2015	2016
LAC meetings attended	10	16
Focus groups conducted	4	2
Interviews conducted	123	130
Total number of people spoken to	209	145
Unique organisations/community groups spoken to	55	59

Table 2: Site visit stakeholders consulted by type and community

	Percentage of respondents	Number of respondents
Respondent Groups		
Education	23.2%	82
Health	10.5%	37
Other government	9.3%	33
CPC NGO staff and managers	14.7%	52
Other service providers	16.7%	59
Parents	25.7%	91
	<i>100%</i>	<i>354</i>
Responded in Relation to CPC		
Banksia Grove	9.3%	33
Brookman	5.9%	21
Calista	7.9%	28
Carey Park	6.8%	24
Challis	5.9%	21
Collie Valley/Wilson Park	9.6%	34
Dudley Park	5.4%	19
East Maddington	4.2%	15
East Waikiki	5.1%	18
Gosnells	3.7%	13
Mount Lockyer	5.1%	18
Rangeway	6.5%	23
Roseworth	6.5%	23
South Hedland	6.8%	24
Warriapendi	6.5%	23
Westminster	4.8%	17
	<i>100%</i>	<i>354</i>

Control communities (non-CPC) site visits

Shelby Consulting conducted interviews for two communities (Harvey and Lockridge) that have similar characteristics to those with Child and Parent Centres, to act as comparisons to the Child and Parent Centre sites. School sites whose principals were likely to be supportive of the evaluation were selected, one regional and one metropolitan. The interview schedule is provided in Appendix B.

Table 3: Stakeholders consulted in non-CPC site visits

	Lockridge	Harvey
Focus groups conducted	2	0
Interviews conducted	3	3
Total number of people spoken to	9	6
Unique organisations/Community Groups spoken to	7	4

Online surveys

An online survey was utilised to allow a broader range of stakeholders to provide feedback for the evaluation and to allow some quantification of responses. One survey was developed and administered twice to capture changes in perception.

Survey development

The online survey for government and non-government staff working with Child and Parent Centres was developed in consultation with the Special Projects Manager and Evaluation Reference Group. The questions were piloted with a small number of stakeholders. The survey was designed to gather views about Child and Parent Centre implementation, achievements and benefits, services, coordination, LAC outcomes, and challenges.

Respondents

The survey was sent to contacts on the extended list of service delivery participants and other stakeholders provided by the Department or by Child and Parent Centre coordinators, as well as any referrals made by these contacts. Each organisation and individual was contacted to check their relevance and experience with the centres, and those with very limited interactions with the centres or were no longer current were delisted. In 2016, principals were asked to provide early childhood teacher contacts to elicit more feedback from this service group. Some of the respondents to the survey also provided feedback during the site visits, one method providing more structured and quantitative feedback, the other providing more wide-ranging and detailed responses.

Survey administration

2015: Between 8 and 14 December 2015, a total of 247 people were sent an invitation to complete an online survey about the Child and Parent Centre Initiative. Additionally, one invitation was sent on request on 2 March 2016. The survey was left open over the summer holidays and into first term to allow service providers who were away during the school holidays to respond. In total, 81 surveys were completed before the closing date of 21 March 2016. To encourage invitees to complete their surveys, a reminder was sent out on 2 March 2016.

Of these 81 respondents, 72.8% had been providing services within the community prior to the Child and Parent Centre opening and 56.8% had experience with more than one centre since the Initiative began.

2016: A total of 324 people were sent an invitation to complete the online survey between 23 and 31 August 2016 after the centres had had time to settle in further. In total, 135 surveys were completed before the closing date of 19 September 2016. Reminders were sent out on 1 and 5 September 2016.

Of these 135 respondents, 77.8% had been providing services within the community prior to the Child and Parent Centre opening; and 56.3% had experience with more than one centre since the Initiative began.

These figures are tabulated below, and followed by a summary of the demographics.

Table 4: Survey administration and response rate

Year	Contacts provided	Respondents	Response rate
2015	248	81	33%
2016	324	135	42%

These are good response rates given the mix of stakeholders and their varying involvement with the Initiative.

Table 5: Survey respondent demographics

	2015		2016	
	Percentage of respondents	Number of respondents	Percentage of respondents	Number of respondents
Respondent Groups				
Education	42.0%	34	43.0%	58
Health	14.8%	12	18.5%	25
Parenting Info & Education	9.9%	8	11.1%	15
Early Childhood Development	7.4%	6	10.4%	14
Counselling & Family Support	2.5%	2	2.2%	3
Other	23.5%	19	14.1%	19
Not stated	-	-	0.7%	1
	<i>100.1%</i>	<i>81</i>	<i>100.0%</i>	<i>135</i>
Responded in Relation to CPC				
Banksia Grove	8.6%	7	5.9%	8
Brookman	4.9%	4	12.6%	17
Calista	8.6%	7	12.6%	17
Carey Park	13.6%	11	4.4%	6
Challis	8.6%	7	9.6%	13
Collie Valley/Wilson Park	2.5%	2	2.2%	3
Dudley Park	6.2%	5	7.4%	10
East Maddington	1.2%	1	3.0%	4
East Waikiki	4.9%	4	3.0%	4
Gosnells	3.7%	3	4.4%	6
Mount Lockyer	1.2%	1	3.0%	4
Rangeway	2.5%	2	3.0%	4
Roseworth	3.7%	3	7.4%	10
South Hedland	7.4%	6	6.7%	9
Warriapendi	11.1%	9	8.1%	11
Westminster	11.1%	9	5.9%	8
Not stated	-	-	0.7%	1
	<i>99.9%</i>	<i>81</i>	<i>100%</i>	<i>135</i>

Stakeholder Interviews

Shelby Consulting carried out semi-structured interviews with Evaluation Reference Group members to understand the perspective that they brought to the Initiative. Various high level NGO and government stakeholders were also interviewed. A total of nine interviews were carried out. These are listed in Appendix A.

Analysis

Site visits

Site visit information was summarised into a working synopsis for each of the communities to assist in the identification and interpretation of contextual factors. Particular attention was given to identification of context, mechanisms, and outcomes.

Survey data

For the survey data, counts and percentages were calculated for each of the quantitative survey items. As there was a wide range of stakeholders with different levels of interaction and therefore knowledge of the centres, 'don't know' options were provided where relevant to reduce guesses. The percentage of omitted questions was calculated to clarify the sample size for each item, and the percentages calculated with the 'don't know' responses omitted to make comparison between items easier to interpret. Qualitative data was coded for content, and key issues and themes raised by stakeholders were identified.

Initiative data

The Child and Parent Centre attendance data provided by the OECDL was used to generate tables and graphs for the performance indicators and to illustrate trends.

Stakeholder interviews

Interviews with Evaluation Reference Group members and comparison site stakeholders were reviewed and identified themes were incorporated into the analysis.

2.4 Limitations

Early evaluation

This evaluation covers the period in which the centres were established and operations commenced. At the time of the final evaluation data collection, in the middle of 2016, the centres had been operational from purpose-built facilities for eighteen months for the first phase centres, and six months for the second phase centres. Therefore, the Initiative is at the early outcome stage, and with limited quantitative outcome data available, the evaluation has principally been based on output data and qualitative feedback.

Base line data availability

As is typical with evaluation there is base line data for longer term outcomes (such as AEDC), which are less closely attributable to Initiative activities. Conversely, the monitoring of Initiative outputs and short-term outcomes requires new measures for which therefore no prior data exists, only being collected as data mechanisms are designed and implemented.

Data consistency and integrity

Because this is a new Initiative, data definitions, and collection processes and mechanisms have been evolving and therefore there are some inconsistencies in the data collected. In particular, activities or services may be assigned to various categories. For example, an activity may provide both family support and early learning development and could be placed in either category. Work has been done to increase the consistency with which individual programs and activities are labelled, including continuous data cleaning, but anomalies remain. As always, the data is only a guide to what is being achieved; even should total consistency in data collection be achieved, the data would still not capture the full complexity of the implementation. The data should, however, support the expected requirements of monitoring implementation and outcomes. Ongoing training in data entry and coding, and continued provision of reports to illustrate the use of the data should be provided to emphasise its importance and maintain or increase the reliability of data reports.

Service and activity data has also been affected by the development of data entry systems. The first system used spreadsheets to report activity, until an online database was developed, enabling NGOs to input their data at any time.

3 PROGRAM DESIGN

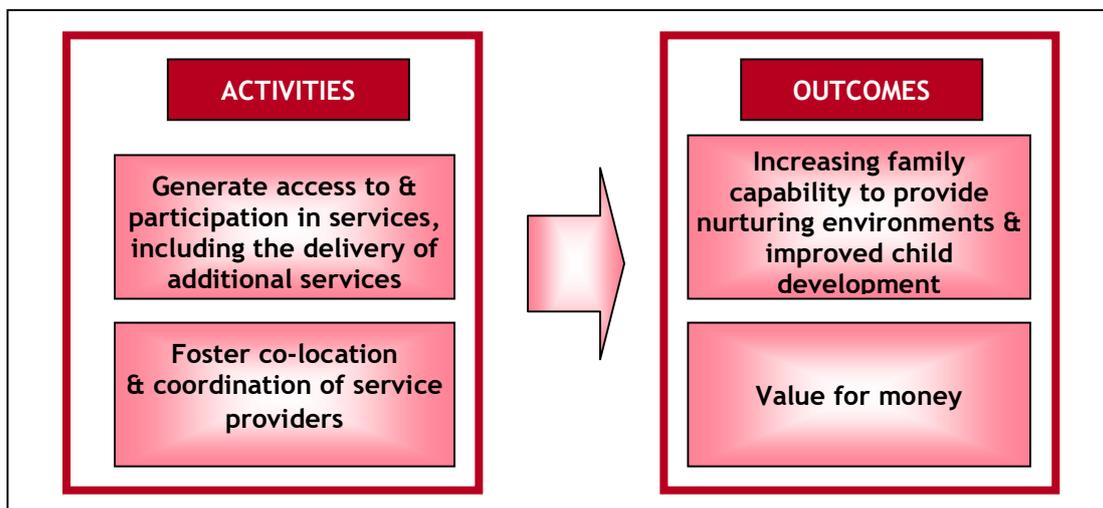
3.1.1 MODEL OVERVIEW

A very simplified description of the Initiative, drawn from the program logic workshops, and distilled to its most basic elements, is that it aims to:

- **Generate access to and participation in services by children and parents/caregivers**, both by increasing the number of services (direct purchase or drawing existing services into the community) and by facilitating access; and
- **foster co-location and coordination of service providers** to deliver these services and activities at and through the Child and Parent Centre in other locations, in a coordinated manner, where and when they are needed, to
- **build family capability** to provide nurturing home environments and improve child development outcomes and
- deliver value for money.

These elements are illustrated below and are used to organise this report.

Figure 1: Key themes for activities and outcomes for the Child and Parent Centre Initiative



Source: Shelby Consulting

3.1.2 APPROACH

The approach taken by the Child and Parent Centre Initiative incorporates a number of elements that current research has shown to achieve positive outcomes.

Universal approach

The centres provide activities, programs and services to the whole of the Child and Parent Centre community, which aim to promote positive outcomes for children and/or families. They are resources for all; however, the location of the centres ensures that they primarily service vulnerable communities.

Hub and spoke

They operate on a 'hub and spoke' service delivery model to facilitate broad access to their programs, services and activities. Activities are offered 'at and through' the Child and Parent Centres by developing strong connections with both government and non-government service providers to deliver services and programs at the centre and alternative sites, including surrounding schools and other venues. A central core of service delivery is situated in a physical location that links with, and provides programs and services in, other locations.

Supportive environment

Genuine engagement with families in a friendly, supportive environment is core to the Child and Parent Centres' approach. Through this, centres create an environment where families feel comfortable and feel no sense of stigma or shame, and where cultural and special needs are catered for, facilitating them to continue to engage in the services.

Appropriate for local needs

Delivering services, programs and activities aimed at addressing the specific identified needs of the parents/caregivers and children in their communities, and which parents/caregivers identify themselves, ensures they will engage and benefit from them.

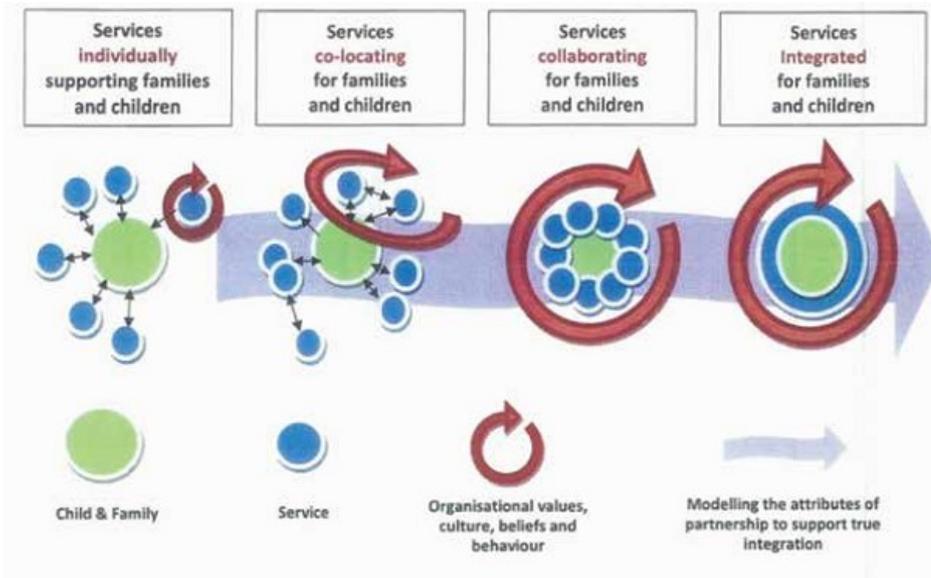
Build on existing programs

Another core aspect of the Child and Parent Centres' approach is to build upon existing service networks and create linkages with other agencies in order to provide integrated services and programs that meet their families' needs in a range of areas.

Integration model

The Child and Parent Centres work towards increasing service integration, such as that illustrated below.

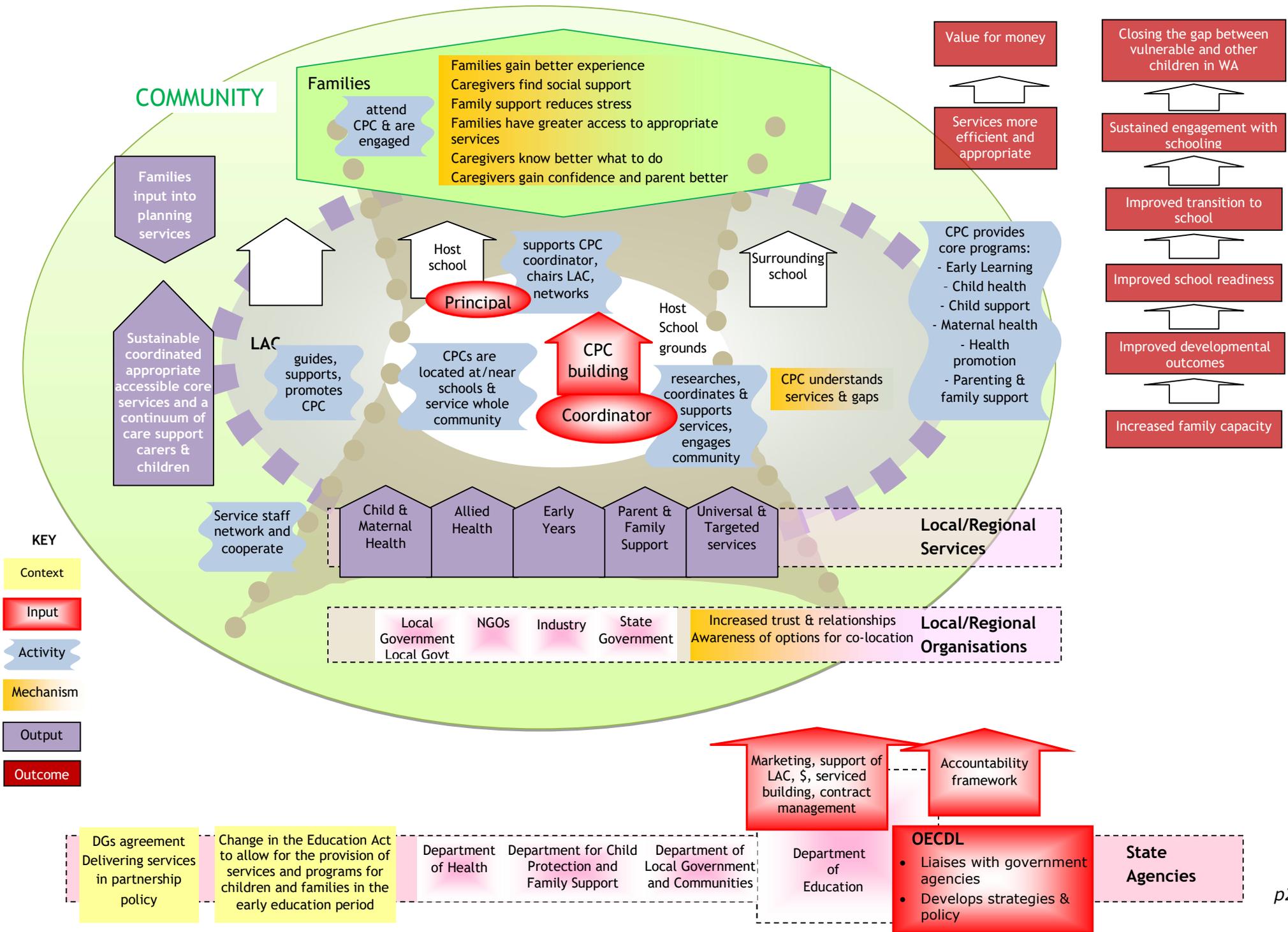
Figure 2: Service integration model



Source: Edith Cowan University, *Child and Parent Centres on Public School Sites in Low Socioeconomic Communities in Western Australia: A Model of Integrated Service Delivery*, Pg 9

3.1.3 PROGRAM LOGIC

The figure below was developed from the program documentation with input from the Reference Group. It summarises the many components of the program logic of the Child and Parent Centre Initiative, identifying inputs (resources), activities undertaken, expected outputs and anticipated outcomes.



3.1.4 MODEL ELEMENTS

The main elements of the program logic are presented below.

Child and Parent Centre buildings

The State Government is providing dedicated buildings in each of the communities, implemented through the Department of Education. In most cases these are new purpose-built centres; for two centres, an existing building was renovated and refurbished to serve as a Child and Parent Centre.

Each centre, as a minimum, has a health consulting room, general consulting room, office, kitchen and spaces that can be used for activities, such as playgroups, and parenting and family support. There are also undercover play areas and fenced outdoor areas with sandpits and other resources.

The buildings are designed with local input to respond to local requirements to a degree. Below is an example of a Child and Parent Centre design.

Figure 3: Example of a Child and Parent Centre floor plan



The Department of Education is responsible for property payments, building maintenance, security, water, electricity and gas consumption, and cleaning services, while the NGO pays for telephone and data usage.

Target Group

The centres are tasked with providing services for local families and their children from pre-birth to eight years, with a focus on pre-birth to 4, or the pre-kindergarten years. They have been established in communities where there are high levels of vulnerability.

NGO operators

Operation of Child and Parent Centres has been contracted to NGOs. This is described in Key Component 10 in KEQ 2.

A Memorandum of Understanding (MOU) and Terms of Reference (TOR) guide the partnership between the host schools and NGOs, describing their working relationship, and roles and responsibilities for the effective operation of the Child and Parent Centre. The MOU may be adapted to take into account local context.⁴

Child and Parent Centre coordinator

The Child and Parent Centre coordinator is line managed by their respective NGO and works in collaboration with the host school principal, LAC, OECDL and partner agencies. The coordinator develops an implementation plan to guide the development, implementation and operation of the Child and Parent Centre. The roles and responsibilities of coordinators are described in detail in Appendix C.

Host school

Each centre is located on a public primary school site, the “host school”, which is a key partner. The NGO is permitted to operate the Child and Parent Centre on Department of Education land via a deed of licence.

Host school principal

The host school principal plays a key role in the Child and Parent Centre Initiative and the working relationship between the host school principal and the Child and Parent Centre coordinator is described in the operating manual for Child and Parent Centres. Each principal is required to work with and support the coordinator to identify the specific needs of the community and to determine the programs and services required. They have roles in participating in the LAC, supporting marketing, networking and communications, and staff collaboration and professional learning. Further information is provided in Appendix D.

Surrounding school

The centres are also tasked with liaising with other schools within their local community and serving their local families. The target schools are specified in the contract and nominated depending on need, interest and proximity to the centre.

Agency commitment

The Department of Health, Department for Child Protection and Family Support, and Department of Local Government and Communities have committed to working with the Department of Education on the Initiative as outlined in a *Letter of Agreement*, dated December 2013, and updated in 2016.

⁴ *Operating Manual for Child and Parent Centres* (2016, p.5)

The letter commits them to working together to ensure the delivery of programs and services at and through each Child and Parent Centre, within their respective resourcing capacities. At a local level, commitments about government programs and services regularly scheduled at and through an individual Child and Parent Centre may be documented through Service Level Agreements for individual Child and Parent Centres, but in practice this has only occurred for one service for one centre.

The centre facilities and utilities are provided by the Department of Education, while other departments provide services personnel.

The Department of Education initially committed 1.8 FTE school psychologists to work exclusively with the Child and Parent Centres to provide the Triple P parenting program and other parent information sessions. This increased to 2.0 FTE in 2016.

Agency commitments to the Initiative continuously develop depending on available funding and changing priorities. Where a synergistic relationship is identified as broadly beneficial, the Department of Education pursues an agreement at the agency level. Thus, in February 2015, The Department negotiated a Letter of Agreement with the State Library committing them to provide the *Better Beginnings* program in Child and Parent Centre communities.

Services at and through the Child and Parent Centres

The services provided at the Child and Parent Centres may be new services or relocated existing services. These may be provided through reallocation of established funding or purchased with the funding provided through the Child and Parent Centres' contracts. Services provided through the Child and Parent Centres may also be provided in other locations, for example surrounding schools, family centres, or the library. This is described in more detail in Key Component 5.

The OECDL special projects team

The Special Projects team in the OECDL directorate in the Department of Education supports all levels of the Child and Parent Centre Initiative implementation. The Executive Director of the OECDL reports directly to the Director General of the Department of Education. This is described in more detail in Key Component 11 in KEQ 1.

Corporate Communications and Marketing directorate

The Corporate Communications and Marketing directorate provides support with the promotion of Child and Parent Centres. It has supported the development of a secure website where coordinators and their managers can interact with each other, and with the OECDL Special Projects Team. It provides a central location

where formal documents, templates and research can be stored and accessed, and it provides a forum for discussion.⁵

The Directorate also liaises with NGO and other government communications and marketing personnel on Child and Parent Centre matters, and it has led the development of Child and Parent Centre communication guidelines, branding, a mobile app, and websites for the Initiative.

Local Advisory Committee

The LACs guide and support the centres' implementation and operation at the local level. Members are representatives of government departments (including surrounding schools), NGOs and other community stakeholders.

⁵ 140808 Exec Directors notes for CPC Meeting 12-06-2014.doc (STG)

4 EVIDENCE, FINDINGS AND ANALYSIS

KEQ 1. TO WHAT EXTENT IS THE CHILD AND PARENT CENTRE INITIATIVE AS A WHOLE BEING IMPLEMENTED AS PLANNED? IN PARTICULAR, THE DELIVERY OF KEY PROGRAM COMPONENTS.

4.1.1 KEY PROGRAM COMPONENTS

The Key Program Components describe characteristics of the model that were expected to be achieved through the design and implementation of the centres. They⁶ are listed in the table below with their current status, and then the rest of the section addresses one by one, whether or not these intended key components have been incorporated into the program design and implemented.

Table 6: Key Program Components of Child and Parent Centres

KEY COMPONENTS	Status
1. First 10 completed and fully operational by the end of 2014 and additional six completed and fully operational by the end of 2015.	Completed
2. Identified schools at or below 94 SEI on the index of disadvantage will be eligible for a recurrent Early Years' Service Grant of up to \$10 000 commencing for 2013, to support birth to 4 years programs.	Completed
3. The Child and Parent Centre will be hosted on public primary school sites and serve surrounding schools in both metropolitan and country locations.	Achieved
4. The Child and Parent Centres will initially be located in areas with the highest concentrations of vulnerable children.	Achieved
5. The Child and Parent Centre will provide core services, with the capacity for additional locally-determined services that reflect the particular circumstances, needs and characteristics of the community.	Substantially achieved
6. A phased approach will be utilised for implementation.	Achieved
7. Each Child and Parent Centre will be governed by a strong accountability framework.	Achieved
8. Performance indicators will be established for each centre.	Achieved
9. Each of the Child and Parent Centres will be monitored and reviewed alongside a formal evaluation of the Initiative.	Achieved
10. The coordination of services of the Child and Parent Centre will be managed by not-for-profit groups where practicable and appropriate.	Achieved

⁶ CPC Evaluation Request for tender

KEY COMPONENTS	Status
11. The Child and Parent Centre Initiative will be coordinated across departments by the Office of Early Childhood Development and Learning (of the Department of Education). The Child and Parent Centres will have a high level of local ownership and involvement.	Achieved Generally achieved

Key Component 1: First 10 completed and fully operational by the end of 2014 and additional six completed and fully operational by the end of 2015

Child and Parent Centres commenced providing services while still in temporary accommodation. Once the buildings were completed, they became available for services and take their place at the centre of the hub and spoke model. An official opening followed at a convenient time. As can be seen in Table 7, the initial ten Child and Parent Centres commenced operations in 2013. These included the Child and Parent Centre Banksia Grove, although not officially opened until February 2015. The remaining six commenced operations between September 2015 and January 2016. The location of the Child and Parent Centres, the date on which they became operational, and the date of their official opening are listed in the table below. Thus, Key Component 1 was achieved save for a one month delay on the Mt Lockyer centre.

Table 7: Child and Parent Centres' schools and commencement details

Child and Parent Centre (Type*)	Contract let/ Coord starts	Scoping completed	Fully operational (centre opens)	Official Opening
Roseworth	Oct 2012	May 2013	Sep 2014	11 Nov 2014
Brookman*	Nov 2012	Jun 2013	Aug 2014	15 Oct 2014
Challis	Nov 2012	Jun 2013	Sep 2014	26 Sep 2014
Dudley Park	Nov 2012	Jun 2013	Oct 2014	21 Nov 2014
Westminster	Oct 2012	Jun 2013	Oct 2014	14 Nov 2014
Warriapendi*	Oct 2012	Jul 2013	Nov 2014	11 Nov 2014
Carey Park	Oct 2012	Aug 2013	May 2014	22 Aug 2014
Banksia Grove	Oct 2012	Jun 2013	Dec 2014	4 Feb 2015
Calista	Oct 2012	Jun 2013	Aug 2014	3 Sep 2014
South Hedland	Oct 2012	Dec 2013	May 2014	Jul 2014
Collie Valley/Wilson Park	Jan 2014	Jul/Aug 2014	Oct 2015	10 Jun 2016
East Maddington	Jan 2014	Jul/Aug 2014	Oct 2015	1 Dec 2015
East Waikiki	Jan 2014	Jul/Aug 2014	Oct 2015	11 Nov 2016
Gosnells	Jan 2014	Jul/Aug 2014	Oct 2015	9 Dec 2015
Mt Lockyer	Jan 2014	Jul/Aug 2014	Jan 2016	27 Jul 2016
Rangeway	Jan 2014	Jul/Aug 2014	Sep 2015	26 Oct 2015

Source: Department of Education. *refurbished

Key Component 2: Identified schools at or below 94 SEI on the index of disadvantage will be eligible for a recurrent Early Years' Service Grant of up to \$10 000 commencing for 2013, to support birth to 4 years programs.

The Child and Parent Centre Initiative provided funding through Early Years' Service Grants to 75 schools. Identified schools at or below 94 SEI on the index of disadvantage were eligible for two years of recurrent funding of up to \$10,000 to build upon and/or develop new programs and resources for children from birth to four years. Funds could be used towards pre-literacy and pre-numeracy resources, child development and parenting programs, and minor works for small scale refurbishments in the early childhood setting, reflecting community circumstances, needs and characteristics. The use of funds was locally determined.

Key Component 3: The Child and Parent Centres will be hosted on public primary school sites and serve surrounding schools in both metropolitan and country locations

Child and Parent Centre location

All sixteen Child and Parent Centres are located on host public primary school sites. Eleven are within the Perth metropolitan region and five are in regional areas. The regional centres are:

- Carey Park (Bunbury)
- Collie Valley (Collie)
- Mt Lockyer (Albany)
- Rangeway (Geraldton)
- South Hedland

Surrounding schools definition

The original request for tender identified specific 'surrounding' schools that the centre is required to serve, generally within approximately 5 km of the centre (and up to 10 km in some regional locations). These were open for negotiation and in some cases the list has been subsequently modified. This has resulted in a decrease in the number of schools in the planned service area in some instances, and in an increase in others. The table below provides the current list of 'host' and 'surrounding' schools for each of the Child and Parent Centres, including independent schools. The level of involvement of surrounding schools varies with their interest and with the services available, and is discussed later.

More recently, the concept of community has been subtly reframed: whereas the host and surrounding schools had the primary focus in the definition, now the community described by a boundary has the focus, and the schools fall within that boundary. This has been designed to focus the Child and Parent Centres on all families within the community rather than those attached to a school. Thus, there

has been a greater focus more recently on liaising with the early learning and care centres within the community. This change has been communicated to the existing centres and will be incorporated into future documentation.

Table 8: Key schools within each Child and Parent Centre community boundary

Host primary school	Surrounding public primary schools	Surrounding independent schools	
Phase One			
Banksia Grove	Merriwa	Clarkson	St John Paul II Catholic Primary School
Brookman	Thornlie Yale	Bannister Creek	St Jude's Catholic School Langford Islamic College
Calista	Medina	Orelia	Kwinana Christian School
Carey Park	Maidens Park	Djidi Djidi Aboriginal School	
Challis	Neerigen Brook Gwynne Park Grovelands Willandra	Westfield Park Armadale Kingsley Kelmscott	Pioneer Village School Dale Christian School Xavier Catholic School
Dudley Park	Mandurah Riverside	Greenfields	Assumption Catholic primary school Mandurah Catholic College Frederick Erwin Anglican school
Roseworth	Hudson Park Koondoola	Waddington	Mercy College Our Lady of Mercy primary school Emmanuel Christian primary school
South Hedland	Cassia	Baler	
Warriapendi	North Balga Balga	Gladys Newton School	Majella Catholic primary school
Westminster	Westminster Nollamara Mirrabooka	Dryandra Boyare	St Gerard's primary school
Phase Two			
Wilson Park (for Collie Valley)	Fairview Amaroo	Alanson	St Brigid's School
East Maddington	Bramfield Park Maddington Maddington Ed Support	East Kenwick Orange Grove	Rehoboth Christian college
East Waikiki	Waikiki Cooloongup	Charthouse	South Coast Baptist college
Gosnells	Seaforth Wirrabirra Wirrabirra Education Support	Ashburton Huntingdale	St Munchin's Catholic school
Mt Lockyer	Yakamia Spencer Park	Lockyer Community kindergarten	Bethel Christian School John Calvin School Parklands primary school
Rangeway	Bluff Point Waggrakine	Allendale Beachlands	St John's School Leaning Tree community school Strathalbyn Christian college

* Shading indicates a regional location.

Key Component 3 has been implemented as planned.

Key Component 4: The Child and Parent Centres will initially be located in areas with the highest concentrations of vulnerable children

The criteria used by the Department of Education to select sites for the Child and Parent Centres are as follows:

- Schools in vulnerable communities (school Socioeconomic Index less than or equal to 94);
- Community AEDI data;
- NAPLAN Year 3 reading results;
- Percentage of vulnerable Aboriginal and CaLD children within the community;
- School 'readiness', and current involvement with external agencies providing birth – four-year-old programs on school sites;
- Reports from previous District Directors and current Regional Executive Directors;
- Information from the departments of Health and Communities (now the Department of Local Government and Communities);
- Available land and/or classrooms from which to base the centres; and
- The existence (or not) of Australian Government initiatives, including Children and Family Centres within the community/region.

In addition, the schools selected needed to have other schools with similar characteristics nearby so that the centre could service a larger number of children. The table below shows a selection of indicators for the Child and Parent Centre site schools. The school SEI is the one used by the Department at that time. The ICSEA is the more recent indicator utilised. A review of the full list of low SEI schools by Shelby Consulting shows the 16 selected schools, and 31 of the surrounding schools fall below the 94 SEI cut-off with a strong representation at the lower end of the scale.

Discussions during site visits identified some dissent at the choice of three of the sites.

- One centre was positioned only some 100 metres from an existing Family and Children centre. This caused some confusion in the community and required the two centres to work closely to mediate this. The two centres also had a different focus (early years compared with up to adolescence). The Family and Children centre has since been defunded.
- A second centre was positioned on a site with an existing early years facility dedicated to the host school. The expectation was that the co-location of the two facilities would provide some synergies that would augment the new centre. Instead, it has also caused some confusion which has been exacerbated by other operational factors.
- The perception in the community around a third centre is that a nearby school would have been a more appropriate site. A consideration of all criteria used by the Department shows that both sites had a strong need; however, only

one had the land required for the additional building, and the community in which the centre was ultimately positioned had very few existing services.

Table 9: Student background vulnerability indicators by Child and Parent Centre

Child and Parent Centre	School SEI*	Indigenous (WA average 3.1%)	Attendance rate	Language background other than English
PHASE ONE				
Banksia Grove	93.71	11%	91%	11%
Brookman	92.9	18%	92%	45%
Calista	91.7	6%	93%	17%
Carey Park	89.11	15%	93%	11%
Challis	91.63	15%	91%	13%
Dudley Park	85.36	22%	89%	7%
Roseworth	87.64	20%	91%	30%
South Hedland	81.29	89%	73%	15%
Warriapendi	86.67	18%	93%	38%
Westminster	91.29	14%	92%	35%
PHASE TWO				
Collie Valley/Wilson Park	85.34	37%	90%	8%
East Maddington	90.34	15%	91%	35%
East Waikiki	91.14	7%	91%	15%
Gosnells	91.79	8%	92%	12%
Mount Lockyer	93.64	15%	92%	5%
Rangeway	77.68	64%	85%	6%

Source: * School SEI from Department of Education; other indicators from My School values for 2011 (myschool.edu.au). †

A review of all the factors in site decisions has not been made; however, an overview of the SEI shows a strong likelihood that the siting of the Child and Parent Centres at schools was made using consistent and defensible decision-making. In hindsight, one of the centres may have been better placed at another site, but the majority of locations are strongly supported.

The siting of the centres was carried out in accordance with Key Component 4 as planned.

Key Component 5: The Child and Parent Centres will provide core services, with the capacity for additional locally-determined services that reflect the particular circumstances, needs and characteristics of the community.

The service agreements for Child and Parent Centres specified the types of services and programs that could be provided at or through the Child and Parent Centres. The initial list provided in the 2012 service agreement for the first 10

centres was expanded and refined in the 2013 service agreement for the six second phase centres, as a result of learning from the initial operations, as follows:

Table 10: Service agreement specification 2012 and 2013 versions

2012 specification	2013 specification*
<ul style="list-style-type: none"> child health checks and referrals; 	<ul style="list-style-type: none"> antenatal education and child health checks and referrals
<ul style="list-style-type: none"> parenting information and programs; 	<ul style="list-style-type: none"> parenting information and programs;
<ul style="list-style-type: none"> psychological counselling; 	<ul style="list-style-type: none"> mental health, disability and psychology services
<ul style="list-style-type: none"> speech therapy; 	<ul style="list-style-type: none"> allied health services, including speech and occupational therapy;
<ul style="list-style-type: none"> early learning programs with parental involvement, such as playgroups; 	<ul style="list-style-type: none"> information sessions on supporting children's physical, cognitive, language, and social and emotional development;
<ul style="list-style-type: none"> educational programs for parents e.g. family healthy life style, teen parenting and nutrition workshops; 	<ul style="list-style-type: none"> early learning and development programs with parental involvement, such as playgroups
<ul style="list-style-type: none"> child and family health programs e.g. sexual and reproductive health, life skills; and 	<ul style="list-style-type: none"> educational programs for parents (e.g. family healthy life style, parenting and nutrition workshops)
<ul style="list-style-type: none"> culture and language programs. 	<ul style="list-style-type: none"> child and family health programs e.g. sexual and reproductive health, life skills; and
	<ul style="list-style-type: none"> culture and language programs.

The contracts also require that the mix of services and activities provided in each location be selected to match the needs in the community. Therefore, the requirements of Key Component 5 have been included in the NGO contracts, and implemented into the design as planned.

Key Component 6: A phased approach will be utilised for implementation

In order to manage the practicalities of constructing 10 centres in metropolitan and regional locations and with varying contexts and requirements, it was decided to use a phased approach. Thus, five centre buildings were to be completed by the end of 2013 and five by the end of 2014. A further six Child and Parent Centres were to be established and operational by the end of 2015.

The roll out of each Child and Parent Centre was also phased in the sense that each Child and Parent Centre was established progressively through a set of steps, so as to progress service delivery without waiting for the centres to be completed. These phases were:

- Awarding of tenders to Child and Parent Centre operators;
- Recruitment and induction of Child and Parent Centre coordinators;
- Scoping of existing services in the catchment area
- Establishing the LAC

- Operation at non-centre venues (including awareness raising, consultation, service delivery and coordination)
- Centre completion and utilisation (with Official Openings by the Minister for Education WA, and on two occasions the Premier of WA)
- Continued operation, at and through Child and Parent Centres, including direct service provision.

The roll out timetable was summarised in Table 7 in Key Component 1 above. It shows that overall the phasing worked successfully. There was some delay with the construction and opening of the first five centres but the second five were on or ahead of schedule. The remaining six were also on time save for Mt Lockyer, which slipped into January 2016.

In addition, the phased approach to implementing operations was successful with centres commencing services from existing buildings in the host and surrounding schools, independent of the centre construction timetable. The scoping phase allowed the Child and Parent Centre coordinator to research their community and identify gaps and opportunities. Initiating service delivery prior to centres opening also allowed coordinators to concentrate on developing relationships and setting up activities and services without having the centre building to run. Therefore, Key Component 6 has been achieved.

Key Component 7: Each Child and Parent Centre will be governed by a strong accountability framework

At the local level, the Child and Parent Centre Initiative is subject to two main accountability mechanisms: the LAC and the Data Collection Framework.

Local Advisory Committee

As described in section 3.1.4 Model Elements, LACs are made up of representatives of schools, government and non-government stakeholders, the NGO operating the Child and Parent Centre, and in some cases local community members and parents. The role of the LAC is to support the implementation of the Child and Parent Centre by providing input and guidance and to act as a conduit for information flow at the local level. They also promote the Child and Parent Centre and its integrated service delivery model. The LAC acts as a sounding board to consider what is working well, what areas need improvement, and how to resolve any issues or concerns that may be having an impact on the Child and Parent Centre's operation. The centre's coordinator provides the LAC with regular progress reports as described in section 3.1.4.

Data Collection framework

A detailed Child and Parent Centre Data Collection Framework was developed collaboratively with the NGO and partner government department

representatives. It specifies the expected short, medium and long term outcomes⁷ and defines six centre performance indicators (discussed in Key Component 8) which inform these outcomes.

Table 11: Child and Parent Centre outcomes

CHILD AND PARENT CENTRE OUTCOMES	
Short term: 1-2 years	
1.	Access to a greater range of targeted services for families and children.
2.	Increased accessibility of programs and services.
3.	Increased coordination and integration of services.
Medium term: 3-5 years	
4.	Early identification, support for, and referral of high-risk families.
5.	Improvements in development and learning outcomes.
6.	An increase in the number of children who are 'school ready'.
7.	Improvements in school attendance
8.	An increase in family's capability to provide home environments which will enable children to thrive in all developmental domains.
Long term: >6 years	
9.	A reduction in the number of 'vulnerable children'.
10.	Achieve targeted, appropriate services easily accessed by families and children
11.	Increase the number of successful transitions and sustained engagement with schooling for at-risk children
12.	Achieve better value for money with increased co-location, coordination and integration of government and non-government programs and services for families and children.

Source: Data Collection Framework Guidelines for Child and Parent Centre Data Collection

In addition, the Child and Parent Centre operators commit to working towards a suite of 12 deliverables, which define expectations about how they work with the community, the services they provide, and training their staff. Child and Parent Centre coordinators report activities against these deliverables in their bi-annual reports. These are listed in Table 12 below.

⁷ *Data Collection Framework - Guidelines for Child and Parent Centre Data Collection*, (revised Feb 2014 and Jan 2015). The Framework was developed by the Special Projects Team, OECDL, working with the Edith Cowan Research Team (Centre for Research in Early Childhood and the Social Justice Research Centre), NGOs, and the departments of Health and Child Protection and Family Support. In addition, broad consultation with government and non-government stakeholders took place through circulating the Framework for feedback.

Table 12: Child and Parent Centre deliverables

CHILD AND PARENT CENTRES DELIVERABLES
1. Engagement and working relationship with the school principal and Local Advisory Committee.
2. Collaboration among health, education and child and family support professionals to provide programs and services that meet the needs of families.
3. Progress towards service coordination.
4. Collaborative partnerships with the school, community, and industry stakeholders.
5. Provision of information, community education, support groups and appropriate referrals that develop confidence and the ability among families to nurture and support their children.
6. Provision of programs and services that are family-friendly and easily accessed within the community, while providing essential continuity with professionals.
7. Additional programs and services procured / acquired for the community.
8. Effective scheduling of programs and services.
9. Current waiting-list time and numbers (where applicable).
10. Families and young children access a range of high quality early learning, parenting, health and well-being programs and services.
11. Engagement by children and their families in programs and services.
12. Staff training and/or supervision.

The LAC and Data Collection Framework with deliverables and outcomes provides a strong accountability framework for the Child and Parent Centres. Thus, Key Component 7 has been satisfied in the operationalisation of the Child and Parent Centre Initiative.

Key Component 8: Performance indicators will be established for each centre

As identified in Key Component 7, performance indicators have been defined as part of the accountability framework. Reporting against the first six of these has been written into the requirements for the NGOs. This satisfies Key Component 8.

Table 13: Child and Parent Centre Performance Indicators

CHILD AND PARENT CENTRES PERFORMANCE INDICATORS

Performance Indicator data collected by NGOs

1. An increase in the proportion of children (proxy is 'number of children') in need who access and participate in early childhood programs and services.
2. An increase in the number of parents and families participating in parenting and family support programs and services.
3. An increase in the number of Aboriginal and CaLD parents and families participating in parenting and family support programs and services.
4. An increase in the number of families with identified needs being supported and being satisfied with the services and support provided.
5. Parents report that they have gained skills and increased confidence in their parenting role.
6. Parents report that support programs and services have met their family's needs.

Source: Data Collection Framework Guidelines for Child and Parent Centre Data Collection

Key Component 9: Each of the Child and Parent Centres will be monitored and reviewed alongside a formal evaluation of the Initiative.

Monitoring

As indicated in Key Component 7, Child and Parent Centres report to the Department of Education twice yearly, with descriptive information and statistical data. These reports are reviewed by the OECDL and trends are identified. For the most part, reports have been provided on schedule.

The framework provides for activity/output monitoring in terms of:

- Scoping reports in the first 6 months of a new Child and Parent Centre's contract
- Bi-annual report
 - 6-monthly actions and activities achievements and issues are described against each of the deliverables
 - counts of attendance for services, programs and training, now provided via the online CPC Database
- Bi-annual two-week census of child and family participant attendance by ethnicity.⁸ The census dates vary from year to year but were around May and November.

