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Tasmania's child and family centres: a place-based early childhood services model for families and children from pregnancy to age five

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ABSTRACT

Tasmania's child and family centres (Centres) provide a single entry point to early childhood services (ECS) for children and families living in amongst the most disadvantaged communities in Australia. This study investigated the impact of Centres on parents' use and experiences of ECS using a mixed methods approach. The results showed that Centre users made more use of ECS than did non-users. Centre users also rated their experiences of ECS more positively than non-users. For example, Centre users were more likely to report that ECS were convenient and close, committed to helping, and worked closely with one another. Centre users identified Centres as informal, accessible, responsive, non-judgemental and supportive places where they felt valued, respected and safe. Parents experienced Centres as welcoming places that were helping them to develop positive child, family, school and community connections. These qualities appeared critical for facilitating parental access and engagement in ECS.

Introduction

International and national early childhood policy context

Globally, and without exception, evidence from lifecourse epidemiological studies points strongly towards the lasting impacts of children's earliest experiences on future health, education and employment (Center on the Developing Child at Harvard University, 2016). The evidence for investing in early child development is unequivocal. The World Bank has described early child development as 'one of the smartest investments that countries can make' (Sayre, Devercelli, Neuman, & Wodon, 2015, p. 1). Economists have argued convincingly that investments in early child development are likely to yield the best returns (Doyle, Harmon, Heckman, & Tremblay, 2009). Children's rights to health and health services and early childhood education and care are recognized in the United Nations Convention on the Rights of the Child (United Nations General Assembly (UN), 20 November, 1989).

Australia's commitment to early child development is articulated in the Council of Australian Governments (COAG), 'Investing in the Early Years – A National Early Childhood Development Strategy'

(COAG, 2009). This policy framework covers the period from pregnancy to the start of full-time school and the service platform includes early childhood education and care, child and maternal health and family and parent support services (Council of Australian Governments (COAG), 2009). The Australian early childhood service platform is comparable to the World Bank's early childhood investments in child nutrition, maternal and child health, early childhood care and education, family support and inclusion and integrated cross-sectoral early child development initiative. In 2009, Australia became the first country to implement a national developmental census of five-year-old children in their first year of full-time school (Brinkman, Gregory, Goldfeld, Lynch, & Hardy, 2014). The Australian Early Development Census (AEDC) is conducted every three years when children start their first year of full-time school, at the age of five. The latest national figures, from the 2015 data collection, showed that 22% of Australian children were developmentally vulnerable at age five. The burden of developmental vulnerability in Australia is not equally distributed. Almost 33% of children living in the most socio-economically disadvantaged communities were developmentally vulnerable compared to less than 16% of children living in the least socio-economically disadvantaged communities. Comparison of AEDC data from 2009, 2012 and 2015 showed that the social gradient in developmental vulnerability has widened over time (Department of Education and Training, 2015). The strong social gradient evident at this young age is of great concern in Australia, as it is in other countries (Keating & Hertzman, 1999; Marmot, 2010).

Australia is one of 35 countries in the Organization for Economic Co-operation and Development (OECD) that has set the goal to achieve 'inclusive and equitable quality education and promote life-long learning opportunities for all' by 2030 (Organisation for Economic Co-operation and Development, 2011, p. 13). Across OECD countries, deep and persistent socio-economic disadvantage is a barrier to achieving this goal. Innovative approaches to early childhood services (ECS) are needed to achieve this goal. Breaking the cycle of disadvantage is one of the most persistent global challenges for communities, service providers, service organizations, policy makers and researchers (Duncan & Magnuson, 2013; Lynch, Law, Brinkman, Chittleborough, & Sawyer, 2010).

Place-based initiatives

There is a global trend towards place-based initiatives (PBIs) to break the cycle of disadvantage and promote positive child development. 'PBIs are programs designed and delivered with the intention of targeting a specific geographical location(s) and particular population group(s) in order to respond to complex social problems' (Wilks, Lahausse, & Edwards, 2015, p. viii). Well-known early childhood PBIs include Sure Start in the U.K., Promise Neighbourhoods in the U.S.A. and Toronto First Duty in Canada (Wilks et al., 2015). The common elements in the design and delivery of these PBIs are co-production of the model, shared governance, local autonomy, capacity building, joined-up working and flexible delivery (Wilks et al., 2015). Service integration is a common element of early childhood PBIs in disadvantaged communities, in recognition that children and families experience multiple, complex interrelated challenges that require integrated ECS (Patel, Corter, Pelletier, & Bertrand, 2016; Siraj-Blatchford & Siraj-Blatchford, 2009; Wong & Press, 2012).

