Interim Evaluation Report: Summary of Qualitative Evaluation Findings

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## Contents

1. EXECUTIVE SUMMARY ............................................................................................................. 1  
   1.1. BACKGROUND ..................................................................................................................... 1  
   1.2. METHOD ............................................................................................................................. 2  
   1.3. FINDINGS ............................................................................................................................ 2  
      1.3.1. Process: Integrated Service provision in Children’s Centres .................................... 2  
            Services and supports – What services are available and how are these accessed? .... 4  
      1.3.2. Impact: Effect on people working in, working with, or using services in Children’s  
            Centres .......................................................................................................................... 5  
   1.4. INTERIM RECOMMENDATIONS ......................................................................................... 6  
2. INTRODUCTION .......................................................................................................................... 9  
   2.1. CHILDREN’S CENTRES IN SOUTH AUSTRALIA .............................................................. 9  
   2.2. STAGE 1 – QUALITATIVE EVALUATION OF CHILDREN’S CENTRES IN SOUTH  
        AUSTRALIA ...................................................................................................................... 9  
3. METHOD .................................................................................................................................... 10  
   3.1. RECRUITMENT ................................................................................................................... 10  
      3.1.1. Sampling ...................................................................................................................... 10  
      3.1.2. Method of approach .................................................................................................... 11  
   3.2. PARTICIPANTS .................................................................................................................... 13  
      3.2.1. Parents and Carers ........................................................................................................ 13  
      3.2.2. Service Providers ......................................................................................................... 14  
      3.2.3. Children’s Centre Staff .............................................................................................. 15  
      3.2.4. Directors and Heads of School Early Years ............................................................... 15  
      3.2.5. Stakeholders ................................................................................................................. 16  
   3.3. DATA COLLECTION ............................................................................................................ 17  
      3.3.1. Setting .......................................................................................................................... 17  
      3.3.2. Number and size of focus groups and interviews ..................................................... 17  
      3.3.3. Duration ...................................................................................................................... 17  
      3.3.4. Determining data saturation ....................................................................................... 17  
      3.3.5. Audio recording .......................................................................................................... 18
3.3.6. Field notes .................................................................................................................. 18
3.3.7. Transcription .............................................................................................................. 18
3.4. DATA ANALYSIS ........................................................................................................... 18

4. FINDINGS ........................................................................................................................... 19

4.1. PROCESS: INTEGRATED SERVICE PROVISION IN CHILDREN’S CENTRES ......................... 19

4.1.1. Facilitators ................................................................................................................... 19
4.1.2. Barriers ........................................................................................................................ 23
4.1.3. Partnerships for meeting community needs ................................................................. 26
4.1.4. Services and supports – What services are available and how are these accessed? .... 28

4.2. IMPACT: EFFECT ON PEOPLE WORKING IN, WORKING WITH, OR USING SERVICES IN CHILDREN’S CENTRES .. 32

4.2.1. Increase workforce capacity to meet community needs ............................................. 32
4.2.2. Increase service coordination and utilisation ............................................................... 32
4.2.3. Enhance family wellbeing ............................................................................................ 33

5. DISCUSSION ........................................................................................................................ 35

5.1. DO CHILDREN’S CENTRES PROVIDE FAMILIES WITH EFFECTIVE PATHWAYS THAT ASSIST FAMILIES TO ACCESS THE RANGE OF SERVICES AND SUPPORT THAT THEY NEED? HOW DOES THIS HAPPEN? .......................................................... 35

5.1.1. What services and supports are available in Children’s Centres and do these meet community needs? .......................................................................................................................... 35
5.1.2. What are the referral pathways to additional support? ............................................... 36
5.1.3. What system level changes/supports/barriers are there to support Children’s Centres? ........................................................................................................................................... 37
5.1.4. How do these referral processes and pathways differ to those in the broader community? .................................................................................................................................... 38

5.2. WHAT ARE THE FACILITATORS AND BARRIERS FOR CHILDREN’S CENTRE STAFF WORKING TOGETHER COLLECTIVELY FOR THE BENEFIT OF CHILDREN? WHERE DO STAFF SEE THEIR WORK ALONG THE INTEGRATION CONTINUUM? .................................................................................................................. 39