The Department of Education reports that all NGOs submit the required reports and these have been provided to the Evaluation Team. Since the introduction of an online portal in 2015, coordinators are now able to input their data directly into the database.

⁸ Risk factors were initially included but later abandoned as too difficult/intrusive to collect. The suburb of residence was also included from 2015.

Evaluation

In 2015, the Department of Education appointed Shelby Consulting to undertake a comprehensive evaluation of the Child and Parent Centre Initiative using a competitive tender process. This report is the deliverable for this evaluation.

Monitoring and evaluation of the Child and Parent Centres has been implemented, satisfying Key Component 9.

Key Component 10: The coordination of services of the Child and Parent Centres will be managed by not-for-profit groups where practicable and appropriate.

The State Government has contracted the operation of all the Child and Parent Centres to NGOs, referred to in this report as Child and Parent Centre operators. A fixed price tender process was used, providing a metropolitan rate of \$285,000⁹ for the first phase Child and Parent Centres and \$296,400 for the second phase Child and Parent Centres. The Department of Regional Development's Regional Price Index (2011 and 2013) was used to weight regional operating rates. The NGO Operators are responsible to the Department of Education for meeting the Child and Parent Centre's contractual obligations managed through a *Community Services Contract Management Plan*.

Overall, ten organisations were contracted to run the 16 centres as listed in the table below. This became nine in 2016 when Geraldton Regional Community Education Centre merged with Ngala Community Services. Five of the NGOs administer two or more Child and Parent Centres. Therefore, Key Component 10 has been implemented as planned.

⁹ Requests for tender: provision of services. Excluding GST.

Table 14: Centre operators (NGOS) by Child and Parent Centre

Child Parent Centre	NGO
Greater Perth Metropolitan Area	
Banksia Grove	Ngala Community Services
Brookman	Parkerville Children and Youth Care
Calista	Ngala Community Services
Challis	Parkerville Children and Youth care
Dudley Park	Anglicare WA
East Maddington	Centrecare Inc
East Waikiki	Ngala Community Services
Gosnells	Centrecare Inc
Roseworth	The Smith Family
Warriapendi	Mercy Community Services
Westminster	The Smith Family
Regional WA	
Collie Valley	Investing in our Youth
Carey Park	Investing in our Youth
Mount Lockyer	Wanslea Family Services
Rangeway	Geraldton Regional Community Education Centre (becoming Ngala Community Services in 2016)
South Hedland	YMCA of Perth Youth and Community Services

Key Component 11: The Child and Parent Centre Initiative will be coordinated across departments by the Office of Early Childhood Development and Learning (OECDL), (of the Department of Education). The Child and Parent Centres will have a high level of local ownership and involvement.

Coordination by the Office of Early Childhood Development and Learning

Staff from the OECDL provide a strong program management function, providing input at a variety of levels, using Kotter’s 8-step change process as a model. At a strategic level, they support the Steering Group and Directors’ General Coordination Group, and broker support and coordination at an interdepartmental level. At the program coordination level, they provide planning and networking functions to develop consistency in approach and the application of learning, as well as the development of collegiate relationships between coordinators. At the local centre level, they support coordinators by visiting the communities and liaising with principals, government and NGO service providers, participating in LAC meetings, assisting with planning and coordinating openings, and facilitating forums for coordinators and the host school principals and NGO managers to help build and maintain momentum. They also participate in the induction process and help troubleshoot issues that arise with respect to managing new centres.

At the commencement of implementation there were 4.5 FTE funded to support the 10 centres, which included one member of Facilities Program Delivery and 0.5

FTE in Corporate Communications and Marketing. This has been reduced to the current FTE count of 3.0, while the number of centres being supported has risen to 21 (including the additional five built under the Indigenous Early Childhood Development National Partnership and not included in the scope of this report).

Local ownership and involvement

A commitment to local ownership of the Child and Parent Centres has been built into their operation by specifying in the request for tender requirements for the successful service providers to “develop and maintain a productive working relationship with the host school and strong linkages with the local community...” (ETG215/2012, p 16). This is further specified as a key deliverable for the centres to demonstrate as “effective partnerships with the school, community, and industry stakeholders are built and maintained to ensure that the centre(s) are well supported and opportunities for collaboration are developed” (ETG215/2012, p16)

Therefore, the two aspects of Key Component 11, coordination, and local ownership and involvement, have been implemented.

SUMMARY FOR KEQ 1: The original design and intention of the Child and Parent Centre Initiative have been very closely followed in the translation into procurement documents and into the execution of the Initiative. Overall, the Initiative is being implemented as intended.

KEQ 2. TO WHAT EXTENT ARE CHILD AND PARENT CENTRES MEETING THEIR OUTCOMES, PERFORMANCE INDICATORS AND DELIVERABLES, INCLUDING TREND PROJECTIONS? IN WHAT CONTEXTS? HOW (WHAT ARE THEY DOING DIFFERENTLY)?

This section reviews the progress being made by the Child and Parent Centres in terms of meeting their performance indicators, outcomes, and deliverables. These have been aligned to the activity and outcome themes identified in Figure 1. Some have also been reordered to create a better flow of ideas. According to the framework, only outcomes 1 to 3 are expected to show change in three years; however, progress and feedback on all outcomes has been provided.

It should be noted throughout that **quantitative data should only be used as an overall guide**. There are many factors affecting “counting”. For example, a single program may have three parts or 10 parts or be ongoing, but will still be counted as one. Attendance is only counted for formal activities; however, some of the most important interactions are informal chats that are facilitated by the centres. A speech therapist can attend one playgroup or provide one instance of teacher training and provide multiple parents or teachers with knowledge and

skills to support multiple children. These are still only counted as single programs. Therefore, numerical charts are valuable to indicate trends but not for detailed inferences or comparisons to be made.

Note that there are two main sources of quantitative information displayed in the following sections: the bi-annual totals, originally provided from spreadsheet reports but now extracted from the CPC Database, and the bi-annual census. The first of these attempts to count all programs and attendances (formal ones only) within the six-month period; on the other hand the second of these covers only a two-week period, so their overall numbers do not compare with the overall attendances and program numbers but instead provide a more detailed snap-shot of the attendance of adults and children in target groups and where they live.

4.2 Generating access and participation

In this section information relating to performance indicators, outcomes and deliverables relevant to generating access and participation is presented.

4.2.1 PERFORMANCE INDICATORS

All six of the Child and Parent Centres performance indicators measure an aspect that illustrates achievement of generating access and participation of the community in Child and Parent Centres' services.

Performance Indicator 1: An increase in the proportion of children (proxy is 'number of children') in need who access and participate in *early childhood programs and services*

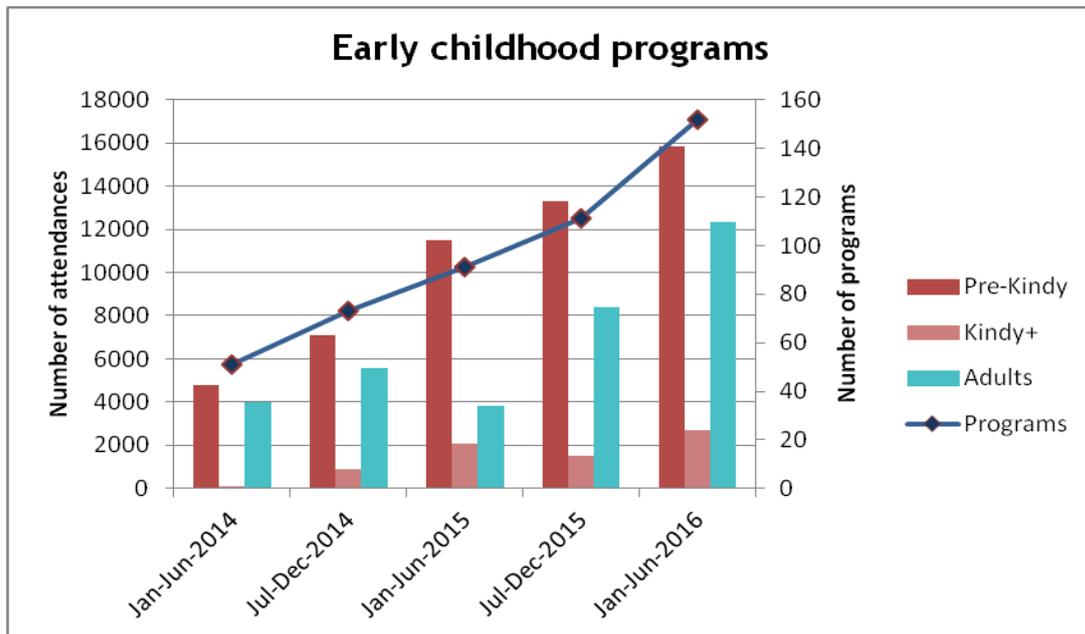
The number of children and adults participating in programs as well as the number of programs has increased over the reporting period as outlined in the table below. (The reduction in adult participation in January to June 2015 is believed to be due to a change to counting methodology that was later discarded).

Table 15: Participation in early childhood programs and services per six monthly reporting period; all Child and Parent Centres

	No of Programs	No of Pre-kindy children	No of Kindy+ children	No of Adults
Jan to Jun 2014	51	4770	115	4022
July to Dec 2014	73	7100	913	5565
Jan to Jun 2015	91	11477	2092	3819
July to Dec 2015	111	13285	1501	8392
Jan to Jun 2016	152	15841	2672	12321

Source: CPC Database

Figure 4: Participation in early childhood programs and services per six monthly reporting period; all Child and Parent Centres



Source: CPC Database

It should be noted that the above data on children and adult participants includes multiple instances of attendance at different activities by the same cohort of children and adults. Data on the total number of children and adults involved in Child and Parent Centres is not available.

The data for Performance Indicator 1 shows that the number of children participating in early childhood programs and services is increasing over time, and that the greatest proportion is in the pre-kindergarten age group.

Performance Indicator 2: An increase in the number of parents and families participating in parenting and family support programs and services

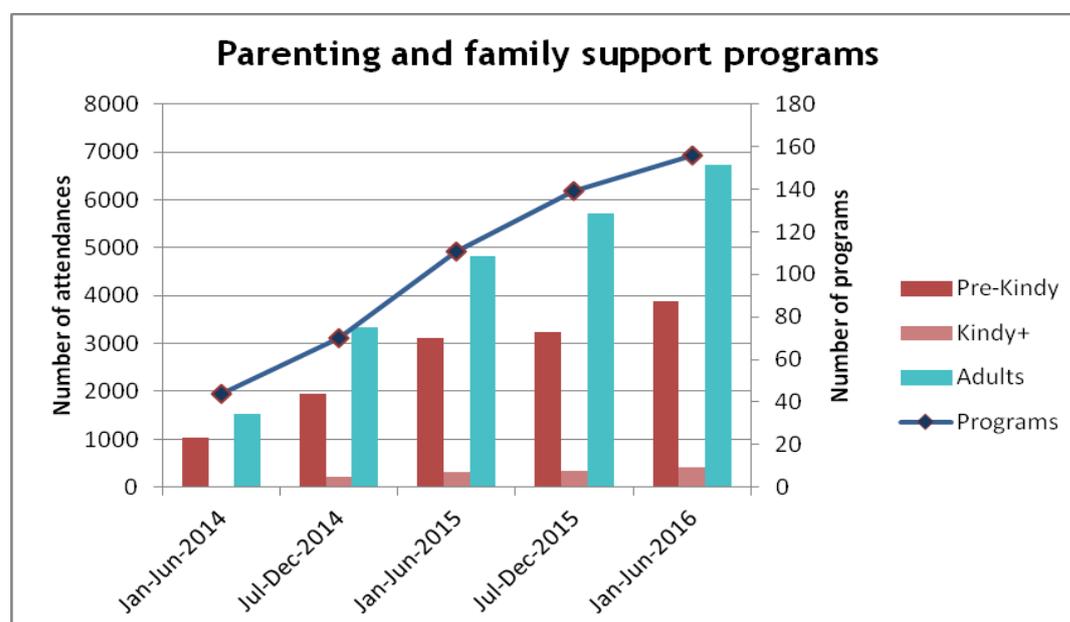
The number of children and adults participating in Parenting and Family Support programs, and also the number of programs, has increased every six-monthly reporting period as outlined in the table below.

Table 16: Parenting and Family Support programs per reporting period; All Child and Parent Centres

	No of Programs	No of Pre-kindy children	No of Kindy+ children	No of Adults
Jan to Jun 2014	44	1027	15	1518
July to Dec 2014	70	1950	205	3344
Jan to Jun 2015	111	3117	310	4815
July to Dec 2015	139	3245	340	5704
Jan to Jun 2016	156	3887	410	6733

Source: CPC Database

Figure 5: Parenting and Family Support programs per reporting period; All Child and Parent Centres



Source: CPC Database

The data for Performance Indicator 2 shows that the number of parents and families participating in parenting and family support programs and services is increasing.

Performance Indicator 3: An increase in the number of *Aboriginal and CaLD* parents and families participating in parenting and family support programs and services

The Child and Parent Centre Initiative recognises Aboriginal children and those with a culturally and linguistically diverse (CaLD) background as target groups in the community.

Bi-annual reports and reports from the CPC Database provide examples of activities delivered at and through Child and Parent Centres targeting these groups, as shown in the table below. This is not an exhaustive list and other

targeted programs are also offered in addition to the universal services and programs provided¹⁰. These are reported on in CPC Outcome 1 in section 4.2.3.

Table 17: Example targeted activities and programs for Aboriginal and CaLD families

Population Group	Program/Activity	
Aboriginal	Aboriginal cultural reflections	Deadly dads
	Aboriginal family support services	IPF early literacy programme
	Aboriginal hearing assessments	NAIDOC community event
	Aboriginal parent support group	Speech therapy
	Aboriginal play café	Supported Aboriginal playgroup
	Aboriginal story time	Yarning circle
	Aboriginal toddler tucker training	Yarning proper way
	Best Start playgroup	
CaLD	African drumming	Multicultural food festival
	African learning circle	Multicultural lunch
	Arabic book library	Multicultural playgroup
	English class for adults	Playgroup – German / Chinese
	Harmony Day community event	Playgroup - mingling multi-mums
	Malay deadly dads playgroup	Raising bilingual children workshop
	Malay mum's group morning tea	

Source: CPC Database

The number of programs specifically for Aboriginal or CaLD families has been relatively constant over time, while the number of universal programs and other targeted programs has been increasing (see Table 18 and Figure 6). These numbers are guides only and the increase is due both to phase two centres commencing operations as well as all centres working to identify, engage and service the target vulnerable communities.

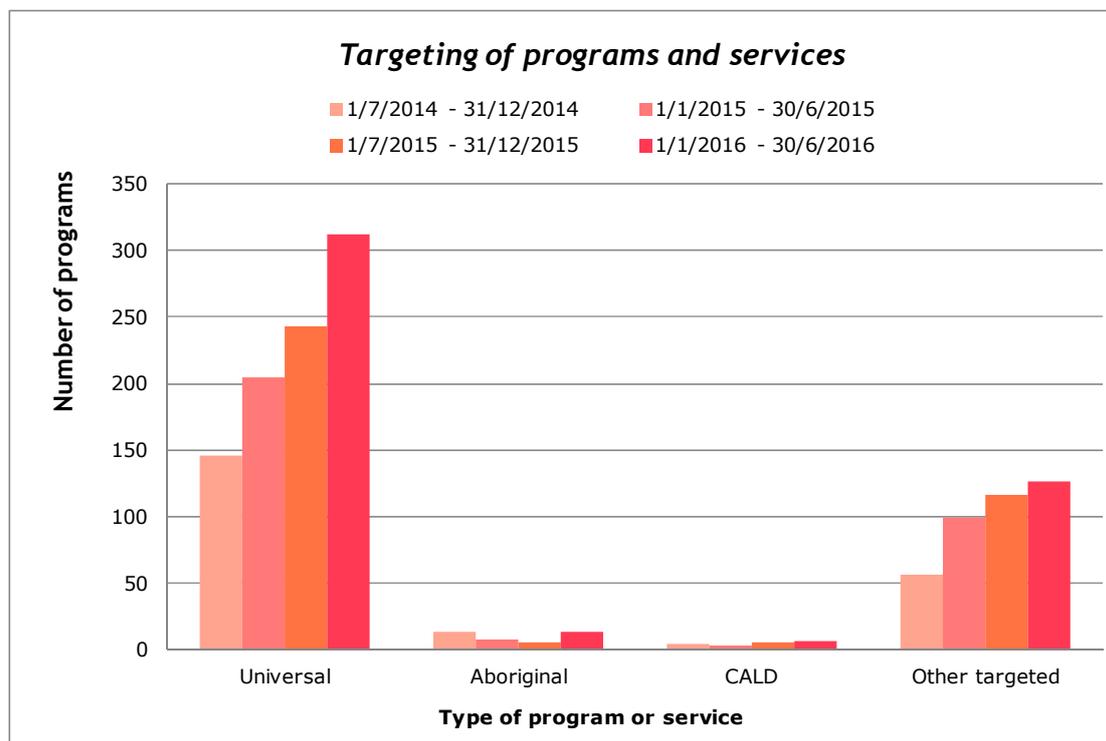
Table 18: Universal and targeted programs and services per reporting period; All Child and Parent Centres

	Universal	Targeted		
		Aboriginal	CaLD	Other
July to Dec 2014	146	13	4	56
Jan to Jun 2015	205	8	3	99
July to Dec 2015	243	6	6	116
Jan to Jun 2016	312	14	7	127

Source: CPC Database

¹⁰ Targeted programs/services are for those who have specifically identified needs. Universal programs/services are directed to the whole of the CPC community, and aim to promote positive outcomes for children and/or families and build their capacity to thrive. Government of Western Australia, *Operating manual for Child and Parent Centres*, p9.

Figure 6: Universal and targeted programs and services per reporting period; All Child and Parent Centres



Source: CPC Database

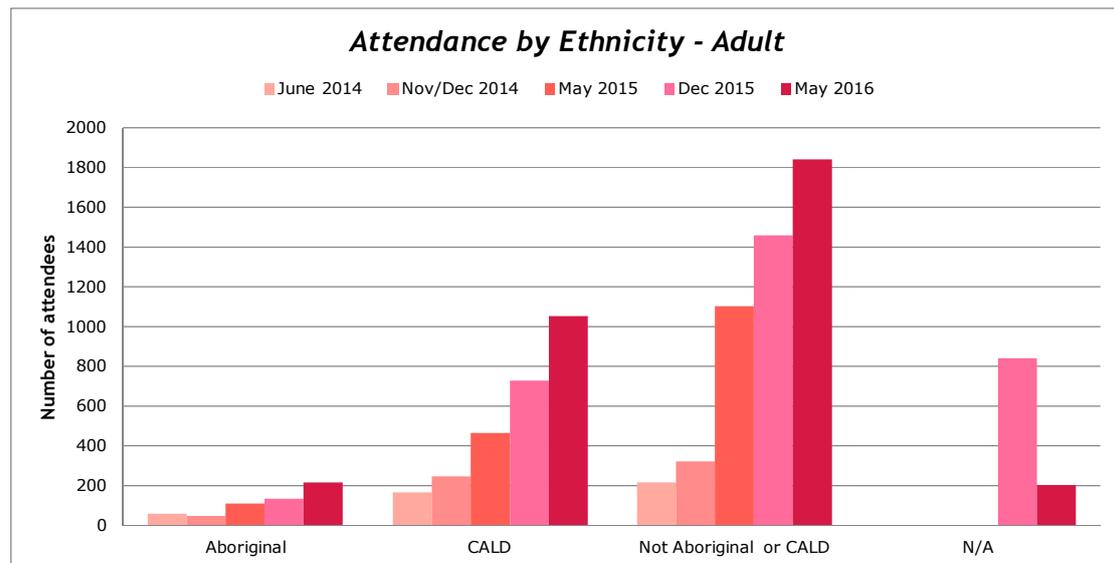
However, the census attendance figures collected during the two week recording periods, where participants are asked to provide information regarding their cultural origins show an increasing attendance at the centres by Aboriginal and CaLD families. These figures are provided first for adults and then for children. This implies that CaLD and Aboriginal families are attending universal programs and services rather than only targeted programs. This was supported through observations during site visits.

Table 19: Instances of service in the two-week census period by ethnicity - Adult*

Census period	Aboriginal	CaLD	Not Aboriginal or CaLD	Not known
June 2014	57	165	213	-
Nov/Dec 2014	48	245	323	-
May 2015	107	467	1,101	0
Dec 2015	132	724	1,455	837
May 2016	215	1,054	1,838	202

*Instances of service in two-week census period at the centres. Source: CPC Database

Figure 7: Instances of service in the two-week census period by ethnicity - Adult



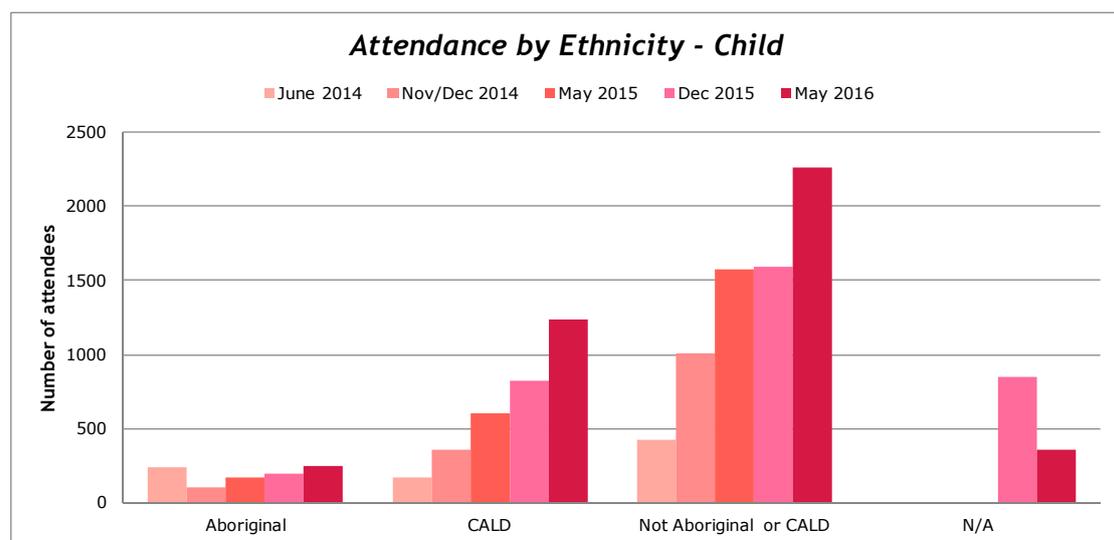
Source: CPC Database

Table 20: Instances of service in the two-week census period by ethnicity - Child*

Census period	Aboriginal	CaLD	Not Aboriginal or CaLD	Not known
June 2014	237	170	422	-
Nov/Dec 2014	106	358	1,010	-
May 2015	168	599	1,577	0
Dec 2015	191	821	1,594	845
May 2016	247	1,239	2,261	354

*Instances of service in two-week census period at the centres. Source: CPC Database

Figure 8: Aboriginal and CaLD attendance at the centres - Child



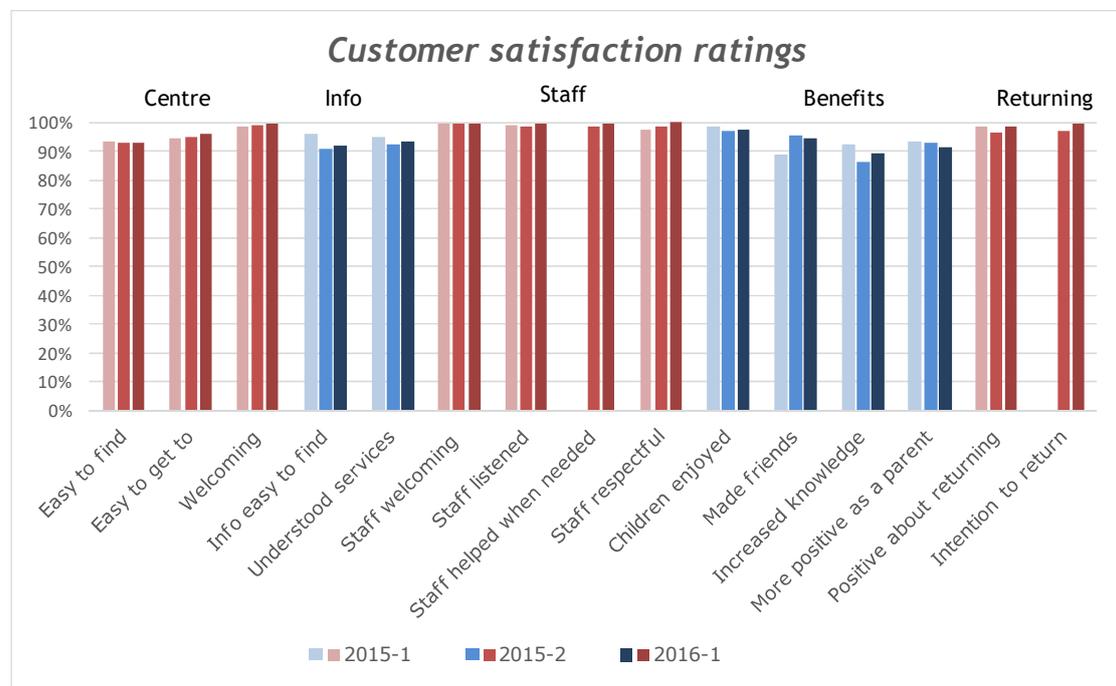
Source: CPC Database

The data for Performance Indicator 3 show that the number of Aboriginal and CaLD parents and families participating in parenting and family support programs and services is increasing.

Performance Indicator 4: An increase in the number of families with identified needs being supported and *being satisfied* with the services and support provided

The NGOs reported seeking satisfaction ratings for their services from adult participants since the centres began operating in 2014. The ratings themselves were only reported once a common survey format was jointly developed and provided by the Department in 2015. This was reviewed and minor amendments made after coordinator feedback from mid-2015.

Figure 9: Customer satisfaction ratings, all centres combined 2015 to 2016



Source: CPC Satisfaction data

As shown above, overall the customer feedback ratings were very high. In particular, staff and the centre itself were welcoming, which are key elements in providing an accessible service. The questions used in the satisfaction survey are provided in Appendix E.

Table 21: Proportion of respondents agreeing with positive statements about the service

	Jan-Jun 2015 n = 313-386 ¹¹	Jul-Dec 2015 n = 340-420	Jan-Jun 2016 n = 658-738
<i>Centre</i>			
Easy to find	93%	93%	93%
Easy to get to	94%	95%	96%
Welcoming	99%	99%	99%
<i>Info</i>			
Info easy to find	96%	91%	92%
Understood services	95%	93%	93%
<i>Staff</i>			
Staff welcoming	99%	100%	99%
Staff listened	99%	99%	100%
Staff helped when needed	n/a	99%	100%
Staff respectful	98%	99%	100%
<i>Benefits</i>			
Children enjoyed	99%	97%	98%
Made friends	89%	96%	95%
Increased knowledge	93%	86%	89%
More positive as a parent	93%	93%	91%
<i>Returning</i>			
Positive about returning	99%	97%	98%
Intention to return	n/a	97%	100%

Source: CPC Satisfaction data

The data for the previous PIs shows an increase in the number of families being supported. The satisfaction data for Performance Indicator 4 shows that these families are satisfied with the services and support provided.

Performance Indicator 5: Parents report that they have gained skills and increased confidence in their parenting role

As shown in the table above most parents reported that they had increased parenting knowledge with rates of agreement with the statement "I learnt something new about raising children" of between 86% and 89%. They also reported increased confidence agreeing with "I felt more positive as a parent/grandparent/caregivers" in more than 90% of cases.

This was supported in interviews with parents during site visits as will be discussed in section 4.4.

¹¹ The number of valid responses varied between questions.

The data for Performance Indicator 5 shows that parents report that they have gained skills and are more positive about their parenting.

Performance Indicator 6: Parents report that support programs and services have met their family's needs.

This is not directly collected in satisfaction surveys but it can be inferred from the satisfaction results and continually growing attendance data that the support programs and services are meeting families' needs.

4.2.2 CHILD AND PARENT CENTRE DELIVERABLES

There are seven Child and Parent Centre deliverables¹² that relate to generating access and participation. Three relate to *activities*: providing information (5), programs and services (6), and staff training (12). Four relate to *outputs*: additional programs (7), waiting lists (9), families attending (10), servicing of both children and parents (11). Child and Parent Centre coordinators report against these deliverables every six months and provide a wealth of information; however, the qualitative information is detailed and not well suited to synthesis. Data for this section is primarily drawn from bi-annual data and from site visits.

Deliverable 5: Provision of information, community education, support groups and appropriate referrals that develop confidence and the ability among families to nurture and support their children

Key to the Initiative is the delivery of information in many ways to suit the differing needs of families. These are some of the mechanisms that are used.

Information about the Child and Parent Centres

Each Child and Parent Centre is utilising strategies to engage families in activities, programs and services delivered at and through Child and Parent Centres. Bi-annual reports document the numerous strategies they use to raise community awareness on what the centre has to offer families. They include:

- Attending community events;
- Holding open days;
- Promoting the Child and Parent Centre in early education and care centres;
- Visiting school playgroups, kindy cafés and morning teas;
- Advertising activities in schools via their newsletters and posters;
- Providing brochures and posters to libraries and other community centres;

¹² The full list of deliverables was provided in Table 12 in the order in which they appear in Departmental documentation. They are discussed in this evaluation question by theme; therefore, in this section those that relate to generating access and participation appear and are discussed, in the most logical order.

- Being involved in Early Years Networks and other relevant groups; and
- Keeping parents informed of upcoming workshops and information sessions by email and the Child and Parent Centre App.

Information

Within the centres, information is provided about their activities and services, and those of other relevant agencies (e.g. support groups, counselling services, events being held in other locations), in the form of posters and brochures displayed on notice boards and shelves outside the entrance in the foyer. Some Child and Parent Centres have a file of additional services also available in the foyer and others have produced a local services directory in poster or brochure form which they distribute at the schools and in the centre.

Community education

Information sessions and workshops are being delivered in all the Child and Parent Centres and in some cases in conjunction with other service providers in other venues (e.g. Parenting WA will request Child and Parent Centres to provide a free crèche when delivering workshops in other venues). There are a wide range of information sessions and workshops being delivered by government and non-government agencies which include health topics (for example Transition to Solids, Healthy Eating, First Aid) and parenting (Toilet Training, Triple P, 1,2,3 Magic, Sing&Grow). Most Child and Parent Centres offer their families a range of these and they can choose what they would like, while some families will request, or the child health nurse will suggest a topic and the coordinator will try to arrange for it to be conducted. Some sessions are regular and ongoing while others may not be, according to need.

Support groups

Some Child and Parent Centres provide a venue for support groups to meet (for example Kwinana Early Years MyTime program for carers of children with disabilities or chronic health problems, and cultural playgroups). Other support groups are delivered by centre staff, other service providers or volunteers (for example baby yoga; Pebbles NGO one-on-one therapy for children with disabilities, dad's groups).

In addition, some centres offer groups that do not have a particular parenting focus but provide an opportunity for families or parents/caregivers to meet. These provide a more subtle support role and can provide an indirect mechanism for engaging parents with each other and with the centre. For example, a lunch club can provide a venue and non-threatening atmosphere for parents to talk about their problems, share solutions and extend their personal support network. At the same time, it is an opportunity for a skilled centre staff member to understand, engage, and help directly or refer individuals over time.

Referrals

Child and Parent Centre staff are knowledgeable about other services that are available in the area, and can refer parents to the appropriate agencies. When

they have a parent with specific issues that the centre staff cannot address, they will not just refer them to another service provider: they will ring and set up an appointment for them, and on occasion may even take them there, or the other agency will come and meet them at the centre.

Deliverable 6: Provision of programs and services that are family-friendly and easily accessed within the community, while providing essential continuity with professionals

The centre staff have created a family-friendly environment at most centres, and in other locations where they or other agencies deliver activities, information sessions and workshops. Centre coordinators described how they go out of their way to create a warm and friendly environment, and to have welcoming staff. There are coffee making facilities provided in a drop-in area, and children's toys provided in indoor and outdoor play areas. There are people who can mind one child while a parent attends to another or takes them into an appointment with the nurse or other professionals. Parents can chat with each other and with staff, and the timing is made to fit in with school drop-off and pick-up times to make it easier for families with school age children. In addition, a free crèche is available during workshops and information sessions.

The health services delivered in the centres makes them more accessible than those in their areas, and available in a less intimidating environment. They provide for less formal interaction between health professionals and families, and a more flexible approach than is the case in other settings.

The feedback from parents is that the centre staff and the other families that attend are very friendly and supportive, and inclusive of people from various ethnic backgrounds and parents whose children have disabilities. Many commented on feeling a strong sense of being part of a community when attending playgroups and other activities at the centre.

Family friendly, supportive and inclusive

The parents/caregivers interviewed commented on how family-friendly the centres are:

"Love the place and the ladies. They get to know about your family, even the kids they haven't met". Parent

"I did know of another one, but to be honest when I came over here – the surroundings, the people – I didn't want to go anywhere else." Parent

"Yeah I find it really welcoming. They remember your name and the kids' names. Always welcoming. Have groups but everyone talks to each other. Feel comfortable." Parent

They also commented on how supportive the centre staff and other parents are:

"I think they do a fantastic job. There's no nastiness, no cliques, never feel left out. There's always someone that will come and talk to you. When I first arrived I felt welcome." Parent

"They do a great job. I'm confident if I came with an issue they will help me, here or elsewhere, nothing I couldn't ask." Parent

"You don't have to worry about kids escaping as [the receptionist] is always on the desk and she chases them. She's on top of the escape thing. Technically she's a receptionist, but she still interacts with the kids and they love her." Parent

"I enjoy it and have found the other parents friendly. I'm quite happy and I will go every week. The other mums are lovely and the staff amazing. Every week they always have different stuff out – it's not repetitive. It's really lovely, really great. And no fees." Parent

They also spoke about how inclusive the centres are:

"It's very multi-cultural, and every age 0-5 from different backgrounds." Parent

"I love what they do, being involved in the community. They're doing really well - just doing a really good job. Hope they have many years to come". Parent

"They go out of their way. There was a picnic in D and I don't drive. K organised a ride for us". Parent

Easily accessed and continuity with professionals

Parents also commented that the centres have made access to professionally-run activities, workshops and programs much easier:

"I don't think I would have had access to these workshops and activities if the CPC wasn't there. I wouldn't have known where to start. I wasn't aware of what was available". Parent

"It's more convenient here, if these courses were somewhere else I wouldn't have found out about them. The crèche makes it easy." Parent

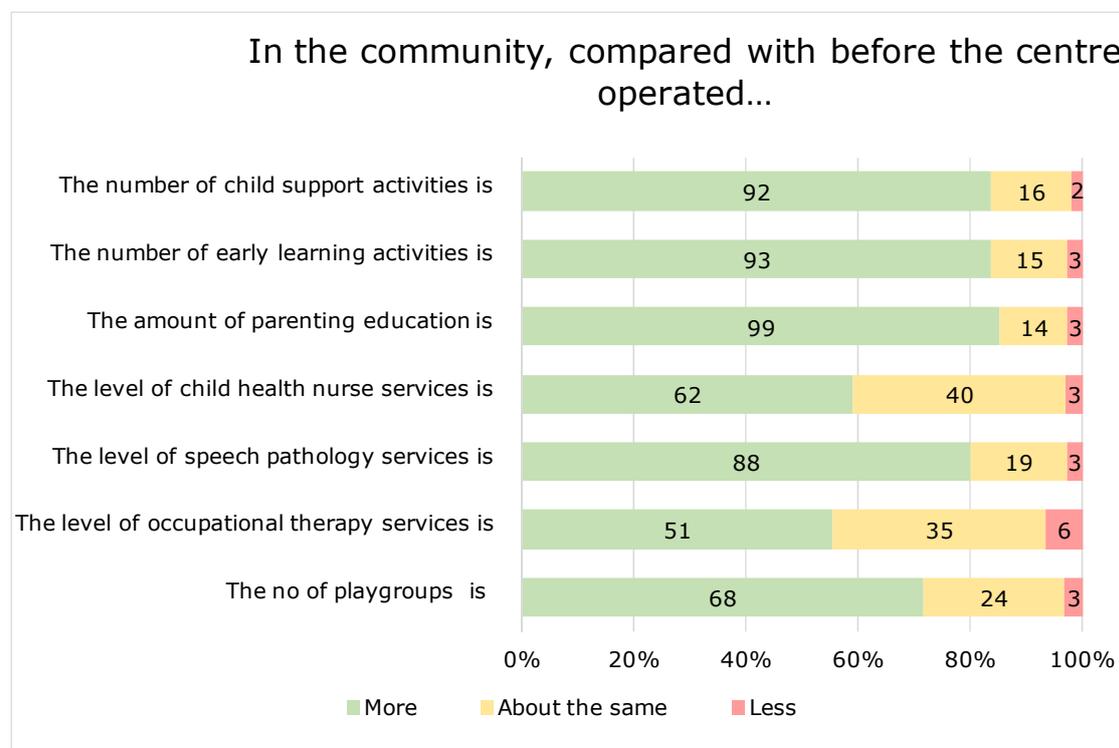
Deliverable 7. Additional programs and services procured / acquired for the community

As discussed earlier, there are many programs and services being delivered at and through the Child and Parent Centres. Some are existing services which have been relocated to the centre, while others are new to the community, whether directly procured using the centre budget or funded in other ways. Services are drawn to the centre by a number of factors. Services may be started that were previously unable to find a venue, or they may be relocated because the venue is

more appropriate, closer to the target group or free to use. In some cases, simply the availability of the crèche can make it possible for a program to be run.

The programs and services vary considerably over time. Coordinators are constantly adapting to the needs of their families, and the availability of other service providers to deliver information sessions and workshops. A prime example is the cessation of Parenting WA services by the Department of Local Government and Communities (DLGC), which means many Child and Parent Centres are working to fill the gap this has created¹³. This is just one example, with various non-government service providers reportedly having their State and Australian Government funding cut. These include Children and Family Centres, and financial counselling services.

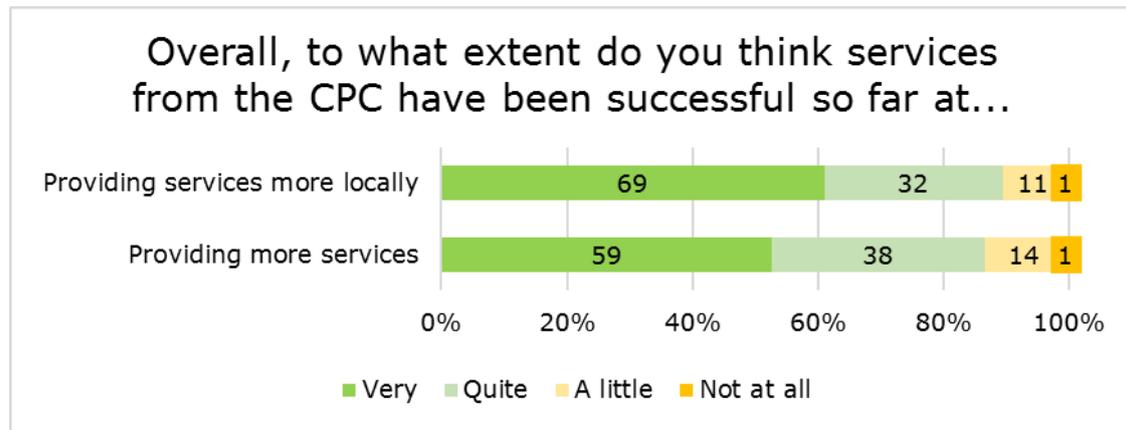
Figure 10: Perception of level of services available in the community compared with before the Child and Parent Centres started operating



Most people surveyed judged that there were more child and family services available in the community once the Child and Parent Centre opened, compared with what was available before. Parenting education, child support activities, early learning activities and speech pathology services were the categories most commonly described as having increased. Child health nurse and occupational therapy services were least likely to have been seen to have increased.

¹³ The DLGC has awarded contracts to the NGO sector to deliver parenting services across WA from 1 April 2017 to 30 June 2022. A Centre for Parenting Excellence is also being established.

Figure 11: Perception of the services made available locally by Child and Parent Centres



A total of 59 stakeholders who completed the survey provided 69 comments on changes in the level of community services in their area since the Child and Parent Centre was established. The most common response was that there were more services once the Child and Parent Centre was established (28 comments, 41% of comments).

"There are lots more parenting programs and support." NGO service provider

"Improved and appreciated by the community!" Host school principal

"The CPCs offer playgroups, access to speech therapists and child health nurses, and provide child support activities which boosts the services in the area." Government service provider

"The purpose-built facility that doesn't charge a hire fee has increased capacity of a range of services to be delivered. Suitable delivery space for children's services is a big issue." NGO service provider

"There are now three-year-old programmes and free school holiday activities where there were none before. Also, there are partnerships with other agencies who are now delivering parenting services and information in addition to already existing ones." Coordinator

"The level of child and family-friendly services for children in the 0-8 age group has significantly improved." Surrounding school principal

However, three comments (4%) indicated there was limited change and four (6%) that there was none.

"Services continue to be centralised. There have been small moves to offer services away from the centre this year. There has been some improvement in the number of services but many remain the same." Surrounding school principal

"There are constant changes in the community. Services come and go as funding is or isn't available and what and how they fund changes direction.... Child health and speech hasn't increased it just has another venue where the services are delivered." Coordinator

Four comments (6%) thought that services had reduced, though for reasons unrelated to the Child and Parent Centre.

"If the number has reduced, that is not generally related to CPCs but other decisions." Government service provider

The next most common theme was how the centre had improved access to services (15 comments, 22%). Various reasons were given such as because they were free, closer to families or families knew more about them.

"There has been an increase in attendance of families who do not traditionally access playgroups or children activity sessions due to financial restraints. The integrated services offered to families has increased access but also provided a more co-ordinated and holistic response for families." Coordinator

"Increase in accessibility to services and programs. These services and programs have been provided following consultation with community and identified client needs." Government service provider

"There has been an increase in community reach with the centre's opening. Every week new families are engaging in the centre at and through the centre across multiple schools." NGO manager

A small number of comments (4, 6%) mentioned that collaboration of services had increased.

"There is also more co-ordination between agencies in this community." Coordinator

Ten comments (14%) raised a range of individual issues or concerns, often concerning a particular centre:

"Whilst there are more community services on the [centre] site the parents from my school are not accessing those services and there is next to no outreach service coming to my school." Surrounding school principal

"This is a time of increasing uncertainty about which services currently available will continue to be available in 2017 and beyond. ... There is widespread concern within the family and children's services sector that costs of hosting programs for families will become prohibitive and that the families most in need of access to these programs could miss out." NGO service provider

"Services are available but parents still do not access them as they are off site and parents are unable to get there."
Surrounding school principal

Deliverable 9. Current waiting-list time and numbers (where applicable)

While some centres have had to create waiting-lists for some of their activities, these numbers have not formed part of the monitoring reporting and are not available. The most common services to be in over-demand are allied health services, child health nurse and playgroups. Where they can, centres have developed systems that provide all families with access to some services while having to wait for others to be fair to all.

For example, one centre has put in place a system whereby parents put themselves on a waiting list for workshops and are limited in the number of playgroups and other activities they can attend in one week. Those who cannot be accommodated in workshops are given priority the next time they are held. They can come to one playgroup they are registered for, but there are also open playgroups they can attend.

