

Evaluation of The Salvation Army Communities for Children Facilitating Partner Program (South East Tasmania)

Final Report

April 2019



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Tasmanian Institute of Law Enforcement Studies (TILES)

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Acknowledgements

The authors wish to acknowledge the contributions of the families and communities of Brighton, The Derwent Valley, Southern Midlands and Upper Derwent Valley/Central Highlands; the staff of The Salvation Army and the Community Partners directly and indirectly involved in Communities for Children for their feedback for this evaluation report.

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Acronyms

AEDC	Australian Early Development Census
AIFS	Australian Institute of Family Studies
CALD	Culturally and Linguistically Diverse
CfC	Communities for Children
CFC	Child and Family Centre
CP	Community Partner
DHHS	Department of Health and Human Services, Tasmania
DoE	Department of Education, Tasmania
DSS	Department of Social Services
DV	Derwent Valley
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FP	Facilitating Partner
LGA	Local Government Area
LiL	Launching into Learning
SM	Southern Midlands
TILES	Tasmanian Institute of Law Enforcement Studies
UDV/CH	Upper Derwent Valley/Central Highlands

Executive Summary

This report presents the results of an evaluation of the South East Tasmanian delivery of the Communities for Children Facilitating Partner program, funded by the Department of Social Services. The Facilitating Partner, The Salvation Army, engaged the Tasmanian Institute of Law Enforcement Studies to undertake an independent of the delivery of the program as delivered since mid-2015.

This report is based on feedback collected via program documentation and reporting, interviews with a range of stakeholders, parents and project workers.

Key Outcomes

The Communities for Children program in SE Tasmania is highly regarded for its strategic intervention at each of the sites. CfC is also described as flexible, collaborative and connected. There was solid agreement by stakeholders that the openness of CfC to sharing ideas and information, working to break down professional and agency siloing of services and programs, locating gaps by listening to community stakeholders, and attempting to find ways of filling these gaps is one of the greatest strengths of the Communities for Children program in this region. As one principal commented:

CfC co-constructs. It works with you, listens non-judgementally, and does not come across as experts. It is a case of working with rather than doing to.

Communities for Children is appreciated for its ability to target a range of needs, and respond to emerging needs as they are identified. This point was made more frequently by the stakeholders interviewed than any other.

All stakeholders viewed the priority areas devised by CfC in this funding period as representative of enduring chronic needs. Feedback included that activities like the Safety Mapping, Hidden Sentence training and FAST were examples of ideal interventions for their community that would not have been provided without CfC involvement. In addition, the provision of family support workers filled a vital need for outreach with the most vulnerable families.

Parents, community members and service providers trust CfC. This is due to the establishment of solid relationships, the experience of being listened to and action taken

The populations of the four CfC regions in SE Tasmania are quite different (see previous CfC reports, including the 2017 strategic plan and the introduction to the current evaluation). However, for the most part, the same issues were nominated as common across regions with some local variance. For example, it was mentioned above that although substance abuse was nominated as a problem across all four Communities for Children regions, the type of substance abused varied by region, with individuals living in the Upper Derwent Valley/Central Highlands more likely to abuse alcohol whilst amphetamine and methamphetamine abuse was nominated as a serious concern in the Brighton/Bridgewater area.

Many issues raised in this report are perennial for the delivery areas. There are enduring issues like mental health, exposure to family violence, bullying, intergenerational trauma,

parental substance abuse, poor educational outcomes that the current level of funding limits CfC ability to generate broader change.

Communities for Children targets well, but needs a bigger, better version of itself as it is not yet reaching critical mass (service provider, Brighton).

This report outlines a range of chronic needs in the delivery areas which are outside the scope of CfC to address – widespread unemployment, lack of affordable housing, drought, transport and health infrastructure. Affordable housing and drought are new challenges for communities, not having been raised in previous evaluation reports. Another new need identified across the areas is relationship education. Thus, the needs of the delivery area are constantly evolving and intertwining and while CfC is an important partner working with vulnerable families, there remains significant complex unmet need which requires increased investment and ongoing delivery of targeted programs.

Recommendations

The recommendations provided for consideration by the evaluators fall into four broad categories; those relating to the current strategic plans, those relating to the current model of service delivery; issues that relate to FP program governance and the emerging needs identified through both qualitative and quantitative data.

The recommendations appear in ranked order under their respective headings according to the evaluator's assessment of the data. It is important to note that although couched in terms of recommendations, for the most part these are proposals for further discussion and consideration.

Priority Areas

1. All current CfC priorities are working well and do not require changing
2. The FSWs are undertaking significant amounts of advocacy work on behalf of vulnerable families (see Table 29). If any changes are considered, the role of advocacy in CfC work might be acknowledged.

Current model

1. Given that the overarching strength of CfC in this evaluation period has been nominated as its ability to respond to emerging community needs, this requires space to innovate and the requirement that 50% of programs should be evidence-based should not be increased.
2. DSS consider the general level of research support for place-based initiatives in its consideration of what programs and activities are appropriate for the CfC program.
3. The FP consider whether relaxing the funding restrictions on a case by case basis might allow for more efficient service delivery particularly in rural areas where not many services operate.
4. FP funding needs to be increased to allow full time FP project workers to be appointed
5. Preference might be given in remote areas to program and activities which promote the development of community members who can take on leadership and mentoring roles with others in the same community,

6. Programs like CfC might consider placing more time and resources into developing rural areas such as the Upper Derwent Valley where a long-term commitment is required to produce family and community growth.

Facilitating Partner

1. It is recommended that DSS, the Communities for Children Committee and the Facilitating Partner explore the possible formal role Communities for Children might play as a 'backbone agency' in placed-based collective impact.
2. That CfC consider convening occasional meeting of the family support workers for the purpose of information sharing, further professional development and discussing commonly encountered challenges.

Emerging needs

1. That CfC continue to support soft entry programs which address current family violence, and intergenerational cycles of violence, including assistance to mothers who have left family violence situations.
2. That CfC continue to support knowledge enhancement amongst stakeholders and other members of the communities to enable increased responses to family violence, and its impact on children.
3. That consideration continues to be given to programs and activities to reach out to and support children caring for families who have mental and physical health problems and/or abuse substances.
4. That CfC continues its on-going support for, and expansion of, anti-bullying programs to school and communities, including cyber-bullying.
5. That CfC continue to seek ways to support males who are parenting children.
6. That consideration continues to be given to activities which are non-sports based

Background

Communities for Children (CfC) was one of three models of service delivery funded under the Australian Government's *Stronger Families and Communities* strategy introduced in 2005. Under the CfC initiative, the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), now Department of Social Services (DSS), funded non-government organisations as 'facilitating partners' in 51 geographic areas around Australia to develop and implement community-based approaches to enhancing the life chances and early childhood development of children living in disadvantaged areas. The CfC Facilitating Partner (FP) funding stream is a sub-activity within the Families and Communities Program, under Families and Children Activity. The role of the FP is to collaborate with other organisations to provide a holistic service system for children and families. To articulate this role, a FP sub-contracts other organisations (known as Community Partners) to provide services. Examples of services include parenting support, group peer support, case management, home visiting services and other services to support and promote wellbeing of children. According to the service agreement with DSS, the role of the FP is to support, facilitate and empower these local Community Partners to develop and facilitate a whole of community approach to support and enhance early childhood development and wellbeing for children from birth to 12 years. The FP builds on local strengths to meet local needs and create capabilities within local service systems, using strong evidence of 'what works' in early intervention and prevention. FPs use a proportion of their funding to fund services that are recognised as high quality and evidence-based. Remaining funds can be used for facilitation, coordination and collaboration in the community and to fund soft-entry or innovative programs.

There are three place-based CfC FP sites in Tasmania: Burnie; Launceston and South Eastern Tasmania. The program in Burnie is facilitated by CatholiCare Tasmania and the Launceston program by Anglicare. The FP for South East Tasmania since mid-2006 has been The Salvation Army. The program in SE Tasmania currently covers four local government areas: Brighton, Derwent Valley (The Derwent Valley), Southern Midlands, and Upper Derwent Valley/Central Highlands. These areas will be discussed in sections of this evaluation below.

History of Communities for Children in SE Tasmania

The first round of CfC (in 2005) focused on families with children aged birth to five years. In SE Tasmania CfC developed a range of successful programs for the 0-5 age group such as facilitated playgroups, kiddy-gyms, and support for those involved in caring for children (including groups for grandparents, fathers and single parents) which have continued to grow and evolve. An evaluation conducted by the Department of Rural Health at the University of Tasmania (UDRH) in 2009 demonstrated that this first round of CfC had achieved progress in raising awareness of the needs of children in the 0-5 age group; improved the confidence and capacity of both children and families; and connected families with community support services in a collaborative and integrated manner.

In 2009 CfC became part of the broader Family Support Program and service delivery was subsequently expanded to encompass children aged 0-12. The inclusion of primary-school aged children led to the appointment of the Department of Education as the Community Partner at two sites; Southern Midlands and Central Highlands as schools are

often the only service provider in remote rural areas. Incorporating a family support component into the school environment was a new model for Tasmanian schools. The Community Partner at Brighton remained Good Beginnings while The Salvation Army remained the Community Partner in The Derwent Valley. The expansion to include children aged 6-12 years led to the introduction of a new suite of programs and activities focusing on issues such as bullying, financial literacy, health and nutrition, engagement in the school system, school holiday activities as well as programs designed to foster better relationships in families.

In the 2012-16 funding period Glamorgan/Spring Bay on the East Coast of Tasmania was included in the SE region of CfC at the direction of FaHCSIA. A further evaluation of CfC was undertaken by UDRH in 2011. This report found that parents and stakeholders rated CfC very highly on its ability to help parents care for, teach and improve the wellbeing of their children. The project had provided improvements in the levels of confidence and self-esteem of families and their abilities to make positive life choices. Families had been able to make good social connections in their communities. CfC was considered to have fitted the needs of their communities well at each of the four sites. There was some indication that while the Central Highlands site had engaged well with its community in a very short time, increased effort was required to engage the more hard-to-reach families in the area. Agencies had also worked well with the Community Partners at all sites to deliver good outcomes for children and their families. Sustainability however, was problematic as these are areas of high disadvantage and low prospects for sustainable outcomes over the short to medium term particularly at the sites of Brighton and The Derwent Valley which exhibited significant levels of unmet need.

In 2012 the funding agreement with FaHCSIA stipulated that Facilitating Partners establish strategies to meet the overall objectives of the Family Support Program designed to improve family functioning, knowledge and skills of parents and children, improve social inclusion among disadvantaged families and that services work together to collaborate and focus on the most disadvantaged in the community. In 2014 the SE Tasmanian implementation of CfC was evaluated by the University of Tasmania, Faculty of Health Science.

Child population at Communities for Children sites in SE Tasmania

CfC is funded to work with families with children aged 0-12 in the four LGAs of Brighton, Southern Midlands, the Derwent Valley and Central Highlands, representing approximately one third of the area of Tasmania. Brighton is the largest LGA with a population of more than 16,000 persons; the Derwent Valley population is around ten thousand people; Southern Midlands has six thousand and the Central Highlands just over two thousand residents.

The most recent figures published by the Australian Bureau of Statistics shows the proportions of children aged fourteen years or less is 18% for Tasmania as a whole compared with just under 19% for Australia as a whole. The proportion of children in this age range is greater than both the state and national average at three of the SE Tasmanian CfC sites, and below the state and national averages in the Central Highlands. Children under the age of 14 comprise almost a quarter of the population of Brighton; 19% of the populations of the Derwent Valley and Southern Midlands and less than 17% of the population of the Central Highlands.

Tasmania as a whole has an average pre-schooler population of 5.8%, slightly less than the Australian average of 6.3%. The urban/rural CfC site of Brighton has the highest proportion of children aged 0-4 years in the state at 8.2%.

Table 1 Child Populations of CfC sites in South East Tasmania 2016

	0-4	5-9	10-14	Total Population LGA	Proportion 0-14	Proportion 0-4
LGA	no.	no.	no.	no.		
Brighton (M)	1373	1393	1218	16669	23.9%	8.2%
Derwent Valley (M)	589	707	637	10087	19.2%	5.8%
Southern Midlands (M)	321	406	434	6083	19.1%	5.3%
Central Highlands (M)	109	139	116	2169	16.8%	5.0%
All Tasmania	30123	32580	30760	517588	18.1%	5.8%
Australia	1.4m	1.5m	1.4m	23.4m	18.9%	6.3%

(ABS (2018) 3235.0 Population by Age and Sex, Regions of Australia 30 June 2016)

The CfC FP program in SE Tasmania is delivered in municipalities; one being suburban, one in a regional centre and two in rural localities. They are distinct in relation to the services available to families. The Local Government Area (LGA) of Brighton contains pockets of extreme disadvantage however many services are located nearby. The Derwent Valley has fewer services but it relatively service-rich compared to the Southern Midlands and Upper Derwent Valley/Central Highlands.

Table 2 provides a snapshot of the services available for families with children aged 6-12 in the four locations, highlighting the uneven distribution of services.

Table 2 Childhood Services at the four sites of CfC in South Eastern Tasmania

	Brighton	The Derwent Valley	Southern Midlands	UDV/Central Highlands
Schools	6	4	4	4
Child&Family Centre	1	1	-	-
Child care centres	2	1	2	-
Family Day Carers	19	8	-	-
After school care	3	1	-	-
Child Health Centres	1	1	1	1
Medical Clinics	2	3	1	2
Dental services	1	1		

The LGAs in which CfC operates in SE Tasmania are not homogenous in terms of Socio-economic Index for Area (SEIFA), employment and proportion of single parents. In Brighton, the SEIFA ranges from 618 to 1048 and in the other three LGAs it ranges between 800-900; the unemployment rate ranges between 3.1 in Old Beach to 21% in Gagebrook. Completion of Year 12 is low across the program area, averaging 25% compared to 69% for Tasmania as a whole.

Table 3 Social profile characteristics of CfC sites SE Tasmania

Site	% attending preschool	Completing Yr 12	Different address one year ago	SEIFA	Prop'n single parents under 25	Unemployment
Brighton						
Gagebrook	96.6	23.6	11.2	618.27	13.4	20.9
Bridgwater	98.4	23.4	13.2	716.76	10.8	13.4
Brighton N	98.8	26.8	13.5	985.41	3.4	4.5
Brighton E	100	29.8	8.9	1040.23	n/a	4.1
Old Beach	100	34.8	15.1	1048.42	1.2	3.1
Central Highlands						
South CH	96.6	27.8	11.2	895.79	1.7	7.6
Derwent Valley						
National Park	n/a	27.7	12.5	836.83	27.3	12.1
The Derwent Valley	98.6	22.9	13	845.24	3.1	10.3
Molesworth	100	22.7	12.1	984.5	n/a	6.6
Southern Midlands						
SM North	100	26.6	12.7	866.88	0.7	6
SM East	94.7	24.9	10.1	930.94	5.7	6.8
Bagdad/Kempton	62.5	25.3	11	942.75	4.2	5.2
Mangalore	81.8	26.8	8.9	976.11	2.6	4.3
Tasmania		69.8				
Australia		79.3				

Table 4 outlines the School level index of socioeconomic disadvantage of the schools across the program area and the proportion of each school's population in each SES quartile. The table illustrates the significant proportion of families in the bottom quartile with the majority of schools having more than 50% of children in the bottom quartile.

Table 4 Index of socioeconomic disadvantage for CfC schools 2017

LGA	Name of school	SCHOOL ICSEA VALUE	BOTTOM QUARTILE	LOWER MIDDLE QUARTILE	UPPER MIDDLE QUARTILE	TOP QUARTILE
AUSTRALIA	AVERAGE	1000	25	25	25	25
DERWENT VALLEY	Molesworth	1002	29	33	22	16
DERWENT VALLEY	St Brigid's	994	35	30	22	12
UDV/CH	Ouse	981	18	42	14	26 ¹
SMIDLANDS	Bagdad	918	56	30	13	2
BRIGHTON	Brighton	917	57	30	11	2
BRIGHTON	St Paul's	917	54	32	12	1
SMIDLANDS	Kempton	916	61	27	12	1
DERWENT VALLEY	New Norfolk Primary	908	59	28	11	2
SMIDLANDS	Oatlands	900	70	21	8	2
UDV/CH	Bothwell District High	895	64	22	10	3
DERWENT VALLEY	Fairview	888	66	22	10	1
UDV/CH	Glenora District High	888	68	26	6	1
UDV/CH	Westerway	887	69	18	8	5

¹ Caution: enrolment = 13

SMIDLANDS	Campania District High	856	76	16	5	1
BRIGHTON	East Derwent	834	79	16	4	1
BRIGHTON	Herdsmen's Cove	815	85	13	1	0
BRIGHTON	Gagebrook	808	86	12	2	0

(myschool.edu.au school profile data for 2017)

Table 5 shows the enrolments of each school, the number of male and female students and FTE staff, indigenous and CALD status and attendance. Enrolments range from eighteen students at Ouse in the Central Highlands to over six hundred at Brighton. A relatively high proportion of students identify as indigenous and a low proportion speak a language other than English at home. School attendance of children attending rural schools tends to be lower overall – this is a factor of lack of transport e.g. one school bus service as well as family disadvantage.

Table 5 School profiles 2017

LGA	Name of school	Range	Total Enrolment	Girls	Boys	Full time equiv staff	Indigenous	CALD	Attendance Rate	Attendance ≥90% of time
BRIGHTON	Brighton Primary	K-6	608	296	312	35.6	13%	0	92%	73%
BRIGHTON	East Derwent	K-5	349	179	170	25.9	28%	0	89%	72%
BRIGHTON	Gagebrook Primary	K-6	165	80	85	13.3	28%	1%	81%	36%
BRIGHTON	Herdsmen's Cove	K-6	167	82	85	13.4	31%	0	86%	56%
BRIGHTON	St Paul's (Catholic)	Prep-6	175	85	90	10.6	14%	4%	93%	76%
DERWENT VALLEY	Fairview Primary	K-6	372	197	175	29.8	15%	0	90%	72%
DERWENT VALLEY	Molesworth Primary	K-6	162	80	82	9.1	6%	0	92%	73%
DERWENT VALLEY	New Norfolk Primary	K-6	212	90	122	15.2	16%	1%	88%	63%
DERWENT VALLEY	St Brigid's (Catholic)	Prep-6	176	92	94	11.8	3%	2%	93%	80%
SMIDLANDS	Bagdad Primary	K-6	158	72	86	8.4	11%	1%	92%	71%
SMIDLANDS	Campania District	K-10	182	86	96	16.7	18%	0	84%	47%
SMIDLANDS	Kempton Primary	K-6	29	16	13	3.3	10%	0	90%	67%
SMIDLANDS	Oatlands District	K-10	253	125	128	23	9%	1%	89%	71%
UDV/CH	Bothwell District	K-10	65	31	34	8.2	12%	0	93%	81%
UDV/CH	Glenora District	K-12	192	97	95	16.8	15%	2%	88%	64%
UDV/CH	Ouse District	K-6	13	5	8	2.4	31%	0	94%	-
UDV/CH	Westerway Primary	K-6	67	35	32	6.2	16%	0%	92%	69%

(myschool.edu.au school profile data for 2017)

AEDC Australia vs Tasmania 2015

The Australian Early Development Census is undertaken every three years with children in the first year of school to ascertain their level of vulnerability.

In Australia in 2015 22 per cent of children were developmentally vulnerable on one or more domains. In Tasmania this proportion was 21 per cent.

Significant gains have been made in children's language and cognitive skills nationally. 6.5 per cent of children were considered developmentally vulnerable in the language and cognitive skill domain in 2015, a decrease from 6.8 per cent in 2012 and 8.9 per cent in 2009. In Tasmania, 7.5 per cent are vulnerable in this domain in 2015, an increase from 7.1 in 2012 but a decrease from 7.7 in 2009.

Children’s communication skills and general knowledge improved nationally, with 8.5 per cent of children developmentally vulnerable on one or more domain in 2015, a decrease from 9.0 in 2012 and 9.2 percent in 2009. In Tasmania, only 6.4 per cent of children are vulnerable in this area, down from 6.6 per cent in 2012 and seven per cent in 2009.

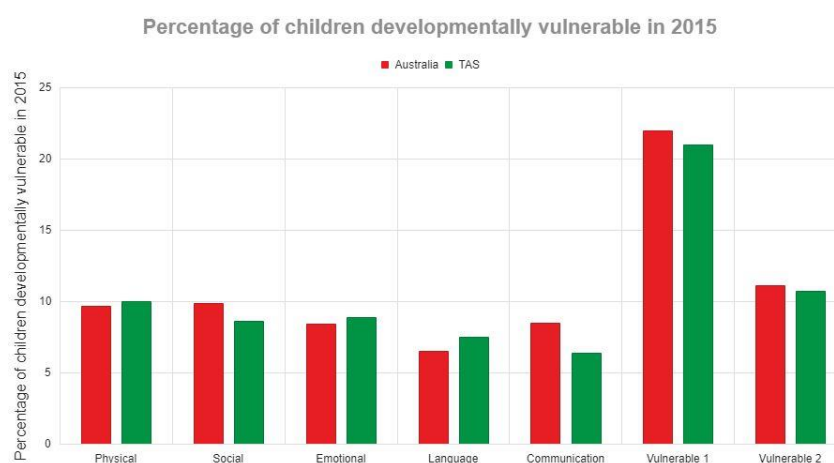
The percentage of children vulnerable on the emotional maturity domain increased to 8.5 in 2015 from 7.6 in 2012 but is still lower than 8.9 in 2009. In Tasmania, the proportion vulnerable on this domain in 2015 is 8.9, an increase from 8.1 per cent in 2012 and 8.5 in 2009.

The percentage of children vulnerable on the physical health and wellbeing domain increased from 9.3 per cent in 2009 and 2012 to 9.7 per cent in 2015. The proportion of Tasmanian children vulnerable on this domain is 10 per cent, a marginal increase from 9.9 in 2012. The proportion in 2009 was also 10 per cent.

The percentage of children vulnerable on the social competence domain has increased from 9.5 in 2009 to 9.9 per cent in 2015. In Tasmania, 8.6 were vulnerable in this area in 2015, up from 8.2 in 2012 and slightly down from 8.7 per cent in 2009.

This data is illustrated in Figure 1.

Figure 1 AEDC Percentage of children developmentally vulnerable in 2015 Australia vs Tasmania



(AEDC Data Explorer 2015)

Tables 6-9 provide an overview of the changes in AEDC domains between 2009 and 2015 (most recent data) for each LGA in the CfC SE Tasmania program area.

In Brighton we can observe no significant change in physical health and well-being, social competence, language and communication skills. There is a significant drop in levels of emotional maturity between 2009 and 2015. In 2015 almost 26% of 6-year-olds in Brighton were vulnerable on one or more domain and 13% were vulnerable on two or more.

Table 6 Change in AEDC domains 2009-2015 Brighton

Brighton community	Percentage of children developmentally vulnerable (%)						
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Developmentally vulnerable in 2009 (%)	9.3	11.9	7.0	9.3	9.3	24.8	12.6
Developmentally vulnerable in 2012 (%)	18.8	14.7	15.8	12.0	11.3	32.0	18.8
Developmentally vulnerable in 2015 (%)	10.1	12.1	10.4	11.1	8.1	25.8	13.1
2009 vs 2012 (%)	9.5	2.8	8.8	2.7	2.0	7.2	6.2
2012 vs 2015 (%)	-8.7	-2.6	-5.4	-0.9	-3.2	-6.2	-5.7
2009 vs 2015 (%)	0.8	0.2	3.4	1.8	-1.2	1.0	0.5
Legend:					Significant increase	No significant change	Significant decrease

In the Central Highlands, children improved significantly in the domains of physical health and wellbeing, social competence and language skills between 2009 and 2015. In 2015, six-year-olds in the Central Highlands were less likely than the state and national average for vulnerability on one or more domains; 18% vs 22% nationally.

Table 7 Change in AEDC domains 2009-2015 Central Highlands

Central Highlands community	Percentage of children developmentally vulnerable (%)						
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Developmentally vulnerable in 2009 (%)	23.3	16.7	3.3	23.3	10.0	36.7	23.3
Developmentally vulnerable in 2012 (%)	9.7	6.5	9.7	12.9	0.0	22.6	12.9
Developmentally vulnerable in 2015 (%)	4.5	0.0	0.0	13.6	4.5	18.2	4.5
2009 vs 2012 (%)	-13.6	-10.2	6.4	-10.4	-10.0	-14.1	-10.4
2012 vs 2015 (%)	-5.2	-6.5	-9.7	0.7	4.5	-4.4	-8.4
2009 vs 2015 (%)	-18.8	-16.7	-3.3	-9.7	-5.5	-18.5	-18.8
Legend:					Significant increase	No significant change	Significant decrease

Children in the Derwent Valley showed significant improvement in social competence, emotional maturity and communication skills. In 2015 almost 29% of children were developmentally vulnerable on one or more domains.

Table 8 Change in AEDC domains 2009-2015 Derwent Valley

Derwent Valley community	Percentage of children developmentally vulnerable (%)						
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Developmentally vulnerable in 2009 (%)	16.9	18.6	16.9	16.3	12.2	36.6	22.1
Developmentally vulnerable in 2012 (%)	18.9	8.4	9.8	3.5	7.0	28.0	12.6
Developmentally vulnerable in 2015 (%)	15.0	8.6	9.3	12.9	4.3	28.6	12.9

2009 vs 2012 (%)	2.0	-10.2	-7.1	-12.8	-5.2	-8.6	-9.5
2012 vs 2015 (%)	-3.9	0.2	-0.5	9.4	-2.7	0.6	0.3
2009 vs 2015 (%)	-1.9	-10.0	-7.6	-3.4	-7.9	-8.0	-9.2
Legend:	Significant increase	No significant change	Significant decrease				

Children in the Southern Midlands showed little change apart from improvement in social competence skills. The rate of children vulnerable on one or more domains is less than state and national average at 19%.

Table 9 Change in AEDC domains 2009-2015 Southern Midlands

Southern Midlands community	Percentage of children developmentally vulnerable (%)						
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Developmentally vulnerable in 2009(%)	9.6	10.6	6.7	11.5	8.7	25.0	9.6
Developmentally vulnerable in 2012(%)	8.2	8.2	6.1	6.1	3.1	17.5	8.2
Developmentally vulnerable in 2015(%)	7.1	4.7	4.7	9.4	3.5	18.8	7.1
2009 vs 2012 (%)	-1.4	-2.4	-0.6	-5.4	-5.6	-7.5	-1.4
2012 vs 2015 (%)	-1.1	-3.5	-1.4	3.3	0.4	1.3	-1.1
2009 vs 2015 (%)	-2.5	-5.9	-2.0	-2.1	-5.2	-6.2	-2.5
Legend:	Significant increase	No significant change	Significant decrease				

As this evaluation report was being finalised, the AEDC data for 2018 became available. The comparisons between all years of AEDC for the CfC areas is attached as Appendix G. It is notable that children in rural and remote areas show an increase in vulnerability in 2018.

Recommendation: The CfC FP consider an increase in program delivery for children in the Southern Midlands and Derwent Valley/Central Highlands in the next iteration of CfC funding.

Family Support Objectives for 2015-2019

The CfC Facilitating Partner program is a sub-activity within the Families and Children Activity delivered under the Families and Community Program. The overarching objectives of the program are:

1. To improve the health and well-being of families and the development of young children, from before birth through to age 12 years, paying special attention to:
 - a. Healthy young families — supporting parents to care for their children before and after birth and throughout the early years;
 - b. Supporting families and parents — support for parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure;
 - c. Early learning — provide access to high quality early learning opportunities in the years before school; provide early identification and support for children at risk of developmental and behavioural problems; assist parents with ways they can stimulate and promote child development and learning from birth; and

- d. School transition and engagement - support children and families to make a smooth transition to school and work with local schools to assist children and families with their ongoing engagement with school.
2. To create strong child-friendly communities that understand the importance of children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

The Communities for Children Facilitating Partner Sub-Activity targets vulnerable children and families in disadvantaged communities, with a particular focus on providing early intervention and prevention services for children at risk of poor outcomes or at risk of abuse and neglect. The primary focus is on children 0-12 years. Priority is given to:

- families with children at risk of abuse or neglect
- families experiencing disadvantage or vulnerability, and
- Aboriginal and Torres Strait Islander clients, in line with the Australian Government's commitment to Closing the Gap.

The needs of men and fathers are also considered when providing support to children and their families, where appropriate. CfC has a primary focus on children aged 0-12 years, but may include children up to age 18 years.

The CfC FP program aims to provide tailored approaches to these objectives at the local level with a focus on community input, networking and collaboration between services.