5.3. WHAT ARE THE PROCESSES THAT ENABLE PARTNERSHIPS AND GOVERNANCE GROUPS (PARENT ADVISORY, LEADERSHIP GROUP AND PARTNERSHIP GROUPS) TO RESPOND TO COMMUNITY NEEDS EFFECTIVELY? ......................... 40

6. CONCLUSION ........................................................................................................................ 41

7. REFERENCES ........................................................................................................................ 42
1. Executive Summary

This report details the findings from focus groups and interviews conducted with people working in, working with, or utilising services in a Children’s Centre. These constitute one component of a larger evaluation plan, which utilises both qualitative and quantitative research methods to examine the process and impact of Children’s Centres for Early Childhood Development and Parenting.

The report discusses facilitators and barriers to the operation of integrated services in Children’s Centres. Additionally, the report highlights the way in which Centres are supporting parents in their roles. Overall, people working in, working with, or utilising services in Children’s Centres talked about the positive impact Centres were having on children, families and communities. Primarily, benefits for children and families were achieved through increases in the capacity of staff, from a range of professional backgrounds, to work holistically with children and families.

1.1. Background

Children’s Centres in South Australia are tasked to provide universal services with targeted support in order to impact population outcomes in four areas:
1) Children have optimal health, development and learning
2) Parents provide strong foundations for their children’s healthy development and wellbeing
3) Communities are child and family friendly
4) Aboriginal children are safe, healthy, culturally strong and confident

(Department for Education and Child Development, 2011) The Telethon Institute for Child Health Research through the Fraser Mustard Centre has been engaged to undertake a three year evaluation of these South Australian Children’s Centres. The overall aims of the evaluation are to measure process and impact of integrated services in Children’s Centres (described in the Overall Three Year Evaluation Plan; see Brinkman & Harman-Smith, 2013).

The qualitative component of the evaluation, reported herein, is comprised of focus groups and interviews conducted between March and May 2013, which have been structured to draw out in depth information about people’s experiences in relation to three broad evaluation questions (outlined below). Additionally, focus group and interview data will be used to inform the later quantitative evaluation components.

The Qualitative Evaluation aims to address the following questions:

1. Do Children’s Centres provide families with effective pathways that assist families to access the range of services and support that they need? How does this happen?
   a. What services and supports are available in Children’s Centres and do these meet community needs?
   b. What are the referral pathways to additional support?
   c. What system level changes/supports/barriers are there to support Children’s Centres?
   d. How do these referral processes and pathways differ to those in the broader community?

2. What are the facilitators and barriers for Children’s Centre staff working together collectively for the benefit of children? Where do staff see their work along the integration continuum?

3. What are the processes that enable partnerships and governance groups (parent advisory, leadership group and partnership groups) to respond to community needs effectively?
1.2. Method
The qualitative evaluation included a mix of both focus groups and interviews. Interviews were offered to those that were keen to participate in the evaluation, but were either unavailable at the time of the focus groups or wanting to provide feedback individually rather than in a group setting. Participants in focus groups and interviews were recruited to reflect the populations of people working in, working with or using services in Children’s Centres. In total 19 focus groups and 13 interviews were conducted; comprising:

- Ten focus groups with Parents and Carers (n=53).
- Two focus groups and one interview with Service Providers (e.g., Community groups, Health, Child and Youth Health) (n=12).
- Five focus groups and three interviews with Staff working in Children’s Centres (i.e., educators, Community Development Coordinators, Family Service Coordinators, and Allied Health) (n=34).
- Two focus groups and two interviews with Directors of Children’s Centres and Heads of School Early Years (n=15).
- Seven interviews with Stakeholders (Government employees working with the Children’s Centre program. For example, members of the Children’s Centre Operations Group, Program Managers, Policy and Project staff) (n=7).

1.3. Findings
Thematic analyses of the focus groups and interviews revealed three main issues for process and within each of these issues there were consistent themes. The three main issues related to (1) staff working collectively together and the facilitators and barriers to achieving staff collaboration, (2) the ways in which partnership is enabled and how this meets community needs, and (3) services and supports available in Children’s Centres and the ways in which families access these services and supports. The following section provides an overview of the main themes under each of the three main issues.