Tasmania's child and family centres

In the Australian state of Tasmania, an island with a population of 515,000 people, child and family centres (Centres) were adopted in 2009 as a whole-of-government initiative to provide a single entry point to ECS for families of children from pregnancy to age five. At the heart of the Centre model is a concerted whole-of-government pro-equity approach to addressing systematic barriers to access and participation in ECS and parent/family support services. Tasmanian children live in amongst the most disadvantaged communities in Australia (Australian Bureau of Statistics, 2013), have the lowest living standards (Phillips, 2015) and experience the highest levels of social exclusion (Vinson, Rawsthorne, Beavis, & Ericson, 2015). Compared to other states and territories, they also have the worst education

(Lamb, Jackson, Walstab, & Huo, 2015) and health outcomes in adult life (Department of Health and Human Services, 2012).

An assessment of the need for the establishment of the Centres was made for all Tasmanian communities based on the following: a higher than state-average percentage of children under four years of age; demographic characteristics (e.g. Aboriginal families, sole parent families, very young parents); a high score on individual measures of social and economic exclusion (e.g. low educational attainment, housing stress, adult unemployment, and family income supplements); high socio-economic area disadvantage; and strong support for establishing a Centre from the local community.

Centres offer universal services (e.g. Child Health and Parenting Service), progressive universal services (e.g. Launching into Learning), targeted services (e.g. nurse home visiting for first-time young parents) and specialist services (e.g. Disability Services); services for parents (e.g. counselling, Vocational Education and Training); as well as services and supports tailored to the specific needs of a community. Services are available on an appointment and drop-in basis. Working with families at the Centres is guided by the five best-practice principles stated in the Early Years Learning Framework for Australia. These principles are (1) secure, respectful and reciprocal relationships, (2) partnerships, (3) high expectations and equity, (4) respect for diversity and (5) ongoing learning and reflective practice [Department of Education Employment and Workplace Relations for the Council of Australian Governments (DEEWR), 2009]. Centres aim to create and maintain strong partnerships with service providers and families through shared training and learning opportunities (e.g. Family Partnership Model; Davis & Day, 2010) and Working Together Agreements. Centres have developed their own Working Together Agreement that guides the way Centre communities work together (McDonald, OByrne, & Prichard, 2015).

From 2011 to 2014, 12 Centres opened across Tasmania. Each Centre has two paid staff, a Centre leader and a Community Inclusion Worker. Services and supports in the Centres are provided by government (e.g. Child Health and Parenting Service, Launching into Learning), non-government organizations (e.g. playgroups, childcare) and by the community (e.g. toddler's haircuts, garden maintenance). The Centres are a Whole of Government initiative, and the Tasmanian Department of Education is the lead agency for the Centres.

Since the announcement of the Centres in 2009, the Tasmanian Early Years Foundation, with the support of the Tasmanian Government, contracted the Centre for Community Child Health to develop and deliver a Learning and Development Strategy (LDS) between 2009 and 2015. This LDS was initiated to support new ways of working with and for families in communities of disadvantage (Prichard, Purdon, & Chaplyn, 2010). A number of different activities were undertaken as part of the LDS including community forums and workshops, professional development and training in the Family Partnership Model and cultural awareness, state-wide forums and mentoring. The approach was underpinned by principles of inclusion, engagement, equality, relationship development, shared understanding and partnerships. The process involved communities, service providers and managers and built engagement and shared understanding through discussion and training to achieve new learning and skills. The process strengthened and changed the way community, parents and services interact (McDonald et al., 2015).

Centres' vision is that all Tasmanian children have the best possible start in life (Department of Education Tasmania, 2015). The four priority areas for Centres are

1. to provide high quality learning, health and wellbeing programmes that support children and families to learn and thrive;
2. to build each community's sense of belonging with their Centre as a place of importance;
3. to create and maintain strong and flexible partnerships between everyone involved in each Centre's community;
4. to develop tools that will show the difference the Centres are making to the lives of children, their families, support services and the community.