Table 10 Overall Objectives of the Family support program

Objective	Detail
To improve the health and wellbeing of families and the development of young children, from birth through to age 12 years, paying special attention to:	Healthy young families Supporting families and parents Early learning School transition
To create strong child-friendly communities that understand the importance of children and apply this capacity to maximise health, well-being and early development of young children at the local level.	

In the current Funding Agreement, a further emphasis was placed on delivering programs that were empirically proven to provide outcomes for children and families and present best value for money for government. An Expert Panel was convened by the federal government to provide a list of suitable programs. From 1 July 2015, FPs were required to use at least **30 per cent** of the funding used for direct service delivery to purchase high quality evidence-based programs as identified by the expert panel. From 1 July 2017, at least **50 per cent** of the funding used for direct service delivery was to be used to purchase high quality evidence-based programs as identified by the expert panel².

In order for tailored programs to be developed for the local area, the FP develops a community strategic plan (CSP) in conjunction with the CfC Committee that outlines goals

² Further discussion of these changes will be discussed later in this document.

and priorities for the communities over the life of the grant agreement and activity work plans (AWP) which provide detail on the programs to be delivered. FPs were required to submit two AWP's in this funding period; the first to cover the period 1 July 2014 to 30 June 2017 and the second for the period 1 July 2017 to 30 June 2019.

Community strategic planning

The Salvation Army consulted with over four hundred people to prepare the Community Strategic Plan for the South East Tasmania Communities for Children area in preparation for the current funding period. Feedback was provided by 105 service providers, 75 parents, 236 children and 18 others who lived or worked in the communities consulted. One third (141) of those consulted were from the Brighton area, almost one quarter (102) from The Derwent Valley and one fifth (89) from the Upper Derwent Valley/Central Highlands. One in eight was from the Southern Midlands and 7 per cent from Triabunna.³

Table 11 Total people consulted for Strategic Plan for current funding agreement

Communities for Children Site	Service providers	Parents	Other community	Children	total
Brighton	47	34	8	52	141
Derwent Valley	31	12	2	57	102
UDV/CH	9	21	6	53	89
South Midlands	14	7	1	47	69
Glamorgan/Spring Bay	4	1	1	27	33
Total	105	75	18	236	434

The CSP outlined the needs of at-risk families at each of the service delivery sites with details of community strengths, service gaps for children and parents, barriers and limitations to providing services in these communities and the emerging needs of the communities.

The consultations highlighted that in all areas in the SE Tasmanian program an increase in the level of poverty and disadvantage that will be experienced was predicted due to recent changes to welfare and health policies by both state and federal governments. At risk families living in the Communities for Children sites have limited opportunities for training and employment due to a lack of local economic activity and poor transport options. Brighton and the Derwent Valley experience high levels of family breakdown with increased lack of capacity of people to manage complex families.

³Glamorgan/Spring Bay was included in the consultations as it was an area under CfC in the previous funding agreement at the time of consultations. In 2015 discussions were held between the Department of Social Services and the Facilitating Partner to discuss the size of the CfC South East Tasmanian footprint to ensure adequate delivery of services across such a large geographical area. It was decided to withdraw CfC activity from the Glamorgan/Spring Bay location from July 1st 2016.

Stakeholders observed that anti-social behaviour is occurring at a younger age in Southern Tasmania and community members were worried that the upcoming peak in population due to the “Baby Bonus” will lead to a medium term increase in anti-social behaviour as a larger group enters into this risk-prone age group.

The period in which the consultations were held was during the implementation of funding cuts in education across Tasmania which would impact on the capacity of schools to provide support staff such as social workers, chaplains etc. and extension activities such as arts and sports to further restrict low cost activities to which disadvantaged families have access. Stakeholders reported an observable increase of the use of ice and synthetic amphetamines in Brighton, the Derwent Valley and the Southern Midlands. There was a consensus among parents in all areas that the main issues for parents are bullying, safety (both community and personal), health (including mental and dental) and nutrition.

Emerging issues in the Derwent Valley included that the community is gaining a larger representation of disadvantaged families with complex issues. Services of all kinds are scarce in the Upper Derwent Valley/Central Highlands and schools are the hub of small and dispersed communities. School closures were predicted due to declining populations, every instance of closure of the local school creating further isolation for disadvantaged families in the area.

The consultations in the Southern Midlands were unique in that stakeholders were optimistic about the potential economic growth to be achieved via a number of irrigation schemes to be brought online over the next two to three years, and while this brings increased employment opportunities during construction and ongoing horticultural work this may disadvantage the local community due to a lack of local skill training in these industries. While employment was expected to increase; the development of the irrigation scheme is unlikely to lead to an increase of retention of young people to year 12 due to more complex issues within the community. At the time of the current evaluation no significant increases in local jobs had materialised.

Priority areas 2015-19

As part of the strategic planning activity, three overarching priority areas were created to drive the achievement of the vision for Communities for Children in South East Tasmania from July 2015 to June 2019. These are safety, resilience and aspiration.

The overarching category of **safety** was conceived as a priority area which can include all aspects of environmental safety, personal safety, and promoting practices and lifestyles that are cognisant of health and safety. Consultation for the strategic plan identified significant gaps across the 6-12 age groups which supports safety and tackles issues around bullying, cyber-bullying, community violence and family violence as high areas of concern. The highest need locations for the priority area of safety were Bridgewater, Gagebrook, Herdsman’s Cove (Brighton LGA) and New Norfolk and Fairview (The Derwent Valley).

CfC strategies to achieve improved outcomes in this priority area include:

- Sourcing Community Partners to deliver evidence based and place-based programs that support increased physical and personal safety including but not limited to:

family violence; bullying; cyber-safety; child abuse, mental health; health and wellbeing; first aid; bush safety; water safety; fire safety; community safety in public areas i.e. parks with broken glass and syringes

- Providing community leadership and strategic input to programs and activities delivered by local services and community partners that address safety including but not limited to: bullying, cyber-bullying and cyber-safety in the 6-12 age group
- Providing leadership and strategic input into an Intensive collaboration project with local services and community to co-design a collective impact project that provides support and early interventions for at-risk children 6-12 and their families in the Bridgewater, Gagebrook and Herdsman's Cove locations (Brighton)
- Sourcing community partners to implement programs / activities that focus on supporting parents of children in the 0-12 age group around positive parenting, transition and relationship building across all four areas.
- Co-design a collaborative approach with community, local services and community-based groups and organisations to identify and promote best practice in risk management to create child-friendly and safe communities across all four areas.
- The Facilitating Partner to monitor needs of children via children's focus groups
- Community decision making and progress towards creating child-friendly communities will be informed by children's input via focus groups presenting to local council and police in Bridgewater, Gagebrook, Herdsman's Cove (Brighton) and New Norfolk and Fairview (The Derwent Valley).

Resilience emerged as a second priority area because it described the changes needed to be observed in all four locations for families to thrive in communities that are safe and strong.

Based on consultation for the strategic plan FP were aware that families continue to face risk factors for vulnerability in all CfC areas in SE Tasmania. Families face challenges in the areas of life skills, employability skills, healthy coping strategies for relationships, transition from school and employment, emotional intelligence and overcoming social and geographical isolation. The locations which exhibited the highest need for this priority area are Bridgewater, Gagebrook, Herdsman's Cove (in Brighton), New Norfolk and Fairview (in the Derwent Valley) and to a lesser degree in the rural areas of Southern Midlands – Campania and Bagdad and in Upper Derwent Valley/Central Highlands – the townships feeding into Glenora, Ouse and Bothwell district schools.

The strategies to achieve improved outcomes in resilience include:

- Sourcing Community Partners
 - to deliver evidence based and place-based programs that support increased resilience, such as; access to support services for families; activities that focus on health and nutrition and budgeting including financial literacy; activities or programs that develop positive relationships with fathers and children
 - to support and educate families to develop and increase skills and capacity in positive interpersonal relationships.
 - to provide intensive support including outreach, home visiting and flexible delivery of services to engage with the most vulnerable families

- to deliver programs and activities that are co designed with community to increase family capacity and life skills to reduce social isolation; develop emotional intelligence and healthy coping strategies; economic management skills and improved employment skills including literacy and numeracy.
- to connect teen and young parents, fathers and grandparents to support groups that promote resilience, positive peer learning and role modelling
- to provide programs and activities for parents attending existing activities for the 0-5 age group, to build resilience, employment pathways and positive parenting
- to support parents in addressing generational and situational barriers to education and training or employment including Aboriginal families, parents transitioning from Parenting Payment to NewStart.
- Providing community leadership
 - in the use of arts-based programs as tools for building resilience
 - and strategic input to whole of community events that, promote positive parent /child engagement and reinforce child friendly communities these events will include; expos, family fun days, school holiday activities, weekend activities and after hours activities for families and children.

The third priority area chosen for the 2015-19 funding period was **aspiration**. Retention to year 12 in the four CfC sites in SE TAS is between 23 and 34 per cent (Tasmanian average is 69 per cent). A priority area of aspiration also fits with the Families and Children outcomes of improved adult and family wellbeing, increased economic management and more cohesive communities through reduction in stigma, families relating to the importance of further education, resulting in increased capacity within communities and community empowerment. The highest need locations for this priority area are; **Bridgewater**, Gagebrook, Herdsman's Cove (Brighton) New Norfolk and Fairview (Derwent Valley).

In achieving this priority area, family and individual aspirations will be identified, nurtured and developed through working with individuals, one on one and in group settings to access future career pathways, identify an individual's hard and soft skill sets, and personal strengths, to broaden horizons and reduce stigma associated with poverty, vulnerability and disadvantage and supporting all family members through life long education and training.

Strategies to achieve improved outcomes in this priority area include:

- Sourcing Community Partners
 - to provide opportunities and access for parents transitioning to Newstart allowance, Jobless families, Teen and Young parents to training and education through Registered Training Organisations (RTO) such as; Avidity Training and Development, TAFE TAS, UTAS, and local LiNCs.
 - to support parents transitioning into employment, including access to peer and work place mentoring.
- Evidence based programs will be identified from the EBP list to be delivered by Community Partners in local areas, to support increased literacy and numeracy skills, employment pathway planning, goal setting, small business skills.

- Providing community leadership and strategic input to combating entrenched intergenerational resistance to education through the development of an innovative project which provides families with children aged 4-12 years, increased exposure to activities and opportunities external to their immediate environments. This will include working in partnership with tertiary education providers, state government Department of Education, community groups and families.
- Providing community leadership and strategic input on identification of programs and activities that target the 6-12 year age group to be delivered by experienced Community Partners through in- school and after school activities that focus on building resilience and capacity and a reinforcement of improved aspirations and goal setting.

Table 12 Priority areas of Communities for Children SE Tasmania 2015-2019

Priority area	Link to Family support program objective
Safety	To improve the health and wellbeing of families and the development of young children, from birth through to age 12 years by focusing on health and support for families and parents & To create strong child-friendly communities that understands the importance of children and applies this capacity to maximise health, well-being and early development of young children at the local level.
Resilience	To improve the health and wellbeing of families and the development of young children, from birth through to age 12 years by focusing on health and support for families and parents, and early learning
Aspiration	To improve the health and wellbeing of families and the development of young children, from birth through to age 12 years by focusing on support for families and parents, and learning and school transition and engagement

These strategies and objectives were used as supporting documents for community organisations to tender for the role of community partner in each geographic location. A subcommittee of the CfC committee was convened for the purpose of selecting community partners. The selected partner's applications were further developed into program activities in consultation with the Committee and articulated into an Activity Work Plan.

Table 13 below lists the community partners involved in delivering place based and evidence-based programs under each priority area in the second part of the funding period – requiring 50 per cent of funding to be used for evidence based programs.

Table 13 List of Community Partners in each priority area 2017-19

Type	Priority Area	Community Partner	Locale
Place Based	Safety	Anglicare	Derwent Valley/UDV/CH
		Bridgewater PCYC	Brighton
		Fairview Primary School Association	Derwent Valley
		Jordan River Services	Brighton
	Resilience	Onesimus Foundation	All
		Uniting Tasmania	SM and Brighton
		Westerway Primary School Association	UDV/CH
		Small Grant Program recipients	All
	Aspiration	Anglicare	Derwent Valley/UDV/CH
		Avidity	SM, Brighton and DV
		Fairview Primary School Association	Derwent Valley
		Uniting Tasmania	SM and Brighton
Evidence based	Safety	Small Grant Program recipients	All
		Uniting Tasmania	Brighton, SM
		Impact Communities	All
		Anglicare	Derwent Valley/UDV/CH
	Resilience	Save the Children	Brighton/DV/SM
		Parenting Plus	SM/UDV/CH
		Nirodah	All
		Uniting Tasmania	Brighton, SM
	Aspiration	Impact Communities	All
		Anglicare	Derwent Valley/UDV/CH
		Save the Children	Brighton/DV/SM
		Parenting Plus	SM/UDV/CH
		Uniting Tasmania	Brighton, SM
		Impact Communities	All
		Anglicare	Derwent Valley/UDV/CH

Examples of programs chosen to meet priority areas

Case studies are presented of several of these activities which exemplify and reinforce these priorities:

Safety

Safety mapping

Children's safety mapping was undertaken with children in the Brighton and Derwent Valley areas to determine which parts of the community were perceived by children as safe, and further, to use the results to improve safety in areas where children reported feeling unsafe. Children from schools in the Brighton and Derwent Valley areas were given access to Google maps and asked to describe the areas on the maps where they felt safe, felt uncertain of their safety, and felt unsafe. A very detailed picture emerged of the communities through the eyes of its children. Later, businesses, schools, organisations and other venues where the children reported they felt safe were presented with signs and certificates produced by children to display to indicate they are child-safe venues, and attempts were made to improve the safety of other areas, such as cleaning up the graffiti and rubbish from an underpass which the children commonly used. Children were involved in the repainting of these areas. The children have also presented to local councils, politicians and local police. This work has been rated by DSS as innovative.

Respect Ambassador Program

The Respect Ambassador Program, developed by Victoria-based Nirodah, is a whole of school program which focuses on decreasing incidents of interpersonal violence and bullying by developing supportive and respectful peer relations, and through bystander training. Children who complete the five-session program become Respect Ambassadors and are honoured at school on a special family night. This program has attracted international attention and was recently listed by the government of Finland as one of the 100 most innovative programs of its kind in the world. Its Australian use was pioneered by CfC SE Tasmania. One interesting piece of incidental feedback emerged from a principal in the Southern Midlands who recounted overhearing the beginning of a bullying incident of the school playground only to have the children step in to resolve it before she could even leave her office. It is regarded as promising by the AIFS rating system.

Family Support Workers

The 2014 evaluation recommended providing increased outreach and intensive support to vulnerable families in the CfC area. The programs delivered by CPs Anglicare and Uniting include family support worker (FSW) roles. Uniting Tasmania provides a family support worker for Brighton and the Southern Midlands and Anglicare covers the Derwent Valley and Upper Derwent Valley/ Central Highlands. These workers provide practical assistance and emotional support to families. The FSW visits families in their homes or in community and also acts as an advocate if required. As part of their role, FSWs in SE Tasmania deliver a range of evidence-based programs such as Drumbeat, Cool Kids, Bringing Up Great Kids and provide support to families engaged in the FAST program.

Resilience

Hidden sentence training

Based on work from Barnardos (UK), Hidden Sentence training is a local Tasmanian adaptation of the British program which educates professionals and community members to gain a better understanding of challenges faced by children whose parents are in prison.

In Tasmania, this program is supported by the committee of Children Affected by Parental Offending (CAPO). CfC was instrumental in the development of the CAPO steering committee. CfC FP engaged the Onesimus Foundation as a Community Partner to deliver a pilot program of Hidden Sentence Awareness training from April 2017 – June 2018. CfC FP funding provided the following:

- training for practitioners and Dept of Education staff;
- the printing of resources such as the Hidden Sentence Training manual, and the Practitioner's Training manual; and
- produced a resource in the form of a book for children whose parents are in prison, *Waiting for Dad*.

At the time of the interviews, 125 individuals had completed the Hidden Sentence Awareness Training; as of March 2019, the figure is between three and four hundred.

Hidden Sentence Awareness Training has been assessed by DSS as an innovative program.

Healthy Tums, Healthy Gums

This is a peer-based nutritional program developed by the Brotherhood of St. Laurence in conjunction with NSW Health, and delivered in SE Tasmania by Save the Children. It provides three sessions for parents which focus on oral health and nutrition. The program aims for small changes (such as swapping salty and sugary after school snacks for healthier alternatives and limiting the in-take of soft drinks) and also assists parents with budgeting. Easy recipe books and other handouts on nutrition are also made available to parents. It is very interactive and does not require a high level of literacy. The budget for the program includes healthy morning or afternoon teas. One of the CfC projects during the evaluation period has been to assist STC develop an evidence-base for this program.

Connect play2learn

This program addresses the needs of families who have had their children removed by Child Safety or are at risk of removal, or have been ordered by the Family Law Court to engage in supervised visits. Save the Children offers a fully supervised *supported playgroup* program to enhance parents' capacity to care safely for their child via weekly, two and a half hour sessions. An Early Childhood Worker provides a child-friendly, environment, and models nurturing and safe parenting practice. An Outreach Family Support Worker assists the family on a wide range of issues relevant to parenting their child. The child's wellbeing is the centre of our practice. Children and parents are encouraged to engage in a mix of structured and unstructured play activities set up around a room and outdoor area. A wide range of activities are provided to support the various stages of baby, toddler and pre-school child development. Early childhood professionals such as speech pathologists and maternal health nurses attend the groups at various intervals in response to the needs of the group. Individual and/or group family support and education is provided throughout the session. Referrals to other services are provided where appropriate. This program has been accepted as an evidence-informed program by AIFS.

Families and Schools Together (FAST)

FAST is an internationally acclaimed family strengthening program, developed at the University of Wisconsin, and delivered in Tasmania through Impact Communities. FAST is a peer-based program and was designed to target family functioning, alcohol and drug

abuse and delinquency through activities developing closer family ties between members of an individual family, between families and schools and between families in the FAST program. The program lasts for eight weeks, with a further program, FASTWorks, a monthly family get-together, which continues for up to a further two years after the completion of FAST. BabyFast, trialled for the first time at the ptunarra Child and Family Centre in the Derwent Valley, works with young parents of infants, whilst KidsFast works with primary school parents. According to the website, each family connects with 8 -15 other families and 4 -6 local professionals through the program. Parents act as ‘buddies’ to each other during the program, and children are given time to play with and make friends of other children in the program. Families also take turns cooking meals for the other participants, using ingredients and recipes supplied by the program. The program has been evaluated on several occasions, most recently during the evaluation period when it was offered at Fairview Primary School (The Derwent Valley). Results suggested both better relationships within the families and greater engagement with the community and stakeholders report that families who meet through FAST continue to support each other after the program concludes. FAST was consistently cited as one of the most effective and innovative CfC funded programs by the stakeholders we interviewed, and is an evidence-based program on the AIFS list.

Aspiration

Children’s University

This innovative program, developed by the Peter Underwood Centre at the University of Tasmania, targets cultural capital and social inclusion by involving children, aged 7 -14 years, in a wide variety of informal extra-curricular learning opportunities (called ‘learning destinations’). Children are given a passport to learning, which is stamped upon completion of each activity. Once 30 hours of activities have been completed, children graduate in a university-style graduation ceremony, which includes a parade through Hobart. The activities which can be chosen are very broad and include sports, arts, and scientific projects, and all CfC sponsored activities Derwent Valley/UDV/CH are free. The extra-curricular activities are linked to ongoing education or training. CfC FP supports Children’s University by purchasing the Passports to Learning for children to participate, and linking Community Partners to Children’s’ University to become learning destinations. Other sites where the Children’s University is offered are in Adelaide and in Kuala Lumpur, Malaysia.

Changes to Communities for Children model for the period 2015-2019

For the period covered by the current evaluation, a number of changes were made to the delivery of the Communities for Children program across SE Tasmania based on consultation for strategic planning and policy directives.

Changes in targeted age group

Directives from the Tasmanian Government to provide early learning opportunities in disadvantaged areas through the establishment of Child and Family Centres, as well as a comprehensive pre-school program (Launching into Learning) through the Education Department, has meant that children from birth to five in Tasmania have improved access to programs and activities. Community consultation over past years has identified a substantial gap in affordable activities for primary school aged children in our target areas. All stakeholders agreed that services and programs for primary school age children are far more limited and scarcer than early childhood services. As a result, CfC in the SE Tasmanian program has concentrated on supporting primary school aged children, aged between 6 -12 years and their families over this funding period. For delivery of SE Tasmania, this has meant that programs designed for children under age five are only provided in instances where a gap has been established. This shift also indicates that the needs of children living in disadvantaged communities must continue to be addressed beyond the early years of their lives. In fact, evidence from the community stakeholders indicates that some aspects of disadvantage do not clearly manifest themselves until the child enters school.

Changes in funding

Another major change was the stricture placed on CfC from funding agencies of national, state or local government, which excluded direct funding of child and family centres (there are two in the CfC areas), and schools and libraries (LINC services) which meant that more funding had to be channelled through NGOs, school associations and community groups than in previous years.

A further restriction prevented the Facilitating Partner from funding its own programs. Whilst this may appear to be simply an issue of good governance, in practice, it required a re-structuring of CfC funding in the Derwent Valley/The Derwent Valley area, where The Salvation Army maintains an integrated family support system.

Changes arising from previous evaluations

A further change, based on the recommendations of the previous evaluation, was to shift some of the focus of funding away from what were 'universal programs' to more targeted family outreach. This was done through the funding of outreach workers employed through Uniting Care and Anglicare, who are expected to devote approximately 60-70% of their time to family outreach and the remaining 30-40% to the delivery of appropriate group programming, often through schools. The Fairview Schools Association also provides a CfC funded project worker; however, their focus appears to be on the delivery of school-based programs such as Drumbeat, and on supporting children who are likely to

disengage with school. According to the FP, this change has allowed for more targeted programs to be offered and has allowed for the engagement of a wider range of community partners.

Another important change was the introduction of a common reporting system. Although there have been some issues in using this system (described within this evaluation), it has allowed for a common collection of user data across all of the community providers. Having a common data base has been reported as essential in a number of studies of collective impact programs and the introduction of the SAMIS system can be seen as a step towards the CfC program facilitating collective impact in SE Tasmania.

Governance

Facilitating Partner

The implementation team comprises one full-time and two part-time staff members. The CfC **Program Manager** has overall responsibility for managing the CfC program. A brief outline of the roles of these staff is provided below.

Communities for Children Manager – reports directly to the Children and Families Stream Manager and is responsible for the management and facilitation of the program including:

- Providing support to Community Partners – including budgeting, liaising and providing support to deliver the activities and contract management
- Collecting data and information from the Community Partners
- Writing and submitting reporting to DSS
- Working in conjunction with the CfC Project Officer and Community Partners to develop relevant projects and resources to support vulnerable families and children that target the four CfC priority areas
- Working closely with other service providers and community to meet community needs and to avoid duplication of programs and services.
- Providing information and access to relevant training for Community Partners
- Facilitate and attend meetings relevant to CfC.

The **Communities for Children Project Officer** is a part time role. The Project Officer reports to the CfC Manager and is responsible for:

- Maintaining and updating the CfC Facebook page
- Coordinating community meetings
- Planning and implementation of family focussed events
- Attendance at various networking meetings
- Providing on-the-ground additional support for all Community Partners for school holiday programs as required
- Identifying relevant projects and resources for development that focus on increasing knowledge and information for CfC families in the priority areas

The **Communities for Children Administrative Assistant** – is a part time role that provides:

- general administrative support to the entire team
- Finance support
- Event planning and implementation
- Updating the CfC website.
- Identifying relevant projects and resources for development that focus on increasing knowledge and information for CfC families in the priority areas
- SAMiS data entry and support to Community Partners

Communities for Children Steering Committee

The governance of CfC in the South East of Tasmania includes a Steering Committee. The role of the Steering Committee is to provide advice and direction on the strategic development and implementation of CfC activities and partnerships in SE Tasmania. This committee meets every two months and incorporates a rotating Chair of committee members. Table 14 below lists the committee membership during the evaluation period, although there have been a number of changes in membership since the evaluation period concluded.

Table 14 Communities for Children Committee Membership

Name	Organisation	Municipality
Aaron Roberts	The Smith Family	All
Anker Fuglsang	Community Member	Derwent Valley
Belinda Clarke	Catholic Care	All
Janet Saunders	Hobart Women's Shelter	All
Joleigh Jumper	Save the Children	Brighton and Derwent Valley
Katie Beamish	ptunarra Child & Family Centre	Derwent Valley
Lee-Anne Harris-Walters	Uniting Tasmania	SM & Brighton
Mark Boonstra	Impact Communities	All
Ray Browning	Anglicare	Derwent Valley, Upper Derwent Valley/Central Highlands
Shelley Harris	DHHS	All
Stacey Milbourne	The Salvation Army	Facilitating Partner
Jo East	The Salvation Army	Facilitating Partner
Justin Cooper	The Salvation Army	Facilitating Partner
Holly Sluijter	The Salvation Army	Facilitating Partner

Changes to the way the CfC committee operates

A number of significant changes have been made to the committee structure as well during the evaluation period. One of these changes has been to include the line managers of CfC funded programs on the committee. This has seen the addition of line managers from Uniting Care, Save the Children, Anglicare and Impact Communities to the CfC committee. As the facilitating partner stated, having the managers present allows for fuller discussion and enhances the ability of the committee to make decisions.

A trial was made of rotating committee meetings around the four regions, but this was unsuccessful due to work and time commitments of the committee members. This has recently been modified to holding the meetings in Hobart at the Divisional Headquarters of the Facilitating Partner with one meeting per year being held regionally. The implementation of sub – committees these include: Small Grants Subcommittee, Committee restructure Subcommittee, Subcommittee for unallocated CP funding and a Funding Assessment panel to determine CP applications covering 2015-17 and 2017-2019.

Community Consultative Committees

Local consultative committees for the communities involved in CfC were developed to provide a direct communication channel for input from community representatives and service providers to the CfC Committee. These groups provide a vital conduit for information to shape the ongoing strategic direction of the Communities for Children program. Two Community Consultative Committees (CCC), one covering Brighton and the Southern Midlands and the second covering the Derwent Valley and the Upper Derwent Valley/Central Highlands, were set up comprising local residents and place-based service providers, representing a cross-section of different perspectives and interests amongst the community. The roles of these committees are to:

- Provide important background information from a community perspective on emerging trends, concerns and successes in local areas.
- Represent community views on matters discussed at meetings
- Assist the CfC FP in strategic planning
- Provide reports on CfC FP funded activities being delivered by Community Partners who are members of the CCC.
- Provide advice on broader community consultation that may be required.

The CCC in Brighton and Southern Midlands consists of the following members:

Community members: Elaine, Sonya, Penelope, Maddy, Damian, Chris, Mish, Sarah, Christine and Bill

Organisational representatives: Red Cross, Jordan River Services, Department of Education (2), Save the Children, Uniting Tasmania, Centacare Evolve Housing, Southern Midlands Council, Hobart City Mission, FP

In the Derwent Valley and Central Highlands CCC, members are:

Community members: Rachel and Lisa

Organisational representatives: Derwent Valley PCYC, Derwent Valley Community House (2), The Salvation Army New Norfolk (2), Tasmanian Health Service, Anglicare, Department of Education, Workskills, FP.

Implementation

A major change in the Communities for Children model has been that the requirement that (initially 30%, and then 50%) of the programs funded by CfC were evidence-based. Specifically, this required community partners to provide programs rated by an expert panel convened by the Australian Institute of Family Studies (AIFS) as having an ‘evidence-base’, defined as programs which have been demonstrated to have a positive impact on families and children through research studies conducted in other contexts. During the current evaluation, most stakeholders who were interviewed knew of the requirement to offer 50% of all CfC programs as evidence-based programs. However, there was some misunderstanding about what this phrase meant, and this may have influenced some responses. A number of interviewees felt evidence-based meant that it met established community needs, rather than referred to use of programs which had been studied academically and established to be effective by those studies. However, most did understand what evidence-based meant however as their own service programs had similar requirements. As one stakeholder put it, ‘there are rules everywhere.’ The 31 evidence-based programs on the Communities for Children as maintained by the Australian Institute of Family Studies (AIFS) are primarily parenting programs. Some have a specific focus on issues such as loss and grief, or specific target groups of parents; a further group of programs targets children with social and school-related difficulties. The following Evidence Based Programs from the AIFS list funded by the CfC FP in South East Tasmania.