"Have to be careful as people get upset – it's a fine balance".
Child and Parent Centre coordinator

Deliverable 10: Families and young children access a range of high quality early learning, parenting, health and well-being programs and services

The PIs earlier showed that the Child and Parent Centres are providing a range of programs and services. The following tables and figure provide quantitative data about the types of programs and services being delivering.

Range

Table 22 shows that the Child and Parent Centre provided a broad range of services. Parenting and family support and early learning activities are the most common type of programs provided, followed by Child Health services and Health Promotion.

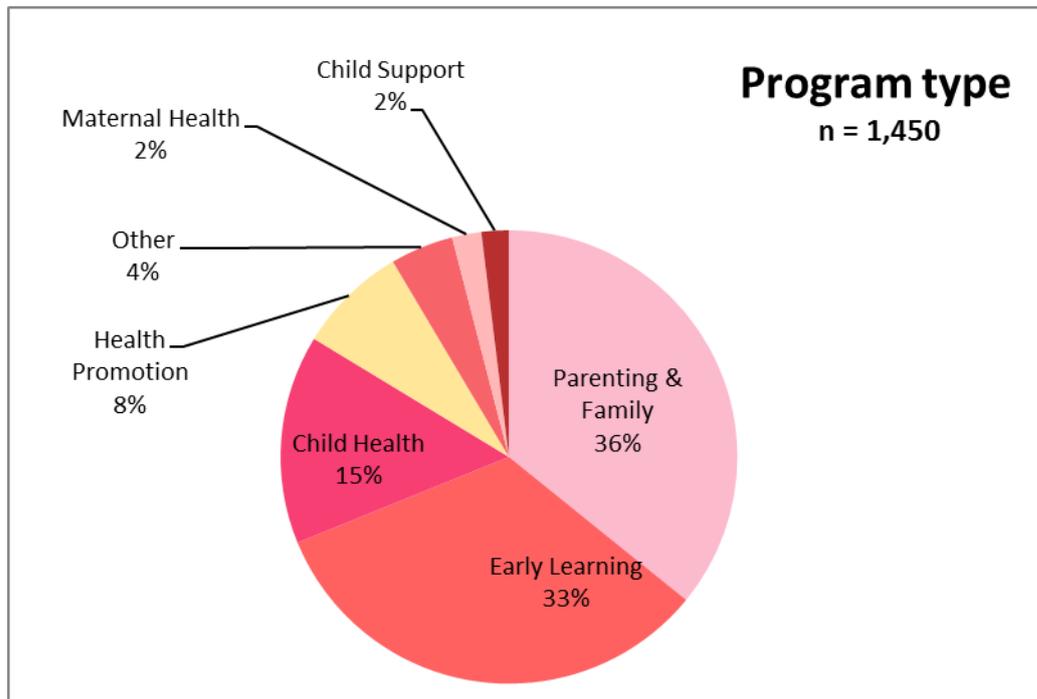
Table 22: Program type by proportion - All Child and Parent Centres; Jan 14-Jun 16

Program type	Number of programs	Proportion
Parenting & family support	520	36%
Early learning activities	478	33%
Child health services	216	15%
Health promotion	113	8%
Other adult services	65	4%
Maternal health services	30	2%
Child support activities	28	2%
Other child services	5	0%
Total	1,450	100%

Source: CPC Database Note that 'program' is used to describe an activity that may occur any number of times from one conducted over several weeks to one-off events; therefore, the number of programs offered is not an accurate measure of activities, and should be treated as a guide only.

The pie chart below shows the proportion of different types of activities delivered by all Child and Parent Centres. This indicates a total of 1,450 programs were delivered across the 16 Child and Parent Centres between January 2014 and the end of June 2016. However, as noted elsewhere, these numbers should be used as guides only since the smaller proportion of child health programs, for example, are likely to include ongoing services with multiple instances of service, whereas parenting and family support programs are likely to have a greater proportion of single or short suites of workshops.

**Figure 12: Program type by proportion (n=1,450) All Child and Parent Centres;
Jan 2014 - Jun 2016**



Source: CPC Database

The table below shows the number of programs provided by each Child and Parent Centre. As each Child and Parent Centre has the flexibility to provide programs and activities to meet local needs there is a variation in the types of programs offered and their frequency.

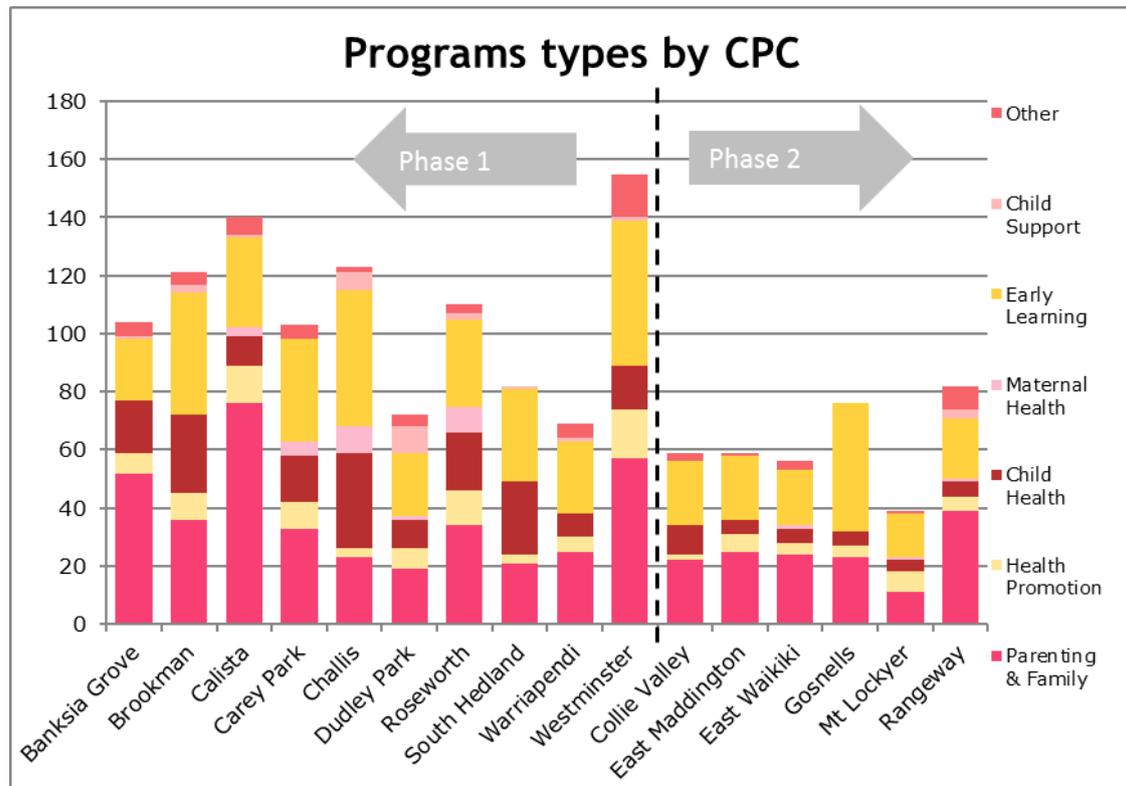
Table 23: Program type by Child and Parent Centre - All Child and Parent Centres; Jan 2014-Jun 2016

Child and Parent Centre	Parenting & Family Health Promotion	Child Health	Maternal Health	Early Learning	Child Support	Other	Total
PHASE ONE							
Banksia Grove	52	7	18	0	21	1	104
Brookman	36	9	27	0	42	3	121
Calista	76	13	10	3	31	1	140
Carey Park	33	9	16	5	35	0	103
Challis	23	3	33	9	47	6	123
Dudley Park	19	7	10	1	22	9	72
Roseworth	34	12	20	9	30	2	110
South Hedland	21	3	25	0	32	1	82
Warriapendi	25	5	8	0	25	1	69
Westminster	57	17	15	0	50	1	155
PHASE TWO							
Collie Valley/Wilson Park	22	2	10	0	22	0	59
East Maddington	25	6	5	0	22	0	59
East Waikiki	24	4	5	1	19	0	56
Gosnells	23	4	5	0	44	0	76
Mount Lockyer	11	7	4	1	15	0	39
Rangeway	39	5	5	1	21	3	82

Source: CPC Database

Note that 'program' is used to describe an activity that may occur any number of times from one conducted over several weeks to one-off events; therefore, the number of programs offered is not an accurate measure of a Child and Parent Centre's activities, and should be treated as a guide only. Note too that this table reports numbers only and makes no implications regarding the quality of the programs.

Figure 13: Program type by Child and Parent Centre - All Child and Parent Centres; Jan 14-Jun 16



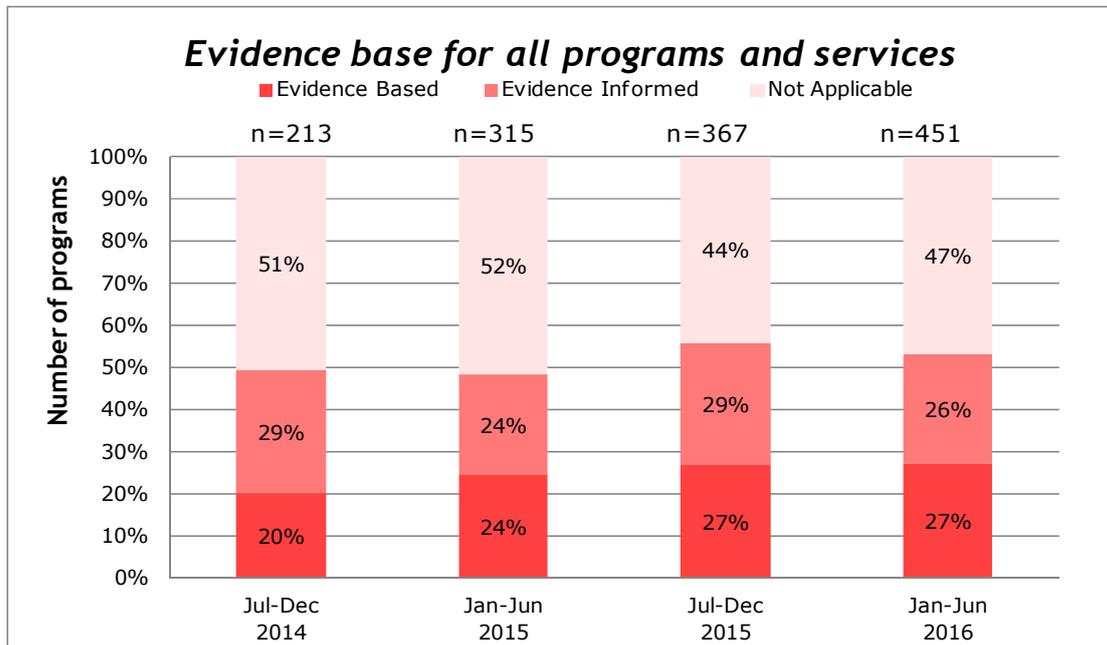
Source: CPC Database

High quality

High quality is sought by encouraging NGOs to deliver programs and services that are based on evidence whenever possible¹⁴. Other mechanisms are utilising professionals, training staff and providing supported playgroups. Figure 14 shows the proportion of programs that are evidence-based, evidence-informed, and for which an evidence base is not applicable. This shows that for the more formal the proportion that are evidence based is about the same as for those that are evidence informed. The activities for which an evidence base isn't applicable relate to some of the less formal types of activity and program provided by Child and Parent Centres, such as engagement activities, which have different objectives and therefore not based on research evidence in the same way. As such, a range of evidence-base is to be expected and desired. A review of the mix of programs and activities for individual Child and Parent Centres would be useful to determine if there is a typical profile of evidence-base, and if there are meaningful benchmarks to use as a guide.

¹⁴ Evidence-based programs are identified through the Australian Government's "Communities for Children Facilitating Partners Evidence-based programme profiles" at <https://apps.aifs.gov.au/cfca/guidebook/programs>. This is not an exhaustive list and there may be high quality programs whose outcomes have not yet been formally demonstrated by research. In particular, those that are new, or that have limited application, may not attract interest or funding for research into their efficacy.

Figure 14: Level of evidence base for programs and services provided at and through the Child and Parent centres



Source: CPC Database

This approach to using evidence based programs where possible to provide high quality appears to be providing the desired response, eliciting very positive comments from parents during site visits.

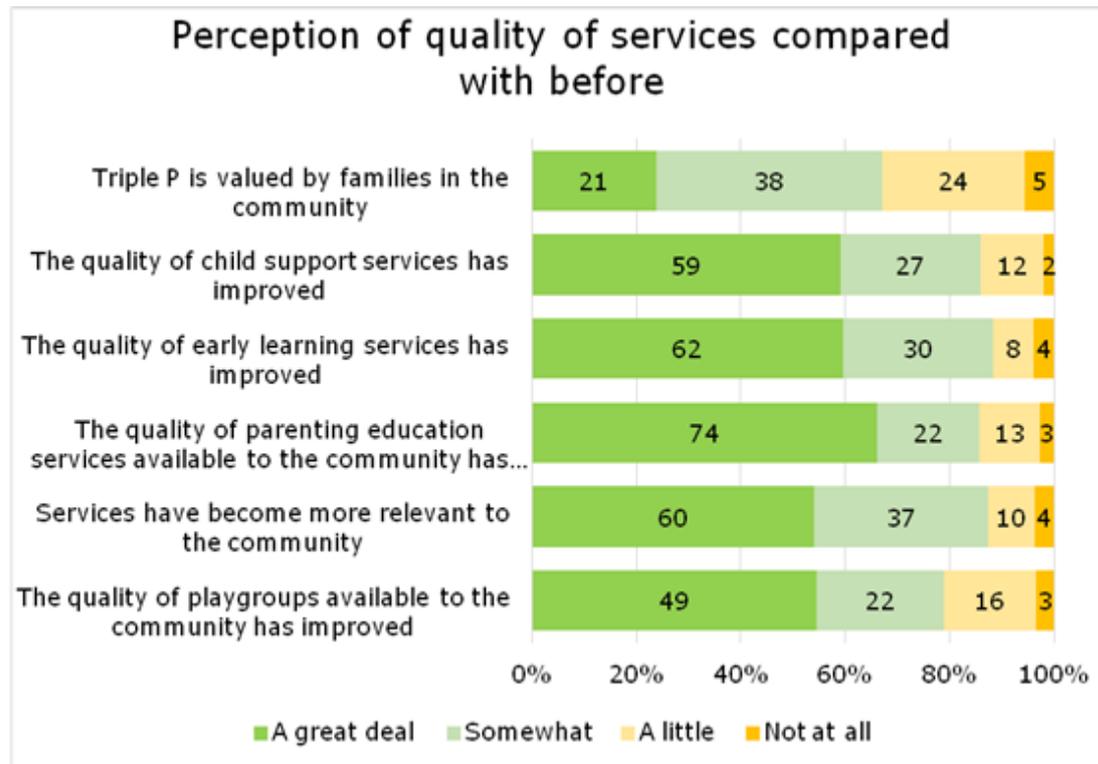
"I just think it's great. The environment is so valuable as it's run by professionals, and the way they do it. Feels like talking to a friend, not a professional." Parent

"The ladies do an awesome job. I think it's a fantastic service that they offer there, and the ladies are super friendly and always willing to help. I know what to look for, and they're really special and always have new ideas and activities". Parents with background in childcare

"It's been great. It's really quite a special place. Others are not as conducive. It's very welcoming, and it's bright and really clean, and [my daughter] really loves being here and the activities for them. I'm really blessed, and the specialisation here – the people who run it, really lovely people." Parent

These views were confirmed in responses to the survey which found that stakeholders believed that a number of aspects of quality had improved (Figure 15).

Figure 15: Perception of quality of services provided by Child and Parent Centres compared with before they operated



Survey respondents were asked to comment on the quality of services in their community and 26 people provided 42 comments. More than half of the comments (26 comments, 62%) were complementary of the services provided by the centre. Ten of these praised particular programs or the services more generally, three each talked about increased quality, the wide range, the increase in the number of services generally, and the increase in parenting services in particular. Two comments each praised the centre as being friendly and welcoming, and having improved access to services.

"Excellent!" NGO service provider in catchment

"Great services offered." Surrounding school principal

"The services provided by the CPC are of a very high quality which was lacking in the area before the centre." Surrounding school staff

"The multiple services provided support local families." Surrounding school principal

"The quality of services to the community was pretty good so the CPC work hard to make sure everyone knows what is on offer - increase access." Coordinator

"A bigger focus on supporting parenting and additional services in the area." NGO service provider

Five of the comments (12%) emphasised the high quality of the centre staffing.

"Feedback from families has been how comfortable they feel with the crèche workers. The facilitator has created a positive and supportive relationship and reputation with the families. Her skills and flexibility delivery style has been identified as a positive from the community. The playgroups and Stay and Play sessions at the surrounding schools also depend on friendly supportive and competent staff." Child and Parent Centre staff

"They do an extraordinary job and are led by a passionate and empathetic group of people." Host school principal

Five comments (12%) referred to issues with getting parents to attend the Triple P program, particularly due to the stigma attached to it.

"Triple P is awesome, but it's very hard to reach the target audience!" School staff

"Some of our parents feel that when Triple P is being recommended to them we are implying they are bad parents. There is a bit of a stigma about parenting courses." School staff

Of the remaining six comments (14%), two clarified that there were good services before the centre opened, and two stated that the quality of the service depended on the particular service staff member or volunteer. One said that the services were limited by the venue, and another that their school didn't derive any benefit from the centre.

"Services already in the area were of good quality, there just were not enough to meet demand or target the specific areas the CPC is targeting." Child and Parent Centre staff

"I think the quality of these services are only as good as the organisation providing them. As a principal I feel that my school derives little or no benefit from this service." School staff

Some examples of the range of programs and services provided in Child and Parent Centres are given in Table 24 below.

Table 24: Example programs and activities

Early Learning	Parenting & Family Support	Child Health
Playgroup	Triple P	Universal child health checks
Rhyme Time	Circle of Security	Speech pathology
KindiLink	123 Magic	Immunisations
Creche	Meet Stay and Play	Occupational therapy
Transition to Kindy	Sleep Matters	
Sing&Grow	MyTime	
Lego Club	Mums and Bubs Group	
Play in the Park	Heart Beat Club	
School Holiday Activity		
Health Promotion	Child Support	Maternal Health
Diabetes cooking	Protective behaviours	Nurse consultation
FOODcents	Talk It Out	Baby massage
Kids Yoga	Drumbeat	Midwifery Group Practice
Cooking Workshop		Art Heal
Jumping Joeys		
Health Lunchboxes		
Other Child Services	Other Adult Services	
Solid Children	Money Minded	
Community Parks	Families Reconnecting and Healing	
After School Drama	Individual Parent Contact	
	Let's Talk Visas	

Source: OECDL

Currently, there is a focus on increasing the number of school readiness programs. These encompass a wide range of programs, from some providing general activities to build skills that can be used in a classroom as well as in other settings, such as learning how to play with others, to more specific programs such as learning how to hold a pencil.

Deliverable 11: Engagement by children and their families in programs and services.

There is no specific measure for engagement, so the most relevant available data is attendance. As identified earlier in section 4.2.1, Performance Indicator 2 shows an increase in the number of children and adults participating in *parenting and family support* programs and services over time. At an individual centre level, Table 25 below shows the number of programs and the number of attendances by children and adults for each Child and Parent Centre. As mentioned previously, the people who attend more than once are counted each time they attend.

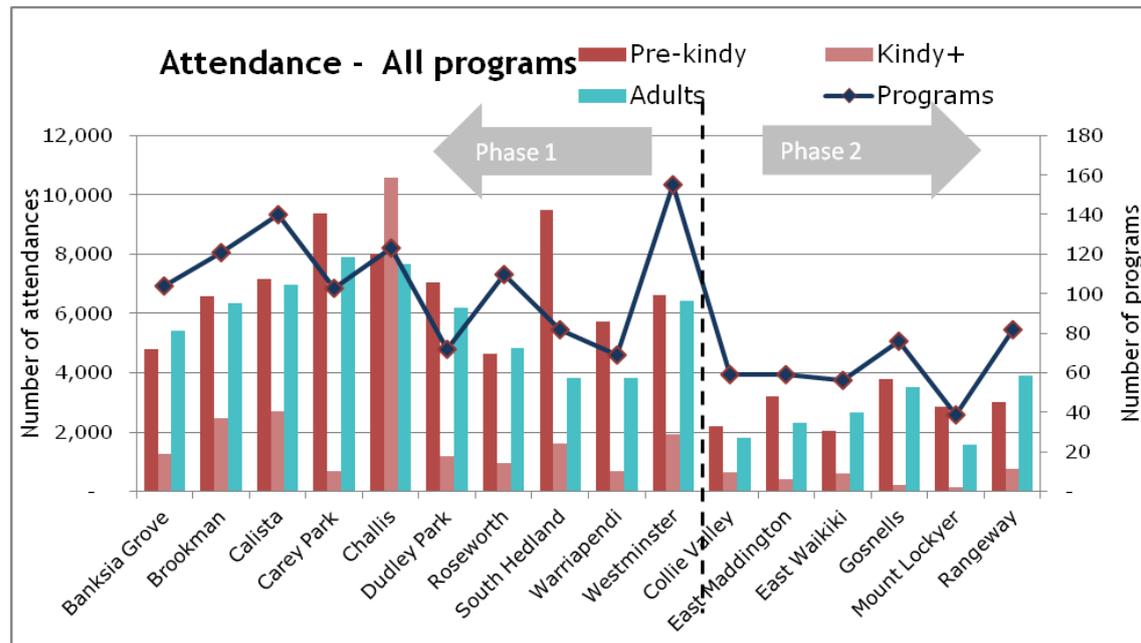
Table 25: Child and Parent Centres by Children and Adults Attendance: All Child and Parent Centres; Jan 2014-Jun 2016

Child and Parent Centres	No of Programs	No of Pre-kindy children	No of Kindy+ children	No of Adults
PHASE ONE				
Banksia Grove	104	4778	1,258	5,412
Brookman	121	6,563	2,453	6,351
Calista	140	7,147	2,706	6,951
Carey Park	103	9,371	692	7,910
Challis	123	8,025	10,556	7,672
Dudley Park	72	7,060	1,197	6,198
Roseworth	110	4,631	940	4,847
South Hedland	82	9,476	1,628	3,828
Warriapendi	69	5,743	687	3,810
Westminster	155	6,606	1,922	6,414
PHASE TWO				
Collie Valley/Wilson Park	59	2,189	624	1,795
East Maddington	59	3,214	423	2,295
East Waikiki	56	2,055	590	2,663
Gosnells	76	3,800	217	3,508
Mount Lockyer	39	2,854	136	1,570
Rangeway	82	2,996	759	3,898

Source: CPC Database

Note that Child and Parent Centres commenced providing programs at different dates and rates.

Figure 16: Child and Parent Centres by Children and Adults Attendance: All Child and Parent Centres; Jan 2014-Jun 2016



Source: CPC Database

Note that Child and Parent Centres commenced providing programs at different dates and rates.

The number of programs vary significantly between centres as they focus on different mechanisms and contexts. Some centres are in areas that already have playgroups at the schools and therefore the attendance numbers may be lower; other centres may be focussed on providing programs to a group that is difficult to engage and therefore will take longer to grow.

Deliverable 12: Staff Training

State Government department signatories to the *Letter of Agreement* agreed to support joint workforce professional learning and development wherever practicable and in conjunction with the NGO community sector. This is seen as:

- An opportunity to enhance the skills of staff in the sector to ensure professional standards;
- An efficient use of limited resources; and
- An opportunity to strengthen local networks between staff of different agencies (consistent with the Child and Parent Centre partnership model).

Reports by the OECDL from discussions with NGOs indicate that Child and Parent Centre coordinators have been well inducted into their employer NGOs, commencing from the time of initial recruitment at the beginning of 2013. The bi-annual reports provide the numbers of workshops attended by staff at different centres, ranging from three and four workshops at two of the second phase centres, to as many as thirty for a first phase centre. The number will vary for several reasons and should be reviewed as part of the monitoring to identify

whether the level of professional development for staff is appropriate for the centre.

Professional development may vary due to:

- Existing skills of centre staff
- Strategies used for professional development in the centre
- Attitude of staff towards broadening their skill or knowledge mix

In addition to reporting the actual professional development numbers, a qualitative rating by relevant staff regarding whether the professional development provided is sufficient for their role, and regarding the availability of opportunities for cross-professional training would provide useful insight into this quantitative reporting.

The table below shows a sample of the type of programs listed in the bi-annual reports.

Table 26: Examples of Child and Parent Centre staff professional development

Type	Examples
<ul style="list-style-type: none"> • Statutory and management training 	<ul style="list-style-type: none"> • National Quality Standard Training • Firewarden training • Child protection training • Medicare for Australian speech pathologists • Type 1 in child car restraint fitting • Child protection mandatory reporting session • Health & safety management training • Leadership development • Result based accountability • Report writing
<ul style="list-style-type: none"> • General skills and area knowledge 	<ul style="list-style-type: none"> • Accidental counselling workshop • Bridges out of poverty • Communicating & connecting with Aboriginal people • Mental health first aid • Group facilitation training • Deepening community for a collective impact • Using evidence & best practice programs to improve wellbeing
<ul style="list-style-type: none"> • Specific topics 	<ul style="list-style-type: none"> • Protective behaviours for teachers • Neurosequential model of therapeutics • Childhood apraxia of speech • Family violence and the child • Autism and early signs • Learning language: pathways to developmental resilience & vulnerability • Models of therapeutic care trauma classroom strategies for teachers
<ul style="list-style-type: none"> • Specific program training 	<ul style="list-style-type: none"> • KidsMatter training • MindUp training • Safe4Kids program • Loose Parts play workshop • Uthando project

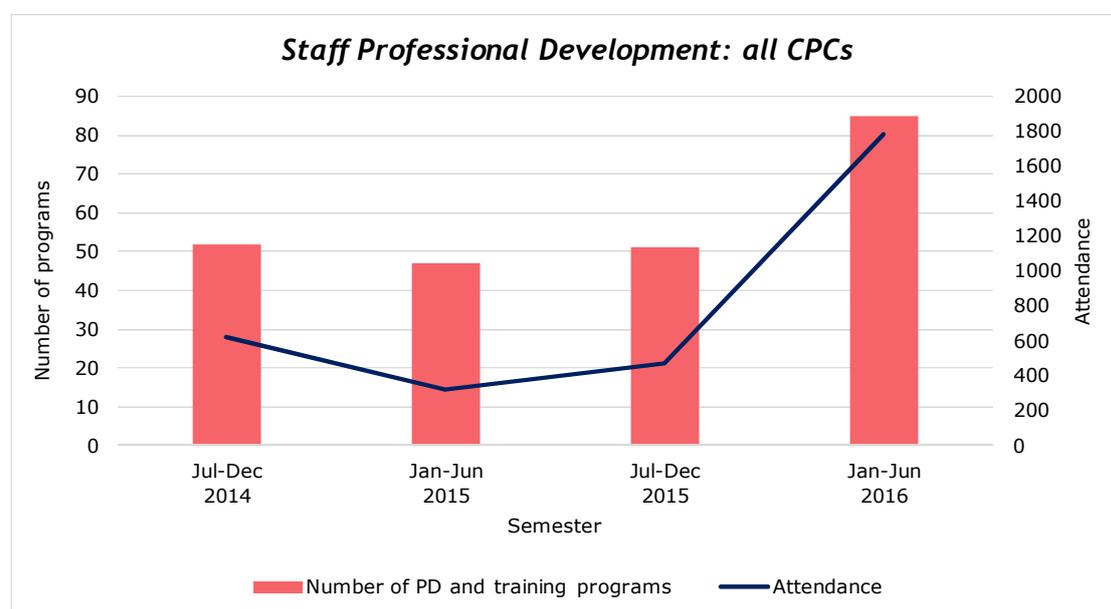
Source: NGO bi-annual reports.

The table and figure below show the number of professional development workshops and workshop attendance as documented in bi-annual reports.

Table 27: Number of Professional Development workshops and attendance over time

Category	Jul-Dec 2014	Jan-Jun 2015	Jul-Dec 2015	Jan-Jun 2016
Number of PD and training programs	52	47	51	85
Attendance	623	317	473	1784

Figure 17: Number of Professional Development workshops and attendance over time



Source: CPC Database

4.2.3 CHILD AND PARENT CENTRE OUTCOMES

In the short term, there are two outcomes Child and Parent Centres are committed to achieving in the theme of *Generating Access and Participation*.

CPC Outcome 1. Access to a greater RANGE of targeted services for families and children.

As indicated earlier the context is constantly changing and the definition of services and programs can be very difficult to specify; it is not possible to do a line by line comparison between services available before and after the Initiative was implemented. However, the earlier graphs (Figure 4 and following) show an increase in programs and attendance. In addition, Deliverable 10 in section 4.2.3 describes the wide range of services made available by the Initiative, while

Deliverable 7 in section 4.2.2 discusses the additional programs and services acquired for the community.

Universal services

Most of the centres provide:

- free supported playgroups run by appropriately qualified staff
- child health nurse and speech pathology services
- free workshops and information sessions with crèche delivered by various government and NGO service providers

Some provide counselling services while others refer families to appropriate service providers.

Indeed, while some of the services for families may have been available elsewhere before the Child and Parent Centre was established, parents were not aware of them and if they were, have found it much easier to access these at and through the Child and Parent Centres. Thus, while the range might have been available somewhere, the services were not accessible to the local families. The key themes of raised awareness of, and convenient access to a range of services are illustrated in the following comments made by parents.

"She [the speech pathologist] is really nice, and a friend of mine's son goes to see her. She wouldn't have known about it if she wasn't here". Parent

"The playgroup is free. I have two children (2.5 years and 7 months) so both are catered for. And the child health nurse – like today, I was able to ask her for some advice. A year ago the child health nurse referred my son to the speech pathologist and I had an appointment for him there – really convenient. I also saw my midwife there. Everything's there – it's so handy. Whatever you need, they care for you, not just the kids. Sometimes if I'm feeling low, they notice and give me advice. There are always new things on, new courses. It's a really lovely place." Parent

"It's more convenient here, if these courses were somewhere else I wouldn't have found out about them. The crèche makes it easy." Parent

"I'm arranging to have counselling here. It feels much more confidential than going for counselling, as I've done before at the Family Centre." Parent

"They run parenting classes and many of the mums in my group and I go to them, e.g. speech pathologist, sleeping and other parenting classes. They're really, really helpful for us. A lot don't speak very good English, but parenting talks are very important to them and running them here we can see what else is going on." Parent

Some particular services are discussed below in more detail.

Playgroups or similar

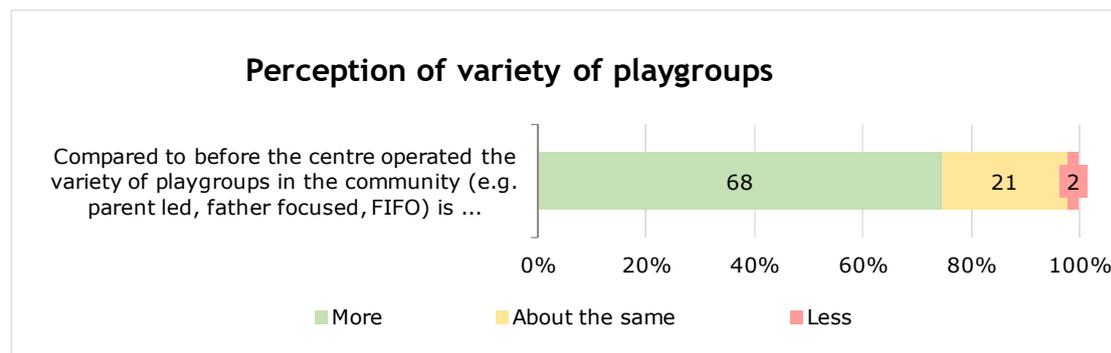
The centres support playgroups in a variety of ways. They may assist parent-led playgroups by providing advice and resources, or their staff may facilitate them themselves. The focus of the centres in providing these playgroups is to ensure that they support children's development. Many parents commented on how much better the Child and Parent Centre's playgroups are than others they had been to before: run by professionals and structured, a wide variety of activities, toys and books, is free, held in a clean and lovely physical environment, and a socially friendly environment with staff and other families being welcoming and inclusive.

"I've been to most of the playgroups in town, and no other offers playgroups two days a week. In other playgroups, you have to keep your attention on them all the time, and I've been to others at schools and they can be very cliquey. This is the best – best facilities, general level of care and commitment, all three ladies. It's fabulous - this is the best and you know you're completely safe here. And so it's really lovely". Parent

Some of the centres give these groups a different name to emphasise the difference between them and other playgroups. For example, some call them "Meet, Stay and Play" to emphasise the fact that the focus is around parents meeting other parents and interacting with their children. Parent-led playgroups can vary with respect to how structured they but are often an unstructured opportunity for parents and their children to get together. Some centres may also use naming to help manage demand by indicating that it is for specific targeted sub-groups, and thereby restricting who can attend (for example, Babies, Books and Rhyme, Zen Mums, Baby Yoga, Moorditj Kulunga playgroup for Aboriginal families with children up to the age of four).

The majority of survey respondents felt that the variety of playgroups for parents and families had increased compared with before (Figure 18).

Figure 18: Perception of the variety of playgroups compared to before the Child and Parent Centre



Child health nurses and speech pathology services

For the families near the host school, having these services provided locally is very convenient for them, especially for those without private transport. It is also more convenient for families in surrounding schools if transport is not an issue for them. In addition, in most cases the health professionals can be more flexible, and interact informally with families, even doing consultations without an appointment when time allows. Some Child and Parent Centres also run drop-in clinics and a number have regular immunisation clinics.

Additional professional services

A range of additional services are provided by some Child and Parent Centres in addition to their core services, and include child counselling, financial counselling, occupational therapy and speech pathology services. They also provide a venue for other professional service agencies so families do not have to travel to major centres for appointments. For example, in a number of centres Pebbles NGO paediatric nurses provide one-on-one therapy on toileting for children with disabilities.

"One-stop-shop"

Having a range of services, activities, workshops and information sessions in one place has been very much appreciated by the families consulted. The free crèche has made it far easier for many of them to attend workshops and information sessions. Many Child and Parent Centres also provide free afterschool and/or school holiday activities (with parental involvement) and an exchange service for the library's Best Beginnings Backpacks. Meeting up with the same families in playgroups and while attending workshops and information sessions together has forged a sense of belonging to a community. A number of other service providers commented that it was a perfect venue for delivering their program due to its location, quality of the facilities, free crèche, and because it is a welcoming, friendly environment. Others also appreciated the fact that the Child and Parent Centre staff are available to co-facilitate and follow up with families for whom a workshop or information session raised issues.

"It's like one-stop shopping because they've got everything there, the child health nurse and speech pathologist. She can do a quick speech assessment, reassure or make a referral while playing with a child. Definitely more convenient and free."
Partnering service provider

"It's really helpful because it's opened my eyes to different ways of parenting. And seeing the child health nurse, it's like a hub, everything's there now, it's really convenient. I was waiting for the Circle of Security, and the child health nurse came out and we talked." Parent, surrounding school

"It's very welcoming and inviting and well set out – like the child health nurse being there – it's a one stop shop. Our principal works hand in hand with the centre, and the playgroup, so it's all entwined. Structured playgroup, activities, and also networking with [the coordinator]. They come and talk about speech development and provide information and point parents in the right direction. All in one – you can go for playgroups, workshops like Triple P and a multicultural playgroup. I get the newsletter and advertise it through our playgroup. There are lots of professionals in one place." Parent running playgroup at a surrounding school

Targeted services

The range of targeted services is also increasing though generally at a slower rate. This is to be expected as there are fewer clients in target groups by definition and it takes time to identify who they are, what their needs are and how to engage them.

Services targeted towards Aboriginal and CaLD community requirements were presented in Performance Indicator 3 in section 4.2.1. Some examples of programs and activities targeted towards various other groups are listed below (Table 28).

Table 28: Examples of programs and activities targeted towards particular groups in the community

Population Group	Program/Activity
Fathers	Dads and Kids Playgroup Dads BBQ and Game Day Playgroup - Blokes and Kids Playgroup for Dads and Children (0-5 years) Playgroup – Men’s & Kids Group What Does Being a Dad Mean? Workshop for Dads
People with Disability	Stepping Stones, Triple P
Young Parents	Lunch and Play Centrelink 'Helping Young Parents' Appointment
Grandparents	Grandparents Support
FIFO	Fly-in Fly-out (FIFO) Families Get Together
Foster carers	Foster Carer Morning Tea

Source: NGO bi-annual reports.

Overall, there is a greater range of universal and targeted programs and services available at the local level for Child and Parent Centre communities.

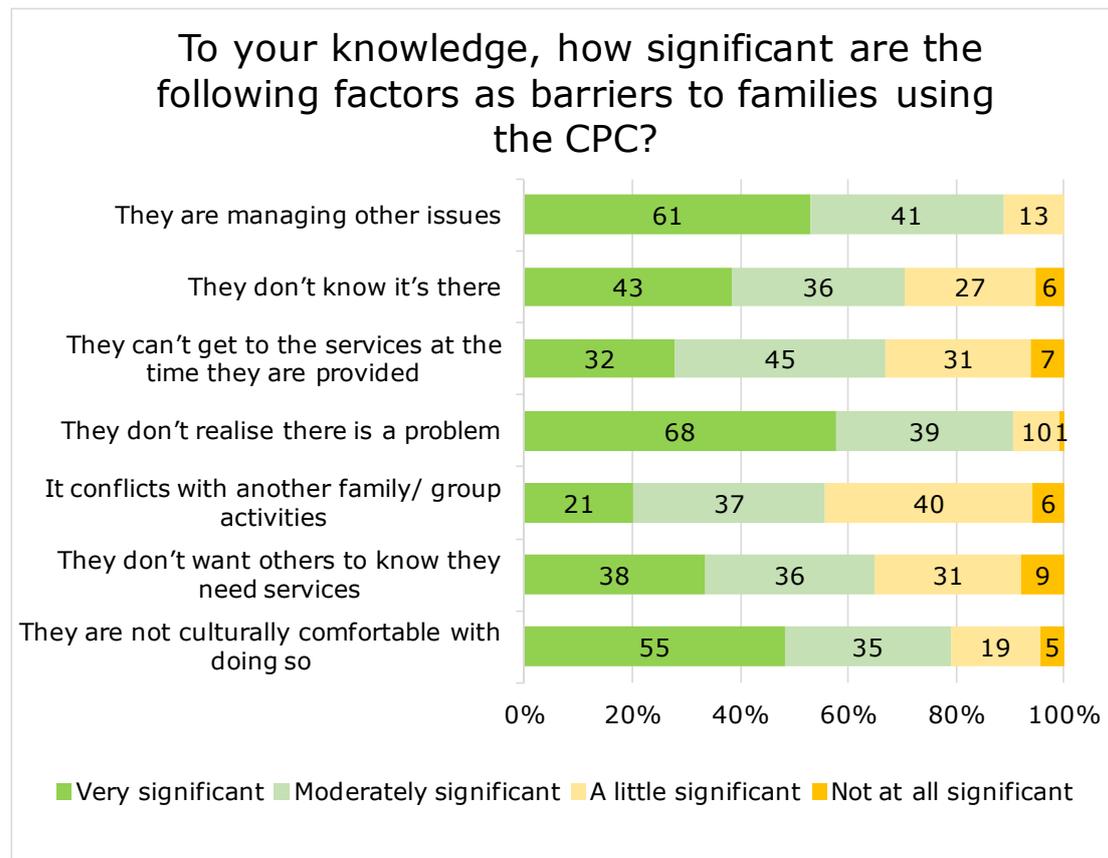
CPC Outcome 2. Increased accessibility of programs and services.

As was discovered during development of the program logic, *access* requires both the *presence* of services and also for them to be *accessible*. The performance measures reported against in section 4.2.1 showed the increasing delivery of services and activities. This represents both the increasing number of activities and services and also the increasing attendance. It also showed the increasing attendance by specific vulnerable groups: other than English speaking background and Aboriginal.

As described in Deliverable 7, this view was supported by the majority of survey respondents who felt that the level of child and family services available in the community increased once the Child and Parent Centre opened, compared with before. In particular, a strong majority of respondents felt that the level of services related to early learning and early childhood development had increased. However, respondents were less likely to rate occupational therapy services (55%) and child health nurse services (59%) as increased (see Figure 10).

With respect to families making use of the services that are available, as shown in Figure 19, there are many barriers that affect access. These may be a function of whether families are **physically able to attend** (they are open at a convenient time, they are affordable, families have transport), but may also be dependent on families **identifying that they need a service** and **believing that the service “is for someone like me”**. Other factors can contribute (such as the ability to bring other children).

Figure 19: Perception of the barriers to families using the Child and Parent Centre



The purpose of many of the design components for the Initiative is to combat these barriers and improve access to existing services, as well as identify and fill gaps where possible with additional services. Some of the mechanisms for increasing access and how they are being implemented are described below.

Location at schools

General opinion of all stakeholders is that location at a school definitely makes access easier for families in the vicinity, whether they have children attending or not. The location of the child health nurse at the centre provides a conduit to every child as they see newborns for their early check-ups. It was also generally felt that being located at a school made it seem safe and not as intimidating as other settings (e.g. hospital, clinic, government offices).

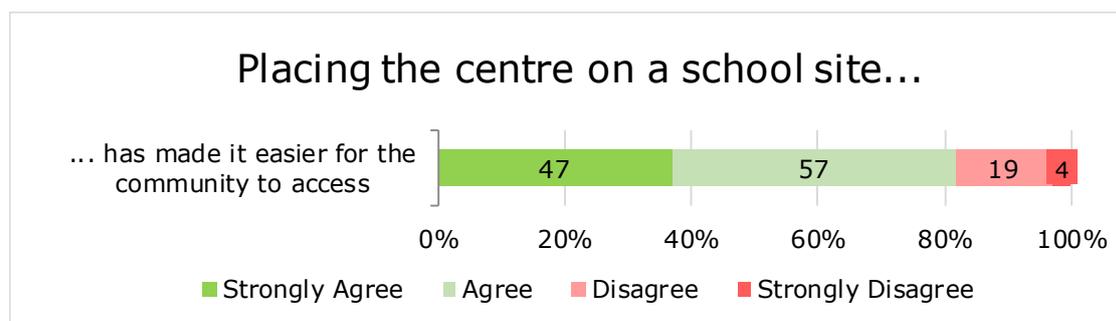
It was acknowledged that this may not always be the case, as some caregivers did not have a good relationship with their school as a student themselves and therefore this model is not as accessible for them. However, it was also considered to be an important part of overcoming this issue and bringing these families into the school environment. The different configurations of the individual centre sites could make this easier or more difficult. For example, at some sites entry to the school and the centre are so close as to be indistinguishable, which could deter school-phobic caregivers, whereas others face on to a different street and don't appear to be linked. In the long run, if a family is engaged by the

centre, the closer ties might be more beneficial as they become more comfortable with the school, compared to a more separated configuration.

Many parents with children in surrounding schools are accessing services and activities at the centres, however others are deterred from doing so because of transport issues or reluctance to go to unfamiliar territory (“not my school”). This issue has been overcome by most Child and Parent Centres delivering services in the surrounding schools, having a presence at community events and providing school holiday activities which facilitates families getting to know the facility and the staff.

Overall, it was felt that the location of the centres at a local school definitely brings services closer to families in most communities. This was supported by survey respondents’ views (Figure 20), with 82 percent of them agreeing that placing the Child and Parent Centre on a school site had made access easier for families in that community.