As Centres are recently established, evaluating their impact on children's health, wellbeing, development and learning would be premature. Hence, this study focused on the impact of Centres on parents' use and experiences of ECS, since the Centres opened (Taylor, Jose, Christensen, & van de Lageweg, 2015). The study was approved by the Tasmanian Social Science Human Research Ethics Committee (H14295 & H14480).

Methods

A mixed methods approach was used to explore the impact of Centres in two Tasmanian communities on parents' use and experiences of ECS. The methods included a survey, focus groups and interviews. Survey respondents included parents who were eligible but did not necessarily use the Centre in their community along with Centre users. The focus groups and interviews were conducted with Centre users only. The focus group and interviews complemented the survey by allowing more in-depth exploration of the lived experience of Centre users. The research was conducted in partnership with families and service providers at the Centres and schools. Families and service providers were involved in all stages of the research cycle, from planning the evaluation to the communication of the results.

Study location

The study took place in two regional Tasmanian communities with high numbers and proportions of families with children from birth to five years and Centres in these communities were amongst the first to open. When this project was conducted, these Centres had been open for almost three years.

The two communities were amongst the most disadvantaged communities in Australia as evidenced by the Index of Relative Socio-economic Disadvantage (IRSD) scores. The IRSD summarizes a range of information about the economic and social conditions of people and households within an area, to provide a broad measure of disadvantage across the area. This index includes only measures of relative disadvantage, such as low income and unemployment (Australian Bureau of Statistics, 2013). Both communities were within the lowest decile of the Australian IRSD score distribution, corresponding to the highest level of disadvantage. That is, these communities were among the most disadvantaged 10% of communities within Australia. It is important to note that these indexes measure the area, rather than individuals. All people within an area are not the same, and it is possible for individuals within an area to have quite different resources, capabilities and experience, despite sharing the same area-level IRSD scores. Nevertheless, the IRSD provides a useful overall summary of disadvantage within a given area.

Survey

Survey sample frame

School enrolment records were used in this study as a proxy for the community. Tasmanian Department of Education school enrolment information was used to identify parents of children in Year 2 or below, in 2014, enrolled at the local primary schools in the two communities. This sample frame identified parents with at least one child who was aged five years or younger when the Centre opened. For example, the oldest children who were age seven (Year 2) in 2014, were age four when the Centres opened Primary school enrolment records showed that 84% and 93% (for two communities) of invited families lived locally.

The number of children enrolled at each school in 2014 was similar (see Table 1). There were 237 children enrolled at Community 1 and 226 children at Community 2. Because the survey was about parents' use and experiences of ECS, and not about individual children, each family only received one survey. This resulted in 167 eligible families in Community 1 and 168 eligible families in Community 2, equating to a total sample frame of 335 families who were eligible to take part in the survey.

Table 1. Survey sample frame.

School	Number of children at Year 2 and below	Number of families
Community 1	237	167
Community 2	226	168
Total	463	335

Survey distribution and follow-up

Eligible parents were approached to take part in the survey through the local Tasmanian Department of Education primary schools in the two communities. The survey was anonymous. Participants returned their completed surveys to the school sealed in a plain envelope, sealed inside a pre-addressed envelope (family name and address). When the survey was received at the school office, the family was identified as a respondent and the pre-addressed envelope was destroyed. At this point, the survey data became non-identifiable. Families who returned the survey were given a $20 supermarket voucher as a partial reimbursement for their time.

Survey questions

The survey consisted of 26 questions across five themes: (1) family demographics; (2) use and experience of ECS and supports; (3) social support; (4) parenting competence and (5) use of a Centre. All parents were asked to complete the first four sections of the survey. Parents were asked to complete the fifth and final section of the survey only if they had used a Centre in the last 12 months. Parents who had not used a Centre in the last 12 months were asked to skip these questions and to complete a final question about why they did not use the Centre in their community (Taylor et al., 2015).