Table 15 Evidence-based programs in use

Program	Agency	Type	Listed for vulnerable families
1-2-3 Magic	ParentingPlus	Parenting; CBT	No
Bringing Up Great Kids	Uniting Tasmania	Parenting; mindfulness based	Yes
Circle of Security	Uniting Tasmania	Parenting; attachment based	Yes
Cool Kids	Anglicare; Uniting	middle school children; anxiety	No
Drumbeat	Fairview Primary School Association; Anglicare; Uniting Tasmania	self-esteem program for children	Yes
Families and Schools Together (FAST)	Impact Communities	Very hard to categorise, parenting, family systems based; involves schools and tries to impact on social isolation	Yes
Fun Friends/Friends for Life	Anglicare; Fairview Primary School Association	Social and coping skills for children	Yes
Incredible Years	Save the Children	Parenting; uses positive parenting approaches	No (however, there is a strong evidence base, including use with at risk families)

The following CfC programs are regarded as promising on the AIFS list, meaning that there is a lower quality of academic research demonstrating the effectiveness of these programs, but further evidence as to their effectiveness can be expected to accrue over time to come:

Table 16 Promising programs recommended by AIFS

Program	Agency	Type
Connect Play2Learn	Save the Children	Supported play group for non-custodial parents
Respect Ambassador Program	Nirodah	Whole of school anti-bullying program

In addition, a number of CfC programs were rated as innovative, meaning that although an evidence base for these programs does not yet exist, the program is regarded as offering innovative and creative solutions to family and community problems. As in the case with evidence-based and promising programs, programs for the innovative list are also nominated by the facilitating partner of CfC, and the programs below were nominated during the period under evaluation.

Table 17 Innovative Programs as recommended by AIFS

Program	Agency	Description
Healthy Tums, Healthy Gums	Save the Children	Peer led nutrition and health program
Hidden Sentence Training	Onesimus Foundation	Helping professionals become aware of the impact of parental offending on children, adapted from a UK program developed by Bernardo's.
Safety Mapping	Communities for Children	Identifies areas in community where children feel safe or at risk.

At the time of the conclusion of the evaluation, approximately 65% of the programs offered through CfC were rated at some level of evidence-base.

A further program, Straight Talk Girls Club, has been submitted to AIFS for assessment but has not yet been accepted as a Promising Program. The FP expects to resubmit this program for evidence based assessment later in 2019.

Place-based programs

A place-based approach targets an entire community and aims to address issues that exist at the neighbourhood level, such as poor housing, social isolation, poor or fragmented service provision that leads to gaps or duplication of effort, and limited economic opportunities. By using a community engagement approach to address complex problems, a place-based approach seeks to make families and communities more engaged, connected and resilient. Place-based approaches generally originate from expressed community need, and are developed through community consultation.

The characteristics of a successful place-based intervention are that:

- Communities participate, lead and own the intervention
- Time and resources have been invested in capacity building
- Adequate time is allowed – problems that have taken decades to emerge will not be reversed in a few short years nor will behaviour change be achieved quickly
- There is adequate funding
- There is strong leadership and support from government
- There are effective relationships between stakeholder groups
- Rigorous evaluation is undertaken
- The scale of the project needs to be a good fit to the change it seeks to address.
(Moore, 2011)

In terms of the CfC project in SE Tasmania there have been excellent gains in terms of participation by communities, there are effective relationships between stakeholder groups and projects have become better fitted for the communities they seek to work with. There is a high degree of professionalism and dedication shown by the Facilitating Partner and the community partners in establishing place-based initiatives.

In accordance with the philosophy of a place-based approach, CfC offer a variety of different programs to match the needs of a particular community as well as offering a degree of flexibility through a small grants program that allows them to meet needs of the community as they arise.

The following CfC funded programs are place-based:

Table 18 Place based programs in CfC

Program	Agency	Type	Priority area	Place
Connect 6 -12	Fairview Primary School Association	School activities and school engagement	Resilience; Aspiration	Derwent Valley
Family Support Workers	Anglicare/Uniting Tasmania	Case work with vulnerable families	Safety; Resilience	All areas
Glam	Bridgewater PCYC	Self-esteem building for girls	Safety; Resilience	Brighton
Hidden Sentence Awareness training	Onesimus Foundation	Impacts of parental offending on children	Safety; Resilience	All areas
My Pathways	Avidity	Pre-employment skills	Resilience; Aspiration	Southern Midlands, Brighton, Derwent Valley
Nurturing Children and Parents	Bridgewater PCYC	Water safety, first aid, holiday spots for at risk children	Safety	Brighton
Parents r us	Jordan River Service	Weekly safety/self-care group for	Safety	Brighton

		parents		
Parent and Community Engagement in Student Learning (PaCEISL)	Westerway Primary School Association	Supports school engagement with parents	Resilience; Aspiration	Upper Derwent Valley/Central Highlands
Pregnant Young Parents Support (PYPS)	Uniting Tasmania	Playgroup for parents under age 25	Safety; Resilience	Brighton
School Holidays Program	Hobart City Mission	Structured school holiday program for Southern Midlands	Resilience; Aspiration	Southern Midlands

Other programs, activities and initiatives

To provide a list of the programs and partners funded through the CfC program presents only a partial picture of the range of activities supported by Communities for Children. Many further initiatives, and in particular place-based and aspirational initiatives, were supported through a small grants program and the regional expertise developed by CfC over a long period of operation in its areas were tapped by a wide variety of networks.

Small Grants Program

The CfC Small Grant Program is open to local incorporated organisations in the Municipalities of Derwent Valley, Central Highlands, Southern Midlands, and Brighton to initiate or develop activities that improve parenting resilience, safety and aspirations.

Applications are reviewed by an independent subcommittee of the CfC Committee and referred to the full Committee for endorsement.

In each year that the small grants have been available, a range of organisations in the communities have applied for funding. Community Partners were eligible to apply for small grants to add activities to their existing work plans, but also small organisations in each community were able to take advantage of small grant funding to run small projects or buy materials and equipment to support CfC activities.

Sums requested range from \$600 to \$8000.

Table 19 Funding requests and outcomes 2015-2018

Year	Available	Requested	Approved	Unallocated
2015-16		\$24,601	\$24,601	
2016-17	\$30,000	\$34,070	\$31,350	
2017-18	\$34,033	\$37,515	\$34,555	
2018-19	\$25,000	\$26,307	\$19,852	\$5,147
TOTAL		\$122,493	\$110,358	\$5,147

As mentioned above, the organisations that have applied for funding are varied. A total of 26 eligible organisations have applied for funding since 2015. Small grants provided place-based activities and programs for CfC locations in a diverse range of areas. Some examples include:

- Healthy breakfasts
- After school choir
- Junior Beekeeping
- Robotics and programming
- Visit to aged care facilities
- Community radio
- Swimming lessons
- Get Active programs for parents
- School holiday programs for children with a disability
- Resource kits for discussing family violence
- Choir
- Combined schools holiday soccer roster
- Dancing
- Resource kits for discussing family violence
- Edmund Rice Mentoring camps
- Respect Ambassador Program
- Salt on Sundays

In Brighton, CfC has received small grant applications from:

- Jordan River Services
- Bridgewater PCYC
- Technobeat Dance Studio
- Women's Sport and Rec
- Breaking the Silence Advocacy Group
- University of Tasmania
- Southern Beekeepers
- Edmund Rice Camps

In the Southern Midlands, CfC has received small grant applications from:

- Women's Sport and Rec
- Southern Midlands Heritage Association
- Hobart City Mission
- Kempton School Association
- Bagdad School Association
- Edmund Rice Camps
- University of Tasmania
- Southern Beekeepers

In the Derwent Valley, CfC has received small grant applications from:

- The Derwent Valley Community House
- Women's Sport and Rec
- Derwent Valley PCYC
- Derwent Valley Youth Future Action Team

- University of Tasmania
- Southern Beekeepers
- Edmund Rice Camps

In the Upper Derwent Valley/Central Highlands area CfC has received small grant applications from:

- The Anglican Parish of Hamilton
- Ouse School Association
- Westerway Parents Association
- Glenora School Association
- Edmund Rice Camps
- University of Tasmania
- Southern Beekeepers
- Leadership Camps
- Anglican Church

Funded projects have been deemed by the Committee to meet the objectives of CfC. The main reasons for rejecting proposals have been that they fell outside the remit of the program or were not considered value for money.

Table 20 successful proposals by CfC site 2015-2018

Year	Brighton	SM	The Derwent Valley	UDV/CH	TRBUN	ALL	Total
2015-16	\$7,898	\$4,098	\$3,600	\$3,445	\$5,000		\$24,041
2016-17	\$14,353	\$10,412	\$2,985	\$3,600			\$31,350
2017-18	\$16,400	\$3,000	\$5,575	\$1,500		\$8,080	\$34,555
2018-19	\$7,880		\$1,700	\$4,545		\$5,727	\$19,852
	\$46,531	\$17,510	\$13,860	\$13,090	\$5,000	\$13,807	\$109,798

Unallocated funds

Table 21 presents a summary of disbursement of CP funds that had not been allocated at the start of the 2018-19 financial years. A sub-committee was created to disburse the funds and the CfC Committee has endorsed the programs in the table for delivery in the current financial year.

Table 21 Distribution of unallocated funds 2018-19

Organisation	Program	Funding source	Area of delivery	Program Type	No of deliveries.	Amount	Total
Australian Childhood Foundation	Bringing up Great Kids	CP	All Areas	Evidence based	1	\$3750	\$3750
The Salvation Army	Abecedarian Approach Aus.	CP	All areas	Evidence based	1	TBC	TBC
Red Cross	Food –Redi	Small Grants	Brighton	Promising Programs	1	4656.68	\$4656.68
Sing and grow Australia	Sing and Grow 8 week group	CP	Brighton Derwent Valley	Evidence Based	1	\$3799	\$3799

program							
Nirodah	Respect Ambassador Program	Transfer from S.G. to CP EBP	Brighton UDV/CH	Promising Program.	2	\$2475	\$4950
Save the Children	Seasons for Growth	CP	Brighton	Evidence Based	2	\$3700	\$7400
Family Planning TAS	Growing up safe	Small Grants	Brighton	Place based	2	\$2860	\$5720

Networking

A key component of the FP role is facilitation, which requires that the FP is in regular contact with local partnership groups. During the period of the evaluation, CfC actively contributed to the following networks, in a number of instances serving as the backbone organisation of the network:

- Before 5 coalition, Brighton
- Brighton Alive
- Brighton Youth Forum
- Central Highlands/Southern Midlands networking meetings
- CentacareEvolve Housing Community Development Engagement Reference Group (Brighton)
- Children Affected by Parental Offending (CAPO)
- Community consultation committees (Brighton/SM and Derwent Valley/Central Highlands)
- Connected Beginnings (3 year Collective Impact project, Australian Government Department of Education Brighton)
- Families and Children Expert Panel Project National Advisory group
- CatholiCare Social Impact Program Steering Committee (Brighton and Derwent Valley)
- Brave Foundation Supporting Expecting and Parenting Teens National Steering Committee
- Derwent Valley Strategic Youth Policy
- Anti-Poverty Week State Co-Chair
- Safe Families Child Protection Network

Methodology

Evaluation aims

The key issues on which the client, stakeholder, and project worker perceptions are needed relate to the main objectives. They cover the main areas of:

1. How well Communities for Children is currently working in their area?
2. What are the issues, current and emerging, which CfC needs to consider in forward planning?

The evaluation activity was designed to elicit feedback from discrete groups of stakeholders on how well the program delivered on its stated aims.

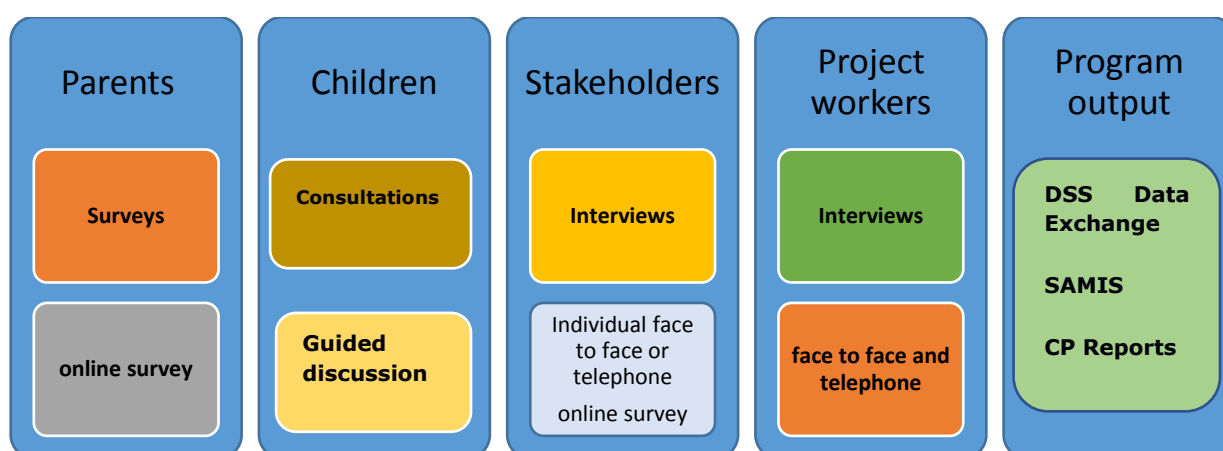


Figure 2 five-pronged methodology

This evaluation used a combination of qualitative and quantitative methods to ascertain the efficacy and value of CfC in the program delivery area. The authors used a combination of desktop research and interviews together with analysis of data from reports, databases and survey instruments. Four groups of stakeholders were approached for their feedback, namely parents, children, project workers and other stakeholders familiar with CfC activities in their localities. In this section of the report we provide details of where data was obtained and by which methods.

Data sources

Parents and community members

An online survey was developed and made available for parents and community members to comment on CfC activities in their area and provide an update of community needs.

Table 22 number of parents providing feedback from each site 2018

Communities for Children site	Number	Percent
Upper DV/Central Highlands	3	5.9%
Brighton	20	39.2%
Derwent Valley	25	49%

Southern Midlands	3	5.9%
Total	51	100%

Please note that the text used in the online survey of parents is provided at Appendix C.

More than half the parents who responded to the survey had children aged 0-5 in their care. 47% also had children in the 6-10 age groups and 45% had young teenage children (11-13 years). Only two parents reported speaking a language other than English at home and three (7%) identified as Aboriginal or Torres Strait Islander⁴. Almost half (48%) reported having children with a disability in their household. 28% of parent respondents also had a disability with 8% reporting their partner had a disability.

Children

Two types of children's consultations have been held during the evaluation period. The first type was group meetings with children organised through local schools where children were asked a set of simple questions about how they viewed living in their area. These questions included:

1. What do you like about where you live?
2. What don't you like about where you live?
3. What type of things would you like to do where you live?
4. What would make where you live better?
5. Are there many things to do where you live?
6. Do you feel safe where you live?

These consultations were conducted across all four CfC areas: Brighton (Gagebrook, St. Paul's Primary School, Bridgewater), The Derwent Valley (Fairview and New Norfolk), Central Midlands (Campania and Oatlands), and Upper Derwent Valley/Central Highlands (Westerway), with one of the evaluators attending the Campania consultation as an observer. Representatives of Grades Three through Six were invited to volunteer to participate in the consultations by school authorities at each school as follows:

Table 23 Schools involved in Children's consultations

School	Number of Students
Campania District School	12 (genders not specified)
Grade 3	3
Grade 4	3
Grade 5	3
Grade 6	3
Fairview Primary School	19 (ten boys, nine girls)
Grade 3	4
Grade 4	5
Grade 5	5
Grade 6	5
Gagebrook Primary School	15 (genders not specified)
Grade 3	3

⁴

All residing in Brighton municipality

Grade 6	12
New Norfolk Primary School	10 (5 boys, 5 girls)
Grade 3	1
Grade 5	5
Grade 6	4
Oatlands Primary School	15 (gender not specified)
Grade 3/4	8
Grade 5/6	7
St. Paul's Primary School	20 (genders not specified)
Grade 3	5
Grade 4	5
Grade 5	5
Grade 6	5
Westerway Primary School	13 (six boys, six girls)
Grade 3	2
Grade 4	5
Grade 5	5
Grade 6	1
Total	104

Only children whose parents gave written consent to their participation attended the consultations. Children who participated were given children's books to thank them for their participation.

Table 24 number of children providing feedback from each site 2018

Communities for Children site	Number	Percent
Brighton	35	33.7%
Southern Midlands	27	30%
Derwent Valley	29	27.9%
Upper DV/Central Highlands	13	12.5%
Total	104	100%

A second, innovative type of consultation with children has been community safety mapping in which children from four primary schools in the Bridgewater/Brighton area (East Derwent Primary School, Gagebrook Primary School, Herdsman's Cove Primary School and St. Paul's Primary School) were asked to identify on maps areas of safety and lack of safety in their community.

In 2017 the CfC FP Manager and Project Officer were invited to present in South Australia at the FRSA Child Inclusive Practises forum on the Safety Mapping initiative. This initiative has been assessed as an innovative project by DSS.

Feedback from these children will be discussed in a separate section of this report, below.

Stakeholders

Community stakeholders included service providers of CfC programs and other community programs, committee members, community members, officials in state and local government, police officers, school staff, such as school principals and school chaplains, and others who were familiar with the communities and the work of CfC within these

communities. Contact information was provided for 80 individuals who were community members, community stakeholders, project workers, committee members or part of the facilitating partner team.

Each person was initially contacted by electronic mail and asked to reply by telephone or by return email if they wished to be interviewed. On occasion, it was also possible to contact some of these people personally at Communities for Children and other community events and schedule interviews with them. 51 people, or 63.8% of the total number of nominated individuals, agreed to be interviewed, either face to face or by telephone, or to complete an online survey which had been developed for stakeholders using the same questions as asked in interviews - five stakeholders completed both. Of the remaining 29 people, 19 did not reply (23.7%), two nominated alternative interviewees (these were counted amongst the 51 positive responses), two had changed positions, and one did not attend the scheduled interview. It was not possible to arrange a mutually suitable time and place for six others who indicated they wished to be interviewed. One person indicated that she was willing to be interviewed, but did not believe she could contribute anything meaningful to the evaluation. In all, some level of contact was achieved with 61 of the 80 nominated individuals (76.3%; this figure does not include persons introduced to the evaluator during the familiarisation tours of the regions).

The largest group who failed to reply to the request for interviews were school principals, and we were only able to interview 5/15 area principals (33%), although in the case of three schools, we were able to interview other members of staff; in one instance, upon the request of the school principal who was unable to be personally interviewed due to conflicting work commitments. We were unable to find a mutually suitable time to interview a further three principals who indicated a willingness to be interviewed. Four further individuals interviewed for this evaluation were former principals in this region, and one of the evaluators had contact and discussions with a further three principals during familiarisation tours of the CfC area. As a result, we had some level of contact with ten schools in the target areas: Bagdad Primary School, Campania District High School, Claremont College, Fairview Primary School, Gagebrook Primary School, Glenora District High School, Kempton Primary School, Oatlands District High School, Ouse District High School, Westerway Primary School, representing two-thirds of the regions' schools.

Of the 51 individuals who agreed to be interviewed, 9/12 community partners (75%) were interviewed, and a further two community partners allowed their project workers to be interviewed; as a result, the evaluation received input from eleven of the twelve nominated community partners (91.7%).

Table 25 Method of feedback from stakeholders at each site of Communities for Children 2018

Note that a number of stakeholders worked across more than one area, and that the CfC committee members are also included in this tabulation. The total number does not include the four project workers, who will be discussed in a separate section below.

	Number	Brighton	Central Highlands	The Derwent Valley	Southern Midlands	CfC overall
Contacted	76	28	9	18	9	13

Interviewed	46	17	5	9	6	9
Percentage Interviewed	60.5	60.7	55.5	50	66.7	69.2

Committee members

Members of the project Committee were invited to provide feedback both as stakeholders to provide an overview of the CfC project as well as providing feedback on the role and focus of the Committee. Twelve non-Salvation Army members were contacted for the evaluation with eight members subsequently undertaking interviews (66.7%), either face to face (7) or by completing the online survey (1). One committee member was travelling overseas for much of the evaluation period and did not have internet access. In a further case, a committee member was unable to participate in a scheduled interview, but nominated an employee to discuss the work of the agency and its engagement with CfC. The questions asked of Committee members are listed in Appendix B3. It should be noted that all of the committee members are also counted in the tallies as community stakeholders.

Project Officers

Four Project Officers are directly employed through Communities for Children funding:

- Anglicare –Derwent Valley and Upper Derwent Valley/Central Highlands (one worker)
- Fairview Primary Schools Association – New Norfolk and Fairview Primary Schools (one worker)
- Uniting Care – Southern Midlands (one worker)
- Uniting Care – Brighton (one worker)

The questions asked of project workers are reproduced as Appendix B4. Note that one project worker covered more than one area. Of the four project workers, all but one was interviewed (75%), and the project officer who was not interviewed left this role for another position whilst the evaluation was being undertaken. Each of the interviews was conducted face to face.

Of the five nominated members of the facilitating partner team, all five were interviewed face to face.

Table 26 2018 Project Officer interviews

Note that one project officer works in more than one area. All four workers associated with the Facilitating Partner team were interviewed.

	Brighton	Central Highlands	Derwent Valley	Southern Midlands	Facilitating Partner	Total
Interviewed	0	1	2	1	4	7

In most instances, the interviews were digitally recorded. There were occasions when this was not possible. However, extensive notes were taken of each interview, and these notes were retained by the evaluators for the duration of the evaluation. It should further

be noted that the topics and course of the discussions during the interviews varied according as seemed appropriate to the knowledge base of the interviewee, and did not follow a rigid format. Many of the community stakeholders were aware of only parts of the Communities for Children project, and their interviews were tailored accordingly. The questions were therefore used as guidelines to structure a conversation, rather applied in a formulaic manner. The majority of the interviews were conducted by the evaluator Frey, who made 22 trips into the Communities for Children region to attend events and conduct face to face interviews, and 21 trips within Hobart to attend events and conduct face to face interviews relating to Communities for Children.

Observations

One of the evaluators (Frey) was a participant/observer in a number of Communities for Children activities. These activities included:

- Two familiarisation tours; the first of Brighton and the Southern Midlands; the second of the Derwent Valley and Upper Derwent Valley.
- Hidden Sentence Training with CAPO and the Onesimus Foundation
- SAMIS training
- Regular meetings of the committee, Children Affected by Parental Offending (CAPO)
- Early Years Expo, Derwent Valley
- Seminar conducted by the Children's University at the University of Tasmania, Sandy Bay Campus
- Respect Ambassador Program Training, Derwent Valley
- Southern Midlands/Central Highlands Interagency Meeting, Ouse
- Brighton Alive meeting
- Community Consultations, Brighton
- Children's consultations, Campania
- Anti-Poverty Week event at the Onesimus Foundation
- Communities for Children Steering Committee meeting

Ethics approval

The evaluation activity was designed to protect the rights of all participants and was conducted with the approval of the University of Tasmania's Human Research Ethics Committee.

Findings

How many families has CfC reached?

CfC in SE Tasmania engages with hundreds of families over the four implementation sites. In the current reporting period, engagement of each target group has steadily increased as shown in Figure 3.

In the following section of the report detailed feedback will be given for each community involved in CfC in SE Tasmania. All data discussed in Tables 26 to 28 represent analysis of SAMIS reporting for the period 1 July 2015 to 30 November 2018.

Table 27 provides a snapshot of the community partners in each area, how many sessions have been run, how many unique clients have been seen and how many cases are currently active.

Table 27 Area, Community Partner and Client Sessions 2015-18

AREA and CP	Sum of #SESSIONS	Sum of TOTAL UNIQUE CLIENTS	Sum of ACTIVE CASES
BRIGHTON	4907	934	1095
AVIDITY	52	36	37
HWHC	87	13	13
IMPACT	842	190	136
JRS	112	50	92
NIRODAH	1	24	1
PCYC	889	130	272
RED CROSS	11	11	11
TSF	1297	154	216
STC	481	126	153
UC	1135	200	164
DERWENT VALLEY	6942	1336	2605
ANGLICARE	1724	155	181
AVIDITY	56	8	8
DVCH	267	19	29
FAIRVIEW	3272	768	2013
IMPACT	1167	170	142
NIRODAH	1	9	1
TSF	45	48	45
STEVE MORGAN	410	159	186
SM	440	190	216
EDMUND RICE	83	40	58
HCM	95	95	95
PARENTING Plus	13	11	13
UC	249	44	50
UDVCH	156	55	81
ANGLICARE	79	13	33
PARENTING Plus	12	4	6
WESTERWAY SCHAssoc.	65	38	42
Grand Total	12445	2515	3997

In all, CfC programs supported over 2500 unique clients, being 930 unique clients in Brighton, 1336 in The Derwent Valley, 195 in the Southern Midlands and 55 in UDVCH.

Many of these clients received more than one support service over the reporting period; averaging 1.6 supports per client.

A range of evidence based programs were delivered as part of the CfC support program. Evidence based programs were delivered in each LGA within the FP program area.

Table 28 Delivery of Evidence based programs

Area	CP	DrumBeat	Coolkids	Circle of Security	Bringing up great kids	Magic 123	Incredible years	FAST	Baby Fast
Brighton	Uniting		1		1				
SM	Uniting	3	1	1					
UDV/CH	Anglicare	3							
UDV/CH	Parenting Plus					1			
SM	Parenting Plus					2			
SM	Save the Children						2		
DV	Fairview PS Assoc	6							
DV	S Morgan	2							
all	Impact Communities							6	1
Total		12	2	1	1	3	2	6	1

A broad range of support services were delivered by the CPs in each LGA. These have been categorised as follows:

- Advocacy
- Information/Advice/Referral
- Family capacity building (delivered to individuals and groups)
- Intake/Assessment
- Children and Youth focussed groups
- Child and Youth focussed individual support
- Education and skills (individual and groups)
- Community Capacity Building (individual and groups)
- Outreach

Table 29 provides a tally of the clients assisted in each of these categories in each service area. CPs providing family support workers (Uniting, Anglicare) provide more tailored supports such as advocacy, outreach, information and referral compared to CPs offering group based programs for children and parents.

Table 30 provides a snapshot of the timetabling of activities for each CP using six-monthly intervals to illustrate the spread of activity over the evaluation period.

Table 29 Area, Community Partner and type of session

Area and CP	ADVOCACY	INFO/REF	FAMILY CB ind	FAMILY CB grp	INTAKE	CHILD YOUTH GRP	CHILD YOUTH IND	ED/SKILLS GRP	CCB IND	ED/SKILLS IND	CCB GRP	OUTREACH
BRIGHTON	152	816	3670	164	432	460	2754	2627	57	1353	336	54
AVIDITY							32	19				
HWHC								87				
IMPACT		702	1162		131		636	928		984	13	
JRS		3	286	4	21	0		494	2	230		
NIRODAH									24			
PCYC	4	10	177		32		1589	218	15	1		
REDCROSS					11							
TSF		2			73	460	494	874	16	1		
STC		3	1136	91	16			4		83	323	
UC	148	96	909	69	148		3	3	0	54		54
DERWENT V	760	1361	1411	170	2251	13469	340	1149	51	716	184	2
ANGLCARE	760	447	314	170	154	127	214	68	21	25	79	2
AVIDITY								56				
DVCH					15	362	30					
FAIRVIEW		6			1925	11802				5		
IMPACT		908	1097		157	761	34	1016	16	686	105	
NIRODAH								9				
TSF									14			
S MORGAN						417	62					
SM	216	142	34	2	235	512	9	12		10		73
EDRICE					40	125						
HCM					129	262						
PTNGplus			22		11							
UC	216	142	12	2	55	125	9	12		10		73
UDVCH	13	25	62		51		161			37	45	12
ANGLCARE	13	25	12		9		161				45	12
PTINGPlus			8		4							
WEstWAY			42		38					37		
Grand Total	1141	2344	5177	336	2969	14441	3264	3788	108	2116	565	141

Table 30 Area, Community Partner and clients in 6 monthly periods

Area & CP	JUL- DEC 2015 IND	JUL-DEC 2015 GRP	JAN-JUNE 2016 IND	JAN-JUN E 2017	JUL-DEC 2016 IND	JUL-DEC 2016 GRP	JAN-JUNE 2017 IND	JAN-JUNE 2017 GRP	JUL-DEC 2017 IND	JUL-DEC 2017 GRP	JAN-JUNE 2018 GRP	JAN-JUNE 2018 IND	JUL-NOV 2018 IND	JUL-NOV 2018 GRP	Sum of TOTA L ATT
BRIGHTON	1223	0	1137	722	4203	501	2823	554	1038	306	18	1258	669	0	14626
AVIDITY	19	0	32	0	0		0	0	0	0	0	0	0	0	67
HWHC	62		25												87
IMPACT			98		1907	5	982		136			825	595		4556
JRS					343		246	6	259			186	37		1077
NIRODAH				24											24
PCYC	641	0	519	578	303	386	409	353	159	266	0	0	0	0	3614
REDCROSS							11								11
TSF	204				1006		548		2						1920
STC	119		222	99	318	103	254	158	228	38	16	117			1662
UC	178		241	21	326	7	373	37	254	2	2	130	37		1608
DV	292	0	952	360	1545	851	4058	104	4819	142	18	4526	4192	9	22580
ANGLICRE	244	0	350	251	456	176	166	23	357	23	0	139	185	5	2381
AVIDITY	48	0	0	0	0	0	0	0	0	0	0	0	0	0	56
DVCH			228	57	39	25									407
FAIRVIEW					1007	556	2233	59	3687	85	16	3408	2955	0	14454
IMPACT			154			87	1659	22	775	34	2	979	1052	4	4780
NIRODAH				9											9
TSF				14											14
SMORGAN			220	29	43	7									479
SM	72		65		55		12		193		1	490	370	8	1254
EDRICE												90	75		165
HCM									139			143	109		391
PTNGPlus												33			33
UC	72		65		55		12		54		1	224	186	8	665
UDVCH	0	0	5	106	54	78	0	22	94	0	0	20	15	0	394
ANGLICRE	0	0	5	106	54	78	0	22	0	0	0	0	0	0	265
PTINGPlus													12		12
WESTERW									94			20	3		117
Grand Total	1587	0	2159	1188	5857	1430	6893	680	6144	448	37	6294	5246	17	38854

Parent assessment of effectiveness of Communities for Children

As mentioned above, parent assessment of effectiveness of CfC in this evaluation report is informed by responses to an online survey. Only 52 parents responded in total. We can speculate that as CfC has moved towards working with more vulnerable families in this funding period, this cohort of parents is less likely to respond to opportunities for feedback due to their circumstances.