Figure 20: Perception of ease of access of a Child and Parent Centre by positioning it on a school site



Stakeholders who completed the survey were asked to explain why they thought placing the centre on a school site had or had not made it easier for those in the community to access services. Thirty-four stakeholders made 38 comments (13 who agreed, 19 who disagreed, two who answered *Don't know*).

Those who agreed that placing the centre on a school site had made it easier for the community to access, explained that its location meant that the community was aware of it (four comments), and that it was very welcoming (two comments). For example:

"Our centre is at the back of the school and so very easy to get to for school and general community." Coordinator

"Parents walk past." Government service provider

"The community know the school and they now know the CPC." Government service provider

"Yes because families are going to the school as well as hearing about it at other schools. It is also a child and family safe environment." NGO manager

"CPC is very welcoming on the school site." Government service provider

For those who disagreed with placing the centre on a school site, the key issue was that it was viewed as a resource primarily for school families, primarily the host school (15 comments):

"It has made it easier for families already connected to the school." Surrounding school principal

"If parents attend another school they might not be confident to attend." Government service provider

"Only easier for that school's community." Non-Government surrounding school

"Other schools in the community feel they have been short changed and CPC resourcing means that spreading services of a consistent quality across sites is difficult." NGO service provider

"Not all families are comfortable attending a school site, particularly if their children are not yet at school or not attending that particular school." NGO service provider

Or the actual positioning of the centre on the school grounds or within the community was thought to make it harder to access (four comments):

"The centre is located in the middle of the school and is difficult for people to find amongst other school buildings." Coordinator

"The CPC is not visible from the street and hard to find, despite signage." Coordinator

Other explanations were that it was easier for some families (five comments), in some cases because it was closer to them:

"It depends who in the community. It does not provide universal access." NGO service provider

"But only for two out of the four schools." Government service provider

Some people didn't have transport or just did not like to travel far (five comments):

"Only those in the immediate area to the CPC regularly access the services - i.e. within 10 minutes' walk." Government service provider

"My parents don't like to travel outside the area." Surrounding school principal

People being put off due to having had a bad experience with schools themselves was also mentioned (two comments):

"Families not engaged in schools, or with an adverse experience with the education system may find entering school grounds a barrier." NGO service provider

One comment indicated that parking was a problem.

Safe welcoming environment

The centres provide a welcoming, supportive and non-judgemental environment, where families feel safe. Many parents said they found them very welcoming and friendly, and they and their children had made friends with other families, which carried over into their lives outside the centre. Feeling a sense of community was mentioned by a number of those interviewed, and feeling supported as they know that if they had a problem or were not coping for whatever reason, they could rely on the support of the centre's staff and other parents.

Timing

As discussed above in Deliverable 6, activities and workshops are timed to fit in with school drop-off and pick-up times to make it easier for families with school age children. The timing also takes into account baby and toddler sleeping patterns. Some centres have attempted to offer some services after hours and at weekends but this has not always been successful.

"We tried having workshop for single dads, one during the day and another at night, but we didn't get attendance, so we'll have to find another approach". Coordinator

However, in some it has been successful, for example the long-running Dad's Group held monthly on Saturday mornings at one centre which is run by a volunteer father.

No 'wrong door' for access

This means that when a person goes into a Child and Parent Centre seeking assistance which goes beyond what the centre staff can provide, they are treated warmly and provided with information about appropriate services available in the area that can meet their needs. As described above, the centre staff will often arrange an appointment for them, and if it seems necessary take them there or have someone from that agency come to the centre to speak with them.

Appropriate

A major factor in families accessing the services and programs at and through the Child and Parent Centre is that they are appropriate to their needs. The scoping study involved talking to professionals and parents about the communities' needs and responding by providing activities, information sessions and workshops that parents want and that address children's development needs.

"It has fostered an unexpected amount of parents sharing knowledge and experience". Child and Parent Centre staff member

"The fact that a lot of people are coming here for health services and activities, and just to hang out together seems good. I think they've really nailed it – talking to parents, actively listening and giving them what they want. To me, that's success." LAC member

"I also did the healthy food course, and budgeting and family diet – ways to put vegetables in things – my kids were very fussy so I found that helpful". "I did the Shopping course, and the behaviour one helped a lot. My daughter likes to run around in the shop, and I learnt way to deal with that which was very helpful." Parent

"I think it's the collaboration between [the coordinator] and myself. I identify a need and I ask and I receive. For example, Moving onto Solids - I asked and she set it up the next term. We can respond so nicely to needs in the community and it's not complicated to get it set up. It's very welcoming here and there's open communication with [the CPC staff] and my manager is very open to new ideas." Child health nurse

"During the school holidays when everything else we do shuts down, we have a lot of activities. It's a lot of planning and pressure to get everything resourced. It's tricky but it went so well, we'll definitely do it again – families got so much out of it." CPC staff

"They ask us a question before they go and plan anything, wanting to know that we'll be interested in doing it before they have someone come out so that people are going to attend". "I don't think we've ever taken something to her [the coordinator] that she hasn't wanted to implement. She'll track down the best possible way to do it." Parent

Multicultural

In many Child and Parent Centres with large communities from other cultures and with non-English speaking backgrounds, the centre has placed a lot of emphasis on accessibility. For example, some Child and Parent Centres have employed staff from other cultural groups and they attend school and meet parents, letting them know that they are welcome in the facility. In other centres they have volunteers from a range of ethnic backgrounds, and have playgroups specifically for particular cultural groups (e.g. Aboriginal, Chinese) so that parents can meet others and create their own networks.

This has resulted in these families being very keen to access the services and activities provided, and a number of those interviewed said they found it a much more friendly and accepting environment than other places they had been. Most centres have an ethnically diverse range of families attending, and many of those interviewed thought that was one of the great things about the centre. Many also said that they had felt isolated and that it was really good having somewhere to go where they and their children could interact with other families.

"Come for Music Time, playgroup, Triple P and information session, e.g. Toilet Training; sometimes find it difficult to understand [ESL], but then I get leaflets and read them when I get home; if there's time I can ask questions, and they are very helpful." Parent

"We've become friends, and go to the park together. It's been so good for us and the kids getting to know people from different backgrounds. We're planning to teach each other's kids our first languages." Parent

"I came to the centre when it opened because it was free and we didn't have much money, and it was the best playgroup anyway. It really helped me. Then when my child went to school I became a volunteer, then they offered me a job. I was really happy – I love working here." Parent who is an Early Years Activities Facilitator at the centre, who arrived in Australia in 2014 unable to speak English

Special needs

Families with children with disabilities were also said to feel much more comfortable going to the centre than attending playgroups elsewhere where they were made to feel a sense of stigma. One parent said that everyone was so welcoming, and the staff knew how to include her daughter in activities that were appropriate to her needs. This had made her more aware of what she could do, and overall she said they had supported her through a very difficult time. It was also noted by one stakeholder that the centre was a valuable conduit to parents whose children have disabilities accessing disability services.

The mother of a child born with a disability explained:

"I felt like we were accepted here – made to feel part of it – really good support. I couldn't bear going to playgroups and seeing babies doing things my daughter couldn't. I like going there [the Child and Parent Centre] for her to be stimulated, and the older kids love her – two little girls who talk to her and hug her. That's really good for her. Now she isn't outcast anymore, I'm taking her to play café on Fridays, and Singing on Mondays. It has opened my world up. I've lived in Bunbury all my life and it's the first time I've felt part of a community. They support you and your child, and they find things for her to do if

she can't do what others are doing – things I didn't think she could do." Parent

Other groups

Many centres have groups for new mothers, many of whom are young mothers, and some have groups for FIFO families and for fathers. Grandparents who look after their grandchildren on certain days are also taking advantage of what the centres have to offer. Other groups who are in need of specific support are being identified and centres are looking at ways of addressing those gaps in services. Single fathers and grandparents caring for their grandchildren full-time have been identified as such groups.

"Their needs have been really highlighted since the centre opened. Literally they just walked in, and are really anxious and concerned, both singles and couples. They come in saying 'just inherited children – what do I do, where do I go'? Their lives have been turned around". Coordinator

Another group is single fathers who are often working during the day and have few services available to them and a greater reluctance to seek out help than single mothers.

Limitations

Overwhelmingly stakeholders said that the families who would benefit the most were the hardest to engage. For example, families with complex issues including inter-generational poverty, drug and alcohol use, mental health issues, domestic violence and histories of abuse are reluctant to engage with services generally. It was also noted that those who had a bad experience at school are more difficult to engage. Many reported that there were children entering school having never had a health check and in some cases older children who were entering schools who had never been to school before. Many Child and Parent Centres are finding it difficult to engage Aboriginal families, and in some areas new migrants (including refugees) are reluctant to engage. The consensus was that it will take time to gain trust, and that hopefully these barriers to their participation will gradually be overcome. At some sites, the involvement of the Department of Education's KindiLink program (a play-and-learn initiative for Aboriginal three-year-old children who attend with a parent/ caregiver), may assist in engaging Aboriginal families.

CPC Outcome 4. Early identification, support for, and referral of high-risk families.

Early identification

Early identification is achieved by finding ways for professionals to come into contact with more families more easily. A number of ways in which this is accomplished were identified in interviews with parents and other stakeholders.

Professionals attend playgroups

Early identification of developmental issues is taking place in a number of ways through the Child and Parent Centres. During playgroups the centre staff and the child health nurse and speech pathologist interact with children and answer parents' questions if they have a concern about their children's development. This leads to early intervention which may be simply giving the parent strategies to address an issue, or referral for special services. In many cases, it reassures parents that there is nothing for them to worry about, relieving their anxiety. This also applies to occupational therapists in those centres that have them. Parents may also be referred to a centre counsellor or other counselling services for assistance with other issues such as managing their children's behaviour.

Professionals liaise with schools

The other avenues for early identification include the visits made by the speech pathologists to schools and early learning and care centres where they talk to parents at playgroups, pre-Kindy programs and Kindy, and Early Years teachers and early learning and care centre staff. This can lead to referrals, or as described above, providing strategies for parents and teachers to use to address an issue. Some speech pathologists located in the centres also do professional development with teachers in the schools, assist them with referrals and attend their Early Years Teachers Network meetings, to provide them with information and answer their questions.

Support

Child and Parent Centre staff and allied health professionals are engaging with families in the host and surrounding schools to inform them about what support they can provide for them.

There was overwhelming consensus that high-risk families are the most difficult to engage. However, support for high risk families is being achieved in a number of ways. One centre reported having a more collaborative relationship with the Department for Child Protection and Family Support, since the latter had a cut in staff, and they are now referring more of their clients to the Child and Parent Centre. For many centres engaging Aboriginal families has been a challenge; however, they are working with and/or building relationships with local Aboriginal organisations. While most have found that CaLD families are keen to engage, in some areas there are groups who are more difficult to reach. Child and Parent Centres have utilised targeted services and activities such as playgroups as a conduit to engaging CaLD families, and the centres use the Child and Parent Centre App to provide information in other languages.

Staff support

Once families attend the centre for any service, the coordinator and other staff members get to know them and become a confidante. As they learn more about their needs they are able to refer them to other services, such as psychological or financial counselling etc. If a problem has been identified, they can also assist families in understanding the diagnosis and the importance of following through

with any referrals, and assist them to make appointments or arrangements to deal with issues.

Peer support

Some high-risk families are isolated at home with small children and can become anxious and depressed. Having a place to go where they can talk through issues, and meet other parents similar to themselves can give them more confidence and support, and a sense of belonging to a community.

Joined up support

In most centres the staff and services liaise closely to assist high-risk families. They may discuss what the challenges for a family might be and how they might help overcome those. Teachers, centre staff and professionals may work together, to assist the family in dealing with an issue. Receiving a similar message from a number of people might convince a family to act where otherwise they might not have understood the importance of doing so.

Teaching teachers to support

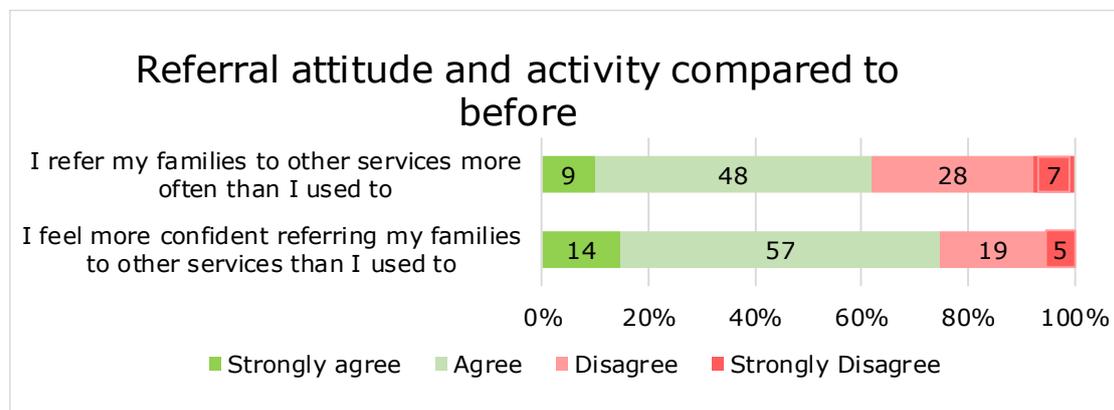
In some cases, speech pathologists or occupational therapists may brief teachers about methods to support students who have particular issues.

Referrals

More referrals are being made to other appropriate service providers that can assist families with issues that are beyond the scope of the centre's staff and resources (e.g. housing and immigration issues). More effective referrals are also being made in some cases because professionals have a better understanding of the terminology to use and can seek assistance from centre staff or other professionals in their network. This is also discussed in CPC Outcome 12 in section 4.5.1.

The view that more referrals are being made is also supported by those who responded to the survey: 75% of relevant respondents felt more confident referring their families to other services, and 62% reported doing so as shown in Figure 21 below.

Figure 21: Attitude to referral compared to previously



Additional services

Where there are additional services, especially speech pathology, and teachers are informed about them, the teachers are referring more students whereas previously some have been discouraged by long waiting periods and the failure of some parents to act on referrals.

Better knowledge of colleagues

More referrals are also occurring due to service providers having stronger networks and a better understanding of what their colleagues offer so that they feel more confident in referring.

Broadening service awareness

Where cross discipline professional development is occurring, it is assisting agency staff to understand issues outside their own profession that they might otherwise be unaware of. This might lead to earlier identification and referral as more professionals are aware of a wider range of potential issues.

CPC Outcome 10. Achieve targeted, appropriate services easily accessed by families and children

This is a long-term outcome, only expected to be achieved in six to 10 years, thus this evaluation can only indicate its trend.

As identified in Outcome 1 at the beginning of this section, centres are focusing on ensuring that services are appropriate and accessible. Feedback from users is very positive about the quality and accessibility to date. There is every indication that centres are doing as much as they can to achieve this outcome.

4.3 Co-location and coordination

4.3.1 CHILD AND PARENT CENTRE DELIVERABLES

There are five Child and Parent Centre deliverables that relate to co-location and coordination. Three relate to activities: engaging with the host school principal and LAC (1), collaboration among professionals to provide programs and services (2), and effective scheduling of programs and services (8). Two relate to outputs: progress towards service coordination (3) and collaborative partnerships with the school, community, and industry stakeholders (4).

Deliverable 1: Engagement and working relationship with the school principal and Local Advisory Committee.

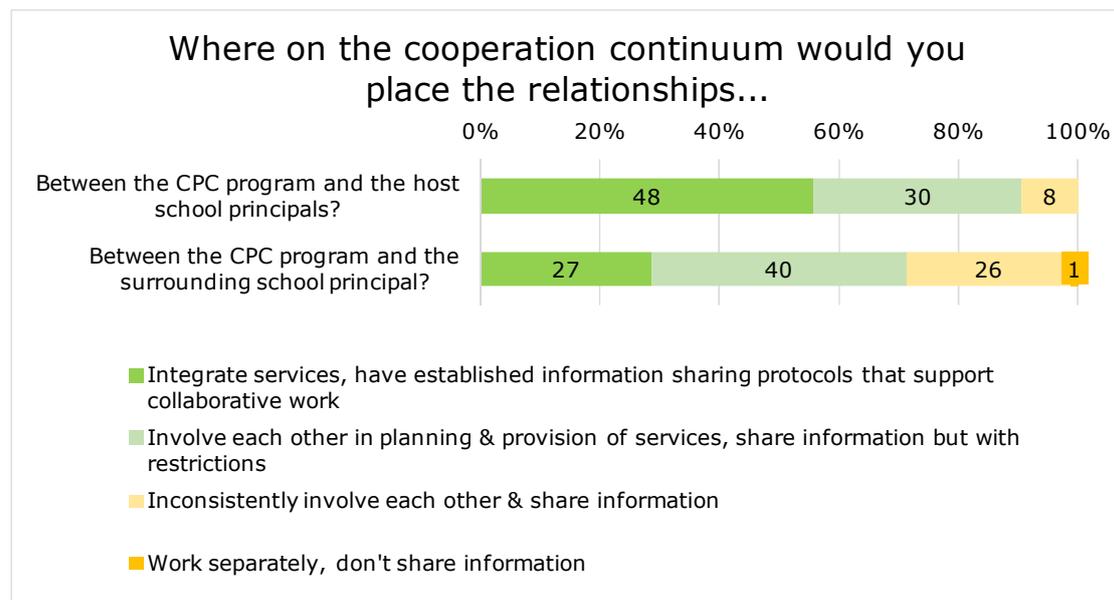
From stakeholder interviews, it was evident that the working relationship between the Child and Parent Centre coordinators and their host school principals, and with their LACs are key to an effective centre.

Relationship with school principal

The working relationship between the coordinator and the host school principal was described in interviews as being very strong and constructive in most cases. It was affected to some degree by the placement of the centre on school property and thus the physical proximity. It also depended on the personalities involved and in some cases the approach of the NGO. Most principals saw it as a great opportunity to receive assistance for their families and strongly supported it. In a couple of centres, principals were challenged by the lack of control they have had over the Initiative, or by supporting services for families not related to their school, particularly as it is located on their school site, and they may not have had experience working with other service providers in this type of relationship.

These views were supported by the survey respondents as shown below (Figure 22), where the majority were of the view that there is a high level of cooperation between the Child and Parent Centres and their host schools. This graph shows that 35% indicated that the Child and Parent Centre and school principals involved each other in planning and provision of services, and shared information with restrictions, while over half (56%) indicated that they integrate services and have established information sharing protocols that support collaborative work.

Figure 22: Perception of cooperation between the Child and Parent Centre and the host school principal



Relationship with Local Advisory Committee

In most cases, there is a very good working relationship between the LAC members and the Child and Parent Centre's coordinator and staff. In the majority of cases the LAC is well represented with respect to the surrounding primary schools and the relevant government departments and non-government service providers. They played an important role in advising on the staffing, and the

approach being taken based on the information they have provided. For example, this was expressed in one centre as:

"Our voices are being heard, and the things our families need are being addressed. The direction has been solid from the start." LAC member

One coordinator commented that she has found the LAC to be good for contacts:

"The LAC has been really good in providing links to experts, making suggestions and contacts. We have to think strategically about how to address gaps." Coordinator

Another Child and Parent Centre staff member commented:

"We've been very lucky with the LAC. They are committed and on the same page." Child and Parent Centre staff member

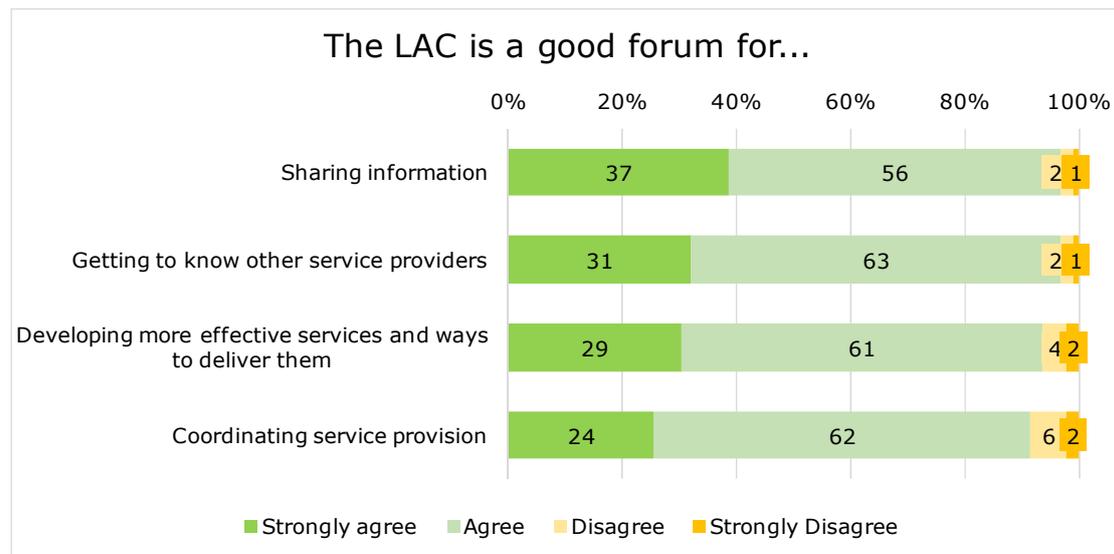
In a couple of communities, it appears the LAC is not being utilised for its advisory role and LAC members are concerned about the lack of collaboration. There is also some frustration about the lack of transparency about how the centre's resources were being allocated. Because the budget is under the direction of the NGO, where they haven't shared decision making or explained the allocation of resources, in a couple of cases a perception that resources are not being used effectively is causing some concern. It was thought by some members of LAC that they should have some method of keeping the Child and Parent Centre accountable for the way they deliver their programs.

"The NGO is deciding what to do and going to the LAC and they are just rubber-stamping. The LAC is there as an advisory group, and not just to be given information by the coordinator as to what is being done." Host school principal

"Are resources being used according to need, or this or that, but it's never really nailed down. What would be really useful would be a list of who's received what so far – haven't seen that." Surrounding school principal

Survey respondents were very positive about the many roles that the LAC can play. As is usually the case in the development of multiagency initiatives, their responses about the roles it fulfils shows it is stronger as a forum for sharing information than for coordinating service provision. Regardless, nearly all respondents who were able to comment were positive about all the roles LAC achieved.

Figure 23: Views about the LAC's role



The position any particular centre is along the continuum will change from time to time and will be affected by any number of contextual factors such as the skill of the coordinator, stability, commitment and workload of local agency staff, size of the catchment area, as well as how well-established the area is and the overall number of services.

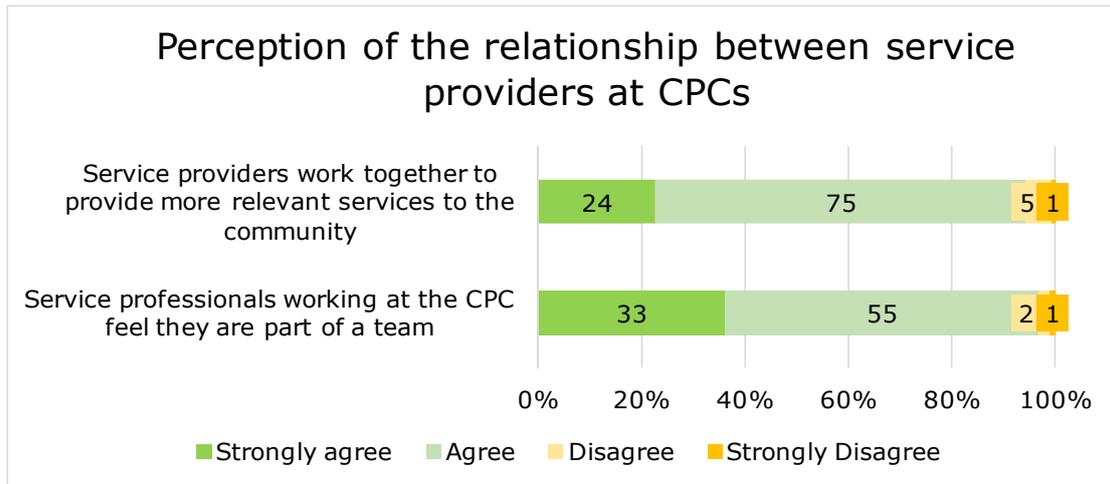
Deliverable 2: Collaboration among health, education and child and family support professionals to provide programs and services that meet the needs of families.

The extent of the collaboration between health, education and family support professionals varies between centres due to a number of factors. These include the time allocated for health professionals to the Child and Parent Centres, the approach being taking by individual centres and their relationship with the host and surrounding schools. These factors have been discussed further in Key Component 11 in section 4.1.1 and Deliverable 1 in section 4.3.1.

Where strong collaboration between professionals is taking place, programs and services that meet families’ needs are being provided. As discussed elsewhere, one of the mechanisms is having the speech pathologists going into schools and early learning and care centres, and providing teachers and parents with information and strategies to address children’s needs. In addition, the child health nurses and speech pathologists are going into playgroups at the centres and Triple P facilitators are working in collaboration with the coordinators to deliver the program, and in some cases, also visiting parent-run playgroups in schools.

This is reflected in the responses to the survey which shows the majority of respondents believe that service professionals are working as a team and providing more relevant services to the community, at and through the Child and Parent Centres.

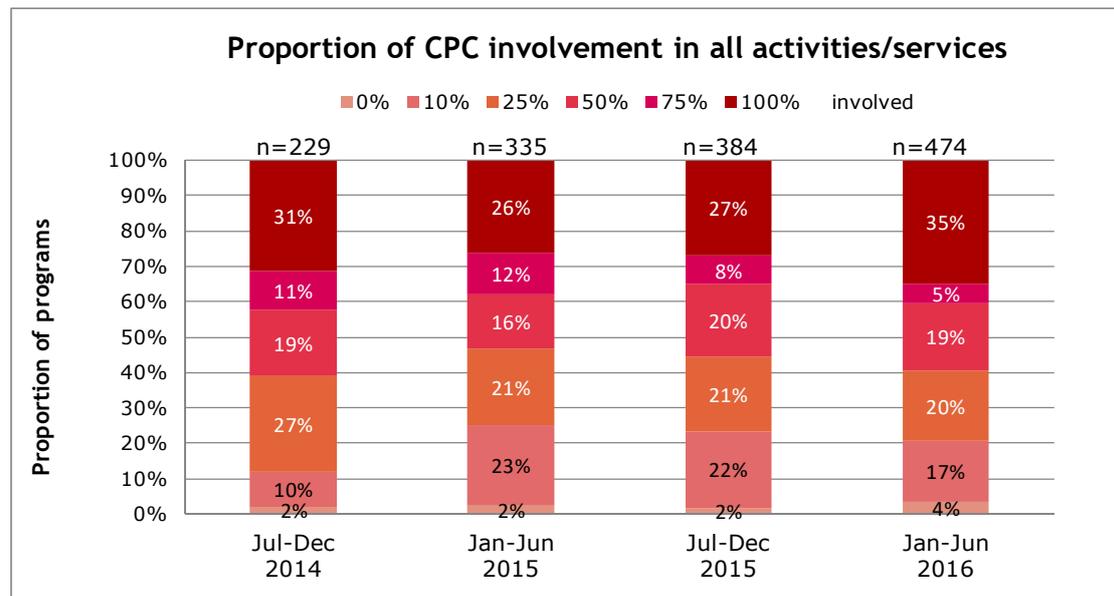
Figure 24: Perception regarding collaboration between service providers



Coordinators report their level of involvement relative to other partners, in each of the services and activities carried out at and through the Child and Parent Centres in their bi-annual monitoring reports (now CPC Database). This can range from zero where a service provider works independently on site, through various proportions to 100% where they provide the service entirely on their own. Intermediate proportions indicate shared provision, for example at 50% they may be co-presenting a workshop session with another service provider. Thus, the graph in Figure 25 below shows that for all the activities/services provided at all the centres between July and December 2014, the centre staff had no involvement with just 2%, whereas they had 10% involvement with 10% of the activities/services, 25% involvement with 27% of the activities/services, and so on to providing 31% of the activities/services on their own (100%).

Overall, the data shows a spread of different levels of involvement, with only a small minority where they have none, around 20% each of 10%, 25% and 50% involvement, about half that for 75% involvement and about a third of the activities/services they provide on their own. This shows that for the majority of activities and services there is some level of partnering and collaboration occurring and that there is a mix of arrangements occurring.

Figure 25: Involvement by Child and Parent Centre staff in activities and services at or through the centres



Source: CPC Database

Thirty-one survey respondents made 39 comments about the cooperation of the service providers in the centre. Of these comments, 33 were positive, two were mixed and four were negative. About one-third of the positive comments were general statements about service providers working collaboratively (13 of 33 positive comments), while the others explained how service providers had formed relationships and were friendly and respectful of each other (5 comments).

"There is a feeling of collaboration at the centre between all stakeholders." Surrounding school principal

"Whilst there has always been pretty good cooperation between service providers in the district the CPC has certainly fostered cooperation and been a very good enabler." Government service provider

"Friendly, helpful and professional service providers!" Host school principal

Some commented that they knew more about each other's services so were better able to make referrals (5 comments) and planned together (7 comments), so as to provide better support for families (3 comments).

"We are all a lot more aware of what each other is doing and how we can help families." Government service provider

"We meet regularly to discuss our work and how we may collaborate with one another's services. We are able to use the knowledge base of one another's services in our own practice and refer families to service providers with greater effectiveness." NGO service provider

"There is a high level of co-operative support between the operational team in the CPC. We have committed to a yearly business planning process and term based team meetings. On a daily basis the team communicate on how to support families and how to respond to the community needs. Planning of services and programs is a team approach. This level of co-ordination happens at the LAC level and filters to the operational level." Coordinator

The two mixed comments were about the good intentions of the service providers being moderated by agency requirements.

"There is a high level of cooperation and collaboration where possible. A real integration of services is difficult to achieve, partly because of the specific performance measures of the various agencies, and the lack of capacity to dedicate time to joint planning and reflective practice. However, there is a lot of goodwill and team members make the most of every opportunity to integrate their service with activities of the CPC." Coordinator

The negative comments raised individual issues about not being kept informed, collaboration only benefitting the centre, LAC meetings being a waste of time, and about service providers not being given the opportunity to collaborate.

Deliverable 3: Progress towards service coordination.

The establishment of an LAC with representatives of the relevant government and NGO service providers, and the coordinators' involvement in forums such as Early Years Networks and Principals' Networks have been important in making progress towards the coordination of local services. Progress has also been made by coordinators meeting individually with other service providers to identify what services they provide and where partnerships might be established with the aim of filling gaps and not duplicating services.

While the Child and Parent Centres have established relationships with the relevant service providers in their areas, for coordinators, making connections with other agencies to establish new partnerships, filling gaps in services when service providers they have partnered with have their funds cut, or when new services become available, is an ongoing process. This coordination is strongly valued by other service providers who identified it as the key to streamlining service delivery. It was described as something that all professionals aspire to do, but that is rarely directly funded. In the control communities without a Child and Parent Centre stakeholders identified this as a key success factor for service coordination. They said that they wanted to collaborate with other service providers in their area, but as it wasn't funded as a key function, it was difficult to gain traction, and attempts to do so floundered when agencies were busy.

As will be discussed later in KEQ 5 regarding key success factors, the Child and Parent Centres that have coordinators (and their NGOs) who have a commitment towards and skills in fostering collaboration are better able to develop the

structures, relationships and culture required for the development of effective coordination.

Those who function more as a hands-off centre coordinator, may achieve high levels of activity at and through their centre, but without achieving the cohesive, cooperative servicing that ultimately provides more effective outcomes. This is because they don't have the ethos and supporting processes that foster collaboration rather than cohabitation. Therefore, service personnel don't share information, don't know each other's strengths, don't collaborate, and the desired innovation and flexibility in service provision does not occur.

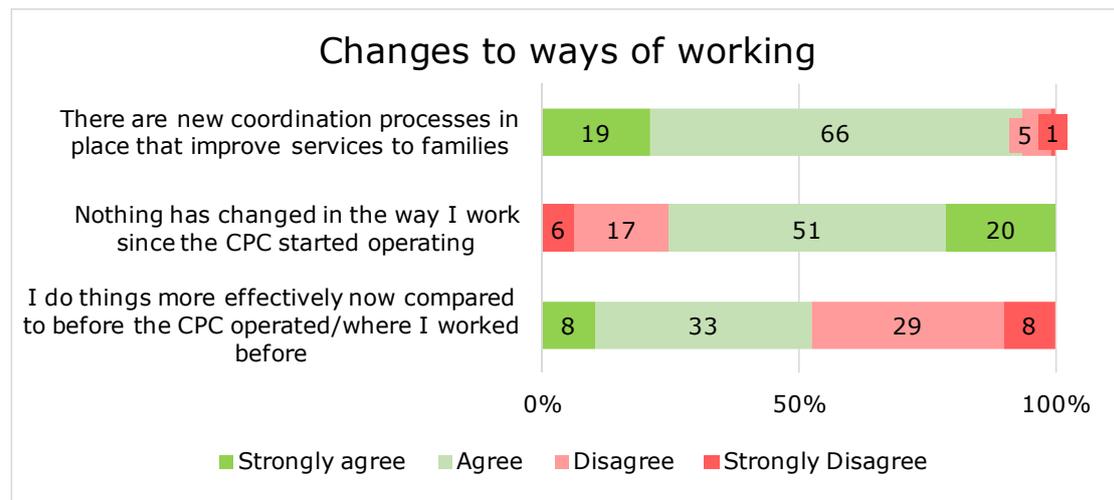
Progress along the cooperation-integration continuum was acknowledged by survey respondents. Nearly half (46%) reported that they integrated services and established information sharing protocols, and another 40% reported that they involved each other in planning and provision of services, and shared information albeit with restrictions. Thus, the vast majority were of the view that progress has been made to a considerable extent in the coordination of services.

Figure 26: Perception of local services cooperation



Supporting this view, the majority of survey respondents agreed or strongly agreed that since the Child and Parent Centres were established there are new processes in place that have improved services to families. In particular, they reported that they themselves had made changes to the way they worked that had made them more effective.

Figure 27: Changes to work practices since the centre started operating



Deliverable 4: Collaborative partnerships with the school, community, and industry stakeholders.

In Deliverable 2 the extent of collaboration between health, education and family support professionals and the Child and Parent Centres was discussed, and a high level of partnering and collaboration was shown to be occurring. This section describes the collaborative partnerships with school, community and industry stakeholders.

All the Child and Parent Centres have developed collaborative partnerships with schools and community organisations and some have also done so with industry stakeholders.

The relationship between the centres and their host schools is key to the implementation of the Initiative, and most centres have a very strong working relationship with them. As stated previously, the principals and/or deputy principals are actively engaged as LAC members, directly with the coordinators, and they and other centre staff work closely with Early Years teachers in various ways.

"I run the 3-year-old program in the schools - two morning groups a week for the whole year. Parents stay, and parents come here [to the centre] for information sections (eg. Triple P, Magic 1,2,3). Before the centre opened, we met [the coordinator] the year before and she was introduced to staff at the beginning of the year, and worked at the school during that year. We are on the same wavelength in what we are trying to achieve, same objective - really good team. If I'm not sure about something they'll come over and support me, and check if everything is going well. I had an instant connection with [the centre staff], and they have the training about things I don't have. We complement each other and they're knowledgeable. I

hope it keeps going and that there are more centres.” Education Assistant host school

“We do Transition to School in September/October. [The coordinator] and I work together to work out what she would let the parents know, and I work with the children, so I could see them early and work out maybe a speech problem or whatever. So catching them early, saves time – it has had a major impact. And because they’re been here [the coordinator] has background knowledge about them – that’s been really good. We introduced it to link the centre with the Kindy. We explain what they need to have ready for school and we have numeracy and literacy specialists who explain expectations to parents, and work out where the kids are at. We also get a lot of bed wetters, and [the coordinator] will organise a workshop, and for eating problems. Also last year we got kids who had already been referred for speech pathology here at the centre, and they do get fast-tracked for that, so we got them in earlier. Speech pathology is huge, and parents don’t have the ability to take them somewhere else, but if it’s next door it’s not so daunting, and they know this place. We have afternoon tea here [at the centre] for parents after assembly and [the coordinator] attends our meetings, and tells us about things that are going on.” Kindy teacher host school

The extent to which surrounding schools in the Child and Parent Centres’ communities have developed collaborative partnerships varies from site to site, with most engaging but others not doing so for various reasons. An important factor has been the efforts made from the start by the coordinator, host school principals and LAC members to emphasise the message that the centre is not just for the host school and they will provide services in the surrounding schools.

“But it’s getting out into the community and it’s always been badged as the CPC, so it’s not been badged as just for our school”. Host school principal

“I made it clear from the beginning that it was not just for our primary school. I’m confident the representatives from the other schools understand they will have no fewer services than [this] school.” Host school principal

“I think that Kindy Café at [our school] has been an exceptional way of engaging families, especially for non-English speaking families.” Surrounding school principal

"They come to our school and programs are set up with their input. It's going amazingly well and getting good community involvement. What I really liked about it is the CPC's approach is the initiative. They come up with the ideas, and coordinated it all. It's like a central coordination point – that was the idea. You won't get any complaints from over here." Surrounding school Principal

"As the Learning Support Coordinator I've had meetings with [the coordinator] to discuss what they can do at our school, and the things they offer at the centre for parents. They come and run parenting sessions here, and I talk with staff and liaise with the CPC. They've come several times to talk with us and the psychologist about parenting programs, and deal mainly with the early childhood teachers. When we have Open Days at school – like the Report Day when kids, teachers and parents interact – they have a stall, which includes providing information, and promoting what they have to offer. They have run courses for parents on for example food, behaviour issues, toilet training. They hold them at the centre, but have also run them here. [The coordinator] sends me information and I distribute it to parents, via the newsletter or sometimes individually." Surrounding school staff

"One surrounding school has been difficult to engage as it is a very small school and is time poor and space poor. But we are getting there. Our last meeting was very productive and they have a Pre-kindy program which I visit on a weekly basis and some of their families come here." Coordinator

Collaborative partnerships with libraries have been a strong feature in most areas. For example, The Best Beginnings Backpacks are provided by the library, but in one regional area they thought the Child and Parent Centre might be a better place for them to be based.

"Just the nature of the CPC we thought they'd be better used there. People would borrow them from the library but not a lot. I think they worry about losing things, even though we say it doesn't matter, and get stressed if they think they have to get them back. It's just a different atmosphere." Librarian

Various community organisations are in collaborative partnerships with the Child and Parent Centres, using their facilities to provide numerous workshops and support groups. (This was discussed in Deliverable 5 in section 4.2.2.) The following is just one example:

"We run a program for carers of children with disabilities or chronic health problems. We used to run it elsewhere in two locations once a fortnight, but parents couldn't bring their children. I was looking for a child-friendly environment so talked to [the coordinator] and she offered us the space every Thursday for two hours and they can bring their children. The numbers have increased substantially which is phenomenal. The parents are always welcome to drop in and chat to staff and other parents – it's a warm, welcoming environment. They arrive early and have a fabulous relationship with the staff, and if distressed they can talk to them. It's a home away from home". Program coordinator

Another strong partnership is with local government inviting the Child and Parent Centres to set up information stalls and provide activities at community events. One example of industry collaboration is the afterschool Lego workshop held at one Child and Parent Centre, and the library in another Child and Parent Centre area, funded by Crisfol, which provides Lego and pays for a teacher and facilitator. Another example is Bunnings Warehouse providing material for making tool boxes, and bringing seedlings, aprons and pencils for school holiday activities.

Deliverable 8: Effective scheduling of programs and services.

To achieve effective scheduling of programs and services the Child and Parent Centres hold team planning and operational meetings. An important factor in bringing about increased coordination and integration of programs and services is ensuring that they are scheduled in such a way that maximises families' access to and participation in them. This is being achieved by establishing, maintaining and continuing to develop relationships with service providers and families.

Overall, it seems that the Child and Parent Centres are making progress at achieving this outcome. They may co-deliver or coordinate with activities and services so as not to duplicate or compete with other agencies, as well as timing them to fit in with parents' schedules to make them as accessible as possible.

"Through the Early Years Network we work together to do things so you don't have to do everything yourself. So we are spreading the load. For example, during the most recent school holidays we held a Board Games Day at the library, the Family Centre had a film day, and the CPC a Cooking Day on different days." Librarian

"Our school delivers 'KindiLink', a weekly program for Aboriginal families with three-year-old children. Parents attend with their children and the idea is parents work alongside us with their kids. It's run three times a week in [regional centre] in three locations, one being the CPC where it is jointly facilitated by myself [deputy principal] and one of the CPC's activities staff." Surrounding school deputy principal

"We feel that coordination and networking are improving as time goes by, with more people wanting to find out about what services are available and not overlapping in the services they provide. That's been very positive, as we don't want to confuse parents and staff with people coming from various agencies."
LAC member

Scheduling of programs and services take into account the convenience for families with respect to when parents drop off and pick up their school-aged children, the sleeping habits of younger children, and in some cases scheduling out of work hours for working parents.

4.3.2 CHILD AND PARENT CENTRES OUTCOMES

CPC Outcome 3. Increased coordination and integration of services.

Overall, there has been considerable progress being made on increasing coordination and integration of services. This is demonstrated by presenting some new information as well as by drawing from the deliverables discussed in the previous section.

Philosophy and vision formally agreed to by all partner agencies

The partner agencies share a commitment to coordinating and integrating their services; however, in some cases there are constraints imposed by different departments having to adhere to their protocols. In some cases, some managers support more flexibility for child health and allied health service providers than other managers, and some providers may be less adaptable to working in a community development context.

Complementary schedules

As discussed in Deliverable 8, programs and services are scheduled to accommodate families' needs, and provide smooth transitions between services. Making them available at times that are convenient for parents means they are more accessible and therefore enable an on-going relationship to be built between families and service providers.

Coordination mechanisms

As discussed in Deliverable 3, there are a number of coordination mechanisms working in different centres. Their efficacy depends on existing networks, the level of services in the local area and the approach, priorities and skills of the staff and their NGO, as well as logistics such as location and timing of meetings. Some of these mechanisms are as follows.

Information sharing

Information sharing is a basic function carried out by Child and Parent Centres. At the agency level, centres, schools and services share information about their calendar of events via networking, LACs and also email lists. Then centres and

schools as a minimum, and generally other agencies as well, provide information to clients by cross promoting the events and services via notice boards, email lists or pamphlets.

In the Child and Parent Centres with close collaboration between the services, there is also more detailed sharing of information, perhaps about clients who might be needing help, or feedback or common requests for information from clients that might suggest a new activity or workshop that needs to be run.

Coordinated and collaborative referrals to programs and services

In CPC Outcome 4 referrals specifically in relation to high risk families were discussed. However, making referrals for *all* families is a key component of Child and Parent Centres' effective servicing model.

Coordination is occurring through the LACs, Early Years Networks and by one-on-one discussions between Child and Parent Centre coordinators and the relevant staff of government agencies and NGOs. In some cases, it is also being achieved through the Principals' Network and other networks (for example, the Noongar Early Years Action Group). In well-established areas, the Early Years networks are well developed and include many of the service providers that the Child and Parent Centres partner with in providing activities, workshops and information sessions. The area network meetings allow for planning that enables those agencies involved to better coordinate and integrate their services, and the LAC provides an additional avenue for doing so. One stakeholder said:

"We have a well-developed Early Years network – an information highway" – which meets monthly and it has representatives from 20 to 30 agencies attending. We share knowledge and information otherwise we'd be working in isolation. There's an increased desire to share knowledge – there's interconnectedness. If it's in the best interest of families, it can only help them in the long term. Everyone knows a little bit, so we are putting the pieces together." LAC member

However, whereas Early Years and similar networks often cover a considerable area and thus sharing can be fairly general, LACs tend to be focused on a more tightly defined area, and the information sharing becomes more personal and allows for more focused referrals and collaboration.