1.3.1. Process: Integrated Service provision in Children’s Centres
Please note, that for the purpose of the qualitative evaluation the “process” that we were particularly interested in was the way in which a broad range of services come together to work in integrated practice facilitated by the Children’s Centres. The evaluation did not focus on processes such as recruitment, quality assurance, etc.

There is considerable overlap in the facilitators and barriers identified by all participant groups, whereby most factors that were said to facilitate integrated service provision were also said to act as barriers to providing integrated services in some settings. This highlights the variation in Children’s Centres and provides an avenue for supporting Centres in achieving a uniformed approach to establishing integrated services.

Facilitators
- An effective Director was critical to the success of a Children’s Centre, and needed to:
  - Encourage open lines of communication
  - Enable information sharing
  - have evolved from leading an education team to leading a multidisciplinary team to work in integrated practice
value relationship-building and provide their staff time to form relationships which underpin working together in multidisciplinary teams.

Findings also indicated that:

- strong professional relationships with other staff and service providers were said to facilitate working together in partnership. Good relationships with children and families were said to engage families in the work of centres.
- the professional development program was said to support capacity building of Directors and staff working in Children’s Centres.
- well-designed spaces, that brought together leadership teams within centres, encouraged incidental communication which enabled integrated service provision.

Barriers

- Leadership issues could also provide an additional barrier to the establishment of effective integrated service provision when:
  - Although most Directors were said to be working toward the vision of Children’s Centres, in some instances Directors were said to not be ‘on board’ with the vision of Children’s Centres. In these cases, non-education staff reported feeling unsupported and obstructed in an environment that was primarily focused on education. This was in contrast to those leaders who were ‘on board’ with the vision who were said to foster distributed leadership.
  - Directors were said not have the capacity to lead a multidisciplinary team because either:
    - perceptions of needing to continue teaching part-time conflicted with administrative and professional demands of managing a multidisciplinary team or
    - the increased complexity of the role of Director in an integrated children’s centre compared to a stand-alone site, may have resulted in the Director not having the necessary managerial experience required to develop multidisciplinary staff teams.
- Governance structures were said to provide ‘top down’ demands but not ‘top down’ supports. This was said to relate to:
  - conflicting systems of accountability and reporting which complicated the management of integrated sites,
  - problematic line management structures that:
    - do not enable Directors to build cohesive staff teams as some personnel working at their site are accountable and report to an off-site manager.
    - do not include existing direct reporting lines between Directors and the central body responsible for the Children’s Centres policy and service provision model, to ensure Directors are working within the vision.
    - have a limited management understanding of the roles of non-education staff
do not take into account that ‘community development’ is an area that education staff are still learning about.

Employ staff on short term contracts, which can lead to staff being apprehensive when advocating for their communities.

- Inadequate available space was also mentioned by participants, and was said to be impacting on:
  - service providers’ ability to deliver non-education programs (e.g., allied health) and coordinate service provision with Centres that are at capacity infrastructure inadequacies including incompatibility of the IT and communication systems, physical storage and maintenance budgets were also raised
  - a lack of storage for the needs associated with a large range of programs and services (for example age appropriate toys for playgroups, equipment required for allied health services, equipment for home visiting programs, equipment for running parenting courses, etc.).

**Partnerships for meeting community needs**

The way in which Children’s Centres engaged Service Providers in the community to work together to meet community need was said to differ across Centres. Nevertheless, a number of factors were consistently identified in relation to working in partnership with Service Providers. Specifically,

- Regional planning was said to better enable the Children’s Centres and service providers to identify and meet the needs of their communities.
- Pooling resources was said to help limited funds stretch further and better benefit children and families by providing a coordinated approach and reducing duplication of services.
- How well Children’s Centres were said to engage with the community was said to be dependent on the community development role.
- Varying levels of success in engaging partners in the work of the Children’s Centre was depended on involvement of the site’s Director, but also on the composition of partnership groups and the local directives of partner agencies.
- While partners generally felt the partnerships were positive, some partners were conscious of working within an education paradigm. Specifically, they felt that genuine and equal partnerships were formed when relevant service providers were consulted and their input was considered in the decision making process.