Focus groups and interviews

Participants

All parents or carers currently living in the two communities using the Centre in their community and who did not have a formal role in the Centre (e.g. Local Enabling Group member) were eligible to participate in the focus groups and interviews. Fliers about the study were posted on notice boards inside the Centres and on individual Centre Facebook pages. Centre leaders also promoted the study to Centre users. During recruitment, consideration was given to capturing experiences from a diverse range of Centre users, particularly the length of time participants had been using the Centres. Parents provided a verbal or written expression of interest to Centre leaders along with their contact details and were then provided with an information sheet about the study. If necessary, Centre leaders read through the information sheet with potential participants. Potential participants could indicate if they would prefer to be interviewed rather than be part of a focus group.

Potential participants were contacted by phone or mobile phone text by the researchers facilitating the focus groups and interviews in the week prior to focus groups and interviews to ensure they had an opportunity to discuss any questions they had about the study. All participants completed a participant details form and signed a consent form. Childcare was available for participants who required it and on completion of the focus group and interviews participants were provided with a $50 supermarket voucher as a partial reimbursement for their time.

Focus groups and interviews

Focus groups were conducted because they are well suited to exploratory studies investigating experiences, motivations and attitudes (Kitzinger, 1995). The group setting allows parents to hear the opinions of others, which can prompt individuals to expand on their own experiences, opinions and explanations of the impact of the Centres. Individual interviews were incorporated into the study design on the suggestion of the Centre leaders who indicated that some parents would not be comfortable participating in group discussions, but would be willing to be involved in individual

interviews. To accommodate the needs of potential participants, one focus group and four interviews were conducted on site at each of the two Centres by two researchers with previous involvement in the Centres.

Focus group and interview schedule

A focus group and interview schedule were developed to assist the group facilitators to focus on the discussion while being flexible enough to allow for the exploration of new ideas or areas of interest raised by participants. The schedule was developed after consideration of Tasmania's Child and Family Centres Strategic Plan 2015–2017 (Colucci, 2007), the survey and discussion among researchers. The schedule focused on how parents became involved in the Centres, their involvement in training and learning opportunities, how involvement in the Centre had impacted on their parenting practices, changes in their connections with other families and their knowledge and use of services available at the Centre. Finally, participants were asked how they would describe the Centre to another parent who had never used the Centre before. The wording and ordering of questions was altered after a pilot focus group conducted at another Centre to ensure questions were worded clearly and made sense to parents and that the discussion flowed between topics.

Two interactive activities were also included in the focus group sessions (Colucci, 2007). For the first interactive exercise the group facilitator spread out cards with all the activities and programmes available at the Centre (as provided by Centre leaders). Participants could add any that were missing and were then asked to indicate what activities they had been involved in by placing a dot on each activity card. This provided an indication of the range of activities participants were involved in before they were asked to choose one activity and discuss their involvement in more detail. The second activity involved the use of photos to prompt discussion about parenting practices. Photos ranged from babies crying, eating, reading and playing and parents interacting with children while managing daily chores. These photos were used to aid and prompt discussion when talking about parenting practice and included positive and negative parenting experiences and practice. All focus groups and interviews were audio recorded.

Data analysis

Survey

The survey included parents who could but may not have used the Centre in their community. This meant that the use and experience of Centre users and non-users could be compared. All statistical tests for this report were undertaken in SPSS Version 22 (IBM Corp., 2013). Where we have compared Centre users and non-users across a range of different categories; differences have been tested with the chi-square test of independence, which tests for differences between expected and observed data. Where we compared Centre users and non-users across ordinal data, i.e. where responses can be ranked (e.g. none of the time, a little of the time, all the way through to all of the time), differences have been tested using a linear-by-linear extension of the chi-square test of independence. Where we tested differences in mean responses (that is, the average score for users and non-users), we used an independent samples t-test. To check against violations from normality, we have also used the nonparametric Mann-Whitney U test, which compares ranked responses. Comparisons of means were unaffected by choice of analytic technique, indicating that violations from normality were not an issue, and we have reported results from the t-test as a result.

Focus groups and interviews

Audio recordings of the focus groups and interviews were transcribed and transcripts checked for accuracy against the audio recordings. To assist with data management, transcripts were then imported into the qualitative data analysis software programme NVivo 10 (QSR International, 2012). Transcripts underwent a process of careful reading, re-reading and constant comparison with the aim of identifying themes (Strauss & Corbin, 1990). Once this process was completed, the

key themes were examined and narrowed further with similar concepts or categories clustered together. Thematic analysis allowed the identification of common factors that shaped the experiences of parents using the Centres.