Each parent completing an online survey was asked to rate the effectiveness of CfC on a five-point scale⁵. Overall, the parents who responded felt that CfC had been effective in engaging the five sets of stakeholders.

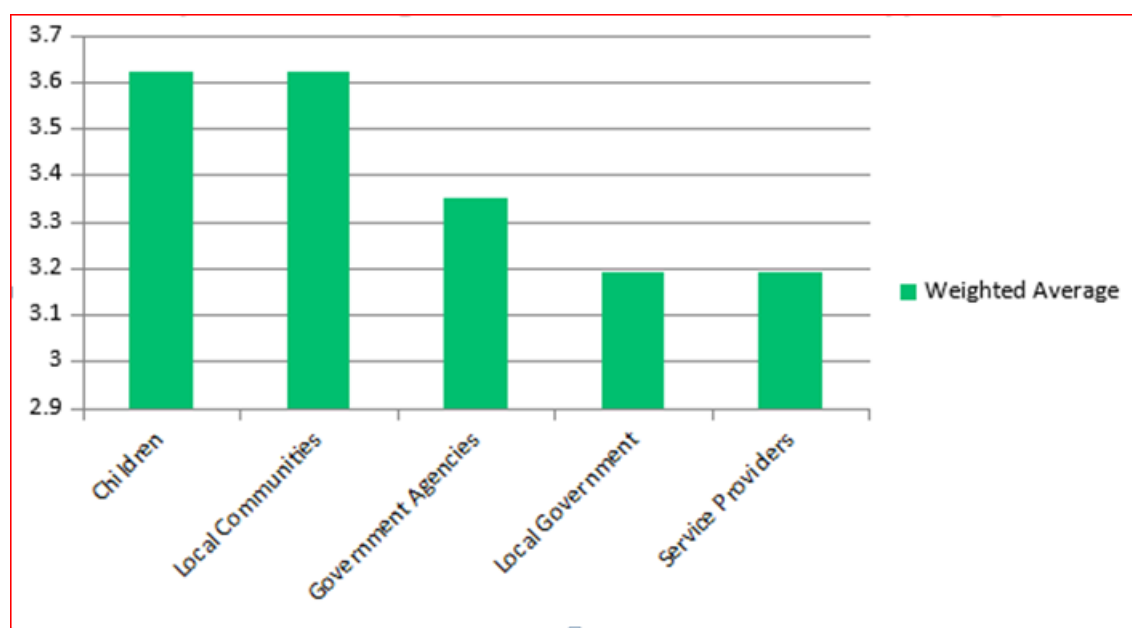


Figure 3 Parent assessment of successful CfC engagement with...

The majority of parents cited social activities for children as the main reason for participating in a CfC programme, with almost three-quarters giving this reason. More than half the parents also sought social support for themselves. Forty per cent of parents wanted to foster more positive relationships with their children and over a third stated that they were looking for parenting skills and to understand children's behaviour.

Table 31 Parent reason for attending CfC

What are your reasons for participating in a CfC programme? (select all that apply)			
Answer Choices		Responses	
Social activities for my child/ren		72.00%	18
Social support for myself		56.00%	14
Wanted a more positive/closer relationship with my child/ren		40.00%	10

⁵ Caution: only 26 parents answered this question

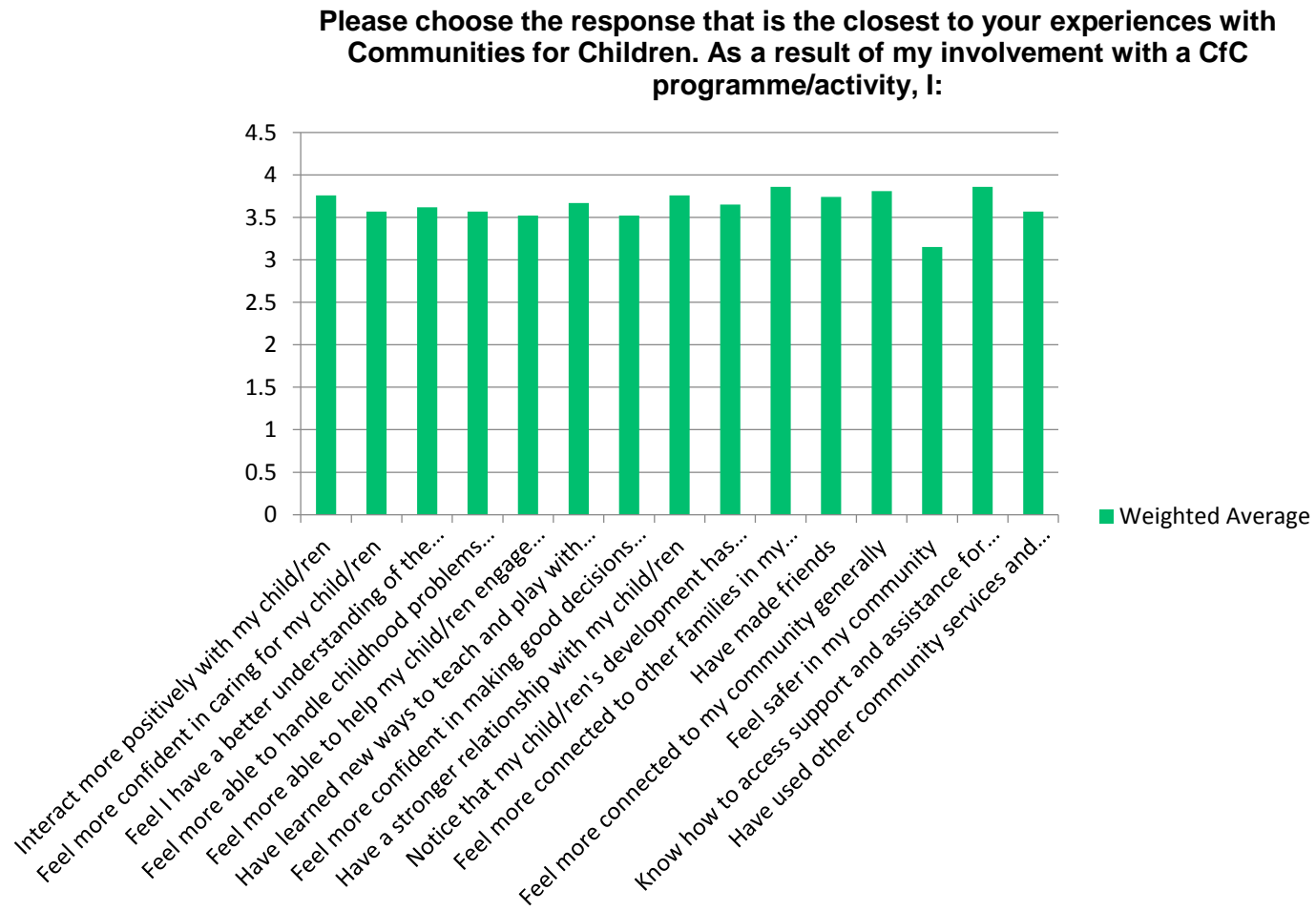
Practical parenting skills	36.00%	9
Help to understand child/ren's behaviour	36.00%	9
Information on cooking and nutrition	28.00%	7
Other (please specify)	20.00%	5
Health care	12.00%	3
Answered		25

55% of parents reported noticing positive changes in their family as a result of involvement with CfC activities. Options for rating on a five-point scale were:

- Know how to access support and assistance for my family when I need it
- Feel more connected to other families in my community
- Feel more connected to my community generally
- Interact more positively with my child/ren
- Have a stronger relationship with my child/ren
- Have made friends
- Have learned new ways to teach and play with my child/ren
- Notice that my child/ren's development has improved
- Feel I have a better understanding of the reasons for my child/ren's behaviour
- Have used other community services and supports to assist my family
- Feel more confident in caring for my child/ren
- Feel more able to handle childhood problems and behaviour
- Feel more confident in making good decisions for my child/ren and family
- Feel more able to help my child/ren engage with their school work
- Feel safer in my community

Overall, parents agreed/strongly agreed with the above statements. These results are presented below in graph format.

Figure 4 Parent assessment of change in family



See Appendix
C for full text
of response
categories

In the following section, we report on parent responses from the individual areas included in CfC in SE Tasmania.

Brighton

Parents in Brighton (N=20) reported a complex array of challenges to the role of a parent in their LGA. There were significant concerns about safety, drug and alcohol, health and literacy issues as well as structural challenges like employment, housing, health and dental care and transport.

Table 32 Parent nominated challenges in Brighton

Are any of the following relevant concerns in your community?(select all that apply)	
Answer Choices	Responses
Family violence	100.00%
Drug and/or alcohol abuse	100.00%
Community safety	100.00%
Child behaviour issues	100.00%
Social isolation/lack of opportunities to get to know people in your community	92.31%
Finding family suitable social activities	84.62%
Employment opportunities	84.62%
Bullying	76.92%
Affordable housing	76.92%
Personal safety	69.23%
Accessible and affordable health care	69.23%
Unsafe/dangerous physical environment	61.54%
Transport	61.54%
Nutrition/good eating and diet habits	61.54%
Literacy for parents	61.54%
Literacy for children	61.54%
Finding family suitable sport and recreational activities	53.85%
Dental care	53.85%
Cyber-bullying	53.85%
Accessible and affordable child care	53.85%
Learning and homework support	46.15%
Access to affordable fresh food	46.15%
Access to technology - computer, internet etc	30.77%
Other (please comment)	7.69%
Natural disasters (flood, bush fires etc)	0.00%

The lack of options for affordable and safe family activities seems to be a perennial issue in this area and many parents make the link between bored children and anti-social behaviour.

Too many to list but the youth are board and can't go home at times which lead to doing silly things and the teenagers that are couch surfing sleeping under bridges skate ramps and sleeping in school gardens all not good need a youth hostel that linked in with school look into what demake school do with disengaged kids they have great program that we need here (Brighton parent)

Whilst compared to other localities in the SE Tasmanian CfC area, Brighton is service-rich, parents remained critical of the treatment they received from the majority of services.

Everything else, people dance around the tough issues, there is too much talk, services getting defensive and stopping progress instead of working together and treating the community like they are useless and not capable of facing the hard issues to be part of making things better. We are poor not weak or stupid (Brighton parent).

It is the perception of parents that there are enough activities for pre-school children but a dearth of options for older children and youth.

- 78% agree or strongly agree there are enough activities for 0-4 age group
- 74% disagree or strongly disagree there are enough activities for 5-8
- 72% disagree or strongly disagree there are enough activities for 9-12
- 79% disagree or strongly disagree there are enough activities for 13+

We asked parents to suggest the types of activities that would be welcomed and the response was evenly split on sport and non-sport activities. Suggestions for non-sport activities included creative activities, science and music.

Parents suggested that they would like services and programs that assisted them with addressing child behaviour. They were interested in community safety and learning about mental health care. They wanted family friendly community social events and opportunities for adult education. Many parents mentioned a need for affordable housing.

70% of Brighton parents and community members were aware of CfC funded programs. They suggested that the best way of publicising CfC in Brighton is brochures/leaflets, word of mouth, Facebook and school newsletters.

Finally, there was a sense that CfC was in a unique position to influence and coordinate service provision in Brighton. One parent called on the FP to 'think outside the square' and disrupt the inertia parents perceived in other service providers.

Push through the service hold on our community, stop them halting progress and help us address the hard issues. We have been on the same merry go round for a very long time. Our child protection rates are still high, literacy still poor and community safety a problem. All while service has the same discussions they have always had here. It's more about services protecting their patch than bravely saying enough is enough. Help us stop the services who are blocking progress; our lives actually depend on it. I don't want to face my grandchildren and tell them sorry, that we didn't try hard enough. You are in a crucial position as a funder and outsider to make a difference, don't turn away from that responsibility, because we can't (Brighton parent)

Derwent Valley

As with Brighton, the parents in the Derwent Valley responding to the survey (N=25) nominated a range of challenges faced by parents in the area. The difference was however, that structural issues like employment, housing, transport were named more often than personal issues such as children's behaviour, mental health etc.

Table 33 Parent nominated challenges Derwent Valley

Are any of the following relevant concerns in your community?(select all that apply)	
Answer Choices	Responses

Employment opportunities	85.00%
Transport	70.00%
Community safety	50.00%
Finding family suitable social activities	50.00%
Access to affordable fresh food	45.00%
Affordable housing	45.00%
Accessible and affordable health care	40.00%
Child behaviour issues	40.00%
Finding family suitable sport and recreational activities	40.00%
Bullying	35.00%
Drug and/or alcohol abuse	35.00%
Family violence	35.00%
Social isolation/lack of opportunities to get to know people in your community	35.00%
Accessible and affordable child care	25.00%
Nutrition/good eating and diet habits	25.00%
Cyber-bullying	20.00%
Dental care	20.00%
Access to technology - computer, internet etc	10.00%
Learning and homework support	10.00%
Literacy for children	10.00%
Literacy for parents	10.00%
Personal safety	10.00%
Natural disasters (flood, bush fires etc)	5.00%
Unsafe/dangerous physical environment	5.00%

Issues such as employment, transport, access to medical services, affordable housing, and the difficulties of isolation from Hobart are perennial concerns in the Derwent Valley. These are matters outside the remit of CfC, but help us to understand the ongoing vulnerabilities in this community.

Access to medical services (after hours and mental health), public transport in certain areas, local training and employment opportunities. Access to local fresh food (as opposed to Woolworths).

affordable housing: there is no outreach service to housing connect and many families find it difficult to get to Hobart for appointments especially if they have young children

Similar to Brighton, parents in the Derwent Valley felt there were enough activities for preschool children but activities for older kids were lacking.

- 77% agree or strongly agree there are enough activities for 0-4
- 43% disagree or strongly disagree there are enough activities for 5-8
- 46% disagree or strongly disagree there are enough activities for 9-12 (24% DK)
- 57% disagree or strongly disagree there are enough activities for 13+ (24% DK)

One suggestion was that a ptunarra-style service for older children would be welcomed.

The parents responding to this survey in the Derwent Valley expressed a need for more family friendly activities and additional support for mental health conditions.

50% of this small sample of parents was not aware of the range of CfC funded programs in the Derwent Valley. Some parents mentioned that the profile of CfC has dropped since The Salvation Army (TSA) was not delivering programs in the area. Others were not aware that TSA no longer directly delivered programs. Derwent Valley parents suggested using Facebook, the library and school newsletters to publicise activities.

Southern Midlands

Only three parents and community members from the Southern Midlands provided feedback via the online survey in this evaluation period and thus the following section should be read with caution.

These parents found the most challenging issues for parents in the Southern Midlands to be related to geographic and social isolation; nominating issues such as employment, transport, access to fresh food, child behaviour and access to family activities as big issues followed by drug and alcohol abuse, access to medical and dental services.

Table 34 Parent nominated challenges Southern Midlands

Are any of the following relevant concerns in your community?(select all that apply)	
Answer Choices	Responses
Employment opportunities	100.00% ⁶
Access to technology - computer, internet etc	66.67%
Bullying	66.67%
Child behaviour issues	66.67%
Finding family suitable social activities	66.67%
Finding family suitable sport and recreational activities	66.67%
Literacy for children	66.67%
Literacy for parents	66.67%
Transport	66.67%
Access to affordable fresh food	33.33%
Accessible and affordable child care	33.33%
Accessible and affordable health care	33.33%
Affordable housing	33.33%
Dental care	33.33%
Drug and/or alcohol abuse	33.33%
Family violence	33.33%
Learning and homework support	33.33%
Nutrition/good eating and diet habits	33.33%
Social isolation/lack of opportunities to get to know people in your community	33.33%

Similar to the Derwent Valley parents, Southern Midlands parents wanted more mental health services and affordable recreational activities for the family. The parents

⁶

Caution, only three respondents

responding to the survey had a low level of knowledge of CfC programs, apart from school holiday activities.

Upper Derwent Valley/Central Highlands

As with the Southern Midlands, only three parents and community members from UDV/CH responded to the online survey. Again, most of the issues that parents were facing were due to geographic isolation, a low employment base and a lack of support services and family-friendly activities.

Table 35 Parent nominated challenges UDV/CH

Are any of the following relevant concerns in your community?(select all that apply)	
Answer Choices	Responses
Employment opportunities	100.00% ⁷
Social isolation/lack of opportunities to get to know people in your community	100.00%
Accessible and affordable child care	66.67%
Finding family suitable social activities	66.67%
Literacy for children	66.67%
Natural disasters (flood, bush fires etc)	66.67%
Access to affordable fresh food	33.33%
Accessible and affordable health care	33.33%
Dental care	33.33%
Drug and/or alcohol abuse	33.33%
Finding family suitable sport and recreational activities	33.33%
Literacy for parents	33.33%
Transport	33.33%

These parents identified needs for community-wide programs that promote social inclusion, more day care services for children and improved transport and access to dental services.

Feedback from children

Some regional differences emerged from consultations with children in the discrete areas covered by CfC in South East Tasmania. For example, children in the Southern Midlands and the Upper Derwent Valley (specifically Campania, Oatlands and Westerway) mentioned that their communities were quiet, safe places where neighbours tended to know and support each other. They expressed appreciation for the features in the rural environment such as open spaces, rivers, and fresh air. However, these same children stated that there were few activities for primary school children and a lack of services (such as ambulance and medical centres) in their communities, and that they often felt isolated

⁷ Caution, only three respondents

(although one child in Westerway thought the area had too many people!). Some children mentioned the lack of stores offering basic supplies such as supermarkets. They tended to nominate environmental features, such as spiders and snakes as things in their areas which made them feel unsafe. They also mentioned unsafe road conditions and unsafe drivers as causes for concern (all three schools), as was lack of reliable access to information technology (Campania and Oatlands) and people discharging firearms in the bush (Campania and Westerway). A lack of footpaths exposed children to both unsafe drivers and snakes. Children from Oatlands differed somewhat from Campania and Westerway in that they nominated features more in common with some of the more populated centres, including robberies, intoxicated people and unrestrained dogs, as things which made them feel unsafe. Children from Oatlands also mentioned poor quality street lighting as a concern. Finally, at least one child at Westerway nominated bullying as a concern.

Children who lived in the Derwent Valley expressed similar concerns about the environment (these children included bushfires and flooding as a concern) and unsafe roads with unsafe driver behaviour and problems with internet connectivity. They also expressed a sense of isolation due to the lack of public transport. Children at Fairview Primary School also nominated break-ins of houses and cars as factors which made them feel unsafe. A number of children, at both schools, who stated they felt safe in The Derwent Valley, explained that they did so because of fencing.

Some children who attended St. Paul's Primary School in Bridgewater and Gagebrook Primary School also tended to see their community as quiet, safe with supportive neighbours, but far more stated they felt unsafe due to human created environmental hazards (such as burnt-out vehicles, vandalism, broken glass and discarded needles, and graffiti) and human behaviour (such as public drunkenness, violence, erratic behaviour, home robberies, verbal assaults, drug dealers, hearing gun shots and even being followed by unknown people) as elements which made the environment seem unsafe for them. They also mentioned unconfined animals, unsafe driving, and a lack of age appropriate activities as features of their communities. Most of the suggestions made by these children targeted addressing the human elements which their communities seem unsafe to them – such as cleaning up the environment, more effective policing and security measures, confining dogs and the need for people to control their behaviour more effectively.

As it takes time and negotiation with each school to conduct these consultations, this process has not been rapid. Rather, attempts are made to engage and consult with children at new schools each year, with the current emphasis on children in the Southern Midlands.

Further consultation with children was undertaken via the safety mapping project as part of the collective impact project in Brighton (and which was showcased during Anti-Poverty Week). The mapping exercise provided a comprehensive profile of the specific levels of safety children felt across the community, pictorially dividing the community into zones where children felt safe, zones where they were uncertain of their safety, and finally, zones where they felt unsafe.

One of the striking factors to emerge from these consultations was the significant amount of agreement between children as to which areas of their community were safe, and which areas were unsafe. Children readily identified the child-friendly areas of their

community, including the primary schools, Bridgewater PCYC, Bridgewater LINC, Jordan River Services, BridgewaterCommunity Centre, tagari lia the Hobart Gymnastics Centre, the St. Vincent de Paul store, and often their own homes. Children reported being frightened by the behaviour of substance affected persons which made areas around pubs, bus stops and even the local take-away food outlets seem unsafe. Streets which bordered on bushland were also seen as unsafe, both due to concerns about kidnapping and the unsafe behaviour of drivers on these streets. Senior schools felt unsafe to children due to concerns about being bullied and harassed by older students, and children at St. Paul's Primary school mentioned that they felt safe only within the bounds of the school when teachers were present, and did not feel safe at Herdsman's Cove Primary School. They all reported feeling safer when they were with family members, or when they knew people in a location personally.

According to Moore (2017)⁸, it is insufficient for children to be safe in order for them to feel safe. Information acquired through the safety mapping exercise was fed back to council and local police, and used in cleaning up areas of the environment where children had stated they felt unsafe (one underpass in particular was cleaned, had the graffiti removed, and repainted). Safe places were established for children which were readily identified by signs. The active engagement of children in stating what they would like to see done to improve the safety of their communities, which led to concrete changes in the community, demonstrated that their views are important and that their safety is a significant concern to adults within their communities. Preparations are currently being made to do a second safety mapping project with the same schools in order to track any changes in the levels of felt safety in the communities and to see whether any new priority areas have emerged.

⁸ Moore, T. (2017) Protection Through Participation: Involving children in child-safe organisations. CfCA Briefing Paper, April, 2017.

Stakeholder ranking of effectiveness of Communities for Children

A set of questions on the effectiveness of CfC was also included on the online survey and during the face to face interviews with stakeholders. It used a five-point scale to assess the effectiveness of a number of aspects of communities for children (1 = never; 2 = usually untrue; 3 = occasionally true; 4 = usually true; 5 = almost always true). However, it was not routinely administered during the course of interviews. On some occasions, the interviewee was not sufficiently familiar with the overall program to meaningfully evaluate its overall impact; on other occasions, there was insufficient time to conduct the interview and to administer the questionnaire, in which case, the interview was prioritized. However, many individuals did complete the quantitative component and the average response to each question is provided below. Individual comments made in relation to the survey will be included amongst the discussion of the qualitative data in a section below.

Table 36 Stakeholder assessment of efficacy of CfC

q10 Please comment on a scale of 1-5 how well CfC funded activities or programs have improved the following			
Item	Average score	Range	Respondents
Improved the safety of children and families	4.5	3-5	22
Worked collectively with agencies	4.5	2-5	22
Enabled families to care for children more effectively	4.3	4-5	21
Improved families' social connections	4.3	3-5	23
Improved learning and educational outcomes	4.3	3-5	21
Enable families to improve children's physical well being	4.2	3-5	21
Addressed social disadvantage	4.2	2-5	22
Reached the families in greatest need	4.1	3-5	22
Developed sustainability and community ownership	3.9	2-5	23

Table 37 Stakeholder rating of effectiveness for parents and children

Q11 Rate the Overall Effectiveness of CfC programs/activities for:			
Item	Average score	Range	Respondents
Delivering positive outcomes for parents	4.4	3-5	22
Delivering positive outcomes for children	4.5	3-5	22

In terms of the effectiveness of the CfC program, most respondents found it was very effective in delivering positive outcomes for parents, children and communities, although on some items there was some significant dissent. The lowest overall score was in the ability of CfC to develop programs which become sustainable as they are 'owned' by community, but even this score is 3.9 or very close to being assessed as usually true.

Table 38 Stakeholder rating of effectiveness for collective engagement

q12 Rate the effectiveness of the facilitating partner in supporting collective engagement with⁹			
Item	Average score	Range	Respondents
Government Agencies	4.6	4-5	20
Local communities	4.4	2-5	21
Children	4.3	2-5	23
Service providers	4.3	3-5	23
Local government	4.2	2-5	20

Table 39 Stakeholder rating of support by FP

q13 Rate the effectiveness of the facilitating partner in supporting your agency/activity/program			
Item	Average score	Range	Respondents
Delivering positive outcomes for parents	4.6	4-5	20
Delivering positive outcomes for children	4.6	4-5	22
Delivering positive outcomes for community	4.5	2-5	21
Facilitating agencies to work together	4.0	2-5	23

Again, ratings were very high for both questions 12 and 13, and in the instance of the effectiveness of the FP in delivering positive outcomes for parents and children, within a very narrow range of variation. It is interesting to note that the lowest score here (still rated ‘usually true’) is of facilitating agencies to work together, when in question 10 above, working collectively with other agencies was one of the highest ranked items.

Opinions which have had a wider variation on these items seem to be related to the amount of direct involvement CfC has had with the respondents. In instances where CfC has not had as strong a recent profile due to moving from delivery of a significant number of universal activities to directly supporting vulnerable families, it is understandable that this translates to lower ratings of perceived effectiveness. Overall, though, there appears to be a strong endorsement of all aspects of CfC work from the community stakeholders who responded to the survey questions.

Meeting the needs of the community

The overall goals of Communities for Children programs across Australia are:

⁹ Note that many respondents felt unable to rate all the items in question 12 due to their lack of knowledge in those areas. Answers also seemed to vary greatly by the amount of recent CfC activities and programs which had been conducted in the area of each respondent.

- To promote local decision making
- To increase collaboration between services
- To increase involvement of families in communities and with schools, and with each other
- To connect families with community supports
- To build capacity in families
- To reduce disadvantage through social inclusion

Overall feedback from community stakeholders has been that the CfC program is valued for both the programs it delivers and the way it engages local communities. More specifically, comment was made about the flexibility of the program, its ability to identify gaps in services and emerging community issues and to find ways of addressing these gaps and emerging issues. Its collaborative approach was highly valued, and community members in particular expressed their appreciation for the respectful and empowering manner in which CfC engaged with the local areas. It was stated that whilst problems such as the ‘siloing’ of community services remain, CfC programs do not contribute to the problem and in fact make considerable efforts to ameliorate it.

Strengths of the Communities for Children programs and activities

A number of themes emerged from the interviews about what stakeholders saw as the strengths in the Communities for Children programs and activities. It is acknowledged that a number of the strengths listed below could be considered to overlap each other.

Flexibility

Communities for Children is appreciated for its ability to target a range of needs, and target emerging needs as they are identified. This point was made more frequently by the stakeholders interviewed than any other.

Always tries to work around problems, CfC goes above and beyond (stakeholder)

She (CfC Manager) always gets back to you with an answer and it is yes where she can (stakeholder)

They create finite programs to combat a lot of things (service provider, Brighton)

Stakeholders mentioned that CfC had the ability to access and engage multiple services. It was also specified that all of the CfC activities were free ‘and should stay so’ (community stakeholder, Derwent Valley).