**Services and supports – What services are available and how are these accessed?**

Children’s Centres are resourced to provide education and care services in response to the needs of their communities. Participants spoke about a range of ways in which Children’s Centres defined ‘community’, identified needs, and planned supports and services.

*What services are available?*

Two key factors were said to be impacting upon the way in which Children’s Centres identified, assessed and responded to the needs of their community:

1. Limitations of data for planning

   Directors and staff varied in their understanding of how data could be used to interpret community needs. Data was thought to have limited utility for understanding the community.
2. Responding to noticed needs
   Staff and Directors were more comfortable responding to noticed needs or the needs, expressed by families using their centres.

How are services accessed?
Five themes illustrated the way in which services and supports were accessed through Children’s Centres.

1. Knowing
   Parents and Service Providers identified ‘knowing’ about services as the main way of accessing the services they needed. Increased advertising and promotion of services were suggested to increase awareness in the community.

2. Referral pathways
   Referral pathways were said to be working to connect families more routinely and more promptly to services and supports.

3. Support to access services
   Families valued the way in which Children’s Centres supported them practically and emotionally to access services when they were facing crises and feeling overwhelmed.

4. Safe space
   Children’s Centres were considered to be ‘safe spaces’ where families: felt valued and respected; did not feel judged; and were, therefore, able to engage with education and other services.

5. Age of child
   Reaching children at an earlier age, was dependent on relationships between Children’s Centres staff and health nurses, referring children and families to the centre for support. Successful support for children transitioning to school, was depended on the relationships between the centre and the school.

1.3.2. Impact: Effect on people working in, working with, or using services in Children’s Centres
Children’s Centres aim to enhance the learning, health, and wellbeing of children and families and build child and family friendly communities. Directors, Staff, Service Providers, and Parents were asked what impact they felt Children’s Centres had on them and their community.

Children’s Centres were said to be:

Increasing workforce capacity to meet community needs
A key benefit of the Children’s Centre model is the way in which it promotes the exchange of information, knowledge, and practices in early childhood teams. This cross fertilisation in multidisciplinary teams working in integrated sites was said to build the capacity of Children’s Centres staff as well as other service providers working in the community. This was identified by Staff, Directors, and Service Providers. Additionally, parents highlighted the quality of the care their children received in Centres; speaking highly of the staff in general, but especially so of the staff in the education and care programs.

Increasing service coordination and utilisation
Another key benefit of the model of service provision in Children’s Centres was said to be the way in which partnerships between Children’s Centres and Service Providers enabled both parties to better meet community needs, through an increase in service coordination, but also by increasing service provider access to hard to reach children and families.

**Enhancing family wellbeing**

Children’s Centres were said to be enhancing family wellbeing through:

- connecting communities of parents to each other in a non-judgemental environment. Parents reported feeling social isolation before they were able to connect with other families in a ‘safe place’. Connecting with other parents in a Children’s Centre encouraged the formation of social support structures.

- the provision of programs and interactions with the Children’s Centre staff; who were said to be supportive and understanding.

1.4. **Interim Recommendations**

The following recommendations are provided on the basis of the qualitative findings and the aims of the Children’s Centre program as described by the Outcomes Framework (Department for Education and Child Development, 2011). Although the qualitative investigations have provided us with a rich data set, the extent to which the identified factors are impacting on the operation and impact of Children’s Centres is presently unclear. Quantitative investigations in the coming 12 months will measure these factors and provides us with a more robust understanding upon which final recommendations will made. In the interim, it is recommended that:

- Training and support in using data to understand and plan for communities should continue to form a part of the Children’s Centre Professional development program.

- Data management structures are required to make data more accessible for planning services

- Children’s Centres should work in regional partnerships with other Children’s Centres, preschools, and child care providers. Working in regional partnerships with other early childhood education and care providers can help build the capacity of a greater number of staff working within the community for the benefit of a greater number of families.

- Increase the systemic support to form connections between Children’s Centres and service providers within the community in order to facilitate the establishment of more consistent referral pathways

- Children’s Centres Directors and staff should continue to be supported to develop understandings of working in partnership and managing integrated services.

- Deliberations at the executive level ought to consider the present accountability and demands associated with the role of Children’s Centre Directors.