Results

Survey response rate

A response rate of 74% was achieved with 247 out of the 335 eligible families participating in the survey. There was minimal missing survey data with most parents completing all the questions in the survey and less than 5% missing data on most questions. Survey respondents could skip questions or could respond with other nil responses such as 'prefer not to say'. For the purposes of this analysis, nil responses were treated as missing.

Survey participants

Data on the demographic characteristics of eligible survey participants (i.e. parent education, occupation, employment, language background and Indigenous status of the youngest child) were available in the Tasmanian Department of Education school enrolment records. These data were used to compare survey respondents ($n = 247$) and non-respondents ($n = 88$). Due to the large amount of 'not stated' responses for the survey cohort for occupation (65%) and employment level (40%) no comparisons were made. In addition, only two parents in the sampling frame identified as Language Background Other than English (one respondent and one non-respondent) so no comparison could be made. For the two remaining demographic characteristics, the data were analysed to test for significant differences between survey respondents and non-respondents. No differences were found for education, but non-respondents were at increased likelihood of identifying as Indigenous (see Table 2).

Centre users and non-users

Centre users and non-users were compared on demographic information collected in the survey (see Table 3). Centre users and non-users did not differ in relation to parent age, education, household structure (e.g. single parent) or number of children. (i.e. parent education, occupation, employment, language background and Indigenous status of the youngest child).

Focus group and interview participants

Overall 24 Centre users, 12 from each of the communities, participated in focus groups or interviews (female = 21, male = 3). Of the eight interview participants, three were male with both focus groups consisting of only females. The age of participants ranged from 20 to 54 years and the number of children of each participant ranged from one to more than five. One participant was a grandparent.

Table 2. Comparison of survey participants and non-participants on demographic characteristics from school enrolment records.

| Indicator | | Participant in survey | | |
		Yes (%)	No (%)	p-value
Education status	Not stated/unknown	27.1	25.0	0.532
	Year 10 or less	23.1	33.0	
	Year 11 or 12	16.6	12.5	
	Higher than year 12	33.2	29.5	
Indigenous status	Not stated/unknown	7.7	4.5	0.000
	Non-Indigenous	78.9	61.4	
	Indigenous	13.4	34.1	

Table 3. Comparison of centre users and non-users on demographic characteristics from the survey.

Indicator		Centre user		p-value
		User	Non-user	
Age of respondent (years)		33.2	34.0	0.504
School qualification	Year 11 or 12	45.0%	48.9%	0.828
	Year 10 or less	53.3%	48.9%	
	Prefer not to say	1.7%	2.2%	
Household structure	Single parent	40.2%	33.3%	0.348
	Two parent	58.7%	63.3%	
	Prefer not to say	1.1%	3.3%	
Number of children carer has	One child	20.7%	20.0%	0.732
	Two children	28.3%	20.0%	
	Three children	25.0%	35.0%	
	Four children	12.5%	13.3%	
	Five or more children	13.6%	11.7%	

All participants had a child under five years of age using the Centre, as well as one or more other children ranging in age from less than 12 months to over 20 years.

Parents' use and experiences of ECS

ECS use

Survey participants were asked to identify the types of ECS and parent services they had used in the last 12 months. As there were no differences in the results between the two communities, the results for both communities were combined.

Almost all of the parents (98%) who completed the survey had used one or more service or support in the past 12 months and three-quarters of these parents had used services and supports in a Centre. Centre users made more use of most services and supports than did non-users (playgroup, Launching into Learning, child health nurse, parenting programme, Vocational Education and Training and Community/Neighbourhood House). There were no statistically significant differences in the usage of antenatal clinics, childcare, GP and dental services (see Table 4). The average number of services accessed by Centre users was 4.0, compared to 2.3 for non-users.

Parents' experiences of ECS

In this section, information about parents' experiences of ECS collected using different methods has been integrated (Bazeley, 2012) and results for both communities have been combined because there were no differences in the results between the two communities.

Survey participants rated their experiences of services from 1 (not at all) to 5 (all the time) (see Table 5). Parents who were Centre users rated their experiences more positively than non-users on these characteristics:

Table 4. Types of ECS used by centre users and non-users.