One stakeholder expressed admiration that the program did not continue to support programs which were not serving the community well. Several stakeholders also cited instances where CfC was able to shift funding from programs which were not being well-utilised to other areas of greater need.

The facilitating partner keeps a close eye on funding and pulls the plug if something does not work (community stakeholder, Brighton).

A committee member thought:

Communities for Children can get immediate feedback on the effectiveness of programs, and can tell quickly whether a program is working.

For example, funding for the Pregnant Young Parents Support group in Brighton provided by CP Uniting Care was shifted towards other Uniting Care projects in the Southern Midlands when it became apparent this group was no longer unique as other services were providing a service to meet the needs of young parents in Brighton. Another shift in funding has also occurred more recently when it became apparent a further Incredible Years parenting program was not required and funds allocated to Save the Children were re-allocated to evaluating the Healthy Tums, Healthy Gums program.



Figure 5 Wordcloud of stakeholder feedback

Collaborative approach

not contribute to this trend, but rather broke down barriers by, in the words of one service provider (Southern Midlands), ‘bringing people together’.

This strength was elaborated in a number of comments. First, it was mentioned that CfC programs did not compete with other established programs, but rather filled gaps where services were lacking and where new community issues emerged. In fact, the Facilitating Partner mentioned that she would not provide funding for a program if ‘a working program’ already exists to meet this need. In addition, there was widespread praise for the ability of the Facilitating Partner to engage with local communities. It was frequently stated that there was a history in some of the CfC regions of agencies based elsewhere attempting to impose existing programs on the community. By contrast, nearly everyone interviewed agreed that Facilitating Partner takes a respectful approach, listening to communities and establishing community connections and working alongside community stakeholders to meet community needs. It was stated that she ‘asks, rather than tells.’ One service provider and local community member referred to this approach as ‘humble.’

They do not micromanage, do not shift goal posts in the middle of a program, and have simple, uncomplicated processes. Staff are easy to talk to (community stakeholder, The Derwent Valley).

A school principal stated

Previously, schools were expected to fit into agency programs. CfC came in and asked, ‘what do you need’ and said ‘let’s see if we can help.’

This principal added that, as a result,

There was a huge buy-in for local children. 225 children, out of a student population of 165 attended CfC activities, [as some children attended multiple activities]¹⁰. For example, the school choir began with six kids and ended with 76 kids. This was duplicated across two other schools and the children performed at a principal’s meeting at the Hobart Casino.

A former principal said

CfC co-constructs. It works with you, listens non-judgementally, and does not come across as experts. It is a case of working with rather than doing to.

This same approach is evident in consultations with community groups and in the children’s consultations which CfC have been conducting. For example, one such consultation with children led to the establishment of a dance program as this was something the children requested. Further examples are the establishment of safe places in the community following the children’s safety mapping exercise and the tidying of locations where children stated they felt unsafe.

It cannot be sufficiently stressed that the openness of CfC to sharing ideas and information, working to break down professional and agency siloing of services and programs, locating gaps by listening to community stakeholders, and attempting to find ways of filling these gaps is one of the greatest strengths of the Communities for Children program.

¹⁰ Evaluator clarification

Long-term commitment to the community

Dissatisfaction was frequently expressed with the transitory nature of services in SE Tasmania and how this is interpreted lack of commitment by the communities they serviced. It was expressed that the longevity of the CfC program has earned the trust and confidence of community members.

Ability to remain independent

This strength relates closing to the collaborative approach discussed above. It was frequently mentioned that CfC managed to avoid ‘siloes’ mentalities and was highly regarded because it took an unbiased view towards the needs of the community. As a former school principal noted:

Because of its larger scope, Communities for Children can moderate requests by communities. It takes a strategic approach across a large area and allows services to be equitable.

Effectiveness and quality of the programs funded and activities offered.

The CfC manager listed a number of factors the Steering Committee considers when funding CfC programs, one of which she said was ‘value for money’, by which she meant programs which had ‘reasonable overheads and administration costs’ and were ‘sustainable in the community.’ Others agreed, with one school principal using the phrase ‘bang for buck’ to express the efficiency of CfC programs. They added,

The current model provides a greater level of efficiency, and a good model of governance.

This in turn, led to the delivery of programs which were highly regarded throughout the communities:

Events would not happen without Communities for Children’ (community stakeholder, Brighton).

They have fabulous resources (community stakeholder).

CfC is able to bring organisations together to pursue new ideas such as Hidden Sentence training. CfC can do this because it has a reputation and is highly regarded, if CfC endorses it, we know it will be ok (former school principal).

Others commented on the strengths-based tone of CfC programs

Its programs are always delivered in a positive way; not demeaning (community stakeholder, Brighton)

Strategic planning

Relating to all of the strengths already mentioned, and perhaps even summing them up, the ability of CfC to be strategic was frequently praised. One stakeholder (Derwent Valley) appreciated that ability of CfC to

look for gaps and overlaps in services, look at funding and how it could be more effectively used, and enables lobbying for more funding through these clear indicators.

Another community stakeholder said they appreciated ‘the focused use of community funds.’

A further community stakeholder thought that

Communities for Children gives the local councils an identity with whom to interact.

Relating to this, it was also mentioned that CfC never loses sight of its ultimate beneficiaries, children, with one community stakeholder (Brighton) listing its greatest strength as ‘its passion for children.’

Several other strengths were cited by various community stakeholders. These included:

- Public celebrations of successes and demonstrations of appreciation (from thank you certificates for Anti-Poverty Week to Children’s University graduates)
- One community stakeholder (Derwent Valley) found the community consultative committees a useful innovation.

Challenges

Not many of the people we interviewed mentioned specific challenges, and those which were mentioned most often related to the need to co-ordinate services and prevent duplication of services. However, several interesting suggestions were made over the course of the interviews. One that seems to have particular merit for consideration, and was made by several stakeholders, was the need to build collaboration ‘around the big issues.’ This seems to point to a kind of collective impact project which may be beyond the ability and scope of the current CfC FP program because of it being tied to a funding cycle, but we note the value of collective impact work is gaining increasing attention, and the suggestion has been made that CfC already has elements in place to develop closer to a collective impact project.

Communities for Children targets well, but needs a bigger, better version of itself as it is not yet reaching critical mass (service provider, Brighton).

Continued need for CfC activities

All stakeholders interviewed were asked to give their overall opinions on what would happen should the CfC disappear from the four target regions. A few were relatively sanguine about this possibility:

If it disappeared some other agency would pick up the work. (service provider)

Nothing huge, we would have to look for another way. This may not have as good a fit as CfC programs. (community stakeholder)

Some felt that this might be the case in some areas but not in others:

It would not look that different in Brighton as others in the space would do what CfC programs do. But this would be different in regions where there are not so many agencies. (stakeholder)

Most respondents expressed concern about the gap it would leave in terms of unaddressed need, quick and sensitive response to community need, and the facilitation of collaboration across service providers in a given area:

So many programs would be gone and often those focused on the most disadvantaged in the community. (Service provider, Brighton)

Parents would not be able to afford programs like these (project worker)

Its presence in the community is reasonably significant. Without Communities for Children, there would be a lot less events, and fewer opportunities for families to get information. (community stakeholder, Brighton)

The loss would be terrible. Another NGO would need to take on the brief. (school principal, Brighton)

It is really important in absence of a collective voice. (community stakeholder, Brighton)

CfC funds minor things in the community which has an impact on small towns (community stakeholder)

There would be gaps in services, lost opportunities, and less richness (former school principal).

The local impact would be on children as nothing would be offered to them after school (community stakeholder, The Derwent Valley)

Having CfC in the community is like another hug (service provider, The Derwent Valley)

Further concern was expressed about the loss of CfC's co-ordinating role in many areas:

We would go back to, 'this is a good idea; let's do it'. (community stakeholder)

Programs judged particularly effective and/or innovative

Some programs were cited as particularly innovative and effective by a number of the community stakeholders. Programs that were consistently referred to by interviewers as innovative. The programs and activities cited most often were the Community Safety Mapping, which one stakeholder described as 'beautiful work', the FAST program, and Hidden Sentence training. Others which were mentioned were

- 1-2-3 Magic
- Bringing Up Great Kids
- Children's consultations
- Children's university
- Circle of Security
- Connect Play2learn
- Cool Kids
- Drumbeat
- Edmund Rice camps
- Family Support work
- Healthy Tums, Healthy Gums
- Play2Learn (Contact)
- Pregnant Young Parents
- Respect Ambassador Program
- Spring Food Festival
- Work done with mothers of children, 0 -5 in the Derwent Valley

Family Support Workers

The need for individualised family support was identified by the previous evaluation, and since that time, two service providers have been engaged under CfC FP funding to offer individualised family support and advocacy. Anglicare offers a single family support worker, who sees families in the Derwent Valley and in the Upper Derwent Valley/Central Highlands areas. Uniting Tasmania is funded to provide two workers, one for the Brighton area and one for the Southern Midlands. The other project worker, funded through the Fairview Schools Association (Connect 6 -12) does not usually work with individual families, but is school-based and works with children who are finding it difficult to engage in education. Of these four project workers, we were able to interview three for the current evaluation. The fourth worker left Uniting Tasmania during the review before we were able

to conduct an interview with her. The questions asked the project workers can be found in Appendix B4.

In the case of the Anglicare worker, about 60% of her time was devoted to individualised work with families, with the remaining time devoted to the delivery of evidence-based programs. At the time of interview, she had already delivered the Drumbeat (in Westerway and Glenora) and FAST programs (in Westerway) and was making plans to deliver 1-2-3 Magic and Bringing Up Great Kids. In terms of the individualised work, at the time of the interview, she had been working with sixteen families, since her employment in the role at the beginning of 2018. Ten of those families were in the New Norfolk area, three in Ouse (Central Highlands) and three elsewhere in the Derwent Valley. Of the sixteen families, work with five had ceased, and she was still working with the remaining eleven families. She mentioned that her referrals had come from schools as well as other regional services, such as The Salvation Army Doorways program in the Derwent Valley, ptunarra Child and Family Centre in the Derwent Valley, the Derwent Valley PCYC, and some from child safety. She said they presented with issues involving child safety, mental health (some), poor parenting skills, parental separation. She said most families are either headed by single parents, or by parents recently separated, all of whom have experienced family violence in the past. She described only two families on her caseload as 'intact'. She also mentioned that most have three or more children, at least two of whom are of primary school age. She mentioned a high level of drug and alcohol abuse, with most 'teetering' on the edge of alcoholism.

She described her ability to interact with these families as flexible. Initial contact is made with the family through telephone or email, and the first face to face contact occurs at a public venue such as ptunarra, Ash Cottage, and The Salvation Army or at school. At this contact she assesses family violence risk. She said a lot of the actual casework undertaken with the families involves helping parents establish family routines for their children, discussing parenting strategies, and helping the parents establish a level of emotional regulation. She said the case is closed when the goals the family has set are met, and she does refer families, where possible and appropriate, to other agencies. She said that in her experience, most families were grateful for the assistance.

The Uniting Tasmania worker for the Southern Midlands was interviewed as well. His division of work was similar to the Anglicare worker, and he also delivered programs such as Drumbeat, Cool Kids, and Bringing Up Great Kids. He said he had been in his current role for the past thirteen months, and currently worked with six families. Of these, he said two are children in kin care arrangements, two are single parent families, whilst only one is a two parent family (no information about composition of the sixth family). He said referrals were usually triggered by school suspensions of children for behaviour problems. He said the families had backgrounds of family violence, which had often led to parental separation, and there had been drug and alcohol abuse, but mostly in the family's past history. Referrals to him came from schools, and the family had to agree to participate voluntarily. He described finding assistance for families on the Southern Midlands as difficult, stating that some schools could not afford to access social workers or psychologists, and that social workers employed by schools were generally not allowed to make home visits to ascertain the situation causing problems at school, or leading to school non-attendance. He mentioned that local mental health workers were often viewed by parents as judgmental, and would not see parents who only reported having difficulties in parenting. There are also

no Child and Family Centres on the Southern Midlands, with the closest at Bridgewater (tagari lia).

The final project worker, employed through the Fairview Primary School Association, does not deliver family support work, but runs programs in the Derwent Valley schools aimed at increasing school engagement for children. This includes formal programs such as Drumbeat, Respect Ambassador Program, Safety Mapping, school holiday programs, Garden to Plate, as well as seeing students one to one at schools. He said that in his work, he tried to address themes of teamwork, bullying, resilience, confidence building, mentoring, communication and trying to help younger and older children work together. He stated that many families appear to not know how to cook, and one goal of the cooking program is to demonstrate to children that food preparation is easy. He is funded to work four days per week (29 hours), but said he often volunteers on Fridays to keep his records in order.

It was suggested that the project workers get together periodically and update each other on the work they are currently doing. They indicated that they felt somewhat isolated in their work, and sometimes questioned the value of their overall impact. They felt the ideas generated by such a meeting might enrich their work considerably.

Recommendation

That CfC consider convening occasional meeting of the family support workers for the purpose of information sharing, further professional development and discussing commonly encountered challenges.

Comment on Strategic priorities

One of the goals of the current review was to obtain the views of the CfC Facilitating Partner, the CfC committee and community stakeholders as to the appropriateness of the priorities of safety, resilience and aspiration. Virtually all stakeholders agreed that these were important priorities.

Don't get rid of any, don't add any (stakeholder, The Derwent Valley)

Safety is a big issue for this community as children often talk about feeling unsafe (service provider, Brighton)

The problem is that kids have the aspirations but they lack the opportunities and the money (community stakeholder, Brighton)

Resilience and safety are vital. (service provider, Southern Midlands)

Safety – perfect! (community stakeholder, Brighton)

Housing needs to be seen as aspect of safety (committee member)

Although it was stated by several people that several of the terms, in particular aspiration, were subject to varying interpretation, no one suggested that any of the three priorities be deleted. Whilst resilience and safety have commonly agreed upon definitions, there was some confusion as to what the aspiration referred. To the facilitating partner, it was to 'giving children permission to dream they can go to university':

In our communities, it is about giving the children permission to dream they can go to university and that parents can continue with education at whatever age...you have as much right as a child from any other suburb to aspire to go to university.

Several people noted the CfC priorities aligned well with those of the Tasmanian Department of Education, DSS priorities for CfC programs, and with those of individual service providers.

It further appears that the CfC activities undertaken over the period of the evaluation have been consistent with these priorities.

One CfC team member listed the following priorities in promoting safety in CfC areas:

- Expanding safety mapping to other communities
- Building a stronger connection between children and services such as police
- Encouraging councils to be more amenable to children's concerns
- Taking action on issues which have emerged from the children's consultations

Other priorities

A few people who were interviewed added other priorities; several people mentioned relationships might be a fourth priority to consider, although several of these same people also thought the term resilience covered quality relationships as well on the basis of the positive contribution good relationships make to a person's resilience. Two stakeholders in particular, both service providers, observed that many people seem to lack the skills to make relationships last over a long-term period. One school principal thought courage might be a good fourth priority. One community stakeholder (Brighton) thought that advocacy was such an important part of community work as exemplified by CfC that it should be considered as a potential fourth priority. Well-being was also suggested as a fourth priority.

Recommendations:

- Do not change the CfC priorities.
- If priorities are to be added, give consideration to the role of advocacy in CfC work.

Brand recognition

Brand recognition for CfC is reasonably good, more so amongst service providers than parents. One explanation for reduction in brand recognition amongst families is that in the current funding period the strategy has been to deliver targeted programs according to strategic need. As acute needs are a more prominent feature of the families in Brighton and New Norfolk, this has meant that in the rural areas only targeted programs have delivered to parents directly referred to CfC (compared previous funding periods which featured a lot of universal activities such as Family Fun Days, school holiday programs etc) and so a consequence of more targeted activity is that brand recognition dwindling among parents not referred to CfC.

Access to the internet and unreliable connections in rural areas mean that a reliance on websites and Facebook does not meet the needs of all families. There is a case to revive the hard copy newsletter in the light of this. For those communities with good internet coverage, Facebook is seen as the best way to communicate with families.

One community stakeholder stated they felt CfC had good community visibility and was ‘a strong brand’. A former principal agreed, and added ‘I always read their emails.’ This brand recognition seems particularly strong in areas where there has been a long history of CfC programs, and less strong in some areas where there have either been fewer programs, or where CfC has been less active recently (such as some areas of the upper Derwent Valley/Central Highlands).

Several community stakeholders mentioned that they valued the physical presence of the facilitating agency in the community:

We would like to see more of the CfC team in the community, it would be nice if they were based here (community stakeholder, Brighton).

Evidence based vs place based

As mentioned above, the requirement to offer 50% of all CfC programs as evidence-based programs was known by most of the stakeholders interviewed. Views amongst the stakeholders varied widely about the effectiveness of this requirement. The CfC manager stated that she did not find the requirement ‘an issue’, although she mentioned that this change meant that funding has had to be directed away from activities such as community fun days towards more structured and targeted activities, and felt that parents did ‘miss’ the community fun days.

A further advantage noted by the Facilitating Partner was that CfC has the ability to assist worthwhile programs in developing an evidence base and being listed by AIFS as either evidence-based, promising, emerging or innovative. Whilst the evaluation was being undertaken, attempts were being made to begin to establish an evidence-base for Hidden Sentence Training, Healthy Tums, Healthy Gums and Straight Talk Girls’ Club. The Respect Ambassador Program (RAP) was listed by the AIFS as a promising program through CfC efforts. The My Path program was also submitted to AIFS but is yet to achieve status as an emerging program. It should be noted that CfC is not usually in a position to provide the kind of evidence required to elevate a program into the evidence-based category, as this ordinarily depends on controlled studies conducted through academic institutions and publication of results in peer-reviewed journals.

Indeed, it appears that one perhaps unintentional consequence of this requirement has been to diminish the number of ‘soft’ entry activities which can be offered to entice families to engage with community support services. It was also pointed out that the funding for most local programs do not include an evaluation component so that local programs are not as likely to have an evidence-base.

The advantages of evidence-based requirement were mentioned during the interviews as follows:

- It prevents a program from being captured by ephemeral ‘trendiness’.
- It also motivates CfC to promote local programs it finds effective and helps them establish a national profile.
- It is a positive way of handling public funds
- It means that programs used have academic research and resources underlying them.

The disadvantages of evidence-based program were thought to be:

- It discourages local initiatives and community innovations.

- As CfC addresses gaps in service provision, emerging gaps may not be as likely to be addressed by evidence-based programs, which require time to establish their evidence-base.
- Evidence base programs are often adapted for local communities and specific families, endangering the treatment fidelity required for their effectiveness.
- Only a few evidence-based programs have a built-in case work component – Parents Under Pressure (not used in SE Tasmania CfC) being one of the exceptions on the AIFS list.
- It neglects the value of place-based programs, community development work and school-community partnerships.
- Programs delivered in partnership with schools have to fit in with the planning and direction of the school, and this can be difficult with a limited range of evidence-based programs to use.

A lot of our programs are co-designed by the community and do not fit federal definitions of evidence base (community stakeholder, Brighton).

A further important issue was raised as to the nature of evidence -based programs. As stated by Bloom & Faragher (2011)¹¹:

A real problem with evidence-based treatments is that they are generally owned by someone, cost money to implement, require rigorous and expensive data collection, and may not really conform with the way funders fund programs. Agencies can spend lots of money on implementation and then within a couple of years that investment can walk out of the door in the form of staff turnover (p. 229).

What Bloom & Faragher describe for therapeutic evidence-based treatment programs is true for evidence-based Communities for Children program as well. Concern was expressed that some of the evidence-based programs were not sensitive to rural situations and rural skill levels, to be expensive to acquire, and to require either training interstate or the importation of interstate trainers.

One service provider (Brighton) expressed their concern:

It is hard to work with 50% evidence base. We need greater flexibility working with young people. Often evidence-based programs seem too much like a classroom, and it is difficult to work around this.

Another community stakeholder (Brighton) expressed the opinion that

Community need should always outweigh evidence-based programs.

This view has also been echoed by Professor Gary Melton, of the University of Colorado School of Medicine and editor of the journal, Child Abuse and Neglect:

No matter how well formal programs are packaged, they often have little logical relation to the needs and hopes of the children and families for whom they are intended (Melton, 2013, 1)

Discussion also focused on the (sometimes) contrasting value of place-based programs. Although these programs may not attract the necessary funding of research or broad geographical application to have the potential to become evidence-based programs,

¹¹Bloom, S & Faragher, B. (2011) *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*. Oxford, UK: Oxford University Press.

there is evidence which supports the notion of place-based programs generally, particularly when linked to collective impact work (Centre for Community Health, 2018). Place-based evidence includes community knowledge of local needs and concerns and the practice knowledge of what is most likely to reach and assist members of a particular community.

However there are cautions with place-based programs as well. One stakeholder mentioned that the use of place-based program varies in quality, as place-based work is more sensitive to local concerns and coalitions and ‘can be hijacked by small groups.’

It seems a reasonable solution to problems posed by both types of programs would be to have a mixture of evidence-based and place-based programs, as is supported by the current model. It is important to remember that virtually all evidence-based programs began somewhere and that there is not a radical disjunction between place-based and evidence-based programs, so it is not an exclusive choice.

Recommendations:

- Given that the great strength of CfC has been nominated as its ability to respond to emerging community needs, it must have some space to innovate and the requirement that 50% of its programs should be evidence-based should not be increased.
- DSS regard the general level of research support for place-based initiatives in its consideration of what programs and activities are appropriate for the CfC program.

Other funding restrictions

One of the new aspects of the funding model has been to restrict the Facilitating Partner from funding its own programs. Across three of the four service areas this has not been of major impact, but in the Derwent Valley service area, a number of programs have been conducted through The Salvation Army’s Doorway facility at Fairview. This program could link CfC participants with a range of other programs also offered by The Salvation Army, in particular, housing programs and emergency relief. The inability of The Salvation Army to fund its own programs, whilst advantageous for proper governance, has had the unfortunate repercussion of the loss of individuals who are used to relying on The Salvation Army for community support. It was stated that families in rural regions of Tasmania often develop loyalties to services which have demonstrated their ability to assist a community over a long period of time, and do not easily transfer these loyalties to other agencies. As a result, the redirection of funding away from an agency such as The Salvation Army meant the loss of services to some families in the Derwent Valley region, and also impacted on the ‘brand name’ of Communities for Children and The Salvation Army. As one service provider (The Derwent Valley) put it,

This makes The Salvation Army an ethical provider, but I would hate for children to miss a service.

As one committee member put it,

The Salvation Army not being able to fund itself is a limitation. For example, it cannot work directly with its own housing programs and as a result loses housing leverage.

We would question then whether this restriction, which we accept is in the service of maintaining honesty and good governance, should not admit of some exceptions, particularly if it can be demonstrated that meeting a specific need is an important priority,

and either could not otherwise be met, or could not be met more efficiently, except by a service already provided by the Facilitating Partner. In the case of CfC in SE Tasmania, an exception such as this might be considered only for the programs offered in The Derwent Valley. It would be up to the Facilitating Partner to establish for DSS approval that this is in fact the case.

A further funding restriction has led to the loss of programs offered by state agencies, which includes libraries and child and family centres. In the CfC community service regions, both have been generous with their facilities in hosting programs provided by NGOs, and funded by CfC, but it still may be worth consideration, particularly in rural areas with limited services, whether it may be more fiscally efficient to provide funding in certain cases directly to state or local government organisations such as schools, libraries, child and family centres, and so on. Again, the onus would be placed on CfC to demonstrate that this is the most efficient use of funds, and funding programs through these organisations meet pre-established priorities which would not otherwise be met. In some areas, it may not be practical to insist other forms of government provide funding for certain programs and it is even possible that a system of shared funding could be considered to allow CfC programs to expand their reach and scope. As one service provider (Southern Midlands) put it:

It works in the city, but not in rural areas and in fact it restricts collaboration.

One former school principal said

The best outcomes are achieved when schools, staff and parents define the goals. This leads to better outcomes and more buy-in. The government needs to be involved in the design, which sometimes seems ad hoc.

Another school principal stated

It just creates another barrier to getting things done.

Finally, a project worker mentioned that as schools were not allowed to be directly funded, offering a program based at schools, particularly if the program was being offered out of hours, caused legal and insurance complications around issues of duty of care which would not occur if the funding could be given directly to the schools. They cited an eight month period taken to sort out the legal complications for one program they wished to offer as an example of this cumbersome process.

Recommendation:

- Consider whether relaxing the funding restrictions on a case by case basis might allow for more efficient service delivery particularly in rural areas where not many services operate.

Current and emerging needs

Every individual interviewed was asked to reflect on current and emerging community needs to which CfC might consider targeting in future planning. Most of the community needs nominated could be considered continuing, as they had been nominated on previous occasions and in previous evaluations and in strategic planning. However, some new needs emerged, and a number of continuing needs seemed to attract a greater emphasis which may have indicated their revaluation since the previous report.

In the interviews, most of the needs were elicited by asking respondents what they thought were community needs. Those who answered question 20 on the online survey indicated the following issues were of concern:

Table 40 Stakeholder nomination of issues in CfC areas SE Tasmania

Issue	Number of respondents (N = 18)
Family violence	17
Families with multiple needs	16
Inter-generational Trauma	16
Mental health care	15
Community Safety	14
Parents with mental health/substance abuse	12
Bullying	11
Drug and alcohol abuse	11
Programs/services children 13 +	11
Affordable/accessible health care	10
Educational support for parents	10
Families coping with parental offending	10
Food Security	10
Nutrition	10
Literacy/numeracy (parents)	9
Poverty	9
Programs/services children 5-12	9
Lack of social activities	8
Literacy/numeracy (children)	8
Transport	7
Dental Care	6
Lack of educational opportunities	6
Physical health/chronic illness	6
Cyberbullying	5
Young parents	4
Access to technology	3
Lack of sporting/recreational opportunities	3
Programs/services children 0-4	3
Environmental health	2

The quantitative data here closely supports the themes which emerged from the interviews as well, providing confidence that the issues named most frequently were of almost universal concern to the four CfC areas.

1. Family Violence

The foremost of these was the need to address family violence and its traumatic impacts on children and on future generations. This was mentioned by every person interviewed (including one person who did not check it on the online survey, during the course of the interview). All communities in the four regions were assessed to have occurring a good deal

of family violence, and it was not unusual for terms such as ‘endemic’ to be used when an interviewee was reflecting on family violence in their area.

One school principal (Southern Midlands) was convinced this was an upward trend:

A lot more students are witnessing violence between their parents and often quite graphic violence, such as the father putting a gun to the mother's head.

More than one mentioned that family violence seems to have become an accepted pattern for interpersonal interactions:

It is the norm amongst young parents and most also admit to having been strangled (by a partner) and to using alcohol (service provider, Brighton)

Children do not even recognise abuse as family violence (CfC team member).

Violence is an accepted norm in this community and is reflected in the physicality between our students, especially boys in the age 10 -12 year range (school staff, Brighton).

Boys don't realise the impact of violence and use violence as their first choice of response (school principal, Southern Midlands).

This same principal noted that she had recently heard a six year old girl state that her ‘new dad is even more psycho than her real dad’. One school official from the Brighton area who was interviewed stated that nothing protects children in this area from everything going on around them, ‘these children are not sheltered at all.’ Another stakeholder said:

Parents need to have an understanding of the impacts of trauma on children, and be provided with alternative non-traumatic strategies of being in relationships (community stakeholder, Brighton).

The impact of behavioural problems created by family violence on school staff in the regions was also mentioned. A project worker said they noticed a range of behaviours from children affected by family violence including bullying others, withdrawing, lashing out, and physical signs such as bruising. One community stakeholder (Brighton) felt that many staff suffered from vicarious trauma themselves, which complicated attempts by education to engage with the problem. Instances of violence towards parents from children were also mentioned.

Another local stakeholder (Brighton) mentioned being aware of children who will not return home at night until they are certain their parents are already asleep, due to fears of being exposed to further family violence at home. Instances of violence towards parents from children were also mentioned. A member of the local school staff in Brighton described situations as well where children were suspended for bad behaviour but were too frightened to go home for fear of the parental reaction, not just because they had behaved badly, but because the parents used the children's schooltime as kind of respite.

Overall, as one service provider (Brighton) stated

This is not being addressed, not changing – in fact it is getting worse and there are insufficient services to cope with it.

However, another stakeholder (Brighton) expressed a sense of optimism that in their view, ‘the community is now in conversation about an area which is very difficult to discuss.’