In addition to partnering with other agencies, the Child and Parent Centres also make mutual referrals to, and receive referrals from government and other NGO service providers. The consensus among stakeholders is that the Child and Parent Centres are improving the coordination and collaboration with respect to referrals, thereby better addressing families' needs and not duplicating other services. In particular, schools may not in the past have been tied into the other services and service networks and are now becoming more aware of the many avenues for referral that already existed in the community. This has the positive effect both of relieving schools from their feeling of isolation in addressing the many presenting

issues, and, with the mechanisms and changes being implemented, finding a way for families to gain help earlier.

"Interagency coordination is being built through the LAC. We will have earlier intervention because we have a better relationship, referrals and know the service and the contact person." Principal of a surrounding primary school

Joint assessment, planning and management of clients

Joint assessment, planning and management of clients is not happening in a formal clinical sense but as discussed elsewhere, where there is collaboration occurring there are many opportunities in most centres that allow for preliminary assessment or screening when professionals come into contact with parents and children in an informal way, for example during playgroup sessions. Professionals are able to discuss possible issues and seek additional information or opinions or suggest a casual assessment. This may then lead to a formal referral if there is found to be an issue. This type of activity can be more effective and efficient but is currently not captured in established service statistics. To encourage implementation, a better mechanism for capturing these needs to be identified.¹⁵

Joint staff training/workshops, professional supervision & strategic planning

Joint staff professional development was one of the commitments agreed to by the key government departments.¹⁶ This is one of the Deliverables reported against bi-annually. However, while the workshops and professional development activities are reported, it is difficult to gain an overall picture regarding the effectiveness and extent that collaboration in this respect is occurring. An indicator, rated by LAC members annually or bi-annually, regarding the extent to which this occurs, would provide greater insight into this activity.

Similarly, the extent of joint strategic planning is difficult to determine and such an indicator would be a powerful mechanism for identifying the extent to which Child and Parent Centres are achieving their goals of collaboration and integration. Suggestions for changes to the program indicators are discussed in KEQ 4.

¹⁵ Rating on an Outcome Mapping based indicator annually or bi-annually by service providers on a rubric or a performance indicator that measures *reach* where one session with multiple children allows a multiple count, and where a session with another service provider is weighted by a multiplier that reflects their contact with other children.

¹⁶ Letter of Agreement for the provision of programs and services at and through Child and Parent Centres. Workforce Development: The Parties agree to support joint workforce professional learning and development wherever possible, and in conjunction with the community sector where appropriate, as an efficient use of resources and an opportunity to strengthen the partnership through the development of local networks between staff.

Overall

Feedback from the stakeholders interviewed and those who completed the survey was that there is a high level of cooperation between service providers at and through the centres. This includes the Department of Health staff and other government and non-government service providers who deliver services in the centres. The following is a small sample of the comments stakeholders made on this subject:

"So far it's working really well, especially the relationship between the nurse, the school, the Child and Parent Centre staff and the parents. It seems to be developing in a really positive way." Manager of child health nurses

"[The coordinator] came out [to the school] and it was really good. There are lots of parent workshops, and the 3 year old pre-kindy and two parent workshops every term." Principal of a surrounding school

"Another great thing about us pairing up is that parents are hearing the same conversations from all of us in slightly different ways, so it's reinforcing and sometimes a different way might click with a family." NGO service provider

"It's a good partnership. There are not many places here with crèche facilities. So it's a great venue because we can do the workshops in one spot and the crèche allows more parents to attend." NGO service provider

"It has provided a window for services, some from the metropolitan areas, to come and deliver services with relative ease and we provide a link for them into the local community." Child and Parent Centre staff member

4.4 Building family capacity to provide nurturing environments and child development outcomes

There are no deliverables but six medium and long term Child and Parent Centre outcomes that relate to building family capacity to provide nurturing environments and child development outcomes. It is still early for medium and long term outcomes so this section addresses only the first two: an increase in family's capability to provide home environments which will enable children to thrive in all developmental domains (8) and an increase in the number of children who are 'school ready' (6).

CPC Outcome 8. An increase in family's capability to provide home environments which will enable children to thrive in all developmental domains.

Qualitative feedback from service providers and parents indicate a number of ways families' capability to provide improved home environments for their children is being impacted on. The key themes are summarised below.

Developing a sense of community and personal support network

The centres provide a welcoming, supportive and non-judgemental environment, where families feel safe. Parents said they found it very welcoming and friendly and they and their children had made friends with the other families which carried over into their lives outside the centre.

Feeling a sense of community was mentioned by a number of those parents interviewed, and feeling supported so that should they have a problem or not be coping for whatever reason, they could rely on support from the centre's staff and other parents. Others recounted times when they were having a particularly difficult time and the staff and other parents had given them much needed respite for a while so they could calm down. They also feel comforted to be with other parents facing the same issues: "It's not just me!"

"I'm from Sri Lanka. I joined the [surrounding] school's play café, and M [CPC staff member who facilitates it] invited me and guided me to go to the library for reading books. Now we come for KindiLink from this week – M guided me. I went to other groups before, but the environment wasn't that friendly to me. Then joined for the school holidays program. It's been good for my son as he's alone at home so now he has friends here the same age as him. He gets out and can ride a bike here. I didn't have friends, now I have and we meet on Mondays. It's good here, as I'm new to Australia. Now I have friends here. In other groups I felt rejected, because they didn't know me. Here there are lots of [CaLD] families, from Korea, South America, Germany, Bangladesh. We're very busy now, four days a week we're not at home." Parent

Developing confidence

While they are receiving professional services, the informality means they are learning more about their children's needs and parenting without feeling judged for not being 'a perfect parent'. There is a strong emphasis on making parents feel good about themselves and building their confidence while they are learning, largely through modelling (by staff and other parents) rather than being told what to do.

"Absolutely. Each week we have discussion and parents reflect on what's different – identifying what's working. They feel comfortable to bring up what's not working for them. The parents see a change in their children, and talk about affirmation with their children, routine and consistency. So they are more willing to give things a try, and keep going. It takes time – it doesn't happen overnight." NGO service provider

Developing skills

Parents gave numerous examples of how attending playgroups and workshops had helped them in their parenting, particularly with behaviour management. They mentioned Triple P, 1,2,3 Magic, Sing & Grow and in some cases having one-on-one counselling at the centre.

The parents consulted said they had learnt a lot from the playgroups about what activities to do with their children at home to assist in their physical and cognitive development. Many parents commented on how their children's social skills had improved enormously by interacting with other children their own age in structured playgroups where modelling behaviours is taking place all the time. School holiday activities also provide opportunities to take part in a range of activities aimed at developing their children's motor and cognitive skills, and the inclusion of older school age children provided opportunities for family members to do activities together and with other families.

Access to knowledgeable professionals

Having easier access to the child health nurse and speech pathologist, often in an informal way during playgroups and at information sessions, has allowed parents to find out what is developmentally normal and raise any concerns they have about their child. This has reassured them when told there is not a problem, and led to early intervention when there has been an issue that needed to be addressed. The following is an example of one such early intervention.

"I take my grandson to [another CPC] on Tuesdays and here on Mondays with my granddaughter. I found out about [the other CPC] from my boss who knows the coordinator there as I was concerned about my grandson, so I contacted her. He's not even sitting up and he's now going to physio at the hospital, but should have been done earlier. The child health nurse had said things are not right, and my daughter didn't want to know – I stuck my oar in and was banned from seeing him for a while."
Grandmother

Attending appointments at the centre is also much more relaxed and easier for parents, particularly those with a number of children, than presenting at a hospital or clinic, as they have plenty to occupy them and don't feel they have to keep them quiet. Transport can also be a deterrent to parents keeping their appointments, not only in regional areas where it might involve taking a bus to the regional centre, but also in the metropolitan area.

Physical resources

Some Child and Parent Centres have put strategies into place to improve the physical home environments for children. For example, they do activities with simple items and provide information sheets about how common items from around the home or garden can be used for play. This provides new ideas to improve the variety of play activities made available for children on a low budget, often at the same time promoting specific important types of developmental play. One centre has organised for the local men's shed to make small wooden toys for their families. Other centres provide books through collaboration with the local library and the Better Beginnings program or from other sources.

CPC Outcome 6. An increase in the number of children who are 'school ready'

Long term quantitative data is not yet available for this outcome. However, qualitative data from the site visits indicates that there have been noticeable changes. Where children have been attending the centre regularly and have had issues identified and dealt with, and where they regularly attend a structured transition to pre-Kindy program, parents and teachers have seen the improvements in school ready skills.

Some schools have changed their kindy enrolment forms to identify students who have attended programs at the centre and the extent to which they have done so. Thus, more definitive data should become available in due course.

Developmental skills development

Interviewees said that children who attend activities at the Child and Parent Centres are being stimulated by the variety of well-designed activities for improving motor, cognitive and language skills. They are also developing social skills by interacting with other children in a semi-structured environment and learning these while having fun. This is very important in areas where the lack of appropriate stimulation at home has led to a considerable proportion of children presenting at school with developmental delays.

Parents when asked whether anything had changed with their children since coming to the Child and Parent Centre made the following comments, describing the positive social and physical developmental improvements of their children:

"I love coming here, it's good for me and it gets him out of the house. There's lots of interaction, and it's easier in an environment where everyone's doing it rather than doing it at home. There are various stations so he has different things to do. Other places it's just having fun, so this is better – more educational and good for his dexterity." Parent

"The social element and it's good for her verbal and language skills. Rhyme Time is really good and has helped so much, with the repetition of songs, like the pack away song and she's fantastic. I'm really glad this centre exists." Parent

"A huge difference because they're [twins] not in Kindy until next year. They get bored at home but here they have play dough, playing and painting and everything's here." Parent

My [three year old] daughter hadn't had much social interaction before we came here. Absolutely makes a difference. At first she wouldn't leave my side, and now she's off and playing, knows the people and the space. It's been a really important step for us." "Mainly confidence. My daughter's social interaction is a lot better. She used to be so withdrawn, now she's come into her own." Parent

"My child was really shy, and now is she's no longer shy. They learn to sit down and pay attention, and sing songs together, and have fun." "My daughter didn't talk at all when at another place I took her, and now she talks all the time." Parent

"My son was never a climber, but now he loves climbing and goes on the slide here." "I'm learning how to deal with his behaviour with timeout – he knows now." "It's good to meet people with kids, and get to know people. The children definitely benefit, mingling with other kids around same age. They're learning how to play with other kids." Parent

"I found it really helpful my daughter being around other kids, and having our other kids come in too so there's sibling interactions. It creates a bond with Kindy as we're there some days and some days here." Parent

Early identification of issues

The Child and Parent Centres also provide opportunities for earlier identification of, and interventions for more significant developmental issues by having the child health nurse and speech pathologist located there and interacting with families through appointments and informally. They can provide parents with information and strategies for addressing their children's development issues.

Many of the speech pathologists who are working at and through the Child and Parent Centres do capacity building with Early Years teachers and talk to parents at host and surrounding schools, which can also lead to earlier intervention, and may make it unnecessary for some children to be referred for speech pathology.

"Having [the speech pathologist] is fabulous, now families are seeing her within six weeks, not 18 months. And the personal contact with her: 'I've got this concern about a student – yeah me too.' We wouldn't have that with someone that's not on site. We have informal chats, and know that she's there to help. 'Is there a strategy I can use?' She's also coming to our next Early Years Network meeting to talk and answer questions." Host school Kindy and Pre-school teachers

School environment skills

Interviewees reported that children who regularly attend activities at the Child and Parent Centres and who would otherwise have been isolated at home are also being better prepared for entering schools through having developed social skills and learning routines (e.g. sitting on mat for story time). In particular, some of the Transition to Kindy programs in schools introduce children to lining up, wearing a uniform, and negotiating lunch boxes. A Kindy teacher who facilitates the Toddlers Playgroup at a surrounding school who had received input and advice from the Child and Parent Centre coordinator and speech pathologist made the following comment about how effective these interventions have been.

"I can see the difference among the children who have attended the Toddlers Playgroup and those that haven't. At the beginning of the year they can sit on the mat and listen to stories, and they are more aware of the routine and self-help skills and socialising, and some are even having a go at writing their names and using scissors. They're a good role model for the other kids." Kindy Teacher

Familiarisation with school environment

Some of the programs in some Child and Parent Centres allow the children to meet their future teachers and visit their classrooms. Having contact with children and teachers in the Kindy makes families familiar with the school environment and so it is less daunting. This is also the case for some parents who don't already have children in school, and/or had a negative experience when they were at school.

"The centre's a place for parents to come and get information. Also the transition stuff from last year, the children seem to have settled better. Parents are more confident with that transition into school as they're more familiar with school, at the host school and other schools." Triple P facilitator

CPC Outcome 7. Improvements in school attendance.

School attendance data trends have yet to be established. These are difficult to determine due to transience of the population affecting year by year results. Individual tracking is not possible using the current data systems. The opportunity to do this in the future is being explored.

CPC Outcome 11. Increase the number of successful transitions and sustained engagement with schooling for at-risk children

Trends in successful transitions have yet to be established. These should become available in time as schools adopt more comprehensive enrolment processes indicating the child's attendance at pre-kindy programs. These were trialled by

nine host schools in 2015, and all 21 host schools were included in 2016. They will be implemented at all surrounding schools during 2017.

CPC Outcome 5. Improvements in development and learning outcomes.

CPC Outcome 9. A reduction in the number of developmentally vulnerable children

It is too early for data trends to support these outcomes to be available.

4.5 Value for money

There are no Child and Parent Centre deliverables and only one Child and Parent Centre outcome that address value for money. This section addresses this CPC Outcome 12.

4.5.1 CHILD AND PARENT CENTRES OUTCOMES

CPC Outcome 12. Achieve better value for money with increased co-location, coordination and integration of government and non-government programs and services for families and children.

This section presents the better value for money being achieved through increased co-location, coordination and integration of programs and services for families and children through the Child and Parent Centre Initiative.

Review of the budget

The evaluation did not analyse the costs of the Initiative as this was expected to provide little benefit. The direct costs of the Initiative are relatively easy to determine as the majority is contracted out. The budget contributions of associated government departments may be more difficult to identify. In general, additional costs should be minimal as the main difference is a change in location of service. Any additional dedicated resources should be discernible. The main impact on ongoing budget outside the staffing of the centres would be due to changes in work practices. There should be improvements in efficiencies due to fewer missed appointments and being able to service multiple children at one time. However, if fewer clients are removed from waiting lists because they are better engaged, and group sessions or community development sessions do not form part of an efficiency formula which is constrained. For example, to count only the number of one-on-one sessions completed, improvements in efficiencies may indeed have a deleterious effect on efficiency indicators. In actuality, changes in efficiency are unlikely to be detectable due to the subtlety of the changes occurring, the alignment of measures to conventional practices and the variation in calculations given the many other variable factors such as staffing fluctuations that affect practice.

As long as the centres are reaching the communities in which they are located, and are providing information and services to improve parenting and prepare children better for school, the benefits are well understood. It is well documented that successful early and continued engagement in school is the single best indicator for later successful engagement in work and civic life, and investment in early years' services has been shown to provide substantial return through savings in justice and health services¹⁷. Therefore, it may be more instructive to compare the budget with benchmarks in countries that are achieving the desired outcomes rather than investigating economies the program is achieving.

Reduced overlaps in program / service delivery (i.e. not duplicating)

The consensus among other service providers and stakeholders more generally is that there is little to no duplication of services. As Child and Parent Centre managers and coordinators explained, the purpose of the initial scoping exercise was to identify gaps in existing services and to address them and avoid duplicating other services or activities.

This is achieved through forming close relationships with other key service providers in the community. For example, a local community centre manager said that she has an informal partnership with the Child and Parent Centre, meeting up regularly to make sure they are not duplicating services but value adding. They refer clients to each other's centres. She explained that in their area they have a well-developed Early Years network and receive daily email updates about each other's activities and services.

In areas with many existing services the centres concentrate on addressing unmet needs by adding value and not duplicating other services. They work very hard to do so, and gain the trust and collaboration of existing services.

"They don't duplicate what other service agencies are providing, they work in partnership. It's a more cooperative workspace, in which they understand and complement each other." NGO service provider

"They are filling a gap as there is a high percentage of vulnerable families in the area – it's a priority." NGO service provider

"The coordinator is a skilled Community Development Officer, and my impression is there is no duplication of existing services, rather value adding." NGO service provider

Reduced and/or more joined up program / service delivery locations

As discussed throughout Section 4.3, there is a high level of coordination and integration of services in and through the centres with other service providers.

¹⁷ For example, Edith Cowan University, *Child and Parent Centres on Public School Sites in Low Socioeconomic Communities in Western Australia: A Model of Integrated Service Delivery*

They are delivering services at the centre and in other locations (schools, early learning and care centres, other family or community centres), and a range of government and non-government programs and workshops are being delivered in the centres.

Those service providers interviewed said they have found delivering their workshops or programs at the Child and Parent Centres has a number of benefits, including the quality of the venue, the relationships the staff have with the families who go there for other activities, the relationship they have with Child and Parent Centres' staff and the provision of a free crèche.

"From what I've seen [the coordinator] is really interested and engaged in networking and finding out what's available in the community. She's asking 'how can we work together to make this happen?' and making sure there's no duplication – creating more opportunities." NGO service provider

Increased joint initiatives, including shared resources / advertising etc

As discussed in Section 4.3, there is an increasing number of joint initiatives and sharing of resources occurring through the coordinators work in establishing relationships and partnering with other service agencies.

"[Our agency] and the CPC are working on Early Years so we need to work together – collaborate and exchange the knowledge we have." NGO service provider

"That partnership has been really very successful. There was also some skill sharing both ways and we have a great relationship. It has enabled developmental issues to be identified and we've referred families, and that's why it's so fantastic because we're all in the same space." NGO service provider

All programs at capacity / well attended

From interviews attendance varies depending on the type of program or activity, the number of services in the area, the staff suitability, the group being targeted, demographic factors such as family make up, work patterns, culture and other factors. Overall, while it took some time for attendance to increase after the centres opened, it is rising. In some cases they reached capacity quite quickly, and have had to develop strategies to cope with the demand. Continuing, and expanding their services in other locations has been part of that strategy, as well as being core to the Initiative's 'Hub and Spoke' model.

Capacity has not been reviewed on a case by case basis but overall attendance is rising. Note that capacity should not be sought above all else, as this can be achieved in different ways, not all providing the same benefits. It would be detrimental to focus too much on attendance and encouraging Child and Parent Centres to concentrate only on providing popular services with high capacity to the exclusion of other more difficult to fill services. For example, the level of

attendance may be lower when trialling different ways to engage a harder to reach demographic. To be successful, centres must make attendance more attractive and achievable despite barriers of other children, work commitments, fatigue, lack of knowledge that there is an issue, distrust of services, lack of knowledge of the programs, and do so with limited marketing budgets.

SUMMARY FOR KEQ 2: Overall, the Child and Parent Centres are largely meeting their outcomes, performance indicators and deliverables. The majority have implemented the centre as designed and are on track to delivering the desired outcomes to their capacity at the current stage of implementation. The capacity overall appears to be growing as successful structures and relationships are bedded in and built on. There are inevitable variations in implementation due to differences in context, skills and resources of the operating NGO, centre staff, and surrounding services and schools.

Performance Indicators are being achieved, and professionals are working together to deliver services to families. There has been a focus on parenting, health and early learning services with mental health, disability and maternal health services receiving less focus. While host school communities have the advantage of local access, centres are working to provide services more widely, and particularly to the surrounding school communities.

Quantitative measures for medium and long term outcomes are not yet available but should confirm that the outcomes are on track to being achieved.

KEQ 3. TO WHAT EXTENT IS THE CHILD AND PARENT CENTRE INITIATIVE AS A WHOLE MEETING, OR IS ON TRACK TO MEET, STATE GOVERNMENT OBJECTIVES? IN WHAT CONTEXTS AND HOW?

To meet the State Government's intent for the Child and Parent Centre Initiative, 13 objectives have been developed as shown in Table 29 below. These are responded to in this section.

Table 29: Initiative objectives

Generating access and participation
<ul style="list-style-type: none"> • Focus is on the child and working with parents.
<ul style="list-style-type: none"> • Continuum of care commencing with a strong investment in quality child health services.
<ul style="list-style-type: none"> • Provide core services, with the capacity for additional locally-determined services that reflect the particular circumstances, needs and characteristics of the communities.
<ul style="list-style-type: none"> • Location on school sites to provide ready access for local families to the programs and services they need.
<ul style="list-style-type: none"> • Centres to serve surrounding schools.
Co-location and coordination
<ul style="list-style-type: none"> • Coordinated and integrated approach to early childhood development and learning, and health and wellbeing program and service delivery for children and parents.
<ul style="list-style-type: none"> • High level of local ownership and involvement.
<ul style="list-style-type: none"> • Greater levels of community participation and government and non-government partnerships.
Building family capacity to provide nurturing environments and child development outcomes
<ul style="list-style-type: none"> • Increase families' capability to provide home environments which will enable children to thrive in all developmental domains.
<ul style="list-style-type: none"> • Lessen difficulties in transition to schooling, focus and improve school readiness and sustained engagement with schooling.
<ul style="list-style-type: none"> • Close the gap between the wellbeing and learning outcomes for young children and families from vulnerable communities.
Value for money
<ul style="list-style-type: none"> • Achieve better value for money with increased co-location, coordination and integration of government and non-government programs and services for families and young children.
<ul style="list-style-type: none"> • Governed by a strong accountability framework.

Objective: Focus is both on the child and working with caregivers

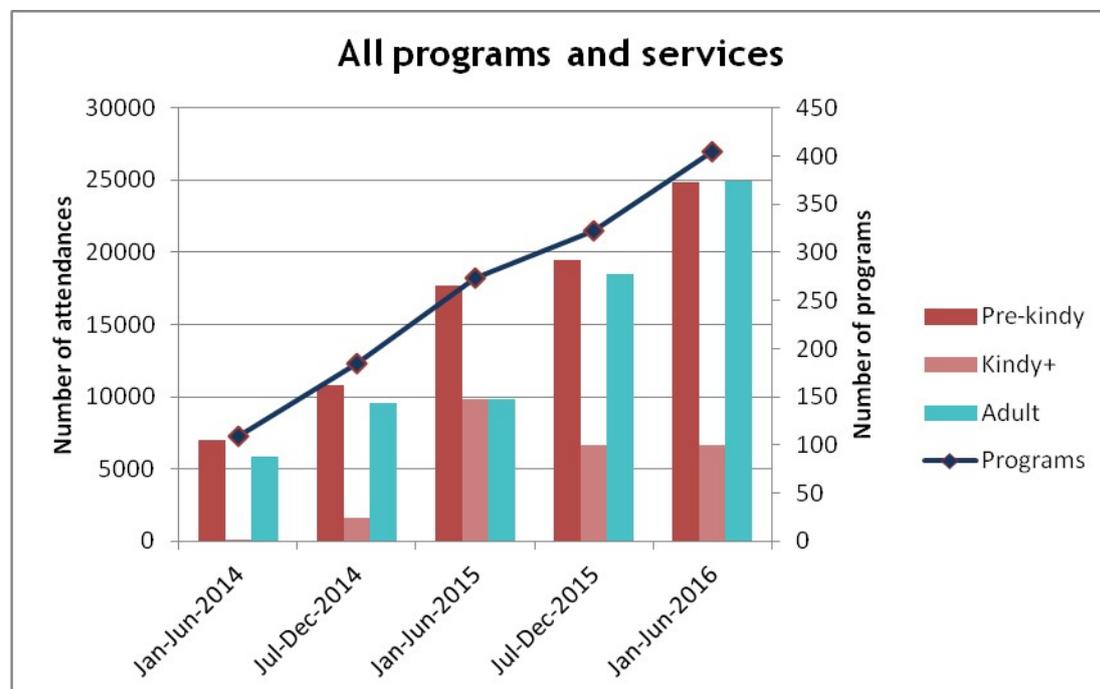
Earlier in section 4.2.1, Performance Indicator 1 showed a higher number of pre-Kindy children than adults were involved in *early childhood* programs, while Performance Indicator 2 showed a higher number of adults than children participating in *parenting and family support* programs and services over time. However, more broadly, the total number of parents attending Child and Parent Centres *activities of any sort* is similar to the total number of children attending activities. This demonstrates that the requirement that the Child and Parent Centre Initiative support parents *with* children is being fulfilled.

Table 30: Participation in all programs and services per six monthly reporting period; all Child and Parent Centres

	No of Programs	No of Pre-kindy children	No of Kindy+ children	No of Adults
Jan to Jun 2014	109	6,993	26	5,850
July to Dec 2014	185	1,0844	1,621	9,597
Jan to Jun 2015	274	17,715	9,872	9,832
July to Dec 2015	322	19,475	6,651	18,529
Jan to Jun 2016	405	24,875	6,696	24,900

Source: CPC Database

Figure 28: Participation in all programs and services per six monthly reporting period; all Child and Parent Centres



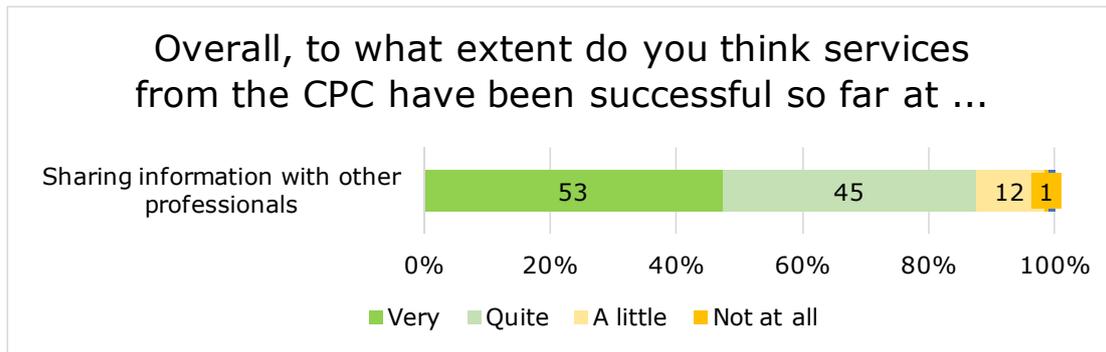
Source: CPC Database

Objective: Continuum of care commencing with a strong investment in quality child health services.

In those centres where the coordinator fosters a collaborative culture and develops collaborative practices, and where the service professionals see the potential and are provided with the flexibility to work in a more joined up way, there is considerable progress being made in providing a coordinated service to families.

Professionals sharing information is an important aspect of providing a continuum of care. The majority of survey respondents thought that information sharing was very good (48%) or good (41%).

Figure 29: Extent of communication between professionals to provide a continuum of care



Sharing information is an important component of providing a continuum of services as it makes it easier for families to transition from agency to agency without having to repeatedly explain their situation. The frustration, and in some cases distress, this causes may deter people from continuing to access services they need. The LAC members of one of the centres explained that the child health nurse can now share information with other agencies for the benefit of the families, and went on to say:

"Improving engagement is key. Some families don't have the capacity and are struggling. We might be able to engage them and break down the barrier for those families." "This is important as it means families are not having to tell their story over and over." "We've got information so when we do our initial assessments they don't have to keep repeating it." LAC member

The LACs provide the forum for working with the coordinators to establish productive relationship between the centres and government and non-government service providers. The partnership between the Department of Education and Department of Health is a core component of the Child and Parent Centre model, and important in bringing about a continuum of care by having child health services provided in the centres. However, this varies from centre to centre due to the availability of child health nurses in particular areas, and there having been a period of public service staff recruitment freeze. For example, some centres have had substantial periods with no child health nurse or as little as 0.2 FTE, while others have more than one. The situation is similar with respect to the provision of speech pathology services in various centres. Some centres have addressed the community need by employing a private child health nurse or allied health service providers.

This is not to say that centres, though having less than the ideal provision of child health services due to circumstances beyond their control, are not providing a continuum of care. They are providing a range of other services, and are making referrals to other services that can meet those families' needs. At the same time those that have a child health nurse for only one or two half days are maximising their effectiveness by running drop-in clinics so they see more families who

present without having to have an appointment. They will also be able to see the same nurse when they go to universal child health checks in another location.

In addition, child health services are being provided in the form of information sessions and workshops presented by nurses, speech pathologists, occupational therapists and/or dieticians provided by the Department of Health at and through the Child and Parent Centres. By providing free crèches, they are making them more convenient for parents/caregivers to attend.

Where the provision of child health services allows, families are attracted into the centre to attend universal child health checks with a child health nurse. This is a powerful model as the system of universal health checks from birth is an established system with high levels of uptake. The first of the checks takes place at home and then at the nurse's place of work. Normally this is at a clinic, which may be physically located near other services but stands alone. Thus, if the nurse can utilise the clinic located in a Child and Parent Centre it has the potential to bring new parents and their baby in contact with the centre from birth. Once the family attends the centre, the nurse or the coordinator introduces the family to the other centre services and staff, signs them up to the centre's contact list and shows them the Centre App.

The few places where the model is working less well is in centres where child health nurses are not as often available, have not been given the flexibility others have, are not able to work cooperatively, or are not well suited to working in a community setting. Parents/caregivers who do not feel welcome or do not have a pleasant experience at the centres may decide not to attend again.

Speech pathologist and occupational therapist services are also essential as is a mechanism for access to a paediatrician; the availability of these services also varies considerably.

This is a key component of the Initiative and the dialogue with the Department of Health needs to be continued to develop consistent support at all levels and throughout the State. The way staff are starting to work at the Child and Parent centres is very different to a standard clinical environment, and can be very innovative. However, this takes time and space to develop and suits some people better than others. Mechanisms for learning from successful innovations and promoting their adoption more widely need to continue to be developed within the key agencies. For example, developing a mechanism for child health nurses who are successfully providing services in a centre to share their experience with other nurses, and inform them about successful ways of working (for example running drop-in clinics) would be of benefit.

Objective: Child and Parent Centres provide cores services, with the capacity for additional locally-determined services that reflect the particular circumstances, needs and characteristics of the communities.

Core services were listed earlier in Key Component 5. A short summary for each of these services follows.

Antenatal education and child health checks and referrals

Antenatal education is one of the least common services provided at the Child and Parent Centres with only four centres identifying a very small number of services or activities in this category. With respect to child health checks, generally one or two child health nurses have been relocated into each centre. However, as discussed in Outcome 4 above, for some Child and Parent Centres in regional centres and in the metropolitan area this has not occurred to the level needed, or has been considerably delayed or interrupted due to staff shortages and changes.

Parenting information and programs

All of the centres are providing parents with information and have other service providers delivering parenting and other programs. They provide information through brochures and posters about relevant topics and the services that other agencies can provide, and by holding workshops (for example, *Introduction to Solids* by the child health nurse and *About Girls* Workshop by CLAN). Parenting programs are also being delivered in the centres (for example, *Triple P* by the Department of Education and *1,2,3 Magic* by Parenting WA). This is a key area of service delivery being achieved by the centres.

Mental health, disability and psychology services

A small number of Child and Parent Centres provide a child psychology or child counselling service, while others refer families to other counselling services. A number of centres provide a space for a disability service (such as Pebbles' one-on-one therapy for children with disabilities).

Allied health services, including speech and occupational therapy

Most Child and Parent Centres have a speech pathologist provided by the Department of Health; however, with some having more access than others. Occupation therapists are also made available to some centres by the Department of Health on an ad hoc basis. Some Child and Parent Centres have allocated part of their budgets to providing additional speech therapy and occupation therapy. Thus, while allied health is seen as a key service area, the ability of centres to support it varies considerably from providing a small number of individual sessions to providing professional development to teachers, group therapy sessions, support to playgroups, both at the centre and also at the host and surrounding schools.

Information sessions on supporting children's physical, cognitive, language, and social and emotional development

All the centres provide information sessions about supporting children's development. These may be delivered by the child health nurse, speech pathologist, or by other service providers (such as Ngala and CLAN). This is a key area of support being provided at and through the centres.

Early learning and development programs with parental involvement, such as playgroups

All the centres provide playgroups and other activities which involve parents and children interacting and aimed at early learning and development. Some of those being run at and through the centres include *Rhyme Time*, *Kindy Café: Rhyme Time and craft activities*, *Sing&Grow*, *Let's Get Musical* and *Shaping Brains Playgroups*. This is a key area of service delivery being provided at and through the centres. The volume in each centre varies with the resources, availability of community resources and other services and the identified need.

Educational programs for parents (e.g. family healthy life style, parenting and nutrition workshops)

The centres are providing workshops and educational programs as described above. Nutrition workshops include for example *Food Sensation Workshops*, a series on diet and budgeting, and *Healthy Eating* where parents learn to make healthy meals from simple, inexpensive produce.

Child and family health programs (e.g. sexual and reproductive health, life skills)

The activities provided at and through the centres promote physical activity through structured activities and general play. Others have additional programs such as hearing and vision screening. Many also run First Aid and Behaviour and Safety courses.

Culture and language programs

As most of the Child and Parent Centres have an ethnically diverse clientele, and including cooking has been a focus that brings families together by sharing the cuisine of their various ethnic backgrounds. NAIDOC celebrations have been another vehicle for sharing in cultural events and activities.

Most of the centres have one or more language or literacy programs such as *Rhyme Time* for children. Four centres also have language programs for parents. While this is a strong area of focus, the level depends on the community context.

Overall, the Child and Parent Centres are providing core services as described above. The areas of strongest delivery are child health, early learning, and parenting and family support. The centres are also delivering additional services in response to the particular needs of families in their communities.

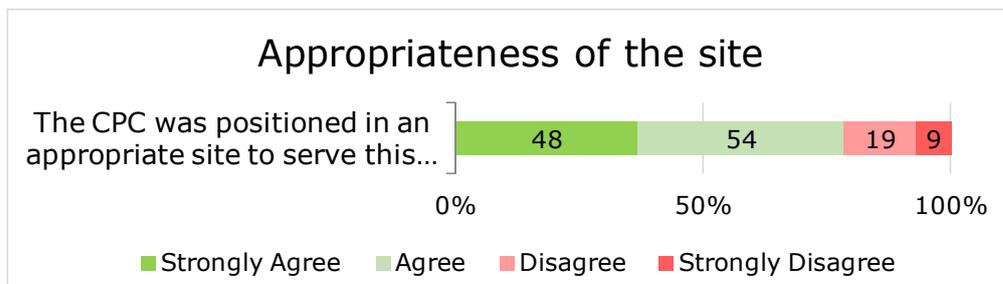
Objective: Location on school sites to provide ready access for local families to the programs and services they need.

Location

As indicated in Key Component 3, all 16 Child and Parent Centres were built on public school sites. As discussed in CPC Outcome 2, this strategy was generally believed to have been very successful. It makes them less formal, more local and convenient, and promotes a closer relationship and dialogue between education staff and those from other key sectors such as health and early childhood, particularly for the host school and their families but increasingly for surrounding schools as the centres widen their locus of engagement.

Opinions expressed in stakeholder interviews were mirrored by those of survey respondents, with 79 per cent of respondents agreeing that the Child and Parent Centre had been located at an appropriate site to serve the community as shown in Figure 30 below.

Figure 30: Perception of appropriateness of Child and Parent Centre sites



Nearly all of those who disagreed that the Child and Parent Centre was in an appropriate site (26 of 28) gave a reason why (29 reasons altogether). Most commonly (eight comments) they thought that it should not have been at a school, while six comments were about the facility being more central, six nominated a different suburb, four a different school and two indicated it could have been better positioned on its current site. Three comments related to it being placed too close to an existing centre.

Access

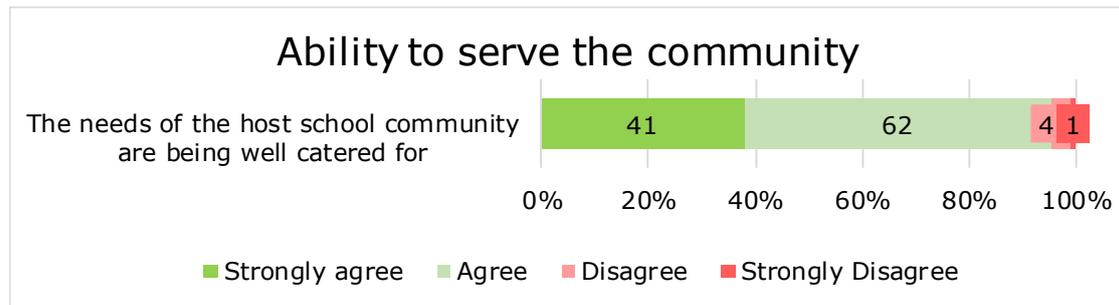
The Performance Indicators presented in section 4.2.1 show that the Child and Parent Centres are well attended. In interviews stakeholders indicated that some of the centres are utilised close to capacity and are having to identify ways to increase their service provision in other ways.

One section of the community for whom co-location with a school was expected to be problematic is families whose parents had not themselves had a good relationship with a school as a student. Stakeholders identified this to be the case in some interviews; however, some also saw this as an integral step for caregivers to overcome that anxiety. Experiencing a context where principals and teachers could be seen interacting with the centre staff in a professional, and cooperative

and supportive way, provided these families with an alternative view of school authority figures. The placement of the centre on the school site had some effect on this factor, as proximity affected the ease of interaction between staff.

Nearly all survey respondents agreed that the Child and Parent Centre was well placed to cater for the needs of the community around the host school (95%). This is shown in Figure 31 below.

Figure 31: Perception of the ability of the Child and Parent Centre to cater for the host school community



In line with the survey results, generally the consensus among those consulted was that being located on school grounds made the Child and Parent Centres seem a safe environment, and for parents of the host school it provides easy access to the services they provide.

"I do think that's a good model, as parents who weren't engaged come past the building, and it sparks their curiosity. And the schools have the opportunity to automatically make on-site referral." NGO service provider

"It's good to be part of the community and to be familiar with the school, especially for CaLD families – parents and kids." NGO service provider

A few interviewees raised the issue of families from surrounding schools thinking it was for host school families only, but it was usually felt that this could be overcome.

"I think the assumption that it belongs to [host school] prevails, but we keep working on that by being out in the community, and by word of mouth. I promote the centre with staff at other organisations, and then they pass that onto parents." LAC member

The issue of families who may not have had a good relationship with schools in their past was also raised but overcoming this barrier was seen as integral to the design.

"There's a percentage of parents who didn't have a good experience at school. We're breaking down that barrier and will have better outcomes for their kids because they'll feel better about school." Principal

"I do think it's good being located at a school because I've worked in schools and understand the rational. It's breaking down barriers, and also they see the kids that come to school – they can see the Kindy and learn to be comfortable in this kind of environment." NGO service provider

There was a minority of interviewees who thought that the location at school could be problematic for specific reasons. For example,

"Given our cohort of [Aboriginal] families it's a territorial situation - ours/theirs - so some might not come here because it's not at their school." Principal

Objective: Centres to service surrounding schools

It has become clear that during implementation of the Initiative, centres pass through a number of stages:

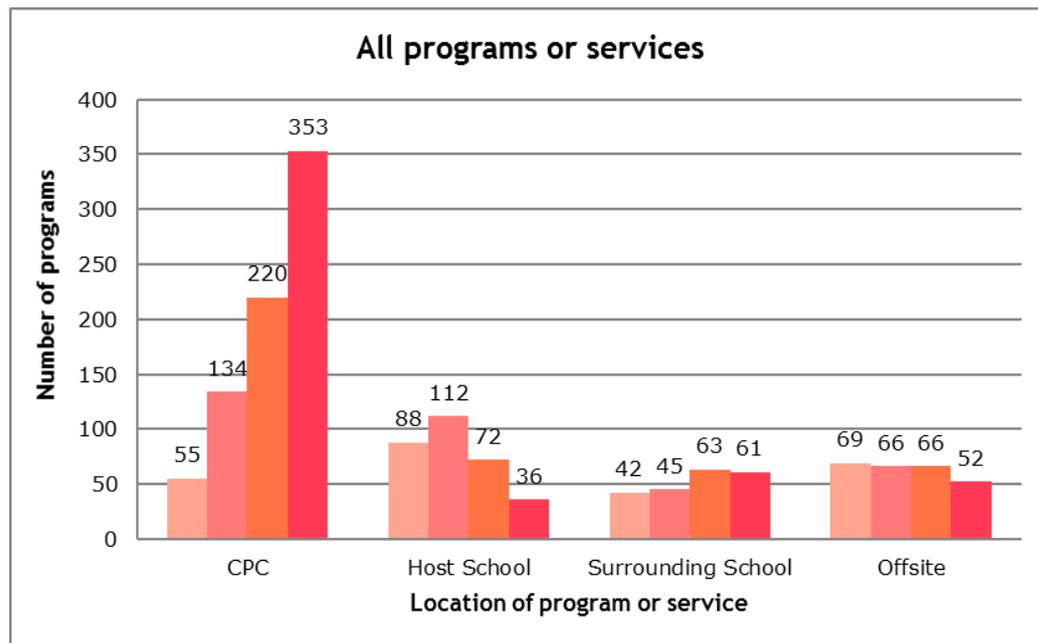
- a commencement stage: meeting other professionals and setting up services within existing buildings;
- a centre opening stage: coming to terms with running the centre at the same time as running the services;
- a consolidation stage: building core services, settling in; and
- a strategy stage: identifying strengths and gaps, trying different strategies to broaden offerings to target the wider community.

Many of the phase one Child and Parent Centres are currently at the last stage.

Services and support for surrounding schools

Most of the Child and Parent Centre coordinators and subsequently other Child and Parent Centre staff have been supporting playgroups in the host and surrounding schools. They have also consulted parents about their needs and informed them about what is available at the centre for them to attend. School Early Years staff have also been consulted about needs, and in some cases, have been provided with professional development by the speech pathologist. Some Child and Parent Centres are also working with schools in their Transition to Kindy programs. The following figure shows the number of programs and services that are delivered by locations.

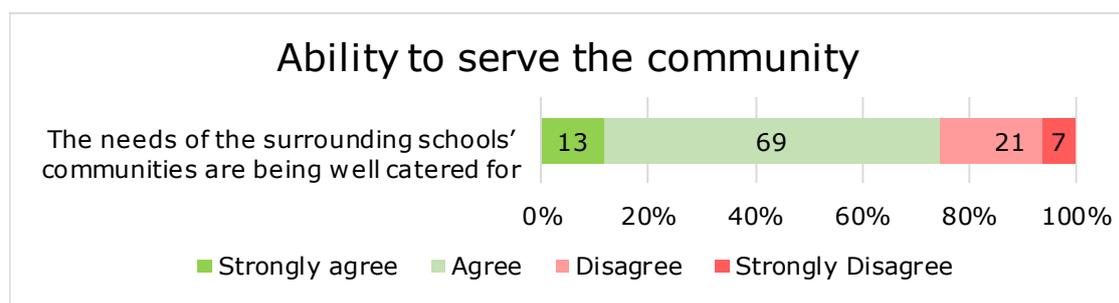
Figure 32: Location of service provision



Source: CPC Database

The majority of survey respondents (75% of 110) agreed that the Child and Parent Centre was catering for the communities of surrounding schools. This is less than for the host school community but is still a strong majority. It supports the reports provided during site visits that communities around surrounding schools were being serviced, though not to the extent of those of host schools. This is shown in Figure 33 below. This is similar, and slightly better than the previous year when 71% (of 59 responses) agreed that the centre was catering for the communities of surrounding schools.

Figure 33: Perception of the ability of the Child and Parent Centre to cater for the surrounding schools' communities



Overall, the consensus among stakeholders was that the Child and Parent Centres are providing services in surrounding schools, as well as in other locations where families in those areas might also be accessing them (e.g. community events). While not as many families from surrounding schools attend activities, workshops, health services and information sessions at the centre as those from the host school, there are many who do.