Service	User	Non-user	p-value
Antenatal clinic	18.5%	10.0%	0.123
Playgroup	50.5%	8.3%	0.000
Launching into learning	57.6%	18.3%	0.000
Childcare	29.3%	16.7%	0.052
Child health nurse	46.2%	16.7%	0.000
Parenting programme	13.6%	1.7%	0.009
GP	69.0%	75.0%	0.378
Dental services	48.4%	38.3%	0.176
Vocational education and training	28.3%	6.7%	0.001
Community/neighbourhood house	35.9%	18.3%	0.011
Total number of services used	4.0	2.3	0.000

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Table 5. Comparison of centre users and non-users ratings of their experiences of ECS.

Experiences	User	Non-user	p-value
Services convenient and close	4.20	3.76	0.011
Services committed to helping	4.44	4.18	0.092
Services understood issues	4.38	4.20	0.228
Services linked me with someone who could help when they could not	4.37	4.06	0.078
Services worked closely with one another	3.92	3.28	0.003
Services helped me develop new parenting skills	3.44	2.86	0.013
Services linked me with other parents	3.50	2.41	0.000
Services offered convenient access to support	3.92	3.43	0.019
Services helped me prepare my children for school	3.82	3.12	0.007
Services responded to me in a timely way	4.06	3.79	0.154
Services helped my family feel valued as members of the local community	4.09	3.65	0.038
Services helped me make closer links with the local school	3.69	3.04	0.012

- Services were based in locations convenient and close to each other.
- Services were committed to helping.
- Services worked closely with one another.
- Services helped parents develop new parenting skills.
- Services linked parents with other parents in the community.
- Services offered convenient access to support that the parent needed.
- Services helped parents prepare their children to start school.
- Services helped the family feel valued as members of the local community.
- Services helped parents make closer links with the local school.

There were no statistically significant differences between Centre users and non-users on these characteristics:

- Services understood issues that were important.
- Services made sure they linked the parent with someone who could help when they could not.
- Services responded to the family's needs in a timely way.

Focus group and interview participants described how the provision of a range of health, education and other support services in their local community had facilitated greater access and engagement with services and supports. Many participants recounted that the time and organization required to attend centralized services via public transport, often with more than one child had acted as barriers in the past, impacting on their engagement with health and education services. Some parents disclosed that they would have missed appointments in the past because of the challenges involved in getting to them.

> And they [Centres and staff] just make it possible to get to appointments where you normally wouldn't go because you couldn't get there or you didn't have the support … It makes it a lot easier to actually be involved with the services that you need to use … whereas normally I'd just skip appointments cause I just didn't want to deal with the buses … (Interview)

In addition to addressing some of the physical barriers to accessing services, co-locating services for children and parents reduced the need to fully disclose to others what services were being used by parents. This ability to maintain privacy and confidentiality about services used, meant that some participants were now accessing child and family services such as counselling and legal advice that they may not have under different circumstances.

> What we said before that it's easier to have counselling or something here if you can't like make appointments over town. You don't have to explain fully if you need to explain to your partner, you just say 'I'm going to playgroup' and they don't need to know if you're having counselling, if it just makes the situation harder and there is childcare there. (Focus group)

The availability of services under one roof allowed parents to access child and family services in a timely and informal manner. While using the Centre for one service, it was possible to seek support or advice from service providers without having to make an appointment.

> On Fridays you don't even … if you're here for Launch into Learning, you just rattle on her [child health nurse] door and if you've got an issue with the baby or you want to just … It's not like I have to wait weeks and weeks, or ring up and get an appointment. Just rattle on the door and it will be done. (Interview)

This also helped parents and children get to know service providers before they engaged in formal services.

> When we had anxiety issues going to the health nurse was like pulling teeth but we came here and rather than forcing her to get weighed. I remember she'd [child health nurse] go to playgroup and played with them and she got used to her, and we could actually take her and get weighed without her screaming. (Focus group)

Parents identified Centres as informal, accessible, responsive, flexible, neutral, non-judgemental and supportive places where people felt valued, respected and safe. Parents said that these qualities made the critical difference to their engagement and positive experiences of services and supports in Centres, in contrast to some of their experiences in the past.