2. Intergenerational trauma

Trauma, family violence and intergenerational trauma were nominated in every single interview, and the need to ‘break the cycle’ of intergenerational trauma was regularly identified as a problem of significance in all four areas. One service provider (Brighton) felt that the community had only limited ability to address this problem, although they added they felt ‘CfC targets it’.

During the familiarisation tours of the CfC regions, principals at two schools on the Southern Midlands (Bagdad and Kempton) and one in the Central Highlands (Glenora) mentioned the need for more trauma informed materials and training for their staff, and the principal at Kempton mentioned the need for trauma-informed parenting programs (of which very few currently exist). Another school principal calculated that, based on their own knowledge of the histories of the children in their school, 44% of these children had been exposed to one or more Adverse Childhood Events, such as child abuse and neglect, parental mental illness, emotional abuse, parental substance abuse, family violence, parental incarceration, and some children had been exposed to all seven (or even eight!) of the seven Adverse Childhood Events commonly recognised in the literature. This same principal estimated that about 36% of the parents at their school struggled with mental health difficulties.

3. Mental health issues

Mental health issues of parents and children were mentioned in nearly every interview. One service provider with experience both in Brighton and the Southern Midlands mentioned that they felt there was a large ‘sub-clinical’ population with levels of depression sufficiently high to affect their parenting capacity, even if not sufficiently high to attract clinical attention. They said a lot of the families with whom they worked did not meet the threshold for mental health services, yet their poor quality of mental health still caused a level of neglect of their children. In these situations, it was not unusual for children to assume caring responsibilities for their parents and their siblings, and to also worry about the consequences should the family have contact with the police or child protection services. A former school principal expressed similar concerns, adding that the adult responsibilities assumed by these children leave them exhausted and ill-suited to childhood peer groups:

Some of the children attend Young Carers groups, but many are isolated and not connected to peers. They don't feel like children, and don't want to meet in the park and play like other twelve-year olds.

She added that there is limited outreach to these children to break this isolation. It was also mentioned that many of the parents have serious physical illnesses as well, particularly citing diabetes, and children also assume responsibility for medical care and medical appointments.

4. Parental substance abuse

Concern about drug and alcohol abuse was mentioned by virtually every person interviewed. Most of the drugs reported were either amphetamines, crystallised methamphetamines (‘ice’) or marijuana, with one service provider also mentioning the emergence of a new synthetic amphetamine-based drug, ‘gravel’, which may prove more dangerous than ice. The spread of amphetamine use was also of concern. A school principal mentioned the rise of mothers using the concentrated forms of amphetamines, commonly called ‘ice’ which they believed was responsible for a rise in the expression of aggression by females in the Brighton community, and one community stakeholder expressed concern

about the intrauterine impacts of ice on developing fetuses. The use of amphetamines was also linked to rises in family violence.

There were some regional variations reported. A health service provider in the Upper Derwent Valley/Central Highlands stated her belief that adults in her community were more likely to abuse alcohol than drugs. Only one service provider mentioned the prevalence of foetal alcohol syndrome amongst their clientele, but we felt it was important to mention this as a possible emerging issue for some communities.

It was reported that one cause of school disengagement for some, particularly older children was the need to remain at home and look after the mental health needs of their parents, or to care for siblings because of poor parental mental health and/or substance abuse. It was also commented that drug and alcohol services were scarce. It should be noted that CfC is involved in working group to address substance abuse in the CfC regions.

5. Shift towards the needs of older children

It was also universally acknowledged that whilst services for children in early childhood and in the pre-school years varied in quantity and quality, there were few programs and activities for school-aged children, and perhaps even fewer for adolescents. It was also mentioned that many of the programs which did exist for children of school age were sports based, and neglect children who are not particularly inclined towards sport and might benefit from other activities. It was also mentioned that the programs which do exist including sporting programs often charge fees which many families cannot afford. This was expressed across all the CfC areas.

This same need was also pinpointed for young people over age twelve as well, and may indicate an area of emerging need to which CfC programs may have to respond in the future.

6. School disengagement, school engagement and school readiness

Concern was also consistently expressed for the need for children to engage with, and remain in, school.

I just want them to go to school (service provider, Brighton)

However, it was suggested that both parents and children often disengage from schools in the region, and that this impacts, in turn, on their future prospects. The impact on literacy levels was expressed as a concern, with one principal citing the statistic that 45% of students entering high school read at Level II. The figure cited by one service provider was that one in six children in Gagebrook do not attend school, although there was some speculation that they may attend a form of alternate education.

One service provider estimated that approximately 80% of the school population in his area (Brighton) were 'high needs kids', not quite at the 'pointy end' of service delivery, but still greatly disadvantaged. They said that the most at risk children tended to attract most service and program attention, with few resources remaining for this second tier of children. They added that one of the goals of their service was to be available to these children, and to encourage them to attend school to alter their life prospects. A school staff member (Brighton) added that in every class in their primary school

5-8 out of 20 students are at the level of highest need. There are many more at the next highest level, but these children are generally overlooked for those with greater needs.

In one school it was mentioned that the school social worker carries a caseload of 79 out of 145 students.

The reasons for non-engagement appear to be multiple. Many parents had negative experiences with schools which keeps them disengaged. As mentioned above, responsibilities caring for parents with substance abuse issues and mental health problems can also sabotage school engagement.

One community stakeholder, an expert in school engagement opined that often the lack of engagement with schools is related to traumas faced by the family. One school official noted that sometimes the classroom behaviour of some children so traumatises other children that they disengage. As this school official stated:

These children demonstrate resilience simply by turning up.

Still other community stakeholders, particularly in Brighton and in the Southern Midlands, stated that children did not see a clear transition between school and employment in a way which might motivate school engagement. 'Naplan is a nonsense for these kids' (school principal, Southern Midlands).

A number of programs are trying to assist school re-engagement. Bridgewater PCYC assigns a police officer to the local primary schools to get to know the children and families and encourage their attendance at out of hours programs run by the PCYC. The officer involved with this program stated that it has been their experience that as the children come to trust the police liaison, the parents also begin dropping into Bridgewater PCYC in times of crises for assistance, as they are one of the few place-based services in Bridgewater/Brighton.

Various stakeholders spoke of their attempts to engage with schools. All workers who worked with the Drumbeat program, for example, stated that without a clear 'buy-in' from the schools, which in turn was generally based on the school staff including the teachers having a good understanding of the program's goals and methods, the program was often difficult to run. It was observed by one project worker that the up-take of RAP was also slow at some schools. One school official (Brighton) observed that contributing to these problems was the fact that so many teachers were completely exhausted at the end of the school day from managing traumatised students that they lacked the energy to engage more creatively with students:

Coming back each day is what they can manage, they do not have the energy to do more.

The same was said in the Southern Midlands

The staff will turn up next day which is all I can ask.

7. Relationships

Related to several of the above mentioned topics, including family violence, intergenerational trauma, quite a number of stakeholders also cited the need to help families and children gain a better understanding of relationships. One stakeholder commented that families are becoming more complex, with multiple step-siblings whilst

another noted that couples and children seemed to have lost the skills required for relational repair. Others noted that families often also do not have on-going relationships with the communities around them, and often fail to attend events at their children's schools, a kind of social agoraphobia. One community stakeholder (Brighton) noted that the use of mobile telephones distracted parents from fully attending to young children. They also noted that family violence was having significant impacts on children's attachments to their parents, and that many children were presenting with signs of disordered attachment.

One school principal noted that relationship education should be delivered to all students no later than Year Seven, and preferably in Year Six, as many girls are already having children in their early years in high schools. 'They have young mothers and tell me they expect to be young mothers themselves.'

8. Housing

Housing emerged as an area of significant concern, particularly in Brighton, with a lack of affordable rental accommodation noted, and in the Southern Midlands, where established families found rental homes in which they had been living for decades now sold to out of state developers and buyers. Overcrowded housing was also named as an issue.

9. Bullying

Bullying was regularly mentioned during interviews, particularly in the context of family violence, or as a manifestation of children being exposed to family violence. One community stakeholder (Central Highlands) mentioned that in their experience in a rural region, some families moved into the area in order for their children to escape bullying elsewhere. Several school staff mentioned being bullied by parents as well, one citing an instance of serious bullying of a school staff member when a child only got fifteen minutes of craft activities one day. As one school principal (Southern Midlands) noted:

These children are here to learn to self-regulate, not to learn.

Another school official (Brighton) added

Success for our children is to be here and to behave safely, the curriculum is not accessible.

The school principal suspected this was sufficient

They can always go back to school later in life, but they cannot go back to life if they commit suicide.

10. Other interesting issues mentioned

During interviews, a number of interesting suggestions were made as to what might be emerging needs. Some of these are summarised below:

- Complicated sets of family relationships, with multiple step-siblings
- Need for what one service provider described as 'tangible family counselling'
- Self-harm (this was mentioned by several people)
- Problem that too many activities for children and young people are sports related
- Foetal alcohol syndrome
- Mothers who have just left domestic violence situations
- Drought
- Lack of pathways from school to jobs
- Rise of amphetamine use by parents and the increase of aggression in families

- The impact of living in an unsafe and disadvantaged community on the parent's mental health
- Mentoring for children whose parents are in prison
- Facilities for adults to connect socially
- Lack of access to legal advice when separating from violent partners
- Through care support in regions when women leave women's shelters
- Intrauterine impacts of ice.
- Programs for fathers beyond men's sheds still reported as sparse.
- 'Access to programs for male perpetrators a real must' (community stakeholder, Brighton)
- A general lack of capacity, 'families struggle with simple things' (service provider, Brighton)
- Need for wider engagement with the Aboriginal community
- Over use of gaming devices to keep children entertained

Recommendations

- That consideration be given to programs which address current family violence, and intergenerational cycles of violence, including assistance to mothers who have left family violence situations.
- That CfC also support programs which raise the level of expertise amongst stakeholders and other members of the communities to respond to family violence, and its impact on children.
- That consideration be given to programs and activities to reach out to and support children caring for families who have mental and physical health problems and/or abuse substances.
- That consideration continues to be given to activities which are non-sports based.
- That CfC continues its on-going support for, and expansion of, anti-bullying programs to school and communities, including cyber-bullying.
- that CfC continue to seek ways to support males who are parenting children.

Issues in service delivery

Most areas mentioned the need for services working in their area to retain a commitment to the area, and this included areas which apparently have many services, such as Bridgewater and areas with relatively few local services such as the Southern Midlands and the Upper Derwent Valley. Comments were frequently made about the lack of a local base for services, and the term 'fly in, fly out' was used both to designate non-localised services and the tendency of services to lack a long-term commitment to working in an area.

A heterogeneous program delivery area

It has been established that the populations of the four CfC regions in SE Tasmania are quite different (see previous CfC reports, including the 2017 strategic plan and the introduction to the current evaluation). However, for the most part, the same issues were nominated as common across regions with some local variations mentioned. For example, it was mentioned above that although substance abuse was nominated as a problem across all four Communities for Children regions, the type of substance abused varied by region, with individuals living in the Upper Derwent Valley/Central Highlands more likely to abuse alcohol whilst amphetamine and methamphetamine abuse was

nominated as a serious concern in the Brighton/Bridgewater area. The purpose of this section of the evaluation is to discuss other patterns in regional variation which might be of assistance in the on-going development of CfC programs.

Brighton

Brighton is a local government area made up of a patchwork of diverse communities with varying degrees of need. Overall, it has the most substantial population of the four communities for children areas. Bridgewater, Herdsmans Cove and Gagebrook are communities of high-level disadvantage with multiple needs, Old Beach is a working-class community whilst the community of Brighton itself consists of a mix of old and new residents, attracted by affordable housing prices and semi-rural properties. As a result, it was stated that:

'We have all challenges here' (community stakeholder, Brighton)

Brighton was the only area where amphetamine abuse was mentioned as a focus of concern about drug and alcohol problems (whilst still having high rates of marijuana and alcohol abuse).

One stakeholder believed that it was not an 'organic' community as it lacked an active business community, social enterprises and they believed that people did not feel a sense of commitment to the area in which they resided. They thought this was partly because the area was stigmatised throughout SE Tasmania and people held negative perceptions of living there.

Children overall feel there is no hope for a good education or employment (community stakeholder, Brighton)

One stakeholder mentioned that this varied between the various communities, with people who lived in the working class communities taking pains to separate themselves from the more disadvantaged communities around them. In one case, two communities are separated by a major highway, and members of each community are not accustomed to crossing the highway into each other's community, defining themselves by the side of the highway on which they live. This creates problems for service delivery, and even service location should the wrong community be chosen.

It was also frequently mentioned that service delivery was a major issue in the Brighton area in that there were many services offered in the Brighton area, but these were often poorly co-ordinated, leaving some areas of need unaddressed whilst over-servicing others. Often the services were of a brief and transient nature ('fly in, fly out') and many were not based in the community itself. One community stakeholder stated there had been a 'retraction' of non-government organisations from the area. An effective program to keep young people 'off the streets' was abruptly withdrawn after two years of service. One of the workers with the facilitating team mentioned that one of her major roles in the Brighton CfC area was to ensure that CfC programs do not reduplicate existing services or miss existing needs. One community stakeholder also suggested that the region suffered from 'consultation fatigue.'

There were some very encouraging statements made about the Brighton area as well. It was stated that the community places a high value on babies and children, and that it is

accepting and supportive of young mothers. It was stated that the community has begun to 'take the carriage' of issues around young people, and that the community consultations with young people have made an effective beginning. It was also stated that the community had begun to accept and 'take ownership' of the need to address high levels of family violence. Further, a number of attempts to co-ordinate services and face community level issues through collective service projects have begun including community consultations facilitated by CfC.

At the time of writing, a further attempt at collective impact work, Connected Beginnings, funded through the Australian Government Department of Education and delivered through the Department of Education Tasmania. Connected Beginnings is being trialled over a three year period for the Brighton area through tagari lia, the Child and Family Centre located at Bridgewater, aimed initially at a better co-ordination and identification of services for ATSI families with young children. CfC has been an active participant in this new development and will have a role on the steering committee of the project.

Derwent Valley

The Derwent Valley was described by one community stakeholder as a very 'tight' community, with community minded persons who are supportive of families in difficulties, including new residents. Transport from the Derwent Valley to services in Hobart and Bridgewater continues to be raised as a community concern. It was also described as a community with high levels of family violence and 'very high' mental health needs.

A consistent theme emerging from the Derwent Valley interviews concerned the need for food security. It was stated that many families have poor standards of nutrition and are not aware of the basics of food preparation. Both the ptunarra Child and Family Centre and the Derwent Valley Community House have new and updated kitchens from which they are holding a variety of cooking classes, and a new CfC funded program, Little Diggers, an after-school gardening program to help children understand how to produce and prepare food. Baby FAST, run at the ptunarra Child and Family Centre also encourages families to cook meals for all of the families who attend the program with food vouchers and easy recipes. Finally, the project worker at the Fairview Primary School Association, who conducts many nutrition-related programs with children at Fairview and New Norfolk Primary Schools, mentioned that one of his goals is to demonstrate to children that it is easy to cook nutritious food. He added that several of the programs he uses with children encourage them to grow plants at home, and supplies families with simple recipes which they report using in the home.

A further emerging need related to the lack of services for children at the older age range of the CfC target group. One community stakeholder called the ages twelve to thirteen, at least in terms of available programs and activities, a 'dead zone.' At the time of the evaluation, Derwent Valley Council was developing a ten year strategic plan for young people to which the Communities for Children facilitator makes regular contributions through regular meetings with council and school personnel.

Southern Midlands

The Southern Midlands is a large farming district with no public transport. The comment was made that even in a single community, families live considerable distances from each other. Less expensive housing has attracted disadvantaged families to the region.

Families on the Southern Midlands also lack access to services, with most public services located in Hobart (Campbell Town is closer to the towns at the northern reaches of this region, the service border is the town of Oatlands and so all towns south of Oatlands must access services in Bridgewater or Hobart, regardless of the inconvenience). There are IGA stores located at Campbell Town and Oatlands; otherwise, food must be purchased in Hobart, Bridgewater or Launceston.

It was mentioned that it has been difficult to induce professionals to engage with the communities some distance from Hobart, and the travel time required decreases the amount of time professionals can spend with clients. There is a multi-purpose centre at Oatlands which hosts a visiting social worker for one day per week, but this person is usually only able to see three families each visit. The CfC family support worker also has a smaller case load due to travel time and distance. A school staff member interviewed in the Southern Midlands indicated a need for a further CfC family support worker in the area. It was also pointed out that no CfC programs exist at all at Bothwell, even though the school at Bothwell has the largest student population in the region.

It was stated that there were problems in the area with substance abuse, but this was most likely to be alcohol, and not drugs such as amphetamines.

The area is currently undergoing change, as drought effects farming, and there has been a recent loss of long-term rental accommodation as owners are taking advantage of housing boom to sell houses; families losing accommodation after twenty years of living in the same residence.

It was also suggested that the Southern Midlands in particular could benefit from an intensive family engagement program, as there are often instances of disengagement from schools which are not followed up as school personnel cannot make home visits. The family support worker was mentioned as making a valued contribution in this regards.

Upper Derwent Valley/Central Highlands

Similar to the Southern Midlands, the Upper Derwent Valley presents the challenges of geographic isolation, few services or amenities, and a low population. Even successful programs have low numbers of attendees, and stretch the resources of NGOs, who must decide if the low numbers are worth the investment in travel time and resources when a program run in Brighton will attract greater numbers and appear a more efficient use of resources. Yet, as one community stakeholder put it,

In the more remote areas, working with small numbers of people can have a real impact, as these will be the families who remain in the area and keep the area going (community stakeholder, Upper Derwent Valley)

A further complication arises for services in the reticence with which new services can be greeted. Many residents are described as reluctant to become involved with programs until they have learned to trust a service. Further, due to the relatively low populations in the area, many families fear exposure and embarrassment should the community learn they are receiving assistance or undertaking a parenting program. Although the region has the same range of family challenges as the other regions already discussed, there is much more community reticence to discuss them than in Brighton/Bridgewater.

Intergenerational trauma occurs here, but it is well hidden (community stakeholder, Upper Derwent Valley)

Therefore, service investment in this region is costly, and initially for limited returns. For example, a community stakeholder mentioned they had run a rural primary health camp for men which had taken twelve months of ‘spade work’ and relationship development before they could encourage men to attend. Even regular service providers, if they do maintain a regular presence in the community, find they must rebuild relationships with each new program. New workers in these agencies face the same challenge. A further challenge has been the retraction of services to this region – the rationalisation of schools, and the shift in rural health from a grassroots movement to a focus on clinical conditions. And it has been observed that longstanding relationship issues affect the ability of people in a region to cooperate and work together, even to attend the same activities together. Once an event has occurred, it was also suggested there was a need to find ways of continuing to engage with the people who attended.

A community stakeholder mentioned that thought needs to be given to the approach to this region:

Schools are an easy way in, but not the only way in. There is a need for soft entry, and we have to ask ourselves what is the best way which works with the local population – over lunch, over one day instead of a six week program. Programs and presenters need to know how to adapt.

Education is an issue for some families in the Upper Derwent Valley due to lack of exposure to experiences, and one community stakeholder mentioned that one of the side benefits of the closure of the high school meant that children now attended high school in The Derwent Valley, which meant they were exposed to a larger peer group and a different set of experiences. The same appears to be the case for primary schools, with consolidation occurring across this region. For example, the Ouse Primary School now has about fourteen students, other families having opted to educate their children in New Norfolk, Westerway and Glenora.

One community stakeholder mentioned that she had been approached by a local resident who wanted to begin a mother’s mornings group to support and educate other mothers in the community, and the stakeholder mentioned she hoped CfC might consider supporting such a group.

Recommendations

- Programs like Communities for Children might consider placing more time and resources into developing areas such as the Upper Derwent Valley, where there is not competition between agencies and where a long-term commitment is required to produce community growth.
- Preference might be given in remote areas to program and activities which promote the development of community members who can take on leadership and mentoring roles with others in the same community,

Table 41 Summary of needs by region

CfC area	Needs
Brighton	Amphetamine abuse Drug and alcohol generally

	<p> Cyberbullying Family Violence Poverty School non-attendance Lack of positive parental school experiences Schools under pressure by large number of child behaviour problems No strong parental engagement with schools in the area (Gagebrook mentioned as 'the best') Low rate base from which to provide community services Self-harm Insufficient services for older children and young people Insufficient mental health response to children under age 12 Too many activities which are available are sport related Incidents of foetal alcohol syndrome Lack of coordination of services Nutrition Hygiene Not an active business community Lack of social enterprises (e.g. coffee shops) A stigmatized community with negative perceptions of the area General sense the area and community are unsafe High levels of disability Lack of affordable rental accommodation Babies and young children are highly valued Open and supportive attitudes towards young parents </p>
Southern Midlands	<p> Loss of long-term rental market Difficulties in getting services to go out to families Lack of knowledge of child development and parenting strategies Drought Mental health issues Children coming to school without food Isolation Alcohol abuse Community tradition of independence Few services Many public services must be accessed in Hobart No CfC programs at all in Bothwell Increasing trend of family violence </p>
Derwent Valley	<p> Overall, a very tight community supportive of members in trouble Lack of strategic plan for delivery of youth services (currently under development) Need for parent education Support for young mother who were still engaged in education Lack of program for age 6-12 Under 5s better serviced Small number of 'problems children' known to everyone A lot of family violence Bullying including bullying of parents Housing/overcrowded housing Food security Literacy Transport Very high mental health needs </p>
Upper Derwent Valley/Central Highlands	<p> Difficulties in getting services to go out to families Isolation of families the big issue Lack of employment opportunities A lot of jobs are in tourism </p>

	<p>Many families struggle coming into Hobart due to social anxieties</p> <p>Lack of access to services</p> <p>Lack of knowledge to what services are available</p> <p>Lack of exposure to a range of experiences for children</p> <p>Retraction of services</p> <p>Larger families</p> <p>Children home schooled</p> <p>Farming properties, parents working from home</p> <p>Mental health a problem across the region</p> <p>Nutrition and healthy eating an issue</p>
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Sustainability

Sustainability is an important consideration in the context of Communities for Children; however, the concept is subject to varying meaning. Some stakeholders interpreted sustainability to mean that there exists sufficient need and interest in the community to offer the program or activity on a more or less continuing basis. As one stakeholder put it, ‘sustainability does not mean a program no longer needs funding.’ In this sense, they suggested that community need and engagement made a program sustainable. On the other hand, other suggested that sustainable programs were those which the local community could ‘own’, both in terms of staffing and in some instances, in terms of funding. In a like manner, some programs were regarded as sustainable as the knowledge and skills which they presented could be internalised by families and parents and used in their daily interactions with their children and with their neighbours (for example, the FAST programs developed friendship networks which sometimes continued beyond the termination of the program). Peer mentoring programs were a further example of this type of sustainability. We would suggest that discussions around sustainability need to bear these multiple understandings in mind.

One stakeholder suggested a basic problem in determining sustainability was the nature of the data being used to establish a need exists:

Stop mucking around with faux data such as activity data and find data which is meaningful.

In fact, the shift away from ‘universal’ programs towards more targeted and intense family work raises the issue of the need to privilege the impact of programs beyond simply recounting the numbers receiving the service. By its very nature, the more targeted work imposes limitations on the programs and privileges the quality of the work over the quantity of children and families in CfC programs. We recommend consideration over what should be measures of program success beyond numbers in programs should be on-going at all levels of CfC.

Accessibility/Reaching hard to reach families

One of the perennial questions asked by CfC and its many stakeholders is whether the program is reaching those in greatest need in the communities. Some stakeholders felt this occurred, one stating that they felt the ability to build relationships with families was ‘one of the real strengths’ of CfC. Another service provider added that not only did CfC reach families with the most significant needs, but families in the geographical areas of the most significant need. Others felt this posed a challenge for all services in the four regions:

No one reaches the families most in need (community stakeholder, Brighton).

This is coupled with the fact, that all of the CfC communities are described as having disengaged members, who do not attend programs at school, and whose children may not even attend school, for various reasons, already mentioned, and so, even though working through schools is generally an excellent way to engage community members, some will not be engaged through schools. Several interviewees admitted that they had been asking themselves the questions as to whether they were reaching ‘low hanging fruit’, that is, members of a community who needed and profited from a program or activity, but already had a level of engagement with their community which allowed them to feel comfortable accessing the service. In some ways, this question may be inappropriate, in that families which need the programs, and are in a position to access and benefit from them, are the ones who attend the programs. Yet, it is in the very spirit of CfC to always consider the ‘higher branches’ and to continue to give thought as to how to reach very disengaged families.

The isolation of families particularly in the Upper Derwent Valley/Central Highlands should not be underestimated, and this is exacerbated by the reluctance of Hobart-based services to travel the distance to regularly provide these services, giving rise to what is regularly called the ‘fly in, fly out’ service delivery of many agencies. Consideration in these cases might be given to the development of local mentors, people respected in their communities who could play a role either delivering services (as they do with Healthy Tums, Healthy Gums and My Start, for instance) or who could take the lead in inviting services to come into their region and encourage their neighbours to attend (as sometimes occurs at Ash Cottage, for instance).

Other parents and families are more engaged with their communities, but this very engagement makes it difficult for them to access some CfC funded programs and activities. This problem was well captured by one school principal who mentioned that to become involved, and to be known to have become involved in a program such as Bringing Up Great Kids, is to admit before the community that one is not bringing up great kids, and parents fail to attend these programs as they are embarrassed to admit they struggle with parenting. This makes the need for ‘soft-entry’ programs and activities very important where information can be provided to parents without embarrassment or humiliation in front of their communities, which in turn makes a strong case for continuing to provide place-based initiatives. There is little point in offering the best evidence-based programs if parents hesitate to engage with them.

Finally, there is the issue mentioned above of families developing often long-standing commitments to certain agencies and certain areas. Commitments of families to The Salvation Army’s Doorways program has already been mentioned, and there are also cases where the families in one community do not feel safe engaging agencies based in another community. There is some evidence to suggest for example that residents of Gagebrook are reluctant to use programs and facilities based in Bridgewater, for example. Although these commitments may not always be well-founded, they must nonetheless be considered when planning service delivery. Many of the programs offered by CfC are attachment-informed (for example, Bringing Up Great Kids, Circle of Security and Hidden Sentence training), but the attachment of people to specific communities needs also to be considered.

Common data base (SAMIS)

In all the SAMIS data collection system was appreciated by the stakeholders interviewed. They found the system easy to access and utilise, and appreciated the need for CfC to collect data about the service it funds.

However, some problems were identified:

- It was mentioned by the Facilitating Partner that SAMIS ‘drops the story out’

There is no story about the fact that kids following the Community Safety Mapping are now feeling safer in our community. You can't put that into SAMIS.

- SAMIS does not recognise group programs and records all attendees as individual clients. For agencies who offer brief programs over several days such as school holiday programs, they often lack the level of detail required for SAMIS data, as their contact with families can be very brief.
- Because of the brief and limited engagement of some parents with CfC activities, the level of detailed required for SAMIS sometimes seems insulting and intrusive to parents. Further it was pointed out that the application forms for activities is not clear about the nature and amount of information the applicant agency will need to collect from parents.

Recommendations

- That the problems reported recording group activities into SAMIS be resolved.

Committee structure and workings

The Communities for Children committee consists of community stakeholders, community members and the line managers of service providers. It varies in size, but at the time of the evaluation, had twelve members, of whom we were able to interview eight. There have been problems maintaining a quorum of committee members at meetings across the review period.

A number of committee members commented on problems they experienced attending committee meetings, particularly during the period when many of these meetings were held regionally. As a result, at the final committee meeting of the year, it was decided that despite the good intentions behind holding the committee meetings regionally, in fact it was impractical and the compromise solution was agreed upon to hold only one meeting per year in a regional area. Most committee members were impressed with the level of expertise represented on the CfC committee.

The committee has phenomenal knowledge of what does and does not work. (committee member)

As a result, committee members stated they find the opportunities for networking and learning about community activities a very useful aspect of committee attendance, and found that it prevented the potential creation of duplicate services. Comment was also

made that meetings were well conducted, with members feeling safe to put forward their views, and that discussions are well summarised by the chair so that all voices are heard.

However, a number of committee members expressed a desire to extend the activities of the committee somewhat, particularly to engage the high level of expertise available. In this regard, several suggestions were made:

- Use committee for goal setting and establish a set of working priorities
- Use the committee meetings to discuss the three CfC priorities and how programs fit into them
- Some opportunity for committee members to get to know each other better.
- Scope for wider ranging discussions, drawing on the committee's expertise
- More time for discussions, truncation of information sharing to compensate
- Improve the effectiveness of the committee as a working group
- Base meetings around targeted issues
- Expand the people invited to attend committee meetings as part of a focus group on specific issues

A lot of these suggestions appear to emphasise the advisory role of the committee as against the information sharing role which it is seen to already perform well. One committee member expressed a wish to understand how people came onto the CfC committee, not they added because they felt the membership should be expanded, but rather making the process clear 'in the interests of good governance.' A further committee member expressed a wish that some committee members might be people who delivered services, not just their managers.