4.6 Co-location and coordination

Objective: A coordinated and integrated approach to early childhood development and learning, and health and wellbeing program and service delivery for children and parents.

Section 4.3 describes the co-location and coordination aspect of the Child and Parent Centre model. It started with a description of how Child and Parent Centres were working closely with the host school principal and LAC (Deliverable 1), and how professionals were collaborating to provide services to meet the needs of families (Deliverable 2). The journey of the Child and Parent Centres and service providers along the cooperation continuum was described in Deliverable 3, followed by a description of the collaborative partnerships with school, community and industry stakeholders (Deliverable 4) and the effective scheduling of programs and services (Deliverable 8).

The many ways in which services were working to coordinate and integrate their services were described in CPC Outcome 3. These included sharing information, developing processes to assist the early identification of issues and making appropriate referrals, coordinating and collaborating in their planning and delivery of services, and jointly managing clients.

When asked for examples of how services providers had cooperated to improve service delivery, 34 survey respondents provided 41 comments. For six comments this coordination simply took the form of providing services at the centre.

"Speech pathologist and child health nurse are in the centre making it easily accessible for parents." Government service provider

But more often descriptions were provided of the ways in which services and the centre or schools worked together to co-deliver or co-contribute to programs or activities (16 comments).

"HIPPY (Home Interaction Program for Parents and Youngsters) now has a base to operate out of. The CPC refer directly to the program. HIPPY bought a large amount of equipment and resources that the CPC families as well as HIPPY families have access to. The CPC were then free to spend that part of their budget on a music program and paying a music teacher to run the early childhood program at the centre." Child and Parent Centre coordinator

"Co-delivery of programs and activities such as one agency delivers the program and the CPC is the venue and the crèche is provided. Co-delivery of the workshop such as Triple P and Circle of Security. Child Health has provided feedback from families about common themes, about gaps in workshops and what topics they would like to attend to know more about." Coordinator

"Host school provides an Education Assistant to co-facilitate a pre-kindergarten program. The Department of Health supports child health nurses and speech pathologists to co-facilitate Meet, Stay and Weigh sessions and mobile outreach work, to the host and surrounding school." Coordinator

"Child health, Royal Life Saving and CPC combined together to provide Heart beat club to a local community who has lost an infant and asked to have first aid training. Counselling and a comfort dog were present in the session. This allowed the community to come together to heal, to connect to support services and to learn an important skill." Coordinator

Networking and sharing professional learning was allowing professionals to get a better understanding of other services in the community (5 comments) and therefore they were able to provide better support and referrals for families (3).

"I have a better understanding of services in the community so I can support the families at my school." Surrounding school principal

"We provide more referrals for our families as we are more aware and know that the CPC is a one stop shop." NGO service provider

Survey respondents also commented on how the more coordinated and integrated approach to service delivery was facilitating partnerships in the planning (3) and scheduling (5) of services and programs.

"Shared planning between child health staff and the CPC staff. Shared planning of parenting services in the area to ensure no duplications. Shared planning and identification of community needs between local CPCs." Coordinator

"Representatives from Health, Education and the CPCs are discussing the roll out of Triple P for 2017. Scheduling will be done in partnership and the CPC will manage a small lending library to provide easier access to resources. Forms have been provided by the occupational therapist and speech therapist, so that parents can complete it if they are concerned about a particular aspect of their child's development. This form is then passed to the occupational therapist or speech therapist who is then able to establish whether there is a need for a referral and prioritise." Coordinator

"Speech therapy services have consulted with teachers and admin staff more often about children attending the school. Local schools have been supported by CPC staff to improve access to Rhyme Time and Best Start Programs. Consultation and negotiation has helped ensure there is no, or minimal, overlap of similar services." Surrounding school principal

Two comments were general in nature and one negative comment said that there was no collaboration around the collection of data.

It is clear that there are many ways in which the model is working; it is equally clear that implementation of the model is a work that is constantly in progress: personnel and services in the community change, in some areas the community itself is dynamic and changing, and the overall context in terms of economic outlook, and immigration and employment trends can apply different stresses on communities.

As discussed in Outcome 4, for the model to work and the collaborative approach to develop into new ways of working, it is important that the elements of the model are able to be translated from theory and rhetoric into practice. The coordinator must foster a collaborative culture, and put into place collaborative processes and structures. The other service professionals must value and embrace this way of working. Over and above this, government services must be open to innovative ways of working and find ways of waiving structures and protocols that maintain the *status quo*. For example, staff need to develop rather than resist ways to share client information in a helpful and ethical way; and new ways of working should be allowed to develop and have new PIs developed to support them. Without such changes, progress will still occur as the model contains many components that promote closer relationships; however, such changes will certainly support progress towards true service integration.

Overall, there seems to be consensus among the majority of stakeholders who completed the survey, and those interviewed and quoted in other sections of this report, that there is a more coordinated and integrated approach being fostered by the Child and Parent Centre Initiative. This is having a positive impact on the delivery of early childhood development and learning, and health and wellbeing program and service delivery for children and parents in those communities.

Objective: High level of local ownership and involvement.

Local services

The process of selection of sites for the centres was carried out in house in the Department, based on data as described earlier, without consulting local communities (and possible school sites). This was necessary due to their being developed for Cabinet in Confidence, though has had the effect of some communities showing some initial disquiet and being a little slower to embrace them. This is especially so in areas where established services similar to an aspect provided by the centre have been concerned about them providing competition,

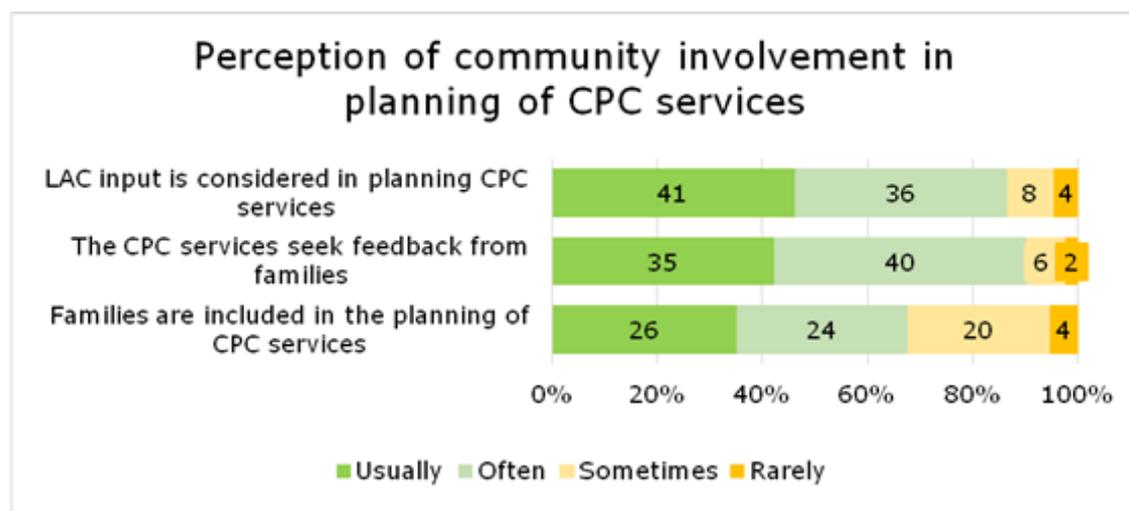
particularly as the centres have the ability to offer services for free, or where there has been some controversy about the location of the centre.

These concerns have, to a large extent, been countered by the coordinators working to allay fears while networking in their initial pre-centre scoping period. They have been stressing their coordination role. In most communities, especially those with scarce resources, they were immediately very well received. In some areas, there has been the occasional story about a service having been replaced, but often the two events were not directly related. In most communities, the coordinators have been able to develop a very strong relationship with the other key service providers. A number of stakeholders commented that despite the fact that non-government organisations are in competition for funding, local area coordination has been effective:

"We now build relationships and are coming together – first time I've seen this. All agencies provide what they can. It has brought NGOs together with the community at the centre of the table. That's the ethos, so it's nice to see this actually happening." NGO manager

The centres by and large have been careful to complement rather than duplicate services; however, many of the parents interviewed identified the better quality of services, such as structured playgroups, as the major reason for preferring the Child and Parent Centres. Being free of charge, and having a range of services, activities and workshops in the one location, many of which they would not have known about or would have found more difficult to access, and having access to a free crèche, were also reasons they preferred and regularly attended the centres.

Figure 34: Community involvement in Child and Parent Centre service planning



Schools

A key to local involvement has been forging close relationships with schools. As discussed earlier in Key Component 11 in Section 4.1.1, and Deliverables 1 and 2 in Section 4.3, the relationship with the host school is key. This takes a myriad of different forms depending on the physical configuration of the centre, its location

on the school site, the school buildings and how the centre fits with them, the resources available (space being key), as well as the approach and skills of the coordinator and the principal. In most cases, the coordinator and the host school principal have a close professional relationship, communicate regularly, collaborate to co-deliver programs, and design and try innovative techniques to engage their parents. At the same time the principal is able to take a wider community view, and promote and assist the centre to support the communities around surrounding schools. A configuration where there is some separation of the centre entrance from the entrance to the school to distinguish it as a separate facility, yet the centre is close enough to facilitate engagement and resource sharing with the school is the most advantageous. The availability of parking, public transport and location within the wider community also affects the level of ownership of, and involvement with the centre. However, as mentioned elsewhere, the centre's work in surrounding schools has done much to break down the perception that it is only for the host school's families, and many are taking advantage of what the centre has to offer them.

Centres have also been developing their relationships with surrounding public and non-government schools. Factors that influence the extent to which this has occurred include the ease of opening the centre and the time required to get it operating smoothly and establish the initial programs, as well as the number, interest, and proximity of surrounding schools. The demographics and similarities or differences between the communities around the host school and the surrounding schools may also affect the approaches developed. The view of the suburb held by families in nearby communities sometimes creates a barrier since centres are by design placed in the most disadvantaged area. Resources at the other schools, such as early learning staff or Aboriginal and Islander Education Officers (AIEOs) with the capacity to assist with delivering and supporting programs and services, and classrooms or other facilities where the centre or other service staff can run programs, is also a significant factor.

As described earlier in Section 4.5, the scope of a centre tends to grow geographically as it becomes established. Some have managed to bring other communities into the centre, whereas others have achieved better results by adopting a hub and spoke model and taking the services out to the surrounding schools. For example, one centre that has employed a speech therapist who rotates their services through the surrounding schools for one morning a week for six months at a time, working with the early childhood teachers to identify children who need extra support or further assessment, and upskilling the teachers to provide additional support or to make more effective referrals. In some cases, the additional expertise of the speech pathologist has influenced parents to seek and attend remedial sessions with their children. This is also assisted by their having met the professional and being able to attend the appointments locally.

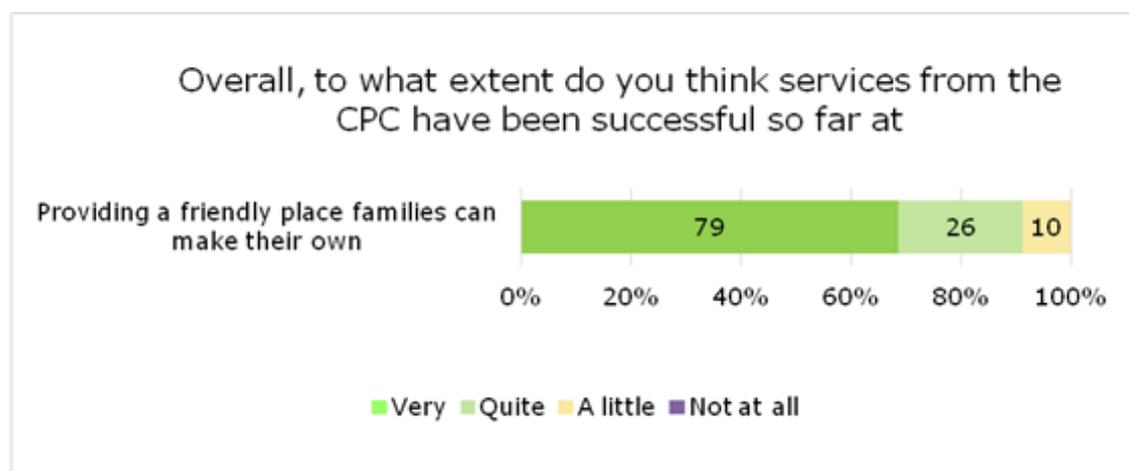
Families

The Child and Parent Centres have gone about including families in different ways. All centres are dedicated to providing a friendly environment where families can

feel safe. This is a key element of the model and is generally being achieved through facility design and furnishing. Most centres are beautiful facilities, including an activity area with kitchenette, comfortable places to sit and chat and outside play areas giving them a relaxed, welcoming feel. Most centres have made this a key feature, developing the sense that it is a drop-in facility always available for families, and a safe place where they can meet with friends, drop in for advice or a cup of tea, and where there are plenty of toys and activities for their children to enjoy.

The vast majority of survey respondents were of the view that the centres are providing a very friendly place for families (91%).

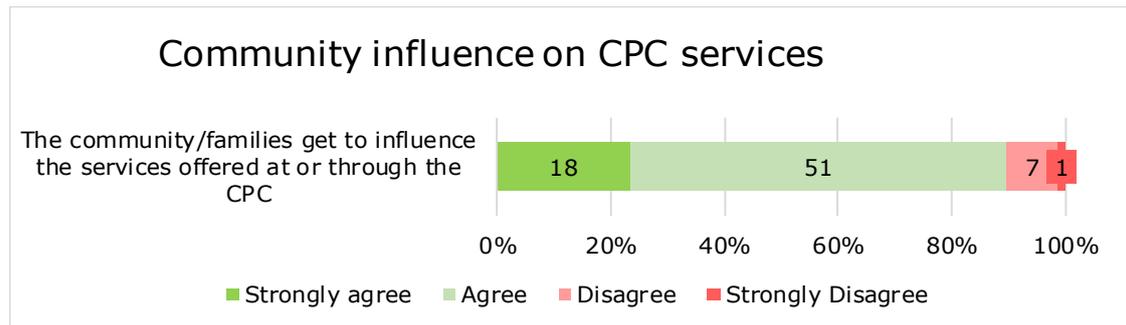
Figure 35: Extent to which Child and Parent Centres have provided families with a place they can make their own



All centres seek feedback from their parents about the services and activities that they provide and ask them to nominate other topics for information sessions or other services that they would like. Some also have a family reference group or have caregiver representatives on the LAC.

Coordinators develop and foster relationships with local families through running community events or stalls at existing community and school events, and some visit areas regularly frequented by families, such as shopping centres or parks to meet families, and invite them to the centre.

Figure 36: Ability of families and communities to influence Child and Parent Centre services



Some centres have recruited volunteers, building the skills and confidence of parents while supplementing the human resources of the centre. Some have done this particularly effectively, greatly increasing their capacity, and utilising the skills that volunteers have to offer. The capacity for this strategy to work depends on the skills, experience and approach of the coordinator and other staff. In one community, where the school principal and teachers were of the opinion that parents were not interested in the school and not skilled enough to be encouraged to volunteer, the centre has successfully built a volunteer base. Some of the volunteers are now working in the school, improving the relationship between the school and its parents. Another particularly effective strategy has been the use of volunteers to establish parent-led playgroups in schools with the assistance of the coordinator and other centre staff.

Overall, centres are working well with their communities and looking for new opportunities for engaging families and involving others in their activities. There are a couple of centres where progress in this area has not been as strong, partially because of the local context, and also the approach taken by the centre management.

Objective: Greater levels of community partnership and government and non-government partnerships.

In Deliverable 2, the extent of collaboration between health, education and family support professionals and the Child and Parent Centres was discussed, and a high level of partnering and collaboration was shown to be occurring. Then in Deliverable 4 the centres’ development of collaborative partnerships with schools and community organisations, and in some cases with industry stakeholders, was addressed.

The bi-annual reports provide evidence that Child and Parent Centre coordinators have established relationships with a broad range of NGO community service providers, connections with schools, links to local government, and liaison with the Department and other relevant State government agencies. These relationships are outlined in this section.

Community partnerships

The centres are partnering with a large variety of community organisations. These may be organisations that are already active in the community, or that they approach to become involved because they can fill a gap in services. Often these are organisations that are trying to service the community from other premises, which may be further away, or for which they may have to pay for room hire or crèche facilities. These organisations are often, but not necessarily, not-for-profit organisations. Some centres are also partnering with universities, local businesses, child care centres, community resource centres and/or Aboriginal organisations. The collaboration may be for a one-off event, co-delivery of a workshop, or for delivery of an ongoing service. Some examples of these organisations are provided in Table 31 below.

Table 31: Examples of other NGOs and groups with which they collaborate

Other Non-Government Organisations/Groups	
ASeTTs	The Hanen Centre
Boodjari Yorga reference group	Midwifery Group practice
Bright Stars yoga	Milligan Community Centre
Bunnings Warehouse	Nature Play WA
Child Australia	PACTS
Chevron Corporation	Port Hedland Library
CLAN	Royal Life Saving Society
Dads WA	SIDS and Kids
Early Years Groups	Sing&Grow
FOODcents	St John Ambulance
Gumala Aboriginal Corporation	Wise Therapy

Source: NGO reports.

State Government involvement

The Department of Health is the agency most engaged with the Child and Parent Centres, and it is providing the greatest number of services. The relationship with key government agencies is influenced by several factors, such as:

- Relative size of agency catchment areas of regional or local services compared with that of the centre, and the distance of service locations from the centre
- Level of human resources in the local area (for example, the level of available staffing)
- Different levels of engagement through participation in the LAC
- Different needs of centres with respect to services required (e.g. Parenting WA programs)

The involvement from the key State Government departments is summarised below.

Department of Health

Child and Parent Centres host a child health nurse, although their time allocations vary. Their key function is to provide universal health checks for local families, and where capacity exists they also run drop in clinics, and attend and co-

facilitate parenting support groups and workshops on topics such as sleeping and diet. Some also have capacity to run six-week parenting groups for new parents, apart from some metropolitan areas where Child and Adolescent Community Health funds NGOs to provide these groups.

Metropolitan area Child and Parent Centres have 0.5 FTE speech pathologist from the Child and Adolescent Health Service (CAHS) based at the centre. In some centres, they share the clinic and in others they use the consulting room. They are provided as a commitment from CAHS to locate 0.5 FTE of School Health speech pathologist at each Child and Parent Centre. The speech pathologists see local clients who come through the Child Development Service referral system and have approximately half a day per fortnight allocated to working with the community, including attending playgroups, providing general developmental education for parents and school staff, and supporting referrals to the Child Development Service as required. They take the approach of assessing how they can best work in with each centre to fill community needs.

Child and Parent Centres also organise for services such as immunisation, occupational therapists or disability services to provide services at or through the centre.

Department of Local Government and Communities

The key contact for the Department of Local Government and Communities and Child and Parent Centres has been the regional coordinator for Parenting WA. They have a representative on the LACs, and their staff have provided playgroups and early parenting support and parent modelling programs such as Best Start playgroups, 123 Magic, Yarning Circle, Circle of Security, Protective Behaviours, Rhyme Time and Tuning into Kids in a number of centres. With the changes to the provision of parenting services by this Department, the nature of future relationships is not yet known.

Disability Services Commission

Links with Disability Services Commission have been limited but they have been involved in attending particular events or activities. Some have representatives on LACs.

Department for Child Protection and Family Support

The level of involvement and collaboration with CPFS staff varies from centre to centre. Where they are involved they may be on the LAC, run the Signs of Security course, Best Beginnings support groups or playgroups specifically for their families, or for foster families. They also refer their families to other services that the Child and Parent Centres provide.

Local Government Agencies

Representatives from Local Government Agencies often collaborate with the centres. In particular, they may have assisted them with the original scoping study and the community launch, advertised the centre's services and activities,

and attend LAC meetings. In some areas, their staff collaborate with the delivery of Rhyme Time, and they often collaborate for local events such as Family Fun days, Nature Play days or Harmony Day celebrations.

Australian Government agencies

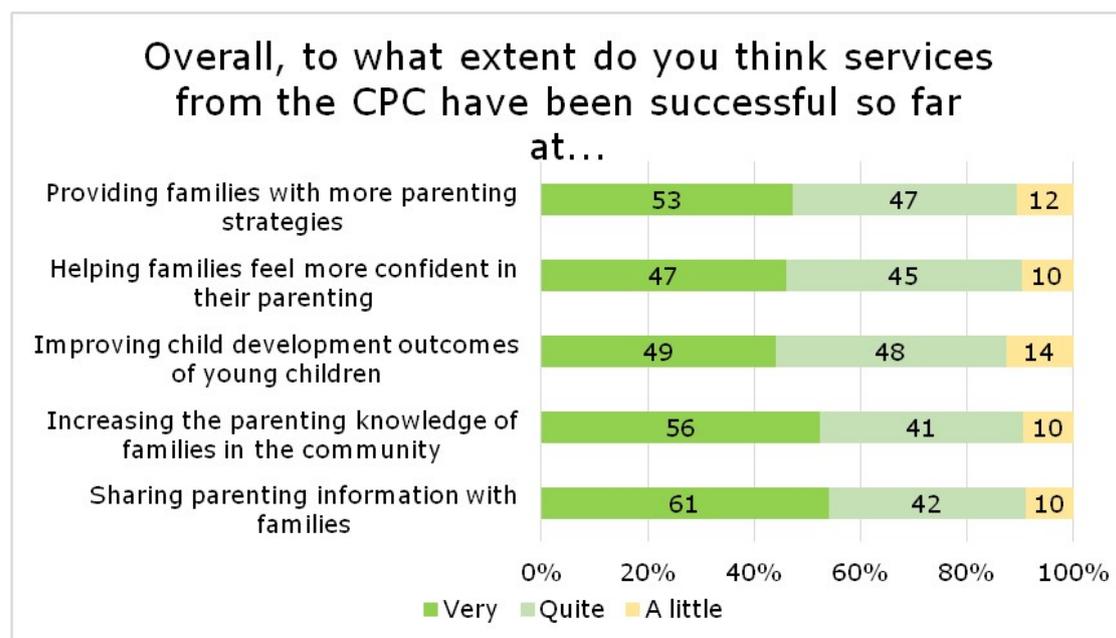
Some centres have also made links to Australian Government organisations. Two such organisations are Centrelink and Medicare Local.

4.7 Building family capacity to provide nurturing environments and child development outcomes

Objective: Increase families’ capability to provide home environments which will enable children to thrive in all developmental domains.

This objective is identical to the CPC Outcome 8 in section 4.4.

Figure 37: Perception of the centres’ success at achieving outcomes



The parents interviewed about their experience attending the Child and Parent Centres, and/or receiving their services in one of the surrounding schools, were overwhelmingly positive. Here are some examples of how they were assisted by the attending the centres:

"I did the Toilet Training and it was amazing – three days and he was toilet trained". Parent

"The Triple P taught me to use the right words, and my daughter has picked up on it straight away." Parent

"They came into the school when Playgroup WA was getting the playgroup set up. [CPC staff] came and gave us some ideas about what to do, and helped us on our way, and to get set up."
Parent

"I'm educating myself on parenting, like 1,2,3 Magic. She pushes my buttons some days, and it's working. I can calm the situation right down. It's opened so many doors for me, and now she understands what is happening. Knowing there's a crèche available is great." Parent

"I have a lot of problems and this centre has been the only centre who listened and helped, and put me in touch with all these other people and they gave me a huge hug. [The child health nurse] rang me last week just to see how I was – to go out of her way. She followed up about getting me in touch with other services here, the counselling service." Parent

Objective: Close the gap between the wellbeing and learning outcomes for young children and families from vulnerable communities.

It is too early for outcome data trends to be available.

Objective: Lessen difficulties in transition to schooling, focus and improve school readiness and sustained engagement with schooling.

It is too early for outcome data trends to be available.

4.8 Value for money

Objective: Governed by a strong accountability framework

Key Component 7 shows that at the local level individual Child and Parent Centres have a strong accountability framework comprising:

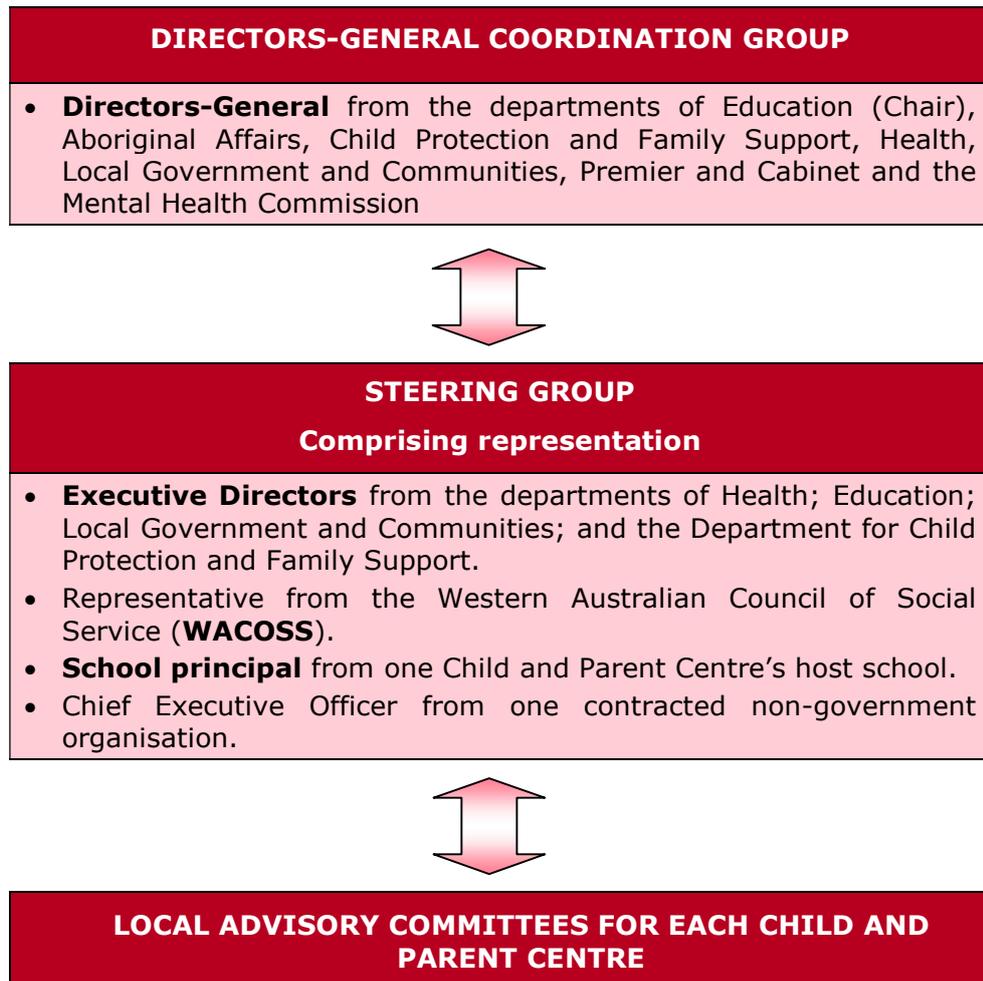
- Local Advisory Committee
- Data Collection Framework with PIs, deliverables and outcomes.

The local level accountability is supported at an inter-departmental level by interdepartmental co-ordination structures, agreements and measures.

Co-ordination structures

Inter-departmental coordination is achieved by oversight of an inter-departmental **Steering Group**, which in turn reports to the **Directors-General Coordination Group** and then to the **Minister**. This is shown in the following diagram:

Figure 38: Governance framework - Child and Parent Centres on selected public school sites



Source: 5 February 2015 Governance Framework provided by the Department of Education (formatted Shelby Consulting)

Directors-General Coordination Group

The functions of the Directors-General Coordination Group include:

- Leading the implementation of the Child and Parent Centre Initiative;
- Providing strategic oversight and advice to government and the Steering Group; and
- Liaising with respective Ministers in regard to the Initiative and promoting an inter-department and NGO integrated service delivery model.¹⁸

¹⁸ *Operating Manual for Child and Parent Centres Appendix 5: Letter of Agreement (2016, p15).*

Steering Group

The functions of the Steering Group are various, and include:

- Monitoring the progress of the implementation of the Child and Parent Initiative;
- Reviewing the Child and Parent Centre reports developed for the Directors-General Coordination Group; and
- Promoting the Child and Parent Centre Initiative and being a conduit for information flow within and between Government departments, NGOs, and the community sector.¹⁹

Interdepartmental agreements

A key mechanism for achieving accountability was the development of a Letter of Agreement between the key service departments, specifically:

- Department of Education
- Department of Health
- Department for Child Protection and Family Support
- Department of Local Government and Communities

This underpins the approach of the entire Initiative and can be used as leverage to promote more effective service delivery processes.

Measures

Performance Indicators 1 to 6 for the NGOs operating the Child and Parent Centres were listed in Key Component 8 in KEQ 2. In addition, the Data Collection framework incorporates additional PIs for the Department of Education and the Department of Health.

¹⁹ *Operating Manual for Child and Parent Centres* Appendix 4: Letter of Agreement (2016, p16).

Table 32: Performance indicators for the departments of Education and Health

Department of Education Performance Indicators
7. An increase in the proportion of children who have developed age appropriate literacy and numeracy competencies by the commencement of full-time schooling.
8. An increase in the proportion of children developmentally on track as shown through AEDC local community results, where available.
9. Increased rates of school attendance.
10. An increase in the proportion of children at or above the national minimum standards on NAPLAN reading and numeracy.
Department of Health Performance Indicators²⁰
11. A higher percentage of children who receive universal health checks.
12. All children entering the care of the Chief Executive Officer of the Department of Child Protection and Family Support (CPFS) for the first time will receive a health assessment within 30 days of being referred to Department of Health by CPFS.
13. An increase in the number of children who are fully immunised.
14. Women who are at risk of anxiety and post natal depression are identified early. All women presenting with their children for the 6-8 week and 3-4 month health check are offered screening for postnatal depression.

Objective: Achieve better value for money with increased co-location, coordination and integration of government and non-government programs and services for families and young children.

This objective mirrors CPC Outcome 12 in Section 4.5 in which evidence regarding co-location, budget and service delivery were presented.

This section presents the feedback from the online survey and some detail about how efficiencies are achieved. While achieving better value for money is one of the stated desired outcomes, during the development of the program logic for this Initiative, it became clear that the precise mechanisms for achieving efficiencies and effectiveness and thus better value for money, were difficult to identify. Many of these mechanisms are micro improvements that remove existing inefficiencies that are rarely enunciated in the first place. Such inefficiencies include the following:

- Sending letters to people who can't read or can't read English, have moved, have no ability to attend, are afraid of or hostile to government organisations.
- Keeping families on the list with three attempts to contact them before scratching them off the list only to put them back on at the bottom of the list, almost ensuring that the children do not get the attention they need during their window of opportunity for that facet of development.

²⁰ The above Department of Health PIs are the most recent version. The original Department of Health PIs are documented in the Data Collection Framework (February 2014)

- Professionals becoming discouraged by the lack of successful outcomes for the referrals they have made so they cease referring families.
- Ignoring those who are from a different culture who don't realise that there are free government services available and are too timid or ashamed to ask for help if they do.
- Professionals not being able to connect with families to identify issues early, and help them come to terms with the issues and find the best care, rather than remain in denial.

These are some of the everyday practices that result in children enrolling in kindergarten never having encountered a health or education professional, presenting with untreated health issues, and being developmentally behind expected milestones by one or two years.

It is well proven that investment in early intervention programs achieves a wide range of social, health and economic benefits²¹. Any early intervention, if it is well designed and implemented, must achieve savings in Government spending overall in the longer term by adding to such investment, as well as by improving the efficiency and effectiveness of existing programs.

Having said this, there are a number of processes utilised by the Child and Parent Centres that result in better value for money in the provision of existing and additional services for families and children.

Efficiency – best use of professional resources

There are many mechanisms that support the better use of professional resources. Some of these have been identified in this report in different contexts and are summarised here for completeness:

- In a conventional clinical setting, when an appointment with a child health nurse or speech pathologist does not attend, that time is lost. In a Child and Parent Centre there are opportunities for the health practitioner to use that time productively by visiting a playgroup or other activity, speaking casually with parents using the centre or catching up with other staff.
- Child and Parent Centres have put into place different strategies to reduce the number of people failing to keep appointments. Some professionals will alert teachers if the child or a sibling attends school so that they can remind the parent of the appointment and its importance and encourage them to attend. Others will phone the families and are more likely to be able to encourage attendance due to the proximity of the centre. In other cases, they can offer the time to another family, again due to the proximity.
- Most health professionals working at the Child and Parent Centres have a portion of time available outside their individual clinical consultations. They

²¹ See for example, Valentine, K and Katz, I (2007), *Cost effectiveness of early intervention programs for Queensland*, Report prepared for the Queensland Council of Social Service Inc by the Social Policy Research Centre, UNSW.

use this time variously to visit playgroups, or run information sessions, group therapy sessions or drop in clinics. This allows them to leverage their time by accessing a number of children and families at the one time.

- The networking by professionals allows for more effective referrals as they learn and utilise each other's technical terms to describe issues. This reduces the amount of rework and resubmission required for referrals, easing the burden of paperwork and reducing the length of the process.

These are some examples of the many processes and strategies that are in use; others are described in Section 4.5.

Effectiveness - Access to services, including for hard to reach families

The strategies being employed by Child and Parent Centres are helping engage families and provide them with reliable information and access to professionals in the community where they live. The following are some of the key mechanisms that encourage families to interact with the centres and utilise the resources:

- The friendly environment, multiple activities and joined up approach make it easier for families to view the centre as a benevolent source of support rather than as being associated with governmental compliance or a formal clinical setting.
- The local positioning makes it easier for families without access to private transport.
- The availability of a crèche for many of the activities reduces the barriers to attending, particularly for parenting focused activities.
- The development of relationships with the staff, and their recommendations in time as trusted advisors to other services or activities make it less threatening for families who may otherwise have had unpleasant relationships with authority figures or organisations.
- Strategies to engage multi-cultural families bring in demographics that are otherwise isolated, and engage them with Australian health and education organisations earlier, allowing for earlier identification of issues and support for their resolution.
- By supporting families to take up referrals for services, they are more likely to attend appointments, less likely to be dropped from the appointment list, and more likely to receive effective interventions. This might increase the list length in the short term as they attend more sessions, but it reduces the "list churn," and increases the effectiveness of the interventions in terms of achieving outcomes.

Appropriateness – better referrals

The closer the relationship centre staff develop with the whole family permits a deeper understanding of their issues, therefore supporting more appropriate referrals to services. This is facilitated by better networking and information sharing among professionals, resulting in a better understanding of the different service options available. Where issues are identified early and can be treated, it

may reduce the need for more costly interventions later. The centres themselves are focussed on providing high quality, proven services and activities, appropriate to their communities.²²

Unlocking community resources

The Child and Parent Centre offers value for money because it unlocks resources within the community. The collaboration between the centres and other service providers in their communities has built trust between them and opened up more opportunities to co-deliver services. Engaging parents and volunteers in activities and planning is harnessing community energy into supporting better parenting. The following comments were made by stakeholders interviewed.

"One afternoon a week Gumala bring a playgroup into the library. All are welcome – it's not specifically for Aboriginal families – but we have good Aboriginal attendance. Not just mothers, also dads and grannies come along. We want them to become comfortable coming to the library and let them know they can make a noise. It doesn't have to be quiet all the time in the library". Librarian

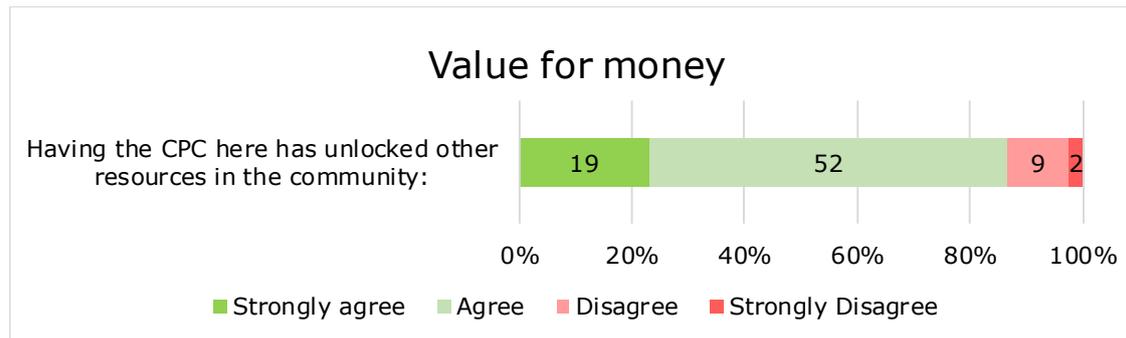
"They've been excellent in building a partnership with. They provide a free venue, and generally a free crèche which allows more parents to attend. Anytime I've got anything they are really, really helpful – always happy to jump on board with anything I approach them with. Both of them [CPCs] are really great." NGO service provider

"It was a good idea to do Rhyme Time at the schools and be there at 9 am when schools start and get their siblings. At the library, we only get the more literate mums who already know what they need to do with their children." Librarian

This was supported by online survey respondents the large majority of whom agreed that the Child and Parent Centre unlocked other resources in the community (87%).

²² Harman-Smith, Y and Brinkman, S (2013) *Children's Centre Evaluation: Interim Evaluation Report: Summary of Qualitative Evaluation Findings*, Report prepared for the South Australian Department of Education and Child Development.

Figure 39: Perception of value due to unlocking community resources



Respondents explained that community resources had been unlocked by the centre providing a focal point for child development in the community (8 of 44 comments, 18%). This brought together organisations with similar aims to collaborate and coordinate better (14 comments, 32%). People were planning together, pooling resources and expertise, and working out how to fill gaps by developing services.

"There is a more collaborative approach to identifying local resources. Who can help, what is available. There is more co-delivery of services especially between government and non-government agencies." Coordinator

"The CPCs have contributed to building relationships of trust between local service providers and schools. Many volunteers and parents participate in activities and planning. The CPC is sharing information and practice knowledge with colleagues, and it is a resource for families who know they can come to the centre for information, support and referrals." Coordinator

"Starting to get more services involved. Still need to break down more bureaucracy." Surrounding school principal

"There is greater interagency cooperation and coordination." Surrounding school principal

"There is stronger collaboration of resources between the host school and the CPC." Coordinator

They commented that having the centre in the community had resulted in a greater variety of services (4 comments), specifically required by local families (4 comments), as well as more resources generally (5 comments, 11%).

"Having the CPC here has brought people together to identify gaps in parent support and the need for a regular counselling service." Coordinator

"More parenting education, speech pathology and occupational therapy access for children pre-kindy and school age has been wonderful." Government service provider

"Having the centre has meant that we have been able to bring services such as the HIPPY program to the local community, bring services to families such as visits to playgroups by speech therapists, child health nurse, etc. Families have easier access and can have questions answered." Coordinator

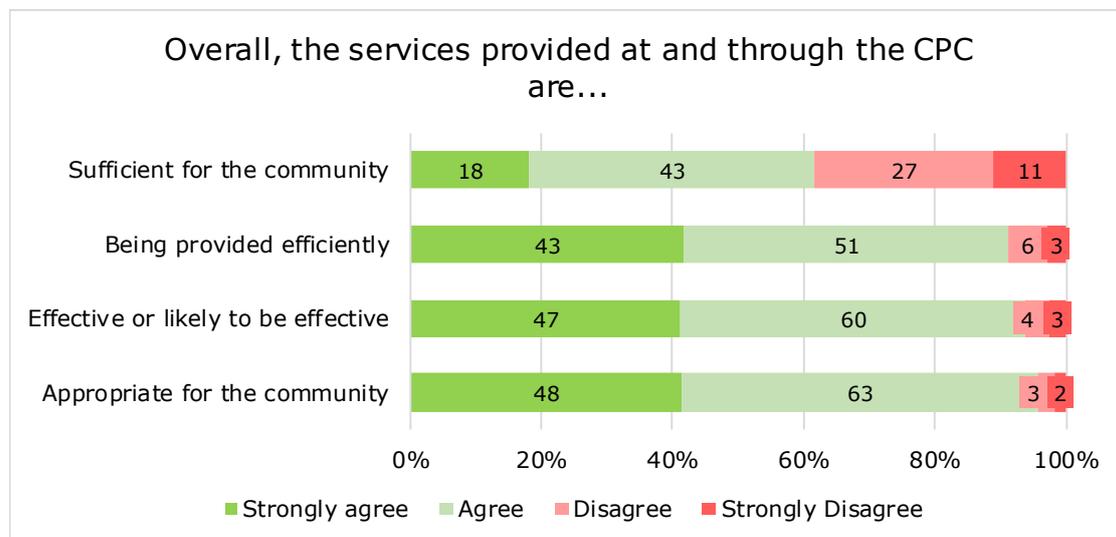
Having a focal point also created greater awareness in the community, making it easier for families to access information and services (5 comments), and getting them involved in the centres (4 comments).

"It has made a lot of people more aware of services available. Having ONE place that provides such a range of services or can send families to the relevant place is also a huge bonus." Host school principal

Overall

Respondents to the online survey were very strongly of the opinion that overall the services provided by the centres were appropriate for the community (96% agree or strongly agree), effective or likely to be effective (94%) and being provided efficiently (91%). A little over half (61%) thought that the level of services were sufficient for the community. This is shown in Figure 40 below.

Figure 40: Perception of aspects of value of the centre services overall



A total of 47 survey respondents provided 57 comments regarding the value that the centre's services provided for the community. Some of the ways they thought the Child and Parent Centres were providing value for money were providing programs and services (10 comments, 18%), offering a one-stop-shop (8 comments, 14%), promoting collaboration (3 comments), and strengthening existing services (2 comments).

"Value adds and strengthens other services and activities in the community e.g. contacts and organises a particular program or service to visit their local group such as the speech pathologist to visit story time, or a local playgroup or host Sing&Grow in the regular playgroup session so that families are accessing a service and receiving information at a time or place where they are already attending and feel comfortable." Coordinator

"Through extensive collaboration there is huge value for money being provided through the CPC." Coordinator

Centres were seen as a community asset (8 comments) which was a friendly and welcoming place where families feel comfortable and safe (7), which in turn made it possible for staff to provide more relevant help and guidance.

"The centre has become a place where families and children feel welcome, safe and included. There is a strong sense of trust for the centre staff amongst parents and caregivers evidenced by the information families are now willing to share with team members. This means we can be more effective in providing support, information or guidance needed as indicated by the family. Children have access to experiences they may otherwise not have had prior to starting kindy. Centre staff are either well qualified in early childhood development/education or have years of practice experience or both." NGO service provider

Respondents remarked on the value of centres for families (10 comments, 18%), although some others indicated that there were families they weren't appropriate for (4 comments).

"The centre is a valuable resource for the community and we are seeing positive outcomes with families in their confidence, the friendships and connections they are making with each other and with services." Coordinator

"The centre provides excellent value to families. It is still proving difficult to engage some of the harder to reach families but plans are underway to address this." Coordinator

"Some Aboriginal families are reluctant to use the centre as it's very glitzy and viewed as a white person service." Government service provider

On the negative side, two comments said that they weren't able to access appropriate data to judge the value, one said they were unable to affect funding priorities of the centre, one that the centre was not collaborative, and one that the centre was so busy it wasn't able to service its surrounding area.

SUMMARY FOR KEQ 3: The centres are bringing services to local communities where they are more easily accessed by those requiring them. In addition, they are linking the early learning, early childhood education and the community services sectors which have previously been largely independent of each other. There is some variation in the level of success of individual centres, but the Child and Parent Centre Initiative as a whole is on track to meet State Government objectives and outcomes.