There was a strong sense of community ownership in both Centres, with users reporting being asked to make suggestions about what programmes the Centres offered, discussions about how Centres 'belonged' to parents and Centre users considered them places they could invite other parents to join. The neutral, non-judgemental and supportive approach to engaging with families was important to study participants. Study participants did not feel judged about their parenting practices, resulting in positive interactions with Centre staff and service providers and increased confidence in parenting. The following comment reveals how these elements impacted on parental engagement with services and supports at the Centres.

> It's like a neutral ground. Without your name tag you can be sitting out there and be talking to somebody sitting beside you and they might be a service provider. You're not aware of that, they're just another person sitting out there having a chat with you. There is no pressure. (Focus group)

The Centre was a place where parents felt they could go at any time, even when 'at their worst'. This was also reflected in the survey results in which Centre users were significantly more likely to report services helped their family feel valued. As a result of feeling valued and respected, Centres were places where parents felt safe and confident to ask for help and support if needed.

> Everyone knows where I've been and about me past, but chose to ignore that and accept me for who I am now … they've treated me just like any other person, and have let me be involved and given me the choice to be involved in absolutely everything that's gone on … It has just given me somewhere to go … because I was afraid leaving the house. (Interview)

These factors and the ways of working that had been adopted by Centres and their staff had impacted positively on participants' engagement with the Centres and the services and supports available at the Centres. As a consequence, parents were able to interact with their children in different ways, building and strengthening positive family relationships.

> There wasn't nothing like this when my [older child] was starting out … the parents didn't have time to sit down with the alphabet and everything, at home – some of the kids were behind on their alphabet, writing their name and everything, but with the programs you've got here … the kids have got all their heads up before they get to school. (Interview)

Parents reported that involvement in training and learning opportunities through the Centres had led to increased confidence, skills and knowledge; and education and employment opportunities. For some participants, involvement in training and learning at the Centre had led to re-engagement with formal education.

> I went through a bit of a hard time here and I started doing courses and kind of pulled myself out of a rut … now I do courses and stuff. I have started doing my Grade 11 and 12 Certificate again. (Interview).

Local access to training courses was critical for other participants for whom access to centralized Vocational Education and Training (i.e. TasTAFE) courses was an issue. Some participants recognized that the certificates they received as a result of participating in training and learning would be beneficial for them in the future when their children were older and they would be re-entering the workforce.

Despite their positive experiences using the Centres, parents identified two areas for improvement at the Centres. These were a) encouraging more males to use the Centres and b) the challenges associated with transitioning from the services and supports provided by the Centres once their youngest children reached school age. While the three men who participated in interviews reported feeling welcomed and accepted by Centre staff and other users, female participants recognized that some males found the Centres less accessible for them:

> My ex-partner well [child's] father, he actually won't step foot in here at all. He's too intimidated by the women and … it's not that this place is bad, he never said that it was bad but he's, just, nope not him. (Focus group)

The women identified some strategies that had been implemented to increase male participation in the Centres (e.g. father's day breakfast, Saturday activities), but in general recognized that the Centres were predominantly used by women. Administrative data obtained from the Centres found that one in five adults to one in seven adults for the two communities, respectively, is male, highlighting that the Centres are predominantly used by women at this stage.

The other concern raised during the focus groups and interviews was the transition from the support provided at the Centres once their youngest child reached school age. There was no equivalent model of services and support for parents of older children within these communities. While Community/Neighbourhood Houses were nominated as possible sites for connecting families with ongoing services and supports, there was concern about making this transition as well as recognition that Community/Neighbourhood Houses adopt a different practice framework and offer different types of services and supports.

> To go from going suddenly having all the support of the Centre to having nothing basically. … like friendly faces that when you have to leave here and go up there [Community/Neighbourhood house] that there is someone that you're going to be half comfortable with to go up there, otherwise my daughter will turn five and I won't be able to come here anymore and I'll have to go up there and because I won't know anyone, I won't go up there and then the other Centre will close down because no one will be there. There should be some sort of transition program. (Focus group)

Discussion

The Centre model is a place-based ECS model that provides a single entry point to comprehensive, complementary and coordinated universal, targeted and specialist services tailored to the specific needs of a community. Centres have been established to promote positive early child development in socio-economically disadvantaged communities where different approaches to 'usual care' are needed to address barriers to parental involvement in ECS. For children growing up in communities characterized by deep and persistent socio-economic disadvantage, 'usual care' service platforms do not adequately address barriers to service use and complex service needs for children and their families (Baxter & Hand, 2013; Boag-Munroe & Evangelou, 2012; Hornby & Lafaele, 2011).