At least one committee member felt the sub-committee structure worked well although they expressed a desire for greater reporting of sub-committee work to the main committee.

Note a number of changes have already been made to further improve the working of the Committee. For example funding is contingent upon active involvement by community partners/service providers with the Committee. This includes commitment to attend committee meetings and community consultations, and one regional meeting per year.

Collective impact

The final issue which may be appropriate for the CfC committee to consider centres around the topic of collective impact, which we expect will be familiar to most committee members. We raise this topic for further consideration in light of some of the comments made by various committee members and community stakeholders above about the potential (and actuality) that CfC SE Tasmania has in providing leadership on a range of community issues.

Collective impact is used as a means to address what are increasingly referred to as 'wicked problems' (Zivkovic, 2015), that is, issues which do not seem to respond to a single, specific approach and which need a co-ordinated group of approaches created by individuals with a range of expertise working in tandem to address the problems. Many family and community problems fall into this category, particularly in disadvantaged communities (Vinson et al, 2015). These are the types of problems where the solution to

one issue is confounded by another issue which needs to be addressed separately, whilst the solution to this separate issue is in turn confounded by a third issue, and so on.

An interesting example in the CfC context is the effectiveness of parent training programs in addressing the transmission of intergenerational trauma. Most of the extant evidence based parenting programs provide psychoeducational responses to family and child problems or (often simultaneously) work on developing better parent-child relations. Very traumatised parents, who need these programs the most, often find their own trauma history interferes with their ability to apply psychoeducational techniques and may find, again based on a traumatic past, close relationships raise their levels of anxiety, and this can extend even as far as an improving relationship with their own children. As a result, these interventions can sometimes have a kind of paradoxical effect. This particular process is being described not to criticise these interventions, which are effective in many cases, but to point out that even a usually effective evidence-based intervention can be sabotaged by a wicked problem, such as intergenerational abuse or disadvantage.

Collective impact has been proposed as a way to avoid a single solution approach, and to take a systematic, multi-pronged approach to these types of community problems, which, in terms of the current evaluation, apply to all of the major problems nominated by the stakeholders as common to the CfC areas: family violence, intergenerational disadvantage, substance abuse, poor mental and physical health, school disengagement, bullying, poor relationships and even housing. We do not propose even collective impact as the sole solution to these problems, but wish to bring the committee's attention to the idea as being a possible way to make significant inroads into them. In fact, the very establishment of CfC nationally, as a program to improve the health and welfare of young children, can readily be viewed as itself a project of collective impact. In terms of child protection, these types of approaches are discussed in the December, 2013 Supplement of the Journal of the International Society for the Prevention of Child Abuse and Neglect, Child Abuse and Neglect (37, Supplement).

‘Collective impact involves the commitment of a group of stakeholders from different sectors to a common agenda for addressing the complex problems experienced by a community such as childhood vulnerability and disadvantage’ (Centre for Community Child Health, 2018, 2). Place-based evidence used in collective impact work includes community knowledge of local needs and concerns and the practice knowledge of what is most likely to reach and assist members of a particular community. Eighty such programs are currently underway in Australia (Centre for Community Child Health, 2018). Collective Impact has proven to be more effective than situations where agencies address similar issues without collaboration or co-ordination, leading to the availability of only limited resources and knowledge, duplication in services, gaps in service delivery and competition for scarce resources (Centre for Community Child Health, 2018).

The Centre for Community Child Health at the Royal Children's Hospital in Melbourne summarises the basic principles of placed-based collective impact in a recent publication (July, 2018, 3):

- Create and sustain a cross-sector decision-making partnership
- Establish and sustain skilled, sustained backbone support
- Engage and mobilise cross-sector partners and networks
- Engage in co-design and robust planning

- Engage in continuous strategic learning
- Build capacity in all sectors
- Develop collaborative mindsets and practices

The publication further sets out a series of steps essential to achieving the success of a collective impact project (p. 4):

- A clear situational analysis
- An outcomes framework with the targets intended to be achieved
- A theory of change which explains how the outcomes will emerge
- Investment and asset mapping of the community which can be applied to the problem
- A theory of action which explains what actions are needed to achieve change
- Policy and investment recommendations which ‘advocate for system-wide reform of policies, priority investments and practices to help achieve the desired population changes’.

In their work on the topic, Kania and Kramer (2011, 38), list the following features as essential to a work of collective impact:

1. Centralised infrastructure; independent staff dedicated to the coordination of the work (often referred to a ‘backbone organisation’).
2. Setting a common agenda
3. A shared system of measurement
4. Continuous communication which creates rapid learning and a developmental evaluation in which goals and strategies are revised continuously (see also Kania & Kramer, 2013)
5. Mutually reinforcing activities, preferably long-term, across different sectors, which target a specific social problem or problems, and which engage actors beyond the NGO sector

Moore et al (2011) and Pycroft (2014) use the analogy of the neural net in the human brain to describe a co-ordinated system from which emerge new and creative solutions to problems which would not have otherwise emerged from the actors’ individual responses, and it is both intriguing and interesting to consider the effect of collective impact to organise a kind of supportive neural network for a community. On this analogy, the backbone agency can be seen to provide the executive function for the project which is widely believed to be provided by the frontal lobe in the human brain (van der Kolk, 2014).

It can be argued that CfC in SE Tasmania is already operating as a defacto agency of collective impact, in that it has been working collaboratively throughout the regions on a variety of common agendas, uses the one data management system (SAMIS), goes to great lengths to fill in gaps amongst services and avoids reduplication of services, exerts a good deal of effort to communicate and inform stakeholders of area events and resources, and as such, acts as a kind of backbone to support a wide range of activities in many regions.

Further, it has been strongly suggested by many of the community stakeholders we interviewed that CfC is quite effective in finding ways of filling existing gaps in services and targeting emerging issues. CfC has either participated in, or led, initiatives to develop council and community action plans for children and young people in Brighton and The Derwent Valley, and it has also been an important participant in the Early Years Forum,

which focuses on the provision of quality support to children under age five. It also has brand recognition and the trust of community stakeholders who value its independent stance (see above under strengths). Finally, the ability of CfC to connect with community stakeholders supports current iterations of collective impact which stress community engagement and the need for the community to define its own issues and concerns (see McLeigh, 2013; Melton, 2013).

While service system change is important, place-based collective impact highlights that it is insufficient for overcoming the complex, institutionalized and socially exclusionary nature of disadvantage and childhood vulnerability. Building social capital and community capacity are also essential elements. (Centre for Community Child Health, 2018, p. 4)

In 2015 CfC undertook to take a collective impact approach to supporting children aged 6-13 in the Brighton municipality. The Brighton collective impact project held semi-regular networking meetings with relevant service providers to identify core goals and issues for the target group. The CfC Manager and a consultant, Maree Fudge, acted as convenors. Relevant publicly available data was collated to inform the project. Community members were invited to co-design and actively participate in the project.

Whilst the 2015 project to institute a collective impact approach in Brighton ran out of steam due to a lack of engagement with community members thus replicating a service providers network with no new grassroots input, there were valuable learnings gained from the exercise with new projects borne out of the CI venture. One of the main learnings is that CI takes time to develop. The support group for children affected by parental offending (CAPO), the Safety Mapping project and the Community Consultative committees established in 2017 arose from the CI project. Interestingly, the Brighton/SM Consultative Committee is working extremely well while the Derwent Valley/CH is undergoing the same teething problems as the 2015 program in Brighton – with over-representation of service providers and minimal grassroots input. This suggests that it is worth taking the sufficient time required to develop CI approaches.

Recommendations:

- It is recommended that the Communities for Children committee and the Facilitating Partner continue to explore the possible role Communities for Children might play as an agency of placed-based collective impact.

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APPENDIX A INFORMATION SHEETS

A1 COMMUNITY STAKEHOLDERS

Invitation to participate

We would like to invite you to take part in a study to evaluate the *Communities for Children* programme in South East Tasmania, funded by the Commonwealth Government's Department of Social Services and of which The Salvation Army is the facilitating partner. The researchers for this project are Dr Ron Frey and Dr Romy Winter from the Tasmanian Institute of Law Enforcement Studies

What is the purpose of this preliminary study?

This is an evaluation of how well the *Communities for Children* has worked to help build cohesive communities and families that nurture children to be happy, healthy and confident. There are four groups who will be invited to participate in the evaluation: parents, community organisations delivering the program, the workers co-ordinating the program itself for The Salvation Army, and members of the community who are aware of local needs. If they agree to participate, each of these four groups will be asked questions about how well the project has worked to meet the needs of families with children less than 12 years old in the communities of Brighton, New Norfolk, Southern Midlands and the Upper Derwent Valley/Central Highlands areas. We will be evaluating what the project has done well, what challenges have arisen, and whether there are other needs the programme could address.

Why have I been invited to participate in this study?

You have been asked to take part because your name has been provided by The Salvation Army as someone who has agreed to provide comment on delivery and impact of Communities for Children in South East Tasmania following completion of a recent online survey.

What does this study involve? What types of questions will be asked?

The researchers would like meet with you for an interview. This will take approximately 25 minutes of your time, and will be audio recorded. The interview will take the form of a conversation, giving you the opportunity to share your role in Communities for Children and other information you consider to be important. Key questions of interest involve your organisations and your role in one or more areas in which Communities for Children programmes and activities are being run.

Are there any possible benefits from participation in this study?

As well as people's feedback, the final report for the Salvation Army will evaluate project processes, to enhance program delivery, and to assist in determining future strategies. The evaluators may also publish findings from the evaluation in academic journals, books and conferences.

Are there any possible risks from participation in this study?

There are no specific risks anticipated with participation in this study. You can easily withdraw from the evaluation at any time, including after you have consented to participate, at any time prior to the end of August 2018. To withdraw simply inform the evaluators who will discuss with you how you would like this to be done.

What will happen to the information when this study is over?

All data will be treated in a confidential manner. All research data will be securely stored on the investigators' password protected computers, and any hard copy of this material will be kept on UTas (TILES) premises, in Dr Winter's office, in a locked cabinet, for five years from the publication of the study results, and will then be destroyed.

How will the results of the study be published?

The information you and others provide will be summarised into an evaluation report which is the property of the Salvation Army. You can request a copy of a summary of the study by ticking the box on the Consent Form. The research team will also disseminate research results via a number of academic publications and conference presentations.

How do I volunteer to participate? How do I find out more about this research?

If you would like to volunteer to participate or you want to discuss or ask questions about any aspect of this study, please contact us by:

Emailing Ronald.Frey@utas.edu.au or Romy.Winter@utas.edu.au

Phoning (03) 6226 2319 (during work hours)

You will be given a consent form to sign before your interview commences.

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479. The executive officer is the person nominated to receive complaints from research participants. You will need to quote [H17337] as the ethics project number.

Thank you for taking the time to consider this study. If you wish to participate in this study, please sign the consent form provided. This information sheet is for you to keep.

Dr Ron Frey

Dr Romy Winter

School of Social Sciences, University of Tasmania

A2

PARENTS

Invitation to participate

We would like to invite you to take part in a study to evaluate the *Communities for Children* programme in South East Tasmania, funded by the Commonwealth Government's Department of Social Services and of which The Salvation Army is the facilitating partner. The researchers for this project are Dr Ron Frey and Dr Romy Winter from the Tasmanian Institute of Law Enforcement Studies (TILES) at the University of Tasmania.

What is the purpose of this preliminary study?

This is an evaluation of how well the *Communities for Children* has worked to help build cohesive communities and families that nurture children to be happy, healthy and confident. There are four groups who will be invited to participate in the evaluation: parents, community organisations delivering the program, the workers co-ordinating the program itself for The Salvation Army, and members of the community who are aware of local needs. If they agree to participate, each of these four groups will be asked questions, via online survey or face to face - about how well the project has worked to meet the needs of families with children less than 12 years old in the communities of Brighton, New Norfolk, Southern Midlands and the Upper Derwent Valley/Central Highlands areas. We will be evaluating what the project has done well, what challenges have arisen, and whether there are other needs the programme could address.

What does this study involve? What types of questions will be asked?

There are a number of questions in this survey which will require about ten minutes to complete. You will be asked different questions depending on whether you are a parent, a worker in a Communities for Children program or another service. You can also decide if you would like to take part in a further short interview.

Are there any possible benefits from participation in this study?

As well as people's feedback, the final report for the Salvation Army will assist in determining future strategies.

Are there any possible risks from participation in this study?

There are no specific risks anticipated with participation in this study. Please note that once completed you cannot withdraw your feedback from an online survey, however you are not able to be identified by the information you provide in this survey.

What will happen to the information when this study is over?

All data will be treated in a confidential manner. All research data will be securely stored on the researchers' password protected computers, and any hard copy of this material will be kept on UTas (TILES) premises, in Dr Winter's office, in a locked cabinet, for five years from the publication of the study results, and will then be destroyed.

How will the results of the study be published?

There is no consent form required for this study. The information you and others provide will be summarised into an evaluation report which is the property of the Salvation Army. You can request a copy of a summary of the study by providing some contact details on the final page of the survey. The research team will also disseminate research results via a number of academic publications and conference presentations.

How do I volunteer to participate?

If you would like to volunteer to participate, please progress to the survey by pressing the [NEXT] button.

How do I find out more about this research?

If you want to discuss or ask questions about any aspect of this study, please contact us by:

Emailing Ronald.Frey@utas.edu.au or Romy.Winter@utas.edu.au

Phoning (03) 6226 2319 (during work hours)

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479. The executive officer is the person nominated to receive complaints from research participants. You will need to quote [H17337] as the ethics project number.

Thank you for taking the time to consider this study.

Dr Ron Frey

Dr Romy Winter

School of Social Sciences, University of Tasmania

A3

INFORMATION SHEET FOR PROJECT WORKERS

Invitation to participate

We would like to invite you to take part in a study to evaluate the *Communities for Children* programme in South East Tasmania, funded by the Commonwealth Government's Department of Social Services and of which The Salvation Army is the facilitating partner. The researchers for this project are Dr Ron Frey and Dr Romy Winter from the Tasmanian Institute of Law Enforcement Studies (TILES).

What is the purpose of this study?

This is an evaluation of how well the *Communities for Children* has worked to help build cohesive communities and families that nurture children to be happy, healthy and confident. There are four groups who will be invited to participate in the evaluation: parents, community organisations delivering the program, the workers co-ordinating the program itself for The Salvation Army, and members of the community who are aware of local needs. If they agree to participate, each of these four groups will be asked questions, via online survey or face to face - about how well the project has worked to meet the needs of families with children less than 12 years old in the communities of Brighton, New Norfolk, Southern Midlands and the Upper Derwent Valley/Central Highlands areas. We will be evaluating what the project has done well, what challenges have arisen, and whether there are other needs the programme could address.

Why have I been invited to participate in this study?

You have been asked to take part because your name has been provided by The Salvation Army as someone who has been involved in the delivery of Communities for Children in South East Tasmania.

What does this study involve? What types of questions will be asked?

The researchers would like to meet with you for an interview. This will take approximately 45 minutes of your time, and will be audio recorded. The interview will take the form of a conversation, giving you the opportunity to share your role in Communities for Children and other information you consider to be important. Key questions of interest involve your organisations and your role in one or more areas in which Communities for Children programmes and activities are being run.

Are there any possible benefits from participation in this study?

As well as people's feedback, the final report for the Salvation Army will evaluate project processes, to enhance program delivery, and to assist in determining future strategies. The evaluators may also publish findings from the evaluation in academic journals, books and conferences.

Are there any possible risks from participation in this study?

There are no specific risks anticipated with participation in this study. You can easily withdraw from the evaluation at any time, including after you have consented to

participate, at any time prior to the end of August 2018. To withdraw simply inform the evaluators who will discuss with you how you would like this to be done.

What will happen to the information when this study is over?

All data will be treated in a confidential manner. All research data will be securely stored on the investigators' password protected computers, and any hard copy of this material will be kept on UTas (TILES) premises, in Dr Winter's office, in a locked cabinet, for five years from the publication of the study results, and will then be destroyed.

How will the results of the study be published?

The information you and others provide will be summarised into an evaluation report which is the property of the Salvation Army. You can request a copy of a summary of the study by ticking the box on the Consent Form. The research team will also disseminate research results via a number of academic publications and conference presentations.

How do I volunteer to participate? How do I find out more about this research?

If you would like to volunteer to participate or you want to discuss or ask questions about any aspect of this study, please contact us by:

Emailing Ronald.Frey@utas.edu.au or Romy.Winter@utas.edu.au

Phoning (03) 6226 2319 (during work hours)

You will be given a consent form to sign before your interview commences.

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479. The executive officer is the person nominated to receive complaints from research participants. You will need to quote [H17337] as the ethics project number.

Thank you for taking the time to consider this study. If you wish to participate in this study, please respond to this email. You will be provided with a consent form to sign the prior to the interview commencing. This information sheet is for you to keep.

Dr Ron Frey

Dr Romy Winter

School of Social Sciences, University of Tasmania

APPENDIX B INTERVIEW SCHEDULES

B1 COMMUNITY STAKEHOLDERS

Basic Information

1. What is your role in this community? How long have you been involved with this community?
2. Of all the programmes and resources overall in your area, which do you find assist your community the most? With which are you most involved? Why would you say these particular services are of the most assistance?

Effectiveness of Communities for Children programmes

3. Are you familiar with Communities for Children and the programmes it supports? If so, which ones?
4. Have you ever worked directly with these programmes or referred families to these programmes?
5. If you have referred a family or child to a Communities for Children programme, can you talk us through the decision to refer a family and the referral process generally, commenting on how well you feel it works (please do not provide specifics of the referral). Generally speaking, what tends to be referred to CfC programmes?
6. Which organisations do you understand to be a Community Partner with CfC in this area?
7. To your knowledge, are the programmes delivered by CfC Community Partners effective? Which are the most effective, which the least effective?
8. Are they targeting areas of the greatest need?
9. Are you aware that CfC has been targeting areas of priority (safety, resilience, aspiration)? Are these appropriate priorities and should any others be added to them?
10. What about the Department of Social Services priorities (healthy young families, early intervention, early learning, successful transitions to education and work)?
11. How could consultation be improved with CfC and its programmes?
12. Are you aware that CfC has a requirement for 50% of the programmes provided be evidence-based? Is it your experience that this has affected the number and type of services and programmes in this community? What impact has it had on responding to community need?
13. Since the last evaluation, the funding body has required that state agencies (eg, state schools, also state funded child protection and family violence authorities) are not able to be Community Partners. Do you see this as having an impact in this community? How?
14. New Norfolk area only: Are there programmes which have been offered in the past by the facilitating partner which would be usefully re-instated for the community?
15. Generally, if the CfC programme were to disappear from your community, would you notice its absence, and if so, in what ways?

Emerging Community Needs and Strategic Planning

16. What are the areas of need which most affect children and families in this community? (There may be some more specific questions asked in each of the four regions)
17. Are there areas of emerging need, and what do you feel these are; for example, are there family issues which seem to be coming to your attention more frequently?
18. Do you have a 'wish list' for problems you would like to see addressed in your community?
19. Does there seem to be high rates of family violence in your region? If so, do you know of programmes or any other attempts to address the effect of family violence on children? Do you feel the issues involved in family violence are being addressed effectively?
20. What support is available for children whose parents have mental health problems?
21. What support is available for children with behavioural and mental health problems?
22. Have there been any important changes since the last consultation (2015), both in the region, in programmes, in programme availability, in government and state government policy, in local priorities?

Community Strategic Planning

1. How are new needs determined, is there a mechanism by which a community can put forward need, and how are new programmes and ideas sourced?
2. In relation to above, what kind of in-kind community support is provided to the programmes by the facilitating partner?
3. Is the CfC strategic plan co-ordinated with other community planning? Is your experience that there is community agreement on needs, or on prioritised interventions?
4. Are you aware if community leaders (such as school principals for example) have plans, goals they would like to see accomplished or things to happen in their communities? Do they have a 'wish list'?
5. Are there gaps between 'official' suggestions of community needs and the views of children and parents?
6. How were children's perspectives gathered and what have children said about what matters to them?
 - a. Discuss the community mapping project.
 - b. Have the children's views in the mapping experience been fed back to local police and councils, and if so, what impact has this had?
7. What is your experience with the requirement that 50% of all programmes offered through CfC are evidenced-based? What are the pros and cons of using evidence-based programmes?
8. What is your experience of the direct exclusion of funding of state agencies (e.g., state schools, also state funded child protection and family violence authorities) since the previous evaluation?
9. New Norfolk only: Are there programmes or resources which are now unavailable to the community because of the decision to exclude the facilitating partner from offering CfC programmes?

CfC and DSS priorities:

10. Are the CfC priorities of safety, resilience and aspiration still appropriate at this end of the service agreement? Should others be added?
11. How well do you think the priorities are being addressed by each programme funded by CfC (including small grants programme)?
12. Are some priority areas met more successfully than others?
13. The DSS priority areas have remained fairly static over the past few years. Do they need revising, how and why?

How well the programmes work

14. Overall, do you feel the CfC funded programmes have been effective?
15. Do some work better than others and if so, why?
16. Do you have any comments about the flexibility of any of these programmes?
17. What are the challenges of reaching those who need the programmes the most (note: some of the challenges could lie in the nature of the programmes themselves)?
18. Are there common characteristics workers share who successfully drive CfC programmes and case work?

19. Have there been any successful instances of CfC funded programmes being transferred to the local community, and if so, what challenges had to be faced to get this to work?
20. Are there unmet needs in the community which might impact on the central or core aim of healthy children in healthy families yet is not reflected in the priority areas above for the purpose of feedback?
21. Are you aware of children accessing services who have caring responsibilities? If so, under what circumstances are they providing care? What is your understanding of the needs of this group of children and young people?

Previous Review

22. List and discussion of changes since last review, both in region, in programmes, in programme availability, in government and state government policy, in local priorities.
23. Were the recommendations of the previous evaluation implemented?
24. Was the implementation successful?
25. If they were implemented, but unsuccessful, or could not be successfully implemented, what were the reasons for the lack of success.
 - a. Further case studies:
 - b. Example of a successful programme
 - c. Example of an unsuccessful programme
26. Have there been decisions taken by or about CfC which seem to have been unpopular by the local community?
27. If CfC would suddenly vanish or cease to be funded, what community needs would go unmet? How would the cessation of this programme be most noticed by the community?

Mental Health Questions for the facilitating partner

28. Do the communities have an expectation that CFC should do something about mental health? Is this outside the parameters of the service agreement and if so, should it be included?
29. What support are you aware that is available for children whose parents have mental health problems in each of the CfC areas?
30. What support are you aware is available for children with behavioural and mental health problems in each of the CfC areas?

B3**COMMITTEE**

1. Information about background, including period of time on CfC reference group?
2. Are you satisfied with the new terms of reference and new working model of the committee?
3. Are you satisfied with the composition of the committee?
4. Is there a good balance of members on the committee in terms of background experience, agency affiliation and skill set?
5. Do you feel the committee works together successfully?
6. Do you feel the committee is effective in addressing the needs of the community, the DSS priorities and the priorities as presented in the strategic plan?
7. Are there any programmes which you particularly like, or dislike, and why?
8. Are there changes or improvements that would more successfully facilitate the work of the committee?
9. Comments on changes in DSS priorities?
10. Comment on FP priorities and emerging needs in the communities and the clients of your organisation.

B4**PROJECT WORKERS**

1. What is the current size of your case load? What do you feel is a reasonable size?
2. How are people referred to the services (CfC and other programmes)?
3. Who is a typical client for each programme? what needs and problems do they present? How do they access the service, how long do they stay in the service, what do they say they have gained from the service, exit the service, and to where, if anywhere, are they referred upon leaving the service?
4. How is time allocated across the areas of need, and on what basis is this allocation made?
5. How do you prioritise the families you work with, and also set the goals and targets they have in working with these families?
6. If you were given extra resources, how would you allocate them?
7. How do we know the programmes are reaching those who need them the most?
8. What are the persistent barriers to accessing services with your client group?
9. Since 2015, have there been changes in the region, in programmes, in programme availability, in government and state government policy, or in local priorities which has impacted on your programmes?
10. How are children's perspectives gathered by your agency and what do children tell you matters to them?
11. Are you aware of families with multiple needs, and if families have multiple needs, which are met by CfC programmes and which are met by other programmes and which are not met?
12. Are the service providers aware of intergenerational trauma and if so, does this knowledge effect service design or delivery?
13. What support is available for children whose parents have mental health problems?
14. What support is available for children with behavioural and mental health problems?
15. If CfC funded programmes were to vanish from your community, what gap would they leave?

APPENDIX C PARENT SURVEY

These questions are to get parent feedback on the Communities for Children activities in which you and your child have been involved. Your feedback is important for Communities for Children to understand what is working well or needs changing. Your feedback is anonymous and confidential. You do not need to put your name on this form nor is your signature required to give consent.

By activating the **proceed** button below I am agreeing to participate in this study.

Which Communities for Children area do you belong to:

Brighton ☐ Upper Derwent Valley/Central Highlands ☐
New Norfolk ☐ Southern Midlands ☐

Do you have children living at home? Yes ☐ No ☐

What is the age range of your children living at home? Tick all that apply

0-5 6-10 11-13 14-17 18+

Do you speak a language other than English at home? Yes ☐ No ☐

Do you identify as Aboriginal or Torres Strait Islander? Yes ☐ No ☐

Does anyone in your household have a disability?

Self partner child/ren Other

What would you say are the good things about living in your area?

What would you say are the biggest challenges for raising a family in your area?

Are any of the following relevant concerns in your community? Select all that apply

Access to affordable fresh food	access to technology (computer, internet etc)
Accessible and affordable childcare	Accessible and affordable child care
Affordable housing	Bullying
Child behaviour issues	community safety
Cyber-bullying	Dental care
Drug and or alcohol abuse	Employment opportunities
Family violence	Finding family suitable social activities
Finding family suitable sport and recreational activities	Literacy for children
Learning and homework support	Natural disasters (flood, bushfire etc)
Literacy for parents	Personal safety
Nutrition/good eating and diet habits	social isolation/lack of opportunities to get to know people in your community
Transport	Unsafe/dangerous physical environment
Other	

Comment on those of the above issues that are currently being adequately addressed in your community. How are they being addressed? Who is addressing them?

Comment on which of the above are NOT adequately addressed in your community

Do you think there are enough activities in your area for children in the following age groups?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
0-4 yrs						
5-8 yrs						
9-12 yrs						
13+						

Please comment on the sort of activities you would like to see provided for each age group where you have indicated insufficient activities exist

What sort of activities, services and support for families would you like to see more of available in your community? (select all that apply)

access to technology (internet etc)	Assistance to access govt programs (NDIS, Centrelink)
Child behaviour problems	Community Safety
Cooking and food preparation	Dental care
Educational activities	Excursions
Family friendly community social events	
Growing fruit and vegetables	Homework support
Housing	Literacy
Medical care	Mental health care
Parenting programs	Recreational activities
School and community engagement	Sporting activities

Which of these services do you currently access?

Centrelink	Emergency Relief	Childcare	Employment Services
Child&Family Centre	Housing services	Child Health Centre	Library
Communities for Children		NDIS	Community Health Centre
Online access centre	Community Sports/Recreation		parks and playgrounds
Community/neighbourhood House		Swimming Pool	Other

Are you aware of any Communities for Children funded programmes and activities in your community?

If so which ones?

Have you or your family members participated in any of these CfC programmes/activities?

If you have NOT participated in any of the CfC funded programmes/activities please indicate reasons why not (select as many as apply)

Did not know about them Do not have children Do not know anyone who has used them
 Do not need the programmes/activities Family/children do not want to attend
 Programmes are offered at times which do not suit my family
 Uncertain about confidentiality Too much else to do Transport difficult
 Would feel awkward talking about my family with outsiders Other

If you have been unaware of programmes and activities funded by CfC, what do you believe is the most effective way to promote these activities in your community?

Which CfC programmes/activities have you participated in?

How did you learn about these programmes/activities?

Brochures/leaflets/flyers School newsletter Communities for Children website
 Posters/advertising Facebook Recommendation from family/friends
 Community newsletter Referral from other programs or professional (school, nurse, doctor)
 Other

What do you believe is the most effective way to let families and community know about CfC activities?