KEQ 4. WHAT ARE THE OPPORTUNITIES FOR PROGRAM REFINEMENT AND IMPROVEMENT?

Stakeholders generally agree that the Initiative is very well designed. The issues that have arisen are around implementation in variable, complex and challenging contexts. Opportunities for refinement and improvement of the Initiative were identified in this evaluation through broad consultation with stakeholders. The first four sub-sections below are themes that have been identified by the evaluators considering the Initiative as a whole. The latter part of this section presents the various suggestions for improvement, challenges the Initiative faces, and gaps in services identified by stakeholders.

Identifying and specifying functions

The Child and Parent Centre Initiative relies on people, and as the Initiative funding supports only a small number of staff at each centre its efficacy is strongly dependent on being able to attract, appoint and keep excellent staff. There are key functions that are required for the delivery of services at and through the centres, and while the delivery is contracted out and needs to be flexible, it may be useful to:

- provide a clearer description of these functions,
- require tenderers to indicate how they plan to provide them, and
- add reporting against the provision of these functions to the monitoring framework in the future.

For example, key functions might be defined as centre administration, community development, service provision, and networking.

Opening hours

Few services and activities are provided after hours or on weekends, yet many families who are vulnerable may also have time-poor parents who do not have the time or energy to engage with services to gain additional skills and knowledge around parenting. Moreover, in a family with two working parents, or working single parent families, time is often not flexible. It could be instructive to identify the extent to which this is an issue and to trial some solutions in communities where such families need support. For example, it may be that it is less important that the centre is open during 'business hours' on week days, rather than that it is

open reliably as advertised with evening and weekend openings. Extending centre hours can pose challenges – extending staffing hours on a fixed budget, service hours constraints defined in existing contracts, and industrial award constraints – however, in the long term, being able to offer services and activities more flexibly may assist in increasing access.

Centre annual strategic planning

It would be useful for all centres to create a strategic plan indicating their priorities and strategies. This plan should preferably be developed by, or with input from, the LACs and should have the strategies and priorities updated and reported on annually. This is similar to the approach taken in school planning; while the overall strategies are set by the Department, local school planning indicates how this will be rolled out given the local context and priorities. Such plans need not be complicated or demanding to create, and should be able to be changed, but would assist in transparency and communication between stakeholders.

Monitoring framework

Currently there is a comprehensive data collection framework with Deliverables and Outcomes, as well as additional Key Components and Objectives. Now that the Initiative has been bedded in, these should be reviewed to streamline the frameworks as well as ensure that all relevant aspects of the model are covered. Some changes that could be considered:

- **Review the Performance Indicators** in light of the maturing of the Initiative. For example, Performance Indicators 1 to 3 regarding access to services cannot expect a continued increase in services. It is more likely that services will increase towards a maximum capacity depending on available staffing and building capacity. It may be appropriate to replace these Performance Indicators with benchmarks developed through reviewing the existing data, which could be used as a guide.
- The addition of one or more indicators of **collaboration** by developing a rubric for desired behaviour such as that utilised in the online survey. These could include the extent to which service providers feel part of a team, are included in planning, have input into services and activities, and collaborate with each other.
- As discussed in CPC Outcome 3 in Section 4.3.2, the current mechanism of reporting the number of professional development sessions and the numbers attending them is difficult to interpret. A rubric measure of **joint staff development** would provide a clearer picture of the extent to which the desired model is being achieved. This might incorporate measures such as the extent to which joint staff development is occurring, and whether service professionals feel they have sufficient levels of understanding of other services to confidently make referrals. If the current measures are retained they should also include the length of the sessions.
- The development of a numerical **reach** indicator, which incorporates multi-factor assessment measures such as the number of one-on-one interactions,

sessions with multiple children, and with other professionals, weighted by attendance and length of session. This may be useful for specific services, for example for health professionals, to better reflect the value of alternative service delivery formats.

- As also discussed in CPC Outcome 3 in Section 4.3.2, the current mechanism for reporting **joint planning** provides feedback which is difficult to synthesise. Rating measures of particular desirable aspects of planning could provide information more concisely. For example, the extent to which there is collaborative planning, or the extent to which new ideas are trialled, usefulness of the plan, and the extent to which data is used to develop plans or evaluate individual programs or activities.

These are some suggestions; however, a structured review of all facets of the framework, utilising a team of evaluation and program experts, who can update the framework in light of experience and maturation of the Initiative, would ensure a comprehensive and operationally feasible framework. This can be worked towards, if not able to be immediately implemented in its entirety. However, new indicators for reporting on deliverables could streamline the current qualitative reporting to short justifications for ratings, reducing the overall reporting burden.

In the future, it might be beneficial to include contract bonuses dependent on the results of independently-gathered feedback from school and key agency personnel, regarding key aspects of collaboration and service delivery. These clauses are routinely utilised in contracts such as for help desk services, to encourage key aspects of delivery and discourage performance indicator manipulation.

Suggestions from stakeholders

There were few suggestions for change from stakeholders in interviews, as the current model was strongly supported. One suggestion was to support the collaboration of centre staff structurally by including a room where staff can meet and eat together in any future centre buildings. Another was to promote stronger involvement in centres by surrounding schools through 'road shows' to let teachers know about the services, and by rotating the venue for LAC meetings.

With regard to the online survey, there were 46 suggestions for improvement made by 43 respondents. The majority (31, 76%) suggested more resources be invested in the Initiative. Additional centres (9 comments) or satellite services (6 comments) was the most common theme (with Dalyellup, Clarkson/Merriwa, and Byford/Mundijong/ Harrisdale specifically mentioned).

"We just need more of them." Coordinator

"Would love to have opportunity to have attached to our day centres to achieve real early intervention a lot can be achieved prior to school." NGO service provider

"Establishing hubs linked to the CPC at other school sites in the community for easy access for parents at drop off and pick up time." Surrounding school principal

"Need to branch out into the hub and spoke model. Satellite services into other schools." Surrounding school principal

Additional resourcing in general (11 comments), expressed either in terms of funding or additional staffing, particularly for expanding services to access more schools was the next most common theme. Ongoing funding was identified in three of these comments.

"Increase to the budget, in order to increase staffing to meet the identified needs." Coordinator

In addition, more health services (child health nurse, speech therapists, paediatrician, occupational therapist) (3 comments) and a larger facility (2 comments) were suggested.

Non-resource suggestions (15, 33%) were more varied. The most common of these was greater collaboration and sharing of information across government departments, including linking with school data, and more opportunities for cross pollination of ideas for on-the-ground workers (4 comments). Other less common suggestions referred to involvement of more Aboriginal organisations or health workers (2 comments), the need for additional promotion at the local schools and community services (3), the measurement of outcomes (2), and the need to check for duplication of services in their local area (2). One comment suggested maintaining the current service provider and another suggested that centre staff visit school parent nights to find out what is needed.

That the majority of the suggestions are for more resourcing and expansion for the Initiative, and there are no strong remedial themes, indicates that stakeholders on the whole support the model as implemented.

Challenges

Asked about the main challenges the Child and Parents Centres face, 87 stakeholder survey respondents made 105 comments. The most common challenge (41 of 15 comments, 39%) was reaching the most disadvantaged, vulnerable and at risk families including, in some areas, members of the Aboriginal community (6 comments).

"Continuing to encourage the most disadvantaged to attend given they have many complications in their lives." Host school principal

"Engaging our Indigenous community in many of the wonderful initiatives CPC offers." Host school staff

Making the best of the available funding, ongoing funding for the centres and partner services, and being able to attract additional funding to meet community need was the next most common theme (14 comments, 16%).

*"Funding of partner agencies and its own funding future."
Government service provider*

"Not enough financial resources for the staffing requirements needed to develop more responsive programs to identified community needs." Coordinator

Other resourcing issues were also raised: overall time and capacity (5 comments), staffing (4 comments) and constraints provided by the centre building (6 comments), especially in light of increasing demand (4 comments).

"Capacity of the centre. If funding and space was available more groups for parents and children could happen at the centre. NGO service provider

"Resourcing in a sector experiencing funding cuts and loss of experienced practitioners." NGO service provider

*"Being able to cater for all families and not have a waiting list."
Non-government school principal*

Respondents commented on the challenges of maintaining service consistency in a changing context and high staff turnover (6 comments), while at the same time ensuring that the services continue to respond to community needs (9 comments).

*"Recurring changes and lack of continuity in the local context."
Coordinator*

"...provide services that are needed within our community and in ways that will engage with families." Coordinator

Broadening the community that was serviced, around other schools or other suburbs was also a challenge (6 comments) and managing relationships with multiple service providers (3 comments).

"Relationships with schools where the centre is not physically located." NGO manager

Six additional comments were made on individual subjects regarding the need for greater flexibility in service delivery, clarifying data sharing protocols between the departments of Education and Health, and having greater involvement from CPFS to facilitate vulnerable at-risk families to access the services, as well as identifying as issues aspects of the centre's location, being under the auspices of an NGO, and using a tendering model that might lead to a change in service provider.

Overall, reaching their target families, and managing resources to provide appropriate services accounted for the majority of challenges, indicating that

family engagement and service delivery in the context (which is known to be challenging), are the areas of concern. Again, there are no model or implementation elements that arose as common barriers.

Gaps

The most important gaps in services in their communities were identified by stakeholders in their responses to the survey (in 81 comments by 70 respondents). Gaps in child health and allied health services were most commonly identified (11 comments, 14%), and also mental health and counselling services for children or parents (10 comments, 12%).

"Access to speech pathology, occupational therapist, physio etc continues to be a problem for school-aged children." Host school staff

"We need more health professionals like occupational therapy and paediatric services involved with our community." Surrounding school principal [110]

"Services for supporting parents who have their own mental health difficulties including depression." Government service provider

"Mental health support for Primary school children." Coordinator

Services specifically assisting many different groups within the community were identified (22 comments, 27%), including Aboriginal families (3), children with a CPFS case worker but not in their care, families who were reluctant to enter a school site (1), new migrant families (2), families with drug and alcohol abuse, and domestic or family abuse issues (3), families in crisis and dealing with trauma (2), dads (2), older children and teenagers (2), younger children (2), CaLD families (2), and families that are struggling (3) but won't engage (1). More generally, for hard to reach families (8 comments).

"Support for drug and alcohol addiction, the biggest impact on young people accessing the centre." Host school principal

"An in-depth parenting program for those harder to reach and engage families." Coordinator

Specific types of services were suggested such as playgroups or family engagement opportunities (four comments), and parenting services (four comments).

Respondents saw the need to extend services to additional areas (seven comments), variously to other schools or communities or to all schools.

Fourteen other comments were made on a range of disparate topics. The need for more collaboration was raised by three respondents, more professional and varied low cost services (1), better alignment of services with need (1), more input from families (1). Other comments raised gaps in CPFS services (2), withholding

services from families that don't attend (1), extending support to 9-12 year olds (1), and the impact of the lack of services targeting other vulnerabilities affecting the centre community such as socioeconomic issues and trauma (4 comments).

The pattern of gaps identified by stakeholders indicate that more health professionals are generally needed, but the wide range of other gaps identified, underlines the varying contexts in which the centres operate.

SUMMARY FOR KEQ 4: Overall the Initiative design and implementation is very highly regarded by Government and non-Government service providers and community stakeholders. Possible opportunities for program refinement that could be considered are identifying and specifying functions being provided by the centres' operators, promoting the extension or adjustment of opening hours, requiring strategic planning at the centre level, and reviewing the monitoring framework.

Most of the suggestions for improvement made by stakeholders were for more Child and Parent Centres in vulnerable communities and more resources for existing centres so they can extend services and activities to meet the needs of an increasing number of families accessing them. Other suggestions were promoting collaboration and better data sharing. Reaching target clients and managing resources to provide appropriate services accounted for the majority of challenges, while the most common gaps in services were different types of health services.

KEQ 5. WHAT ARE THE KEY SUCCESS FACTORS?

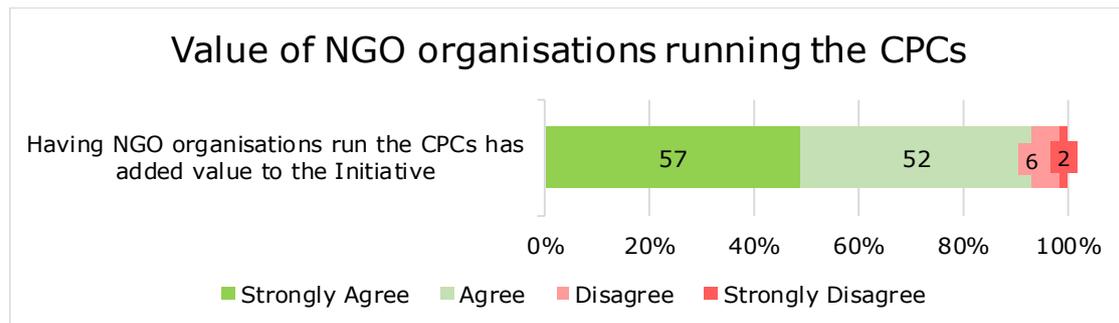
Overall design

Stakeholders generally agreed that the overall design of the Child and Parent Centre Initiative was excellent. A few individuals disliked parts of the design (for example, some NGOs saw improving educational outcomes as a narrow focus by the Department of Education, and some principals, their lack of control over the NGOs); however, on balance, these were isolated cases and more illustrative of the strength of the design, rather than drawbacks.

The **centre buildings** were seen as key, as this enabled services to come together. There was no doubt that a **focus on the early years** was essential, and the majority thought it was appropriate that the centres be **operated by NGOs**. There was a little dissention about the location of the centres **on school sites** but the vast majority were in favour of this positioning, with these centres being used as hubs through which services could be provided to **surrounding schools** and the community in general. The **ongoing support** of the Department of Education and **other key agencies** was seen as essential, as it was

understood that the Initiative relied on there being funded services in the communities for the centre to partner with. The establishment of **LACs** as part of the governance structure was identified as an effective mechanism for facilitating broad collaboration between government and NGO service providers. Considering the many stakeholders involved, maintaining the fidelity of design in the implementation is a key factor in achieving success.

Figure 41: Perception of the value of NGOs running Child and Parent Centres



Quality of the staff

Another key factor in the success of the Child and Parent Centres identified by stakeholders was the quality of the staff involved. Centre staff, especially the coordinator, had the greatest impact, followed closely by the Department of Health staff. This was more than personnel being appropriately qualified for their positions but also included their suitability in terms of flexibility and teamwork: the right people with the right attitudes and motivation. It was also acknowledged that staff were most able to be flexible and responsive to clients' needs when they had their manager's support to work a little differently:

"The team – you've got to have people who are approachable. The child health nurse role is huge and they throw around ideas, and I say 'try it'. They're so enthusiastic and you need to allow flexibility". LAC member

"The staff need to be down-to-earth and transparent as operators and they are, and they are trusted by the community. The staff are passionate about what they do". LAC member

"We have a fantastic CPC coordinator and staff that are working so hard to develop a welcoming and productive centre." LAC member

Overwhelmingly for most Child and Parent Centres it was the qualities of the coordinator that was the most important factor. Coordinators laid the groundwork before the centres opened by going out to playgroups, schools, and engaging with families and teachers, as well as running activities on the host school site and in other venues. They also had to engage with the other relevant service providers:

"It comes down to the coordinator – the key person interacting with the surrounding schools and making everyone feel comfortable." LAC member

"The coordinator having a consistent message and reassuring other agencies they were not going to duplicate service." NGO service provider

"If you are going to make a difference and have outcomes you have to connect agencies and that's what the Child and Parent Centre does. I think it's one of the most positive things I've seen as it's a real, true community centre, inclusive and universal". LAC member

"I think it's the collaboration between [the coordinator] and myself. I identify a need and I ask and I receive. For example, Moving onto Solids - I asked and she set it up the next term. We can respond so nicely to needs in the community and it's not complicated to get it set up. It's very welcoming here and there's open communication with [the CPC staff], and my manager is very open to new ideas." Child health nurse

Thus, it is critical that when filling positions supporting the Initiative, the role descriptions are well specified, and include interpersonal and team building skills in addition to more technical knowledge and skills.

Non-government organisation approach

In addition to the quality of the staff, another key factor was the approach the centre operating NGOs have taken in providing services. Centres operated through a community development approach were shown to be able to work collaboratively and responsively with service providers and families, providing activities that families want and need, in a friendly, supportive and inclusive environment.

"They're open. You don't need an appointment and can walk in whenever you want to. You don't have to be there for a session, you can just rock up and you're always welcome. You get a friendly welcome, smile, they know your names, and if they don't already know you they show you around." Government service provider

The majority of operating organisations were seen as well suited to this approach, employing staff to run activities in the centre and to provide support and services to the host and surrounding schools with positions such as Family Liaison or Community Development officers, Early Years facilitators, additional allied health staff, crèche workers and receptionists.

"I think [NGO] has done an amazing job – what they're managed to do. I'm in awe of it sometimes." LAC member

"The [NGO] is very committed and well respected in X. When I heard they'd won the contract I thought this will be sustainable". LAC member

On the other hand, there were a couple of centres where it was felt that the approach taken by the operating NGO was not as closely aligned to the Initiative's model as were the others. In these centres, the NGO was described as having pursued a more clinical model. This had implications for the way they allocated their budget, and the staffing model and selection. Thus, having identified a strong need for allied health services, the NGO allocated much of their budget to employing additional allied health professionals. This reduced their ability to recruit other staff and thus to carry out the functions required to provide the breadth of services that their community needs.

"Yeah it is a little different... Guess it seems more like a clinical situation, not necessarily people dropping in and out. More clinical setting, with appointments. To attend a session - that's when you go, and not so much a drop-in place. It stands out as a different model." Government service provider

Deviating further from the model, one centre has put more emphasis on children and less on the parents, though they do run some playgroups and host parenting workshops. In addition, the coordinator functions more like a centre manager, doing little to foster collaboration or integration. In the other centre, the best intentions of the coordinator are stymied by the limited resources and lack of support from the NGO. This approach has demonstrably reduced the effectiveness of these centres and future contract specifications need to ensure a better match.

Location

Another key factor identified was the location of the Child and Parent Centres. Overall, it was felt that the location of the centres at a local school has made it easier for families in that community to access a range of services.

"Lots of families comment on how easy it is to access. And the range of programs and services. We are able to work closely with clients but also have links with teachers and others. It's more of a team effort, and so the services are more coordinated in that way." Speech pathologist

"It's really good, it's a real community thing - children, parents so much support. A lot of parents walk, and some won't go for example to see the child health nurse as it's too hard. They don't have money or the capacity to know what they need." Host school staff

While it is obviously more convenient for families who live near the host school to attend the centre than those living near surrounding schools, many of those families are also accessing services and activities at the centres. There are others who are deterred because of transport issues or reluctance to go to another school; however, this is being overcome by most Child and Parent Centres by

delivering services in the surrounding schools and other locations, having a presence at community events, and providing school holiday activities.

Composition and role of the Local Advisory Committee

Most Child and Parent Centres have a strong representation on their LAC from surrounding schools, and this has facilitated the promotion of the centre to their families, and the provision of some services at those schools. Other LAC members, who represent government agencies or NGOs in the area, also promote the centre, and in many cases partner with the centre to deliver services. The level of representation and participation on the LACs of the four key government departments, (and in some cases other government agencies such as Disability Services Commission), varies between centres. Where it is working well the LAC facilitates cooperation, collaboration, and sharing of information, resulting in better coordination of services in their areas. With respect to surrounding schools, the level of engagement also varies between centres, with some school principals for various reasons not wanting, or not feeling able to, participate.

The role of the LACs is to advise on the implementation, not on the day to day level, but in terms of strategic planning. They provide information and insight from their various perspectives which assists the NGO managers and coordinators in making decisions about in which directions and how to move forward, and ways of addressing issues that impact on implementation as they arise. To do so there needs to be regular and effective communication so the LAC members are well enough informed to be able to provide guidance and advice. This is the case in the majority of centres; however in a couple it is not, due to a less cooperative and collaborative relationship between the LAC and the NGO manager or coordinator, or differing understandings of what the role of the LAC is meant to be.

The improvements section of this report has suggested the introduction of additional PIs to ensure that this important component is effectively implemented.

Service resourcing

It was clear that the contexts in which centres operate are continually changing and that community resources are particularly scarce; funding has been removed from several services, including Parenting WA. This Initiative is dependent on other services being funded as it has a limited budget for procuring services itself. There is a concern that other departments may look at the centres and believe that they are receiving funding for services so they can cut their own levels of servicing. While duplication should be avoided, the funding provided by the Initiative is not sufficient to purchase a range of programs and professional services.

Inter-agency cooperation

The level of service coordination the Initiative can deliver relies on services cooperating. This depends on them legally being able to do so, and also their wanting to take this approach. The second part of this is possibly more important, because willing participants will often find a way to make something work. While

work is ongoing in this regard, it has the potential to strongly help or hinder collaborative opportunities and the effort needs to be sustained.

Office of Early Childhood Development and Learning

The role of the Office of Early Childhood Development and Learning in the Department of Education is maintaining strategic direction and momentum, guiding and supporting the Initiative. Their proactive management, rather than a reactive contract management style, resolves issues with a minimum of disruption of services. The support and guidance they have provided has been a key factor in the success of the Initiative to date.

"There was an issue with the previous coordinator and [another service provider] – a personality conflict which I had to sort out. It took up a lot of my time, but I had great support and advice from the Office of Early Childhood – fantastic support." Host school principal

The staff facilitates strategic alliances, monitors relationships, outputs and activities, as well as encouraging the Child and Parent Centres along the implementation and development trail. With a varied, disparate set of operating organisations, they have been key to ensuring implementation does not stray from the original model.

SUMMARY FOR KEQ 5: The Child and Parent Centre model is widely recognised as excellent, and therefore the key success factors identified by stakeholders are elements of the design. The aspects that were highlighted were the quality of centre staff and service professionals, having the centres operated by organisations that took a community development and collaborative approach, locating the centres on school sites and the active participation of the LAC members. The presence of community services and a high-level of inter-agency cooperation were also required for success. The strong overall fidelity of the implementation to the design was clearly a result of the activity of the OECDL, and this was seen as key to continued success.

KEQ 6. WHAT IS REQUIRED TO SUSTAIN THE CHILD AND PARENT CENTRES INITIATIVE? (WHAT SUPPORT IS NECESSARY TO ASSIST THE IMPLEMENTATION AND OPERATION OF THE INITIATIVE?)

The key elements required to sustain the Child and Parent Centre Initiative are continued funding and support from the other agencies.

Resourcing

To be sustainable the Child and Parent Centres will require secure, long-term funding by the Department of Education and commitment by the Department of Health to co-locating child health nurses and speech pathologists in the centres. In two regional Child and Parent Centres the latter has not occurred to the level expected, and in one metropolitan area the provision of a child health nurse at the Child and Parent Centre was considerably delayed due to staff shortages.

Some of the 2013 cohort of Child and Parent Centres are already facing the challenge of working within their budgets to support the level of demand. A concern for some LAC members and Child and Parent Centre staff is the limitation presented by the size of the building, emphasising the importance of implementing the 'hub and spoke' model.

"The space here is very limited, and the school's also running out of space too, so while wanting to start up some other groups there's nowhere for them. It's reached the ceiling very quickly". Host school principal

The number of staff also limits the number of parents they can engage with. For most centres playgroups are full very quickly demonstrating that the Child and Parent Centres are providing a much needed and valued service for families.

Out of area demand

A matter of considerable concern for some Child and Parent Centres is demand from families in neighbouring areas outside their service area. For example, mapping undertaken for one Child and Parent Centre found that a neighbouring community had a lot of public housing, is large and very isolated, and is without infrastructure except for three primary schools and a shopping centre. Being without existing Early Years activities, the primary school principals are very keen to have the Child and Parent Centre deliver services to their schools; however, they don't have the resources. The NGO operating the centre has partnered with the primary schools in a funding application, which if successful, will enable them to deliver programs and activities at these additional schools.

Changes to context

Child and Parent Centres continually adjust in response to families' needs and the context in which they are operating changes. They may be filling a gap in service which another agency steps into, releasing them from the need to support it.

Their information sessions are constantly reviewed based on what parents want and the feedback they provide. Some Child and Parent Centres give parents a list of topics to choose from.

The centres also have to adjust to the changing circumstances of other service providers that have been providing programs and workshops at the centre. The closure of Parenting WA will impact on many Child and Parent Centres.

"Parenting WA losing funding – they're doing 1,2,3 Magic and Protective Behaviours – that will create quite a gap. We'll have to look and see who will turn up to fill that gap." NGO service provider

Changes to service provision have also been made in the Department for Child Protection and Family Support. The coordinators are in a constant process of identifying and developing partnerships with NGOs that can deliver services to fill the gaps that arise due to reduced funding or changes to priorities in government and NGO services.

Office of Early Childhood Development and Learning

To be sustainable, it is important that the OECDL maintain its focus on supporting and guiding the centres, and keeping them on track to implement the Initiative in line with its original design and intent. Their role in supporting the centres through inter-agency networking and issue resolution is essential to sustain and advance the Initiative.

SUMMARY FOR KEQ 6: The majority of stakeholders said that what is required to sustain the Child and Parent Centre Initiative is secure, long-term funding. At the time of the stakeholder interviews and survey, it seems that they were not aware that long-term funding for the Initiative had been secured. Some centres are already constrained by the limitations of budget and/or space. Another challenge they face is responding to additional, changing or newly identified needs of the community, and the changing circumstances of other service providers. When the latter lose their funding to deliver programs and workshops the coordinators have to find ways of filling the gaps in services. This is an on-going process, and highlights the importance of the role of the LAC and coordinators, in networking and creating new partnerships with service providers, and the role of the OECDL in maintaining direction, and guiding and supporting the Initiative.

KEQ 7. WHAT ARE THE (POSITIVE & NEGATIVE) UNINTENDED CONSEQUENCES (IF ANY)?

In general, stakeholders thought that the Child and Parent Centres had been implemented as planned with few unexpected or unintended consequences. Some expressed surprise not at the result, but rather at how quickly the results were being achieved, how well received the centres have been by families and how quickly their services had been taken up.

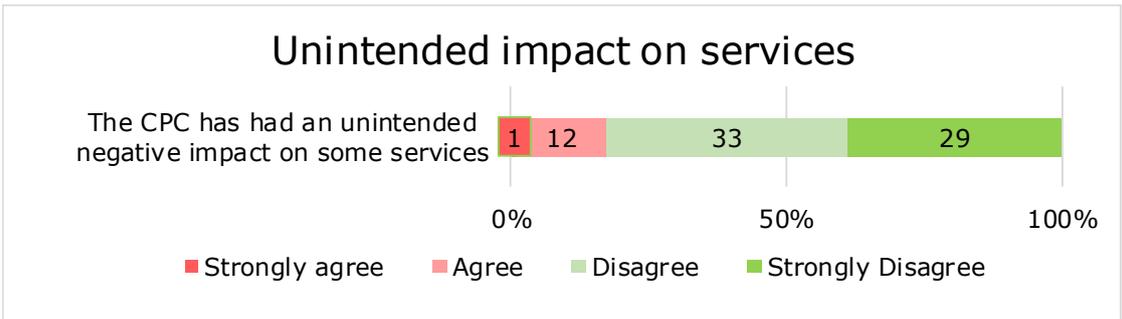
"The engagement of parents with each other – it is fostering an unexpected amount of parents sharing knowledge and experience." Centre staff member

Effect on existing services

The key concern about unintended consequences was that the Child and Parent Centres might have affected some services already provided in the community and that this would be exacerbated by the ability to provide those services free. In particular, there was some concern that because of the perception that the structured playgroups provided by the Child and Parent Centres were higher quality than others already in the community, such as parent led playgroups, this might cause families to transfer to the Child and Parent Centre playgroups, making the existing ones unviable. It is true that families’ feedback about playgroups offered by the Child and Parent Centres was very positive. However, Child and Parent Centres in general were careful to try and work in with existing services rather than compete. In some areas that meant offering advice and resources to existing playgroups, in others running playgroups on different days than those already existing so that families might have access to more than one. Generally, the Child and Parent Centre playgroup became one more option in a mix of models. A detailed comparison of playgroups pre and post the Initiative is out of scope of the evaluation.

Responses from stakeholders in the online survey provided a similar result, with only a small minority of respondents (17%) agreeing that there had been unintended negative impact on some services since the Child and Parent Centres had been established.

Figure 42: Perception of unintended negative impact on services, n=75



Of the 13 survey respondents who thought there had been a negative impact, only seven provided an explanation. Two made general comments about government cost cutting of services, not necessarily due to the centres. Two thought there had been a loss of funding of other services either because the centre was, or was perceived to be providing those services.

"Potentially seen that they can or will be delivering programs in the community previously provided by other agencies, such as supported playgroups and school groups. Some of these groups now no longer exist. The CPC doesn't have the capacity to cover or deliver services to replace what has been lost. Quite negative especially when some of these services were delivered in another school previously." Coordinator

"Loss of funding to other services because of the incorrect assumption that the CPC is now doing it." Host school principal

Two comments described how the services provided by the Child and Parent Centre had upset the balance of service provision in the community.

"Host schools with a CPC on site are being provided with more services and support than local schools. The CPC host schools have the benefit of services being on site. This has led to an imbalance of services within the community and between schools." Surrounding school staff

"Other schools missing out on non-government programs"
Government service provider

One stakeholder was concerned that the personal bias of the Child and Parent Centre coordinator and staff might affect their support for particular services or programs.

"CPC leaders and staff have personal biases for and against particular programs and this influences how well they promote and become engaged with some programs." Government service provider

Overall, the Initiative was not seen as causing much in the way of unintended consequences.

SUMMARY FOR KEQ 7: Overall, there were few unintended consequences of the Child and Parent Centre Initiative identified. A small number of stakeholders were concerned about the effect that the Child and Parent Centres might have, or have had, on existing services: either providing competition to make them become unviable or causing other services to be cut in the belief that the Child and Parent Centre would fill the gaps.

5 DISCUSSION AND CONCLUSION

Overall, the Child and Parent Centre Initiative has been well received. It is considered by stakeholders generally to be well designed and in its implementation so far, it has succeeded in finding a balance between, and harnessing the strengths of, strong central control of key elements and local variation. The solid guidance of the OECDL, with its clear and evolving direction, has been essential for ensuring a coherent implementation.

As with all services, the choice of staff is key to successful implementation. It is especially important in this Initiative which has few staffing resources that appropriately qualified, high quality and committed staff are recruited to fulfil the functions required. The variations in the implementation (such as NGO approach and staffing), interact with the many variations in the context (building and site configuration, local services and networks, demographics), providing a myriad of resulting implementations.

It is well proven that early learning programs are more cost effective than the later interventions that will otherwise be required. Thus, the keys for successful outcomes are to continue to ensure that the model is implemented as designed, that there are resources to coordinate, that agency commitment is sustained and strengthened, and that there is an openness to trying new ways of engaging families and delivering services. It is important that the Initiative not be seen merely as a community facility providing services at one location, as the magic of coordination happens only when the coordinator creates the structures, processes and climate that create opportunities for partnerships between service providers, and where service staff embrace the opportunities provided. This is not a program with one standard way of implementation that can be identified as 'right' and turned out identically throughout the State. Experience shows that this is not an effective approach for most programs as the context and needs are constantly changing, and so it is never business as usual. A responsive and flexible approach with a strong unifying support is required to maximise the overall effectiveness.

Service delivery is generally set up and delivered on the assumption that there is a problem and people will know what it is and will be motivated to seek out appropriate services to address it. However, it is well understood that this is not what occurs in practice. This Initiative seeks to provide support, as it is needed, to prevent minor concerns becoming major ones. Parenting is extremely complex and challenging, and often expected to be successfully carried out without any structured guidance. In today's society, classical sources of parenting advice from one's own parents, friends and others, cannot always be relied upon to be appropriate. This is exacerbated for families isolated by cultural and language differences, physically isolated by lack of transport and discretionary income, overwhelmed with work commitments, family estrangement, inter-generational parenting practices, cultural taboos, shame, depression, drugs and alcohol, domestic violence and cultural issues about seeking help. Some parents are not aware their children have development challenges and key to this Initiative is to help them identify these, and to have them addressed early.

To date, with some variation between the most and less successful, centres are providing valuable community resources. The Initiative is being generally well implemented and is on track to deliver the planned outcomes. There are a number of key success factors, some of which are subtle. They include the warmth and acceptance of the staff, the engagement and support of the host and surrounding school principals and staff, and the involvement of Aboriginal and CaLD community members. The challenge is to ensure that measures and metrics are monitored so that issues are identified and addressed as necessary, but that the measures and metrics do not drive the Initiative and undermine the uncountable encounters that are key to achieving the objectives of the Initiative, being engaging families and providing them with services that meet their needs.

6 REFERENCES

Short reference	Full reference
CPC Operation RFT	Government of Western Australia Department of Education, 2012, <i>Request for the Provision of the Co-ordination of Programs and Services at and through Child and Parent Centres: ETG215/2012.</i>
Data Collection Framework	Government of Western Australia Department of Education, 2014, <i>Data Collection Framework, Guidelines for Child and Parent Centre Data Collection.</i>
Evaluation RFT	Government of Western Australia Department of Education, 2014, <i>Evaluation of the Child and Parent Centres on Public School Sites in Low Socio-Economic Communities Initiative: ETT2467/2014.</i>
Letter of Agreement	Government of Western Australia Department of Education, updated February 2016, <i>Letter of Agreement for the provision of programs and services at and through Child and Parent Centres</i>
MOU	Government of Western Australia Department of Education, ND, <i>Memorandum of Understanding, Provision of Child and Parent Centre Integrated Services.</i>

Appendix A : Stakeholder interviews

In addition to the site visit interviews the following stakeholders were consulted with.

Name	Position	Organisation
Reference group members		
Carmen Gregg	CPC operator representative	Executive Officer, Investing in our Youth
Carolyn Lucarelli	Principal representative	Principal, Department of Education
David Zarb	Independent NGO representative	CEO, Playgroup WA
Dr Katrina Stratton	Metro NGO representative	Coordinator Research & Evaluation, Wanslea Family Services
Other stakeholders		
Julie Dixon	Director Individual and Family Support	Department of Child Protection and Family Services
Margaret Abernethy	Project Director Early Years	Department of Health
Susan Bradshaw	A/Director South Costal Zone	
Kate Cross	A/Area Director Population Health	
Scott Hollingsworth	Executive Director	Department of Local Government and Communities
Kelly McIntyre	Manager Capacity Building Program	
Ashley Reid	CEO	Ngala
Irina Cattalini	CEO	WACOSS

Appendix B : Data collection tools

SITE VISIT TOOLS

- CPC observation checklist
- CPC Coordinator - semi-structured interview guide 2015, 2016-1st cohort & 2nd Cohort
- CPC LAC - semi-structured focus group/interview schedule
- CPC community visit – Agency/LAC semi-structured interview guide – 2014, 2015 & 2016 (1st Cohort & 2nd Cohort)
- CPC community visit – Family focus group schedule

AGENCY ONLINE SURVEY

- Agency online survey

NON-CPC COMMUNITY TOOLS

- Non-CPC community – school and other stakeholder semi-structured interview schedule

STAKEHOLDER INTERVIEW SCHEDULE

- Other stakeholder - semi-structured interview schedule

CPC Site Observations Checklist

General areas to check only. Don't look for each prompt. Identify unusual or contrary occurrences.

Tick indicates evidence to support statement	Observed Evidence	Evidence and Explanatory Notes
Family and Community engagement		
	<u>1. Welcoming family accessible environment.</u> <ul style="list-style-type: none"> • Clear signage, easy to find • clients/visitors welcomed • disability access 	
	2. Use of posters, drawings and photographs promoting community connection. Culturally responsive.	
	<u>3. Facilities for families</u> <ul style="list-style-type: none"> • Parent & child access to clean toilets and baby change tables. • Shared kitchen facilities for everyone, not only staff. • Casual client hang out space • Private spaces where staff can meet with families confidentially 	
	<u>4. Community notice board:</u> <ul style="list-style-type: none"> • Promoting events/activities inc cultural events specific to demographic such as NAIDOC • Information • Relevant services 	
	<u>5. Recognition and celebration</u> <ul style="list-style-type: none"> • CPC & community achievements • significant events such as birthdays 	
Child and Family Centred Resources		
	<u>6. Appropriate Resources</u> <ul style="list-style-type: none"> • books • outside play equipment • toys for 0-4 	
	<u>7. Posters and brochures promoting</u> <ul style="list-style-type: none"> • Health and wellbeing • School readiness • CPC services and information sessions • Self access information such as help lines 	

CPC Community Visit: Coordinator Interview Guide 2015

READ OUT:

The evaluation approach we work from assumes that nothing works for everyone, and most things work for someone. What we're trying to work out is who it does and doesn't work for, and how come it works when it does, and how come it doesn't when it doesn't. So we're going to ask you some questions to help us try to get a handle on that.

There are lots of ideas about how and why things are supposed to work, and why they do or don't work. So sometimes we might tell you some of those ideas and get you to tell us whether you think it works like that here or not. It might be different for different people or different places and that's Ok.

Implementation and progress to date

- Q1. *What has been your involvement with the CPC?*
- Q2. *How is implementation going do you think?*

Services and strategies

- Q3. *What is the CPC's approach to allocating its budget to support child learning and development?*
 - *Services, people, resources, activities?*
 - a. *In what ways are the services different to what was there before??*
 - *New or existing relocated?*
- Q4. *What does the centre offer to parents in terms of information and support to help their child to transition into school?*
 - a. *In what ways are the services different to what was there before??*
 - *New or existing relocated?*

Q5. *We have a list of the activities run at and through the CPC. There are a number of different areas that can be covered. How do you go about selecting and sourcing activities for your centre?*

Q6. *What ongoing services are available at or through CPC?*

Don't read out list. Indicate number of days at or through for those offered. Prompt for others after.

Service Coordination Arrangements				
Service	At	Thru:	Refer	Comments
• child health services				
• speech pathology				
• child psychology (other than PPP – school aged only)				
• counselling				
• child protection				
• occupational therapy				
• interpreters				
• maternal health services				
• Indigenous Education & Community Liaison Officers				
• toy library				
• Financial counsellor				
• Other				

Q7. *Tell me about your program of Information Sessions?*

Q8. *How does the CPC assist with referrals?*

Q9. *We have the attendance data, can you tell us a bit more about any patterns you see?*

- Balance between one offs and repeat users?
- General level and trends

Q10. *What sorts of processes do you have in place to help with coordination of services?*

Q11. *Do you have any mechanisms for carrying out baseline assessments?*

Q12. *How do you identify and evaluate engagement strategies?*

Outcomes

Q13. *What do you think the outcomes are so far for:*

- a. parents:
- b. children:
- c. services:
- d. coordination of services:

Outcome-Mechanism-Context

PROBES FOR EACH OF THE ABOVE:

Q14. *You've just said that an outcome for <parents/children/services/ coordination of services> is Who is this particularly true for, in what circumstances, in what ways, to what extent, how?*

Check for particular mechanisms if not raised earlier:

*a. Locating CPCs on **school grounds** is supposed to make it easier for people to get to, do you think that works here?*

- Who does it work for? How does it work when it does work?

*b. One of the intentions of the CPCs is that they should **support parents** to improve their children's developmental outcomes. Do you think this is working here yet?*

- Who does it work for? How does it work when it does work?

*c. Another intention is that having a **good experience** attending the CPC services makes parents more likely to take on board the importance of their child attending school. Do you think that is happening here?*

- Who does it work for? How does it work when it does work?

*d. Another theory is that services through a CPC are **better value** because they are more efficient or more appropriate. Do you think this is happening here? How and for which agencies?*

- Who does it work for? How does it work when it does work?

Q15. *Are there particular circumstances or groups for whom the CPC has been **particularly effective**?*

- Who does it work for? How does it work when it does work?

Q16. *Are there **subgroups** who would benefit from the CPC services who are not being reached? Why? How could this be overcome?*

Q17. *Please describe any **key factors** that are important to the CPCs effectively helping families to best support their children's development.*

Q18. *What do you see as the main **challenges** facing the CPC and what strategies are being used to address them?*

Q19. *Are there **gaps** in early childhood or family support services in this community? What makes you think so?*

Q20. *What support is required to sustain the CPC initiative?*

- various levels – dept, locally, in this CPC

Q21. *What changes would you suggest to strengthen or improve child development outcomes in this community?*

- various levels – dept, locally, in this CPC

a. What could be the CPC's role in this?

Q22. *If you think about the future of the service, do you anticipate any difference over the next year or so and why?*

Q23. *Has the CPC had any unintended consequences (positive or negative)?*

Q24. *Is there anything else you would like to say about the CPC?*

1st cohort CPC Community Visit: Coordinator Interview Guide 2016

READ OUT:

The evaluation approach we work from assumes that nothing works for everyone, and most things work for someone. What we're trying to work out is who it does and doesn't work for, and how come it works when it does, and how come it doesn't when it doesn't. So we're going to ask you some questions to help us try to get a handle on that.

There are lots of ideas about how and why things are supposed to work, and why they do or don't work. So sometimes we might tell you some of those ideas and get you to tell us whether you think it works like that here or not. It might be different for different people or different places and that's Ok.

Implementation and progress to date

Q1. *What has been your involvement with the CPC?*

Services and strategies

Q2. *Has anything changed in the way that the CPC allocates its budget to support child learning and development?*

- Services, people, resources, activities?

a. *In what ways are the services different to what was there before??*

- New or existing relocated?

Q3. *What does the centre offer to parents in terms of information and support to help their child to transition into school?*

a. *In what ways are the services different to what was there before??*

- New or existing relocated?

Q4. *We have a list of the activities run at and through the CPC. There are a number of different areas that can be covered. How do you go about selecting and sourcing activities for your centre?*

Q5. *What ongoing services are available at or through CPC?*

Don't read out list. Indicate number of days at or through for those offered. Prompt for others after.

Regular Service Coordination Arrangements				
Service	At	Thru:	Refer	Comments
• child health services				
• speech pathology				
• child psychology (other than PPP – school aged only)				
• counselling				
• child protection				
• occupational therapy				
• maternal health services				
• Indigenous Education & Community Liaison Officers				
• Financial counsellor				
• Other				

Q6. *Has it changed? Why?*

Q7. *How does the CPC assist with referrals?*

Q8. *Have there been any changes to patterns of attendance*

- Balance between one offs and repeat users?
- General level and trends

Q9. *Tell me about your program of Information Sessions?*

Q10. *How about processes to help with coordination of services? Are you doing anything new and why?*

Q11. *How do you identify and evaluate engagement strategies? Have you changed and why? (How do you decide what you will do?)*

Outcomes

Q12. *What outcomes have you seen so far for:*

- a. parents:
- b. children:
- c. services:
- d. coordination of services:

Outcome-Mechanism-Context

PROBES FOR EACH OF THE ABOVE:

Q13. *You've just said that an outcome for <parents/children/services/ coordination of services> is Who is this particularly true for, in what circumstances, in what ways, to what extent, how?*

Check for particular mechanisms if not raised earlier:

*a. Locating CPCs on **school grounds** is supposed to make it easier for people to get to, do you think that works here?*

- Who does it work for? How does it work when it does work?

*b. One of the intentions of the CPCs is that they should **support parents** to improve their children's developmental outcomes. Do you think this is working here yet?*

- Who does it work for? How does it work when it does work?

*c. Another intention is that having a **good experience** attending the CPC services makes parents more likely to take on board the importance of their child attending school. Do you think that is happening here?*

- Who does it work for? How does it work when it does work?

*d. Another theory is that services through a CPC are **better value** because they are more efficient or more appropriate. Do you think this is happening here? How and for which agencies?*

- Who does it work for? How does it work when it does work?