The results of this study suggest that Centres are overcoming barriers to parental engagement in ECS in a number of ways. There was a strong sense of community ownership of Centres. Accessibility of services and supports was a key positive finding of this study. The comprehensive, complementary and coordinated ECS that were available locally under one roof addressed many of the physical barriers to access, such as transport, cost and time that can impact on service use. The single entry point also facilitated 'soft contact' with service providers by parents and families through drop-in sessions,

which then led to engagement with more targeted services and supports where necessary. Co-location of services also enabled some parents to access services and supports without having to disclose their use to family and friends.

Centre users judged their experiences of services and supports more positively than non-users on fundamental elements of place-based initiatives (i.e. joined-up working, capacity building and flexible delivery; Wilks et al., 2015). Parents' experiences of Centres were aligned with best-practice principles from Australia's Early Years Learning Framework (i.e. secure, respectful and reciprocal relationships, partnerships, equity and respect for diversity) [Council of Australian Governments (COAG), 2009]. These best-practice principles align with best-practice principles in comparable place-based ECS in the U.K. (Marmot, 2010), U.S.A. (Biglan, Cody, Aldridge, Dabroski, & Kjellstrand, 2011) and Canada (Patel et al., 2016).

Two specific recommendations from the study are to work with local communities to (1) increase the reach of services and supports to include fathers and male caregivers and (2) develop ways in which the positive benefits of Centres continue when children and families transition from Centres to schools after the age of five years. Parents identified the need for a clear transition pathway from Centres to full-time school after the age of five years. This aligns with research that has shown the benefits of transition activities for children and families (Dockett & Perry, 2001).

Strengths and limitations of the study

Strengths

This study was a promising start to the sustained research, government and community partnerships required to promote positive child development for all children in Tasmania. The use of mixed methods provided valuable insights into parents' experiences of the Centre model that would not have been possible without combining the results of the survey, focus groups and interviews. A strength of the school-based sampling frame for the survey was that it included parents who were eligible, but did not necessarily use the local Centre. This approach made it possible to compare the experiences of parents who did and did not use Centres. Another strength was that parental engagement in the survey, focus groups and interviews was high.

Limitations

A limitation was the large amount of 'not stated' responses in the school enrolment records on all but two demographic characteristics (parental education, Indigenous status) that limited comparisons of survey respondents and non-respondents. No differences were found for parental education but non-respondents but the response rate for Indigenous families was lower than non-Indigenous families. This meant that the survey sample was not truly representative of the communities from which it was drawn. That said, of the parents who took part in the survey, Centre users and non-users did not differ with respect to parent age, education, household structure (e.g. single parent) or the number of children.

The study design and methods did not permit the results to be generalized to other communities that were not involved in the study. Further, the methods did not permit causal inferences about increased service use by Centre users, compared to non-users.

Future research

'Pathways to better health and education outcomes for Tasmania's children' is a three-year (2016–2019) research project funded by the National Health and Medical Research Council (NHMRC) and the Tasmanian Government to provide a system-wide view of how ECS and policies impact child development outcomes at age five. This project will combine data linkage and ethnographic methods to examine the impact of different models of ECS (e.g. Centres, 'usual care') on children's outcomes. This whole service system approach addresses the recommendation from a recent

synthesis of six major reports on actions to address the social determinants of health (Carey & Crammond, 2015). The recommendation was that a shift in focus from individual services to the whole service system is needed to address health and education inequalities.

Conclusions

This study was a short-run investigation of a promising new place-based ECS model to address the social determinants of inequalities in child development and inequalities in ECS use in communities with high ECS needs. In the context of deep community-level disadvantage, the authors are guardedly optimistic that this investment in early childhood will bear long-term benefits to the communities. The Centre context in Tasmania has global implications. Tasmanian communities are among the most disadvantaged in Australia. The communities reflected multiple disadvantage, and the lessons learned around place-based initiatives, community involvement, 'soft entry' and service partnership apply broadly to communities where 'usual care' arrangements may not meet community needs.

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