Do you think The Salvation Army CfC Facilitating Partner has been effective in supporting collective engagement with?

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
children						
Government agencies						
Local communities						
Local government						
Service Providers						

What are your reasons for participating in a CfC programme? (select all that apply)

Help to understand child/ren's behaviour Health Care Practical parenting skills
 Information on cooking and nutrition Social activities for my children
 Social support for myself
 Wanted a more positive/closer relationship with my children Other

Did you complete the CfC programme/activity?

If no, why not? (select all that apply)

Child care availability Lack of time/too much else to do Did not feel listened to
 Programme failed to meet the needs of my family Felt uncomfortable
 Timing of programme/activity inconvenient Health Issues Transport
 Other

What information presented in the CfC programme/activity do you still find useful in your daily life and with your family?

Have you noticed any other changes in your family as a result of involvement in CfC activities?

Please choose the response that is the closest to your experiences with Communities for Children. As a result of my involvement with a CfC programme/activity, I

Statement	Strongly disagree	disagree	Neither agree nor disagree	Agree	Strongly agree
I interact more positively with my child/ren					
Feel more confident in caring for my child/ren					
Feel I have a better understanding of the reasons for my child/ren's behaviour					
Feel more able to handle childhood problems and behaviour					
Feel more able to help my child/ren engage with their school work					
Have learned new ways to teach and play with my child/ren					
Feel more confident in making good decisions for my child/ren and family					
Have a stronger relationship with my child/ren					
Notice that my child/ren's development has improved					
Feel more connected to other families in my community					
Have made friends					
Feel more connected to my community generally					
Feel safer in my community					
Know how to access support and assistance for my family when I need it					
Have used other community services and supports to assist my family					

Since 2015, the funding agreements have not allowed the Facilitating Partner (The Salvation Army) and state government agencies (such as schools) to deliver CfC funded activities or programmes. Have you noticed any impact of this restriction on the programmes/activities offered in your community?

Is there anything further you would like the evaluation team to know about the CfC programmes/activities in your community?

If you would like to receive an electronic copy of summary of the results of this evaluation please provide your email address

Thank you for your feedback

APPENDIX D STAKEHOLDER SURVEY

We would like to invite you in your role as service provider or community stakeholder to take part in a study to evaluate the *Communities for Children* program in SE Tasmania, funded by the Commonwealth Government's Department of Social Services and of which The Salvation Army is the facilitating partner. The researchers for this project are Dr Ron Frey and Dr Romy Winter from the Tasmanian Institute of Law Enforcement Studies at the University of Tasmania.

What is the purpose of this survey?

This is an evaluation of how well the *Communities for Children* has worked to help build communities and families that nurture children to be happy, healthy and confident. Your feedback is important for *Communities for Children* to understand what is working well or needs changing.

This will take approximately 10 minutes of your time. We are interested in your views as to what families and communities have gained from involvement with *Communities for Children*. The survey is anonymous and confidential. Your name is not required. However you have the opportunity to volunteer for a further short personal interview by providing details at the end of the survey questions.

If you would like to discuss or ask questions about any aspect of this study, please contact us by: Emailing Ronald.Frey@utas.edu.au or Romy.Winter@utas.edu.au Phone (03) 6226 2319 (during work hours)

This study has been approved by the *Tasmanian Social Sciences Human Research Ethics Committee*. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479. The executive officer is the person nominated to receive complaints from research participants. You will need to quote [17337] as the ethics project number.

Which Communities for Children area do you belong to:

Brighton Upper Derwent Valley/Central Highlands New Norfolk
Southern Midlands

What is your role in this community?

Community Partner/Manager Other Service provider
Community Partner/Project Officer volunteer Other

In your community role are you employed by?

Federal Government State Government Local Government
Large NGO including churches NFP organisation Business Other

What is your role in this community? Select all that apply

After school support worker
Clergy/minister/priest
Early childhood practitioner
Housing support worker
Local Govt/Council
Nurse/medical practitioner
School chaplain
Sport and recreation worker
Youth worker

child protection/family violence worker
Community development officer
Family Support worker
Law Enforcement/Police
Mental health worker/practitioner
Principal/Deputy Principal
School social worker/psychologist
Teacher
Other

Have you been involved with one or more Communities for Children programmes/activities?

If yes, which ones?

How long were you involved with each CfC programme/activity you listed above?

If no, are you aware of any CfC programmes/activities in your area?

If yes, which ones?

Please comment on the following scale how well CfC funded activities or programmes have improved the following

Statement	Never	Usually not true	Occasionally	Usually true	Almost always true
Enabled families to care for their children more effectively					
Enabled families to improve their children's physical wellbeing					
Improved the safety of children and families					
Addressed social disadvantage for families of SE Tasmania					
Improved families' social connections within their communities					
Improved learning and educational outcomes for children					
Reached the families in greatest need					
Developed sustainability and community ownership of programmes and activities					
Worked collectively with agencies to take a collaborative approach to the needs of children, families and communities					

Please comment on areas of the above which, in your opinion, could be improved, providing suggestions, if you would like, on how they could be improved, and also on areas which appear to be working well.

Has the Facilitating Partner (The Salvation Army) been effective in supporting collective engagement with

Stakeholder	Never	Usually not true	Occasionally	Usually true	Almost always true
Children					
Government agencies					

Local communities					
Local government					
Service providers					

Can you please provide an example of where this has occurred in your community?

How would you rate the effectiveness of the Facilitating Partner in supporting your agency/programme/activity (scale of 1-5, with 1 being the lowest and 5 being the highest)

Statement	1=low	2	3	4	5=Excellent
Delivering positive outcomes for parents					
Delivering positive outcomes for children					
Delivering positive outcomes for this community					
Facilitating agencies to work together					

What would you say were the most important factors about CfC that have led to improvements in outcomes for families in SE Tasmania?

Are you aware of the current CfC priority areas of Safety, Resilience and Aspirations?

Please comment on the relevance of these priority areas

Are there other priority areas you feel are emerging as more relevant to this community? Please comment

Are you aware that CfC has a requirement that 50% of the programmes/activities be evidence-based?

If Yes, please comment on any impact this requirement may have had on the ability of CfC programmes/activities to respond to community need

Are you aware that the CfC programme has been restricted from directly funding programmes and activities offered by Government agencies (including schools)?

If Yes, please comment on any impact this requirement may have had on the ability of CfC programmes/activities to respond to community need

In your opinion, what would be the community impact if CfC programmes/activities were to disappear?

What would you regard as the greatest need(s) children and families have in your community? (select all that are applicable)

Access to technology – computers internet etc Affordable and accessible health care
 Assistance for parents to support the educational needs of school children
 Bullying Cyberbullying Community Safety Dental Care
 Children caring or living with parents with mental health or substance abuse problems
 Drug and alcohol abuse Families with multiple needs Family Violence

Families coping with parental offending and incarceration Food security
 Intergenerational trauma and disadvantage Lack of educational opportunities
 Lack of opportunities for sport and recreation Literacy/numeracy for children
 Lack of opportunities for social activities for children and families
 Literacy/numeracy for parents Litter/pollution Mental health care
 Nutrition Poor physical wellbeing/chronic illness Poverty
 Programmes and services for children 0-4 years
 Programmes and services for children 5-12 years
 Programmes and services for children 13+ years
 Transport including public transport and accessibility of goods and services
 Young families and/or single parents negative bias Other, please specify

How are the voices of children heard in your community/by your organisation?

Are you employed as a project officer for a Communities for Children Community Partner?

What has been your experience of building relationships with families in the community during the CfC programme?

What has been your experience of building relationships with other services in the community during the CfC programme/activity?

What has been your experience in contributing to the development of child friendly communities?

In your opinion, are CfC programmes/activities sustainable?

What would make CfC funded programmes/activities more sustainable?

How have you promoted CfC programmes/activities?

What promotional activities have worked well?

Thinking about your individual caseload, which of the below are concerns facing the families and children with whom you work? (select all that are applicable)

Access to technology – computers internet etc Affordable and accessible health care
 Assistance for parents to support the educational needs of school children
 Bullying Cyberbullying Community Safety Dental Care
 Children caring or living with parents with mental health or substance abuse problems
 Drug and alcohol abuse Families with multiple needs Family Violence
 Families coping with parental offending and incarceration Food security
 Intergenerational trauma and disadvantage Lack of educational opportunities
 Lack of opportunities for sport and recreation Literacy/numeracy for children
 Lack of opportunities for social activities for children and families
 Literacy/numeracy for parents Litter/pollution Mental health care
 Nutrition Poor physical wellbeing/chronic illness Poverty
 Programmes and services for children 0-4 years
 Programmes and services for children 5-12 years
 Programmes and services for children 13+ years
 Transport including public transport and accessibility of goods and services
 Young families and/or single parents negative bias Other, please specify

How does your programme/activity address these issues?

Please comment on how people are referred to your programme/activity

What kinds of external referrals have you made? (select all that apply)

Another CfC programme/activity	Family violence service	After school care service
Holiday programme	Child care service	Housing assistance
Child mental health	Individual counsellor	Drug and alcohol service
Mental Health service	Educational support	NDIS
Family support service	School counsellor/chaplain	Other, please specify

Are you informed of the outcomes of these referrals?

Is there anything else you would like to tell the evaluators about the effectiveness of the CfC programme?

The evaluators would like to conduct some in-depth interviews with a sample of service providers about Communities for Children. If you are interested in taking part in a short anonymous and confidential interview to provide additional feedback, please provide the contact information below and we will get in touch shortly to arrange a time and venue.

If you would like to receive a summary of the results of this evaluation. Please provide your email address below.

APPENDIX E SMALL GRANT APPLICATION FORM



COMMUNITIES FOR CHILDREN

South East Tasmania

Small Grant Application

2018 / 19



Communities for Children Small Grant program is now open

Applications close 5.00pm Thursday 14th June 2018

Grants are available in the following Communities for Children locations:

- Derwent Valley
- Upper Derwent Valley / Central Highlands
- Southern Midlands
- Brighton

GRANT GUIDELINES

Grants are available for amounts up to **\$3000.00** and are open to **local incorporated community organisations** to initiate or develop activities that improve parenting, safety and resilience, build community capacity and the health and wellbeing of **families with children aged 0-12 years**.

Incorporated Community Groups, Associations and Organisations are encouraged to apply for grants that address the following:

FOCUS AREAS

- Applications that focus on addressing family violence and increasing the safety of women and children
- Activities that provide after school and school holiday activities/programs for children 5-12 years
- Activities that support resilience and aspirations for families and children
- Activities that encourage positive engagement with fathers and their child/ren
- Activities that focus on Health and Nutrition

EXCLUSIONS

The Salvation Army Communities for Children Small Grant funding is available for new activities or projects where no other application has been lodged with another funding program or source. We are not able to support the following:

- Scholarships or Bursaries
- Commonwealth, State and Local government funded agencies
- Fundraising drives
- Duplication of existing programs or projects
- Upgrade or improve buildings or assets
- Wages and/or salaries or staff travel
- Individuals with a business benefit
- Activities that are the responsibility of other funding programs

Please note that grant monies must be used for the purpose that the grant was awarded. Should circumstances change and other funding is sourced for the same project, The Salvation Army must be notified and a variation submitted for approval by the Communities for Children Committee. In some cases the grant payment will need to be returned.

For more information on the Communities for Children program please visit our website: www.cfctas.org.au

APPLICANT INFORMATION

Organisation:

Contact person:

ABN:

Organisation's address:

Telephone contact:

Email address:

Organisational Aims: please briefly describe the core activities of your service?

PROJECT INFORMATION

Description and name of Project/Activity:

List the primary aims the program or activity: (please describe which focus area will be addressed and why the activity/resource/project is needed)

1. How will you deliver your activity or program?
2. What are the expected outcomes /outputs of the project?
3. What is the duration of the project?

Target Group/s – please tick

Families ☐ Children 0-5 ☐ Children 6-12 ☐ Grandparents ☐
Aboriginal Families ☐ Fathers ☐ Teen and young parents ☐

How many families/children will benefit?

Children 0-5 Children 6-12 Families Fathers
Aboriginal Families Single Parents Other

If you responded to the question above please answer the question below.

4. Describe your or your organisation's ability to securely collect basic client data, to be forwarded to the CfC FP manager for entry into a secure electronic database?

N.B. The basic client data required consists of: name, address, age, sex, country of birth, ATSI status.

At the completion of the project the organisation will need to provide Communities for Children with some basic information: outcomes summary and an acquittal of the grant funds. Please confirm your ability to provide this information in the space below. ie. Outcomes / Outputs from the project/program, which may include how often the equipment is used, do other community groups use the resources, how the resources, program or activity has made a difference etc. This information is required for Department of Social Services (DSS) reports.

Amount requested (including GST) \$

Is your organisation registered for GST? (circle applicable) Yes
No

Please include a quotation for grants over \$500.00

For grant applications over \$1,500.00 please include a budget and quotations

Please post or email your Small Grant application and supporting documentation, if applicable, to:

Stacey Milbourne – Manager Communities for Children
The Salvation Army Tasmania
250 Liverpool Street , Hobart TAS 7000

For inquiries please contact Stacey on: 6270 0302 or 0457 412 114 or via email

stacey.milbourne@aus.salvationarmy.org

APPENDIX F DETAILS OF EVIDENCE AND PLACEBASED PROGRAMS IN EACH PRIORITY AREA

Safety 2017-19

Place Based

1. Bridgewater PCYC - Program: Nurturing Children and Parents (NcAP) free placements in school holiday programs for at risk children; free first aid for young mothers; free access to toddler time for young mothers; learn to swim for young mothers;
2. Jordan River Service (JRS) - Program: Parents R Us group – a weekly group focusing on safety of women
3. Uniting Tasmania - Program Family Support Worker (FSW) – 4 days per week support for families with children 0-12 years in Brighton and Southern Midlands. Families referred by DoE, Child Safety, NHT, CfC, Gateway
4. Uniting Tasmania Program Parent Support – weekly playgroup for parents under 25 in Brighton. Referred by FSW, CfC, Child Safety, NHT, Gateway etc.¹²
5. Anglicare Program Family Support Worker (FSW) 5 days a week support for families with children 0-12 years in the Derwent Valley, Upper Derwent Valley and Central Highlands. Families referred by DoE, Child Safety, NHT, CfC, Gateway.
6. Fairview Primary School Association – focus on activities to promote self-esteem and safe atmosphere at schools in the The Derwent Valley area, such as Rock and Water and after school activities
7. Westerway Primary School Association – Parent and Community Engagement in Student Learning (PaCEiSL), promotes parent engagement with primary age student learning
8. Onesimus Foundation - Hidden Sentence training for service providers and others to be aware of the impact of parental offending on children

Evidence Based

1. Uniting Care Tasmania – Family Support worker delivers evidence-based parenting programs Bringing Up Great Kids, Circle of Security and 1-2-3 Magic, also Drumbeat.
2. Impact Communities – Families and Schools Together (FAST) program aimed at strengthening family cohesion, prevent substance abuse and delinquency, and bring together family and school staff.
3. Anglicare – Family Support worker delivers Drumbeat, Fun Friends and Friends for Life.
4. Fairview Primary School Association – delivery of programs in The Derwent Valley such as Drumbeat, Fun Friends and Friends for Life.
5. Save the Children – Contact Play 2 Learn supported playgroup for children in Brighton and delivery of the parenting program The Incredible Years in The Derwent Valley
6. Parenting Plus – delivery of the parenting program 1-2-3 Magic in the Southern Midlands and the Upper Derwent Valley.

¹² Discontinued

7. Nirodah – delivery of the Respect Ambassador Program (RAP) on the Southern Midlands, The Derwent Valley, Upper Derwent Valley, which has recently achieved promising status as an evidence-based program.

Resilience 2017-19

Place Based

1. Bridgewater PCYC - Program: Nurturing Children and Parents (NcAP) free placements in school holiday programs for at risk children; free first aid for young mothers; free access to toddler time for young mothers; learn to swim for young mothers; GLAM weekly session during term times to foster resilience through activity based play.
2. Jordan River Service (JRS) - Program: Parents R Us group – a weekly group focusing ‘me-time’ for parents and carers
3. Uniting Tasmania – Program: Family Support Worker (FSW) – support for families with children 0-12 years in Brighton and Southern Midlands. Referred by DoE, Child Safety, NHT, CfC, Gateway
4. Uniting Tasmania - Program: Parent Support – weekly playgroup for parents under 25 in Brighton. Referred by FSW, CfC, Child Safety, NHT, Gateway etc
5. Anglicare – Program: Family Support Worker (FSW) 5 days a week support for families with children 0-12 years in the Derwent Valley, Upper Derwent Valley and Central Highlands. Families referred by DoE, Child Safety, NHT, CfC, Gateway
6. Hobart City Mission – structured school holiday programs in the Southern Midlands
7. Onesimus – Hidden Sentence awareness training for service, CPs and other services working with children affected by parental offendin

Evidence Based

1. Uniting Tasmania – as above
2. Impact Communities – as above
3. Anglicare – as above
4. Fairview Primary School Association – as above
5. Save the Children – as above
6. Parenting Plus – as above

Aspirations 2017-19

Place Based

1. Avidity - Program: My Pathway –Pre-employment training for parents wishing to enter the workforce or undertake a Cert II training course.
2. Uniting Tasmania – Program: Family Support Worker (FSW) – support for families with children 0-12 years in Brighton and Southern Midlands. Referred by DoE, Child Safety, NHT, CfC, Gateway
3. Uniting Tasmania – Program: Parent Support – weekly playgroup for parents under 25 in Brighton. Referred by FSW, CfC, Child Safety, NHT, Gateway etc
4. Anglicare – Program: Family Support Worker (FSW) – 5 days a week support for families with children 0-12 years in the Derwent Valley, Upper Derwent Valley and Central Highlands. Families referred by DoE, Child Safety, NHT, CfC, Gateway
5. Fairview Primary School Association

Evidence Based

1. Uniting Tasmania
2. Impact Communities
3. Anglicare
4. Fairview Schools Association

Name	Agency	Safety	Resilience	Aspiration
Bringing Up Great Kids	Anglicare Uniting Tasmania	X	X	
Circle of Security	Uniting Tasmania	X	X	
Community safety mapping	CfC	X	X	
Cool Kids	Save the Children		X	
Drumbeat	Uniting Care		X	X
Families and Schools Together	Impact Communities Inc.	X	X	X
Family Support Workers	Anglicare Uniting Tasmania	X	X	
Healthy Tums, Healthy Gums	Save the Children		X	X
Hidden Sentence Training	Onesimus Foundation	X	X	
Little Diggers	Derwent Valley Community House		X	X
My Start	Avidity		X	X
Play2Learn	Save the Children	X	X	
Respect Ambassador Program	Nirodah	X	X	Some
School holiday programs SM	Hobart City Mission			X

APPENDIX G AEDC RESULTS FOR Cfc AREAS FOR 2018

Brighton

	Percentage of children developmentally vulnerable (%)						
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Brighton community							
Developmentally vulnerable in 2012 (%)	18.8	14.7	15.8	12.0	11.3	32.0	18.8
Developmentally vulnerable in 2015 (%)	10.1	12.1	10.4	11.1	8.1	25.8	13.1
Developmentally vulnerable in 2018 (%)	15.0	12.5	15.0	13.2	9.2	29.7	18.4
2012 vs 2015 (%)	-8.7	-2.6	-5.4	-0.9	-3.2	-6.2	-5.7
2015 vs 2018 (%)	4.9	0.4	4.6	2.1	1.1	3.9	5.3
2012 vs 2018 (%)	-3.8	-2.2	-0.8	1.2	-2.1	-2.3	-0.4
Bridgewater							
Developmentally vulnerable in 2012 (%)	31.8	22.7	18.2	15.2	12.3	42.4	28.8
Developmentally vulnerable in 2015 (%)	18.1	18.1	12.0	16.9	15.7	34.9	20.5
Developmentally vulnerable in 2018 (%)	26.4	16.7	15.3	27.8	20.8	47.2	29.2
2012 vs 2015 (%)	-13.7	-4.6	-6.2	1.7	3.4	-7.5	-8.3
2015 vs 2018 (%)	8.3	-1.4	3.3	10.9	5.1	12.3	8.7
2012 vs 2018 (%)	-5.4	-6.0	-2.9	12.6	8.5	4.8	0.4
Gagebrook							
Developmentally vulnerable in 2012 (%)	25.0	26.8	30.4	23.2	25.0	51.8	30.4
Developmentally vulnerable in 2015 (%)	17.0	24.5	20.8	13.2	5.7	37.7	24.5
Developmentally vulnerable in 2018 (%)	29.4	23.5	31.4	13.7	12.0	49.0	30.0
2012 vs 2015 (%)	-8.0	-2.3	-9.6	-10.0	-19.3	-14.1	-5.9
2015 vs 2018 (%)	12.4	-1.0	10.6	0.5	6.3	11.3	5.5
2012 vs 2018 (%)	4.4	-3.3	1.0	-9.5	-13.0	-2.8	-0.4
Old Beach/Otago							
Developmentally vulnerable in 2012 (%)	12.8	10.3	2.6	7.7	7.7	20.5	12.8
Developmentally vulnerable in 2015 (%)	5.8	3.8	1.9	3.8	5.8	13.5	1.9
Developmentally vulnerable in 2018 (%)	6.6	13.1	13.1	6.6	3.3	19.7	13.1
2012 vs 2015 (%)	-7.0	-6.5	-0.7	-3.9	-1.9	-7.0	-10.9
2015 vs 2018 (%)	0.8	9.3	11.2	2.8	-2.5	6.2	11.2
2012 vs 2018 (%)	-6.2	2.8	10.5	-1.1	-4.4	-0.8	0.3

Derwent Valley

Legend: Significant increase No significant change Significant decrease							
Derwent Valley community	Percentage of children developmentally vulnerable (%)						
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Developmentally vulnerable in 2012 (%)	19.7	8.8	10.2	3.6	7.3	29.2	13.1
Developmentally vulnerable in 2015 (%)	15.0	8.6	9.3	12.9	4.3	28.6	12.9
Developmentally vulnerable in 2018 (%)	16.0	12.2	11.5	14.5	7.6	32.1	17.6
2012 vs 2015 (%)	-4.7	-0.2	-0.9	9.3	-3.0	-0.6	-0.2
2015 vs 2018 (%)	1.0	3.6	2.2	1.6	3.3	3.5	4.7
2012 vs 2018 (%)	-3.7	3.4	1.3	10.9	0.3	2.9	4.5
Molesworth							
Developmentally vulnerable in 2012 (%)	38.1	4.8	9.5	0.0	14.3	47.6	14.3
Developmentally vulnerable in 2015 (%)	17.6	11.8	5.9	0.0	11.8	23.5	17.6
Developmentally vulnerable in 2018 (%)	18.2	0.0	9.1	0.0	0.0	22.7	4.5
2012 vs 2015 (%)	-20.5	7.0	-3.6	0.0	-2.5	-24.1	3.3
2015 vs 2018 (%)	0.6	-11.8	3.2	0.0	-11.8	-0.8	-13.1
2012 vs 2018 (%)	-19.9	-4.8	-0.4	0.0	-14.3	-24.9	-9.8
New Norfolk							
Developmentally vulnerable in 2012 (%)	17.6	8.8	8.8	5.9	7.4	23.5	11.8
Developmentally vulnerable in 2015 (%)	13.4	10.4	11.9	16.4	4.5	29.9	14.9
Developmentally vulnerable in 2018 (%)	16.9	10.8	15.4	18.5	9.2	36.9	18.5
2012 vs 2015 (%)	-4.2	1.6	3.1	10.5	-2.9	6.4	3.1
2015 vs 2018 (%)	3.5	0.4	3.5	2.1	4.7	7.0	3.6
2012 vs 2018 (%)	-0.7	2.0	6.6	12.6	1.8	13.4	6.7

Central Highlands

Legend: Significant No Significant

						increase	significant change	decrease
Central Highlands community	Percentage of children developmentally vulnerable (%)							
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC	
Developmentally vulnerable in 2012 (%)	9.7	6.5	9.7	12.9	0.0	22.6	12.9	
Developmentally vulnerable in 2015 (%)	4.5	0.0	0.0	13.6	4.5	18.2	4.5	
Developmentally vulnerable in 2018 (%)	30.4	26.1	13.0	17.4	8.7	39.1	30.4	
2012 vs 2015 (%)	-5.2	-6.5	-9.7	0.7	4.5	-4.4	-8.4	
2015 vs 2018 (%)	25.9	26.1	13.0	3.8	4.2	20.9	25.9	
2012 vs 2018 (%)	20.7	19.6	3.3	4.5	8.7	16.5	17.5	
South Central Highlands								
Developmentally vulnerable in 2012 (%)	12.0	4.0	4.0	4.0	0.0	16.0	8.0	
Developmentally vulnerable in 2015 (%)	5.9	0.0	0.0	17.6	5.9	23.5	5.9	
Developmentally vulnerable in 2018 (%)	37.5	37.5	18.8	18.8	12.5	50.0	37.5	
2012 vs 2015 (%)	-6.1	-4.0	-4.0	13.6	5.9	7.5	-2.1	
2015 vs 2018 (%)	31.6	37.5	18.8	1.2	6.6	26.5	31.6	
2012 vs 2018 (%)	25.5	33.5	14.8	14.8	12.5	34.0	29.5	

Southern Midlands

Legend:					Significant increase	No significant change	Significant decrease	
Southern Midlands community	Percentage of children developmentally vulnerable (%)							
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC	
	Developmentally vulnerable in 2012 (%)	8.2	8.2	6.1	6.1	3.1	17.5	8.2
	Developmentally vulnerable in 2015 (%)	7.1	4.7	4.7	9.4	3.5	18.8	7.1
	Developmentally vulnerable in 2018 (%)	3.5	10.6	11.8	5.9	9.4	21.2	9.4
	2012 vs 2015 (%)	-1.1	-3.5	-1.4	3.3	0.4	1.3	-1.1
	2015 vs 2018 (%)	-3.6	5.9	7.1	-3.5	5.9	2.4	2.3
	2012 vs 2018 (%)	-4.7	2.4	5.7	-0.2	6.3	3.7	1.2
Bagdad and surrounds								
Developmentally vulnerable in 2012 (%)	7.7	19.2	14.8	7.4	3.8	26.9	15.4	
Developmentally vulnerable in 2015 (%)	5.9	0.0	0.0	5.9	0.0	11.8	0.0	
Developmentally vulnerable in 2018 (%)	4.8	9.5	4.8	9.5	4.8	9.5	9.5	
2012 vs 2015 (%)	-1.8	-19.2	-14.8	-1.5	-3.8	-15.1	-15.4	
2015 vs 2018 (%)	-1.1	9.5	4.8	3.6	4.8	-2.3	9.5	
2012 vs 2018 (%)	-2.9	-9.7	-10.0	2.1	1.0	-17.4	-5.9	
Mangalore and surrounds								
Developmentally vulnerable in 2012 (%)	Too few teachers or children to display							
Developmentally vulnerable in 2015 (%)	10.5	10.5	5.3	21.1	10.5	26.3	15.8	
Developmentally vulnerable in 2018 (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2012 vs 2015 (%)	Too few teachers or children to display							
2015 vs 2018 (%)	-10.5	-10.5	-5.3	-21.1	-10.5	-26.3	-15.8	
2012 vs 2018 (%)	Too few teachers or children to display							
Southern Midlands East								
Developmentally vulnerable in 2012 (%)	16.7	12.5	8.3	8.3	8.3	25.0	16.7	
Developmentally vulnerable in 2015 (%)	4.0	0.0	4.0	8.0	0.0	16.0	0.0	
Developmentally vulnerable in 2018 (%)	0.0	16.7	16.7	8.3	12.5	25.0	12.5	
2012 vs 2015 (%)	-12.7	-12.5	-4.3	-0.3	-8.3	-9.0	-16.7	
2015 vs 2018 (%)	-4.0	16.7	12.7	0.3	12.5	9.0	12.5	
2012 vs 2018 (%)	-16.7	4.2	8.4	0.0	4.2	0.0	-4.2	
Southern Midlands North								
Developmentally vulnerable in 2012 (%)	4.3	0.0	0.0	4.3	0.0	8.7	0.0	
Developmentally vulnerable in 2015 (%)	0.0	6.7	13.3	0.0	0.0	13.3	6.7	
Developmentally vulnerable in 2018 (%)	Too few teachers or children to display							
2012 vs 2015 (%)	-4.3	6.7	13.3	-4.3	0.0	4.6	6.7	
2015 vs 2018 (%)	Too few teachers or children to display							
2012 vs 2018 (%)	Too few teachers or children to display							

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