Q14. *Are there particular circumstances or groups for whom the CPC has been **particularly effective**?*

- Who does it work for? How does it work when it does work?

Q15. *Are there **subgroups** who would benefit from the CPC services who are not being reached? Why? How could this be overcome?*

Q16. *Please describe any **key factors** that are important to the CPCs effectively helping families to best support their children's development.*

Q17. *What do you see as the main **challenges** facing the CPC and what strategies are being used to address them?*

Q18. *Are there **gaps** in early childhood or family support services in this community? What makes you think so?*

Q19. *What support is required to sustain the CPC initiative?*

- various levels – dept, locally, in this CPC

Q20. *What changes would you suggest to strengthen or improve child development outcomes in this community?*

- various levels – dept, locally, in this CPC

a. What could be the CPC's role in this?

Q21. *If you think about the future of the service, do you anticipate any difference over the next year or so and why?*

Q22. *Has the CPC had any unintended consequences (positive or negative)?*

Q23. *Is there anything else you would like to say about the CPC?*

2nd cohort - CPC Community Visit: Coordinator Interview Guide 2016

READ OUT:

The evaluation approach we work from assumes that nothing works for everyone, and most things work for someone. What we're trying to work out is who it does and doesn't work for, and how come it works when it does, and how come it doesn't when it doesn't. So we're going to ask you some questions to help us try to get a handle on that.

There are lots of ideas about how and why things are supposed to work, and why they do or don't work. So sometimes we might tell you some of those ideas and get you to tell us whether you think it works like that here or not. It might be different for different people or different places and that's Ok.

Implementation and progress to date

- Q1. *What has been your involvement with the CPC?*
- Q2. *How is implementation going do you think?*

Services and strategies

- Q3. *What is the CPC's approach to allocating its budget to support child learning and development?*
 - Services, people, resources, activities?
 - a. *In what ways are the services different to what was there before??*
 - New or existing relocated?
- Q4. *What does the centre offer to parents in terms of information and support to help their child to transition into school?*
 - a. *In what ways are the services different to what was there before??*
 - New or existing relocated?

Q5. *We have a list of the activities run at and through the CPC. There are a number of different areas that can be covered. How do you go about selecting and sourcing activities for your centre?*

Q6. *What ongoing services are available at or through CPC?*

Don't read out list. Indicate number of days at or through for those offered. Prompt for others after.

Service Coordination Arrangements				
Service	At	Thru:	Refer	Comments
• child health services				
• speech pathology				
• child psychology (other than PPP – school aged only)				
• counselling				
• child protection				
• occupational therapy				
• interpreters				
• maternal health services				
• Indigenous Education & Community Liaison Officers				
• toy library				
• Financial counsellor				
• Other				

Q7. *Tell me about your program of Information Sessions?*

Q8. *How does the CPC assist with referrals?*

Q9. *We have the attendance data, can you tell us a bit more about any patterns you see?*

- Balance between one offs and repeat users?
- General level and trends

Q10. *What sorts of processes do you have in place to help with coordination of services?*

Q11. *Do you have any mechanisms for carrying out baseline assessments?*

Q12. *How do you identify and evaluate engagement strategies?*

Outcomes

Q13. *What do you think the outcomes are so far for:*

- a. parents:
- b. children:
- c. services:
- d. coordination of services:

Outcome-Mechanism-Context

PROBES FOR EACH OF THE ABOVE:

Q14. *You've just said that an outcome for <parents/children/services/ coordination of services> is Who is this particularly true for, in what circumstances, in what ways, to what extent, how?*

Check for particular mechanisms if not raised earlier:

*a. Locating CPCs on **school grounds** is supposed to make it easier for people to get to, do you think that works here?*

- Who does it work for? How does it work when it does work?

*b. One of the intentions of the CPCs is that they should **support parents** to improve their children's developmental outcomes. Do you think this is working here yet?*

- Who does it work for? How does it work when it does work?

*c. Another intention is that having a **good experience** attending the CPC services makes parents more likely to take on board the importance of their child attending school. Do you think that is happening here?*

- Who does it work for? How does it work when it does work?

*d. Another theory is that services through a CPC are **better value** because they are more efficient or more appropriate. Do you think this is happening here? How and for which agencies?*

- Who does it work for? How does it work when it does work?

Q15. *Are there particular circumstances or groups for whom the CPC has been **particularly effective**?*

- Who does it work for? How does it work when it does work?

Q16. *Are there **subgroups** who would benefit from the CPC services who are not being reached? Why? How could this be overcome?*

Q17. *Please describe any **key factors** that are important to the CPCs effectively helping families to best support their children's development.*

Q18. *What do you see as the main **challenges** facing the CPC and what strategies are being used to address them?*

Q19. *Are there **gaps** in early childhood or family support services in this community? What makes you think so?*

Q20. *What support is required to sustain the CPC initiative?*

- various levels – dept, locally, in this CPC

Q21. *What changes would you suggest to strengthen or improve child development outcomes in this community?*

- various levels – dept, locally, in this CPC

a. What could be the CPC's role in this?

Q22. *If you think about the future of the service, do you anticipate any difference over the next year or so and why?*

Q23. *Has the CPC had any unintended consequences (positive or negative)?*

Q24. *Is there anything else you would like to say about the CPC?*

CPC Community Visit: Coordinator/Agencies Interview Guide 2014

READ OUT:

The evaluation approach we work from assumes that nothing works for everyone, and most things work for someone. What we're trying to work out is who it does and doesn't work for, and how come it works when it does, and how come it doesn't when it doesn't. So we're going to ask you some questions to help us try to get a handle on that.

There are lots of ideas about how and why things are supposed to work, and why they do or don't work. So sometimes we might tell you some of those ideas and get you to tell us whether you think it works like that here or not. It might be different for different people or different places and that's Ok.

Implementation and progress to date

- Q1. *What has been your involvement with the CPC?*
- Q2. *How is implementation going do you think?*

Services and strategies

- Q3. *What is the CPC's approach to allocating its budget to support child learning and development?*
 - Services, people, resources, activities?
 - a. *In what ways are the services the CPC (are or intending to offer) different to what was there before?*
 - New or existing relocated?
- Q4. *What does the centre offer to parents in terms of information and support to help their child to transition into school?*
 - a. *In what ways are the services different to what was there before??*
 - New or existing relocated?
- **Q5 – Q12: Coordinator only** (ask in terms of what they are already doing and what they plan to do – do we have a list of activities at this stage?)

Q5. *We have a list of the activities run at and through the CPC. There are a number of different areas that can be covered. How do you go about selecting and sourcing activities for your centre?*

Q6. *What ongoing services are available at or through CPC?*

Don't read out list. Indicate number of days at or through for those offered. Prompt for others after.

Service Coordination Arrangements				
Service	At	Thru:	Refer	Comments
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• speech pathology				
• child psychology (other than PPP – school aged only)				
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• occupational therapy				
• interpreters				
• maternal health services				
• Indigenous Education & Community Liaison Officers				
• toy library				
• Financial counsellor				
• Other				

Q7. *Tell me about your program of Information Sessions?*

Q8. *How does the CPC assist with referrals (if is doing so already)?*

Q9. *We have the attendance data, can you tell us a bit more about any patterns you see?*

- Balance between one offs and repeat users?
- General level and trends

Q10. *What sorts of processes do you have in place to help with coordination of services (should have by this stage)?*

Q11. *Do you have any mechanisms for carrying out **baseline assessments**?*

Q12. *How do you identify and evaluate engagement **strategies**?*

Outcomes

Q13. *What do you think the outcomes are so far for (- if any)?*

- a. parents:
- b. children:
- c. services:
- d. coordination of services:

Outcome-Mechanism-Context

PROBES FOR EACH OF THE ABOVE:

Q14. *You've just said that an outcome for <parents/children/services/ coordination of services> is Who is this particularly true for, in what circumstances, in what ways, to what extent, how?*

Check for particular mechanisms if not raised earlier:

*a. Locating CPCs on **school grounds** is supposed to make it easier for people to get to, do you think that works here?*

- Who does it work for? How does it work when it does work?

*b. One of the intentions of the CPCs is that they should **support parents** to improve their children's developmental outcomes. Do you think this is working here yet?*

- Who does it work for? How does it work when it does work?

*c. Another intention is that having a **good experience** attending the CPC services makes parents more likely to take on board the importance of their child attending school. Do you think that is happening here?*

- Who does it work for? How does it work when it does work?

*d. Another theory is that services through a CPC are **better value** because they are more efficient or more appropriate. Do you think this is happening here? How and for which agencies?*

- Who does it work for? How does it work when it does work?

Q15. *Are there particular circumstances or groups for whom the CPC has been **particularly effective**?*

- Who does it work for? How does it work when it does work?

Q16. *Are there **subgroups** who would benefit from the CPC services who are not being reached? Why? How could this be overcome?*

Q17. *Please describe any **key factors** that are important to the CPCs effectively helping families to best support their children's development.*

Q18. *What do you see as the main challenges facing the CPC and what strategies are being (or going to be) used to address them?*

Q19. *Are there **gaps** in early childhood or family support services in this community (as identified through scoping study)?*

Q20. *What support is required to sustain the CPC initiative?*

- various levels – dept, locally, in this CPC

Q21. *What changes would you suggest to strengthen or improve child development outcomes in this community?*

- various levels – dept, locally, in this CPC

a. What could be the CPC's role in this?

Q22. *If you think about the future of the service, do you anticipate any difference over the next year or so and why?*

Q23. *Has the CPC had any unintended consequences (positive or negative)?*

Q24. *Is there anything else you would like to say about the CPC?*

CPC Community Visit: Agency/LAC Interview Guide 2015

READ OUT:

The evaluation approach we work from assumes that nothing works for everyone, and most things work for someone. What we're trying to work out is who it does and doesn't work for, and how come it works when it does, and how come it doesn't when it doesn't. So we're going to ask you some questions to help us try to get a handle on that.

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Implementation and progress to date

- Q1. *What is your involvement with the CPC?*
- Q2. *How do you think it's going so far?*

Services and strategies

- Q3. *What is the CPC's approach to supporting child learning and development?*
 - a. *In what ways are the services different to what was there before??*
 - New or existing relocated?
- Q4. *What does the centre offer to parents in terms of information and support to help their child to transition into school?*
 - a. *In what ways are the services different to what was there before??*
 - New or existing relocated?

Outcomes

- Q13. *What do you think the outcomes are so far for:*
 - a. *parents:*
 - b. *children:*
 - c. *services:*
 - d. *coordination of services:*

Outcome-Mechanism-Context

PROBES FOR EACH OF THE ABOVE:

Q14. *You've just said that an outcome for <parents/children/services/ coordination of services> is Who is this particularly true for, in what circumstances, in what ways, to what extent, how?*

Check for particular mechanisms if not raised earlier:

*a. Locating CPCs on **school grounds** is supposed to make it easier for people to get to, do you think that works here?*

- Who does it work for? How does it work when it does work?

*b. One of the intentions of the CPCs is that they should **support parents** to improve their children's developmental outcomes. Do you think this is working here yet?*

- Who does it work for? How does it work when it does work?

*c. Another intention is that having a **good experience** attending the CPC services makes parents more likely to take on board the importance of their child attending school. Do you think that is happening here?*

- Who does it work for? How does it work when it does work?

*d. Another theory is that services through a CPC are **better value** because they are more efficient or more appropriate. Do you think this is happening here? How and for which agencies?*

- Who does it work for? How does it work when it does work?

Q15. *Are there particular circumstances or groups for whom the CPC has been **particularly effective**?*

- Who does it work for? How does it work when it does work?

Q16. *Are there **subgroups** who would benefit from the CPC services who are not being reached? Why? How could this be overcome?*

Q17. *Please describe any **key factors** that are important to the CPCs effectively helping families to best support their children's development.*

Q18. *What do you see as the main **challenges** facing the CPC and what strategies are being used to address them?*

Q19. *Are there **gaps** in early childhood or family support services in this community? What makes you think so?*

Q20. *What support is required to sustain the CPC initiative?*

- various levels – dept, locally, in this CPC

Q21. *What changes would you suggest to strengthen or improve child development outcomes in this community?*

- various levels – dept, locally, in this CPC

a. What could be the CPC's role in this?

Q22. *If you think about the future of the service, do you anticipate any difference over the next year or so and why?*

Q23. *Has the CPC had any unintended consequences (positive or negative)?*

Q24. *Is there anything else you would like to say about the CPC?*

1st cohort CPC Community Visit: Agency/LAC Interview Guide 2016

READ OUT:

The evaluation approach we work from assumes that nothing works for everyone, and most things work for someone. What we're trying to work out is who it does and doesn't work for, and how come it works when it does, and how come it doesn't when it doesn't. So we're going to ask you some questions to help us try to get a handle on that.

There are lots of ideas about how and why things are supposed to work, and why they do or don't work. So sometimes we might tell you some of those ideas and get you to tell us whether you think it works like that here or not. It might be different for different people or different places and that's Ok.

Implementation and progress to date

Q1. <NEW INTERVIEWEE> What is your involvement with the CPC? OR <REINTERVIEWEE> Last time you said that you ... is that still the case?

Services and strategies

Q2. What has changed with respect to the services being offered?? <new interviewee> compared to before the CPC OR ,reinterview> compared to last time we spoke

- New or existing relocated?

Q3. One main outcome was to support children to transition to school, how is this being achieved now?

a. In what ways are the services different to what was there before??

- New or existing relocated?

Outcomes

Q4. What outcomes have you seen so far for:

a. parents:

b. children:

c. services:

d. coordination of services:

Outcome-Mechanism-Context

PROBES FOR EACH OF THE ABOVE:

Q5. *You've just said that an outcome for <parents/children/services/ coordination of services> is Who is this particularly true for, in what circumstances, in what ways, to what extent, how?*

Check for particular mechanisms if not raised earlier:

*a. Locating CPCs on **school grounds** is supposed to make it easier for people to get to, do you think that works here?*

- Who does it work for? How does it work when it does work?

*b. One of the intentions of the CPCs is that they should **support parents** to improve their children's developmental outcomes. Do you think this is working here yet?*

- Who does it work for? How does it work when it does work?

*c. Another intention is that having a **good experience** attending the CPC services makes parents more likely to take on board the importance of their child attending school. Do you think that is happening here?*

- Who does it work for? How does it work when it does work?

*d. Another theory is that services through a CPC are **better value** because they are more efficient or more appropriate. Do you think this is happening here? How and for which agencies?*

- Who does it work for? How does it work when it does work?

Q6. *Are there particular circumstances or groups for whom the CPC has been **particularly effective**?*

- Who does it work for? How does it work when it does work?

Q7. *Are there **subgroups** who would benefit from the CPC services who are not being reached? Why? How could this be overcome?*

Q8. *Please describe any **key factors** that are important to the CPCs effectively helping families to best support their children's development.*

Q9. *What do you see as the main **challenges** facing the CPC and what strategies are being used to address them?*

Q10. *Are there **gaps** in early childhood or family support services in this community? What makes you think so?*

Q11. *What support is required to sustain the CPC initiative?*

- various levels – dept, locally, in this CPC

Q12. *What changes would you suggest to strengthen or improve child development outcomes in this community?*

- various levels – dept, locally, in this CPC

a. What could be the CPC's role in this?

Q13. *If you think about the future of the service, do you anticipate any difference over the next year or so and why?*

Q14. *Has the CPC had any unintended consequences (positive or negative)?*

Q15. *Is there anything else you would like to say about the CPC?*

2nd Cohort CPC Community Visit: Agency/LAC Interview Guide 2016

READ OUT:

The evaluation approach we work from assumes that nothing works for everyone, and most things work for someone. What we're trying to work out is who it does and doesn't work for, and how come it works when it does, and how come it doesn't when it doesn't. So we're going to ask you some questions to help us try to get a handle on that.

There are lots of ideas about how and why things are supposed to work, and why they do or don't work. So sometimes we might tell you some of those ideas and get you to tell us whether you think it works like that here or not. It might be different for different people or different places and that's Ok.

Implementation and progress to date

- Q1. *What is your involvement with the CPC?*
- Q2. *How do you think it's going so far?*

Services and strategies

- Q3. *What is the CPC's approach to supporting child learning and development?*
 - a. *In what ways are the services different to what was there before??*
 - New or existing relocated?
- Q4. *What does the centre offer to parents in terms of information and support to help their child to transition into school?*
 - a. *In what ways are the services different to what was there before??*
 - New or existing relocated?

Outcomes

- Q5. *What do you think the outcomes are so far for:*
 - a. *parents:*
 - b. *children:*
 - c. *services:*
 - d. *coordination of services:*

Outcome-Mechanism-Context

PROBES FOR EACH OF THE ABOVE:

Q6. *You've just said that an outcome for <parents/children/services/ coordination of services> is Who is this particularly true for, in what circumstances, in what ways, to what extent, how?*

Check for particular mechanisms if not raised earlier:

*a. Locating CPCs on **school grounds** is supposed to make it easier for people to get to, do you think that works here?*

a. Who does it work for? How does it work when it does work?

*b. One of the intentions of the CPCs is that they should **support parents** to improve their children's developmental outcomes. Do you think this is working here yet?*

b. Who does it work for? How does it work when it does work?

*c. Another intention is that having a **good experience** attending the CPC services makes parents more likely to take on board the importance of their child attending school. Do you think that is happening here?*

- Who does it work for? How does it work when it does work?

*d. Another theory is that services through a CPC are **better value** because they are more efficient or more appropriate. Do you think this is happening here? How and for which agencies?*

- Who does it work for? How does it work when it does work?

Q7. *Are there particular circumstances or groups for whom the CPC has been particularly effective?*

- Who does it work for? How does it work when it does work?

Q8. *Are there **subgroups** who would benefit from the CPC services who are not being reached? Why? How could this be overcome?*

Q9. *Please describe any **key factors** that are important to the CPCs effectively helping families to best support their children's development.*

Q10. *What do you see as the main **challenges** facing the CPC and what strategies are being used to address them?*

Q11. *Are there **gaps** in early childhood or family support services in this community? What makes you think so?*

Q12. *What support is required to sustain the CPC initiative?*

- various levels – dept, locally, in this CPC

Q13. *What changes would you suggest to strengthen or improve child development outcomes in this community?*

- various levels – dept, locally, in this CPC

a. *What could be the CPC's role in this?*

Q14. *If you think about the future of the service, do you anticipate any difference over the next year or so and why?*

Q15. *Has the CPC had any unintended consequences (positive or negative)?*

Q16. *Is there anything else you would like to say about the CPC?*

CPC Community visit: Family Focus Group

Introduction

The Shelby consultant will:

- 1) Gather the group of parent/guardians together (whoever is available on the day).
- 2) Explain the purpose of the CPC evaluation and the focus group meeting.
- 3) Explain the semi-structured focus group process.
- 4) Provide an Information Sheet to each adult present or read the info sheet
- 5) Seek permission to record the meeting

Verbal consent

Do you understand that:

- You will be asked to comment **only** on your experience with the centre and its services
- Your feedback will be used to help evaluate and improve the centre and its services
- At any stage during the discussion you are free to leave and/or withdraw the feedback you have given without having to explain yourself
- All the information collected will be kept confidential.
- What you say here will not be passed on to staff at the centre
- Nothing you say will affect you being able to use the centre services
- Do you agree to be interviewed?
- I would like to tape our discussion so that I can be sure to record what you say accurately. The tape will be kept so I can check my notes and may be transcribed but will not be provided to anyone outside the evaluation group or to centre staff. Do you agree to this? If you want me to turn off the tape at any time that's okay too.

Motivation and Interest

Q1. *Tell me how did you find out about the CPC?*

- Through the school? Through another organisation? Word of mouth? Media?

Q2. *Why do you choose to come here to the CPC?*

- What purpose?
- What do you do when you are here?
- How often?

Beneficial Outcomes

- Q3. *What is making a difference for you? In what way? How is that helping?*
- Are you learning anything by coming here?
 - Have you been meeting up with other families?
- (Services, information or skills, understanding the system, resources, peer support)*
- Q4. *Has the CPC helped put you in contact with other services that you've needed?*
- Have they suggested any services that you haven't followed up yet?
- Q5. *What would have happened if the CPC hadn't been here?*
- Where would you have gone?
 - Who would have helped?
- Q6. *Has anything changed for you since you've been coming to the CPC?*
- What has changed?
 - Was there anything in particular that helped you get to this?
 - Is there anything that got in the way?
- Q7. *Has anything changed for your children since you've been coming to the CPC?*
- What has changed?
 - Was there anything in particular that helped you get to this?
 - Is there anything that got in the way?

Critical Success Factors

- Q8. *Which members of the community do CPC's work well for? (optional)*
- Who?
 - Why?
 - What are their circumstances?
- Q9. *Are there any families you think the CPC would be good for, who aren't coming to the centre?*
- Who?
 - Why?
 - What are their circumstances?
 - People suffering from multiple & complex problems? Those requiring intensive case management? People with severe disability? Homeless families? Family violence issues? Addiction issues? Social and emotional well-being issues?
 - What would have to be done to reach them?

- Q10. *The CPC is supposed to help people work together better, do people get on well?*
- Why do you say that? Can you give me some examples? What kinds of services?

Improvements

- Q11. *Is there anything that might be done better or differently to improve the CPC?*

Prompts:

- How would that improve things?
- Why?
- Who would be better off?

- Q12. *Is there anything else you would like to say to contribute to the evaluation?*

Non-CPC Community Visit: School / Non-school Stakeholder Interview Guide

READ OUT:

As explained in the Information Sheet, this is part of an evaluation we are conducting on Child and Parent Centres around the State for the Department of Education. The aim of the initiative is to improve the development, early learning, health and wellbeing of children aged pre-birth to 8 years of age. By providing additional support and advice to parents, it is hoped that children's early learning and development needs are met which then ensures children are more ready for school.

We have already visited communities with CPCs and are now seeking comparative information from two communities that have similar characteristics to those where CPCs have been located to date and would appreciate your assistance with this.

We do not name individuals or include any identifiable information in our reports, so you can be assured of confidentiality. [Caveat – principal, PS teaching staff, reps of government and non-government agencies etc.]

Organisation: _____

Person: _____

Position: _____

Q1. <SCHOOL> What is your role or **involvement** in supporting parents of children aged 0 to 8 to improve their children's developmental outcomes?

OR

<NON-SCHOOL> What programs or services do you provide and where, for young children pre-birth to 8 years of age and their families?)

Q2. What are the main **challenges** with respect to children's readiness for and transition into school in this community (e.g. language / motor skills, time poor parents, mental health etc)? What are the community **strengths** in this area?

Q3. <SCHOOL> What is happening in your school to improve school readiness and the **transition to school**?

- What resources and sources of support do you have access to?

(e.g. transition programs, playgroups, partnerships, services). Are they having an impact?

OR

<NON-SCHOOL> Do you provide any services to improve early learning or school readiness and the transition to school? Do you know of any other services in the community that do?

- Q4. *What early childhood or family support services are **currently available** in this community that you know of? Are there additional visiting services?*
- Specifically, where is the community CHN located? Is there one in the school?
- Q5. *What are the **gaps** in early childhood or family support services in this community (e.g. child and allied health services, quality, accessibility)?*
- Q6. *Are there particular **subgroups** that are in need of these services but are difficult to reach? (eg. Aboriginal, ESL, alcohol and other drugs (AOD) and MH issues) Why? How could this be overcome?*
- Q7. *The CPC model, led by the Department of Education, locates centres on school grounds to make it easier for people to access, and to connect to the schooling sector. Would locating a centre on a school site work in this community? If you got to choose which school it would be located with, where would you place it?*
- Q8. *What do you think would be any advantages and disadvantages of having a centre in this community?*
- Q9. *One expectation of the CPCs is that they help services provide better value by improving coordination? Do you think this would be an advantage in this community? What other coordination mechanisms are there already?*
- Q10. *<NON-SCHOOL> How do people get referred to or find out about your service?*
- Q11. *Is there anything else you would like to say that you think is important that we haven't covered?*

Child and Parent Centre online Stakeholder Survey

Dear stakeholder

Child and Parent Centres are an initiative of the WA Government. Their aim is to improve the development, early learning, health and wellbeing of children aged pre-birth to 8 years of age. By providing additional support and advice to parents, it is hoped that children's early learning and development needs are met which then ensures children are more ready for school.

Shelby Consulting has been contracted by Department of Education to **independently evaluate** how well the initiative is being implemented, what is working and any ways to improve it. In this part of the evaluation, we are asking service providers and other agency stakeholders about their knowledge and experience of the CPC initiative. Other information is being gathered from stakeholders at site visits and from monitoring data.

The purpose of the evaluation is to identify overall themes as well as how local context may impact on implementation; it is not to assess individual CPC sites or services. In particular, we are looking at how effective the model and implementation strategy is, or is on track to be, and whether there are any improvements that can be made. The evaluation is planned to report in early 2017.

All of your responses are **strictly confidential** and will be analysed by Shelby Consulting. No individual information will be reported to the Department of Education or any individual or organisation. Your information will be summarised with that of other stakeholders to provide an overall picture. Anonymous comments will be included in the final report.

The survey will take between 10 and 20 minutes depending on the level of feedback you wish to provide. Please complete and return it on or before ...

If you have any queries about this survey please contact Heather at Shelby Consulting on heather@shelbyconsulting.com.au or (08) 9472 8722 or Sandy Freimond on 9264 5769 or Sandy.Freimond@education.wa.edu.au.

Regards



Heather Aquilina

Demography

To help us with our analysis please select the option from the following aspects that best describes your service:

not for profit local government other government for profit

My organisation provides services ...(select all that apply)

at the CPC organised through the CPC in the CPC catchment but independently of the CPC my services are funded by the CPC Other :
Please specify..._____

I work in the area of ...

health (including allied health & mental health)
 providing parenting information and programs
 early childhood development (early learning programs or playgroups)
 counselling & family support
 education: host school surrounding public school surrounding private school
 other, please specify _____

I know about:

one CPC only several CPCs → How many? _____

The survey need to be responded to with one CPC in mind only.

If you know about more than one CPC please **don't merge** your views about them together and answer with an "average" or mixed response. We would really appreciate it if you could fill in one copy of the survey for each of the CPCs you know about as your wider view is likely to be extremely valuable. To start, select one CPC and respond thinking about it in its community. Then complete a new survey for each additional CPC that you know about.

I am responding with respect to the following CPC:

<input type="checkbox"/> Brookman	<input type="checkbox"/> Dudley Park	<input type="checkbox"/> Warriapendi	<input type="checkbox"/> East Waikiki
<input type="checkbox"/> Calista	<input type="checkbox"/> Neerabup	<input type="checkbox"/> Westminster	<input type="checkbox"/> Gosnells
<input type="checkbox"/> Carey Park	<input type="checkbox"/> Roseworth	<input type="checkbox"/> Collie Valley/Wilson Park	<input type="checkbox"/> Mt Lockyer
<input type="checkbox"/> Challis	<input type="checkbox"/> South Hedland	<input type="checkbox"/> East Maddington	<input type="checkbox"/> Rangeway

I have been providing services in this community since:

before the CPC commenced

after the CPC commenced

I am on the LAC (Local Advisory Committee)

Instructions:

This survey contains a number of questions and statements to which we would like you to respond to the best of your knowledge by selecting one of the options. Please don't select "Don't know" if you are having difficulty choosing between options. In such a case, please reconsider your position and select the response which most closely reflects your point of view.

Design and implementation

The next group of statements relate to the design and implementation of the CPC initiative. For each statement, select the response that is closest to your view.

- | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The CPC is positioned in an appropriate site to serve its community.
If <i>disagree</i> , where should it have been placed?
_____ | <input type="checkbox"/> |
| 2. Placing the centre on a school site has made it easier for the community to access.
Please explain your answer _____ | <input type="checkbox"/> |
| 3. Having NGO organisations run the CPCs has added value to the initiative. | <input type="checkbox"/> |

Support

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. The CPC initiative has received the necessary support from... | | | | | |
| a. ... the Department of Education central office (OECD - Jane, Robyn, Sandy, Jeremy). | <input type="checkbox"/> |
| b. ... the host school | <input type="checkbox"/> |
| c. ... the NGO | <input type="checkbox"/> |
| 5. What additional support, at this stage, would be useful to help the initiative to achieve its expected outcomes? _____ | | | | | |

Change in level of community services

The next group of statements relate to the total level of key child development services available in the community whether or not provided by the CPC. For each statement, select the response that is closest to your view.

6. Compared to before the centre operated...

Less About the same More Don't know

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. ...the number of playgroups in the community is... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ...the variety of playgroups in the community (e.g Parent led, father focused, FIFO) is ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. ...the level of occupational therapy services available in the community is... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. ...the level of speech pathology services available in the community is... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. ...the level of child health nurse services available in the community is... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. ...the amount of parenting education (related to early childhood development and learning) in the community is... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. ...the number of early learning activities in the community is... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. ...the number of child support activities available in the community is... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Strongly Agree Agree Disagree Strongly Disagree Don't know

7. The CPC has just relocated services that were already in the community.

8. Please comment generally about the change in level of community services, if any, in the community.

Accessibility of community services

The next group of statements relate to the accessibility of key child development services – this may be about the quantity or about how easy they are for clients to use or both. For each statement, select the response that is closest to your view.

9. To what extent has the CPC affected families' access to the following services:	Less access	About the same access	More access	Don't know
a. Playgroups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Child health nurse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Speech pathology services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Occupational therapy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parenting education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Early learning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Child support activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Please comment generally about accessibility of community services.				

Benefits and barriers

The next group of statements relate to reasons why families may or may not attend the CPC. For each statement, select the response that is closest to your view.

10. In your view how important are the following factors are in motivating families to use the centre?	Not at all	A little	Quite	Very	Don't know
a. They know other families using the services	<input type="checkbox"/>				
b. They can meet other parents and caregivers	<input type="checkbox"/>				
c. Their children can meet other children	<input type="checkbox"/>				
d. They know they can get parenting advice to support them	<input type="checkbox"/>				
e. It is close to where they live	<input type="checkbox"/>				
f. Staff are respectful of their culture	<input type="checkbox"/>				
g. They feel welcomed or supported at the centre	<input type="checkbox"/>				

11. To your knowledge, how **significant** are the following factors as barriers to families using the CPC?

- a. They are not culturally comfortable with doing so
- b. They don't want others to know they need services
- c. It conflicts with another family/ group activities
- d. They don't realise there is a problem
- e. They can't get to the services at the time they are provided
- f. They don't know it's there
- g. They are managing other issues

Not at all	A little	Quite	Very	Don't know
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

12. What other reasons are you aware of as to why some families who could benefit from the services might not attend the centre?

Quality of services

The next group of statements relate to aspects of quality of some key child development services available in the community. For each statement, select the response that is closest to your view.

13. Compared with before the centre operated...

- a. The quality of playgroups available to the community has improved
- b. Services have become **more relevant** to the community
- c. The **quality of parenting education** services available to the community has improved
- d. The **quality of early learning services** has improved
- e. The **quality of child support services** has improved

Not at all	A little	Somewhat	A great deal	Don't know
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

14. **Triple P** is valued by families in the community

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

15. Please comment on the quality of services in the community:

Servicing CPC communities

The next group of statements relate to how well the CPC is able to reach different parts of the community. For each statement, choose the answer that is closest to your view.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
16. The needs of the host school community are being well catered for	<input type="checkbox"/>				
17. The needs of the surrounding schools' communities are being well catered for	<input type="checkbox"/>				
18. Families feel welcome when they come to the centre	<input type="checkbox"/>				
19. Families know they can get parenting support or information at the centre	<input type="checkbox"/>				
20. Too many of the CPC services are being used by families from outside the area.	<input type="checkbox"/>				
21. Please comment on how the CPC is servicing the community.	_____				

6.1.1 CO-LOCATION AND COORDINATION

Cooperation and coordination

The next group of statements relate to how well the CPC is promoting cooperation and coordination of services in the community.

Using the scale below, for each statement, select the response that is closest to your view.

A. Work separately, don't share information

B. Inconsistently involve each other & share information,

C. Regularly involve each other in planning & provision of services, share information but with restrictions that occasionally interfere,

D. Integrate services, have well established information sharing protocols that support collaborative work,

22. Where on the <i>cooperation continuum</i> would you place the relationship/s	A	B	C	D	don't know
a. between the CPC program and the host school principal?	<input type="checkbox"/>				
b. between the CPC program and the surrounding school principal?	<input type="checkbox"/>				
c. between key service providers in the community?	<input type="checkbox"/>				

23. Are there any stakeholders who should be involved and aren't at this time? If so, which and why? _____

For each statement, select the response that is closest to your view.

Strongly Agree Agree Disagree Strongly Disagree Don't know Does not apply

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 24. Service professionals working at the CPC feel they are part of a team | <input type="checkbox"/> |
| 25. I feel more confident referring my families to other services than I used to | <input type="checkbox"/> |
| 26. I refer my families to other services more often than I used to | <input type="checkbox"/> |
| 27. I do things more effectively now compared to before the CPC operated/where I worked before | <input type="checkbox"/> |
| 28. Nothing has changed in the way I work since the CPC started operating | <input type="checkbox"/> |
| 29. There are new coordination processes in place that improve services to families | <input type="checkbox"/> |
| 30. There is a better understanding between teachers and CPC service professionals than before the CPC started operating | <input type="checkbox"/> |
| 31. The CPC has had an unintended negative impact on some services. If 'agree', what has this been?
_____ | <input type="checkbox"/> |
| 32. Service providers work together to provide more relevant services to the community | <input type="checkbox"/> |
| 33. The community/families get to influence the services offered at or through the CPC | <input type="checkbox"/> |
| 34. Please comment on the cooperation of service providers in the centre
_____ | | | | | |

Consultation

For each statement, select the response that is closest to your view.

Rarely Sometimes Often Usually Don't know

35. Families are included in the planning of CPC services
36. The CPC services seek feedback from families
37. LAC input is considered in planning CPC services
38. Please comment on how the CPC fosters input from the community
-

Operation of the Local Advisory Committee

Thinking about the Local Advisory Committee (LAC) in the CPC please select the response closest to your view.

39. The LAC is a good forum for:
- | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. sharing information | <input type="checkbox"/> |
| b. getting to know other service providers | <input type="checkbox"/> |
| c. developing more effective services and ways to deliver them | <input type="checkbox"/> |
| d. coordinating service provision | <input type="checkbox"/> |

40. Is there anything that would improve the LAC? _____

VALUE

The next group of statements relate to the value for money provided by the CPC initiative. For each statement, select the response that is closest to your view.

- Overall, the services provided at and through the CPC are:
- | | Strongly Agree | Agree | Disagree | Strongly Disagree | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 41. appropriate for the community | <input type="checkbox"/> |
| 42. effective or likely to be effective | <input type="checkbox"/> |
| 43. being provided efficiently | <input type="checkbox"/> |
| 44. sufficient for the community | <input type="checkbox"/> |
| 45. The CPC has unlocked other resources in the community. If "agree" or "strongly agree" please describe: | <input type="checkbox"/> |

46. Please comment on the value provided by the centre

47. Can you give one or more example how services have cooperated to improve service delivery?

Outcomes so far

The next group of statements relate to how well the CPC is achieving or on track to achieve its outcomes. For each statement, select the response that is closest to your view.

48. Overall, to what extent do you think services from the CPC have been successful so far at ...	Not at all	A little	Quite	Very	Don't know
a. ... providing more services	<input type="checkbox"/>				
b. ... providing services more locally	<input type="checkbox"/>				
c. ... providing a friendly place families can make their own	<input type="checkbox"/>				
d. ... sharing information with other professionals	<input type="checkbox"/>				
e. ... sharing parenting information with families	<input type="checkbox"/>				
f. ... increasing the parenting knowledge of families in the community	<input type="checkbox"/>				
g. ... improving child development outcomes of young children	<input type="checkbox"/>				
h. ... helping families feel more confident in their parenting	<input type="checkbox"/>				
i. ... providing families with more parenting strategies	<input type="checkbox"/>				

49. Please make any comment on the CPC initiative outcomes so far: _____

Improvements and challenges

50. What are the main challenges for the CPC?

51. In your opinion, what are the most important gaps in services in this community now?

52. Can you give one or more examples of how a client benefited from the CPC?

53. In your opinion, what is the most important benefit offered by the CPC initiative?

54. Do you have any suggestions for improving the CPC initiative?

55. Are there any additional comments you wish to make?

Thank you for your time. Your response is very much appreciated.

Appendix C : Coordinator role and responsibilities

From the *Operating Manual for Child and Parent Centres* (pg7):

The CPC coordinator is line managed by their respective NGO and will work in collaboration with the school principal, LAC, and partner agencies.

The coordinator should develop an implementation plan to guide the development, implementation and operation of the CPC.

The coordinator will gather and analyse information on the local CPC community to identify the specific needs of that community and enable the provision of support. This includes identifying:

- current available services and access to these services;
- vulnerable children and their parents;
- current and projected uptake of services by the community;
- additional services required and the possibility of offering these services;
- current and potential service duplication and overlap; and
- additional programs which are of high quality; and have a strong research and/or practice-base, demonstrating the efficacy of the program/service.

The coordinator will facilitate the coordination of services offered at and through the CPC for children and their families. This includes:

- providing services targeted to the specific needs of individual families and communities;
- ensuring young children have access to programs and services that enable healthy development;
- facilitating parents' and carers' learning so that they can confidently nurture, provide for, and educate their children;
- providing a welcoming environment with access to a range of universal, targeted and specialist services; and
- meeting reporting requirements, such as bi-annual reports.

Appendix D : Host school roles and responsibilities

From the *Operating Manual for Child and Parent Centres* (pg7-8):

Host school principal and/or delegate(s)

The CPC host school principal and/or delegate(s) will work in partnership with the CPC Coordinator and other key stakeholders to identify the specific needs of the community and consider which programs and services are required.

The principal will work with the lead NGO to implement the MOU / TORs and establish a shared understanding of the key elements that will underpin the partnership, including:

- The working relationship.
- Communication and reporting lines.
- Operational details.

Working in partnership the host school principal will:

- support the CPC Coordinator as needed;
- chair, or organise a rotational chair for the Local Advisory Committee;
- work in collaboration the CPC Coordinator and other stakeholders to ensure the provision of programs and are of high quality;
- work with the Department of Education's Corporate Communications and Marketing branch to promote the CPC in the school and the local community and encourage families to access this resource;
- provide opportunities for school and CPC staff to network and collaborate in professional learning;
- invite the CPC Coordinator to provide regular information and updates through the school newsletter and other forums, such as the school Council/Board and P&C; and
- ensure CPC Coordinator has all information pertaining to after-hours contacts including weekend and school holiday periods.

The Host School (Registrar / School Officer) will ensure that the CPCs are:

- cleaned and essential items, such as toilet paper, are provided;
- use allocated funding to pay for utility consumption and other expenses; and
- liaise with appropriate agencies, such as Building Management & Works regarding CPC building faults and maintenance.

Appendix E : Question concordance

The table below shows the satisfaction survey items in the first half of 2015 compared with the second half of 2015 and later.

2015-1	2015-2 & 2016-1
1 It was easy for me to find the CPC	1 The first time I visited the Centre, it was easy to find
2 It was easy for me to get to the CPC	2 It was easy for me to get to the Centre
3 The CPC felt very welcoming	3 The Centre felt very welcoming.
4 Information about the CPC services was easy to find	4 Information about the Centre's services was easy to find
5 I could understand what I would get from the services	5 I could understand what services would provide.
7 The staff made me feel welcomed and important.	6 The staff made me feel welcome and important.
8 The staff listened carefully and helped me.	7 The staff listened to me.
	8 Assistance was provided, when needed.
9 The staff were respectful of my culture.	9 The staff were respectful.
10 My child/children enjoyed the activity/ies.	10 My child/children had fun.
11 I made new friends.	11 I met new people.
12 I have increased my knowledge about how children grow and develop.	12 I learnt something new about raising children.
14 I have increased my confidence in bringing up my children.	13 I felt more positive as a parent/Grandparent /carer
15 I will come back to the service/s offered by the CPC.	14 I look forward to returning to the Centre
	15 I would recommend the centre to a friend
6 I was told when changes in times and days were made to the services	
13 I have more ideas about parenting skills, that I can use at home and when we go out.	

Appendix F : Realist Evaluation Summary

A 'realist' methodological perspective (Pawson & Tilley, 1997) recognises the place motivations, behaviours and contextual elements play in shaping how programs work. The approach is grounded in an understanding that programs work differently in different places. Outcomes are always a function of the three-way interaction between cause and effect occurring within a particular setting. Programs are regarded as dynamic. It is not assumed that a program will always be implemented in the same way.

Families and other program participants are understood as responsive and active decision makers, not as passive program recipients. They have their own motivations and behaviours that guide their life choices. Consequently they have personal goals that may diverge from program objectives. They may have their own notions of what a program 'is for', the significance they attach to changes that occur and indeed of what counts as a successful outcome. Participants may, for instance, make use of programs in ways not originally intended by their designers, such as forming informal mutual support networks with other participating families. In effect the participants shape the program as much as the other way around.

It is also important to note participants may change their thinking, attitudes and behaviour over the course of a program, perhaps in response to the resources it provides, but perhaps also due to other environmental factors. For instance, the CPC may be only one of several initiatives impacting on issues of child development in any particular local environment. In other words Shelby does not assume the mechanisms of change that make a difference are necessarily uniform across different sites and target groups.

A realist methodology is considered appropriate for the CPC because it is a new initiative and the program logic is yet to be tested. Like any new initiative it might be expected to adapt responsively over time to emerging lessons learnt and challenges. While the fundamental principles underpinning government investment are unlikely to change, a realist approach can provide the feedback that informs how it adapts and responds as it evolves over time.

Source: Shelby Proposal, pg 10 -12 (G. Westhorp)

Appendix G : Concordance between objectives, outcomes, deliverables and key components

Objective	Deliverable, Key Component, Outcome
Generating access and participation	
Focus is on the child and working with parents.	Deliverable 11: Engagement by children and their families in programs and services
Continuum of care commencing with a strong investment in quality child health services.	Deliverable 10: Families and young children access a range of high quality early learning, parenting, health and well-being programs and services
Provide core services, with the capacity for additional locally-determined services that reflect the particular circumstances, needs and characteristics of the communities.	Identical to Key Component 5
Location on school sites to provide ready access for local families to the programs and services they need.	Identical to Key Component 3
Centres to serve surrounding schools.	
Co-location and coordination	
Coordinated and integrated approach to early childhood development and learning, and health and wellbeing program and service delivery for children and parents.	Deliverable 2: Collaboration among health, education and child and family support professionals to provide programs and services that meet the needs of families.
High level of local ownership and involvement. Greater levels of community participation and government and non-government partnerships.	Deliverable 4: Collaborative partnerships with the school, community, and industry stakeholders.
Building family capacity to provide nurturing environments and child development outcomes	
Increase families' capability to provide home environments which will enable children to thrive in all developmental domains.	Almost identical to CPC Outcome 8: Increase in family's capacity to provide home environments which will enable children to thrive in all development domains.
Lessen difficulties in transition to schooling, focus and improve school readiness and sustained engagement with schooling.	CPC Outcome 11: Increase the number of successful transitions and sustained engagements with schooling for at-risk children.
Close the gap between the wellbeing and learning outcomes for young children and families from vulnerable communities.	CPC Outcome 5: Improvements in development and learning outcomes
Value for money	
Achieve better value for money with increased co-location, coordination and integration of government and non-government programs and services for families and young children.	Same as CPC Outcome 12 (except 'young' children).
Governed by a strong accountability framework.	Key Component 8: Each CPC will be governed by a strong accountability framework Key Component 9: PIs will be established for each Centre