- Existing structures such as the professional development program, shared office spaces, and engagement with service providers through partnership groups were said to facilitate the establishment of relationships, and these should continue.

- Opportunities for enhancing communication and information sharing in centres should be explored in sites where the layout of sites presents a barrier to staff interacting routinely.
• Encouragement of and support for sites to engage in reflective practice ought to continue in order to support centres in developing their understandings of working in integrated practice.
• Consideration might be given to the development of a mentoring program, whereby site leaders who have developed integrated practices in their site might be partnered with new Directors or Directors who are still developing integrated practices to scaffold the learning of these leaders.
• Consolidation is needed, in collaboration with Directors, of expectations around the establishment of partnership and governance groups to plan for their communities.

The above findings have already been disseminated to the Early Childhood Development Strategy Team. We are aware that a number of changes are taking place within the Department for Education and Child Development (DECD) in South Australia, and that some of these reflect the above recommendations. A project proposal is currently being progressed within DECD to develop data collection systems to support integrated service delivery and reporting in Children’s Centres. Additionally, the Early Childhood Development Strategy Team has begun integrating present findings into the support that they provide to Centres for undertaking regional planning.

These qualitative findings are not unique to the South Australian Children’s Centre context. Indeed, the present findings are consistent with both national and international findings from similar service paradigms (e.g., Children’s Centres in the UK (formerly Sure Start), the Early Years Centre initiative in Queensland, the Indigenous Early Childhood Development National Partnership, etc.) (for detailed reviews of this literature see: Moore, 2008; Pordes Bowers, Strelitz, Allen, & Donkin, 2012). Some aspects of integrating services in an Educational led setting are unique to the South Australian context, and these findings have the potential to contribute to the literature related to the provision of integrated services in early childhood settings.

Overall the findings from this qualitative research show an improvement in the operation of Children’s Centres from the previous qualitative evaluation conducted by Sawyer et al. (reported in Verhoeven & Sawyer, 2009).

Improvements are evident in:

• Centres that have adopted planning processes that involve working in regional partnerships;
• the capacity building of staff in Centres that have established well integrated teams;
• changes in line management of CDCs to facilitate the development of integrated teams;
• centralised strategic development of relationships with partner organisations to facilitate working in partnership at the local level.

There are, however, still issues primarily around leadership, consistently working towards successful partnerships with service providers at a community level, and impact of the facilities on staff’s ability to work in integrated practice. Although there are some exceptions, it does seem that those Children’s Centres who have been in operation for longer are showing better levels of integration and working together smoothly. Children’s Centres who have not been operating as long are still contending with the complexities of bringing together disparate services and service provision paradigms. Centralised governance structures and support for new Directors would further aid the development of practices to support integrated service in Centres as they establish themselves.

The Quantitative Evaluation has now commenced and will aim to gather information, through questionnaires, to measure the extent to which themes identified qualitatively are true: across sites; for children from different backgrounds; and for children accessing different services. In the final
year of the evaluation we will collect data to measure the impact on children’s development and disposition for learning. We expect that the results for the survey stage of the Quantitative Evaluation will be available in the second half of 2014. Final results about the impact on children’s development are expected to be available mid-2015.
2. Introduction

2.1. Children’s Centres in South Australia

To reduce the impact of social inequality on children’s outcomes, the South Australian Government has established a number of Children’s Centres for Early Childhood Development and Parenting (Children’s Centres) across South Australia. By mid-2014, the Department for Education and Child Development will have established 34 Children’s Centres across South Australia. There will also be four Children’s and Family Centres, with an Aboriginal focus, developed as a partnership between the State and Australian Governments. Children’s Centres have been located in areas of community need to enable the provision of high quality services, especially to children and families who may not otherwise have access to these supports. Children’s Centres are based on a model of integrated practice, bringing together education, health, care, community development activities, and family support services in order to best meet the needs of children and families.

Specifically, Children’s Centres are tasked to provide universal services with targeted support in order to effect population outcomes in four areas: 1) Children have optimal health, development and learning; 2) Parents provide strong foundations for their children’s healthy development and wellbeing; 3) Communities are child and family friendly; 4) Aboriginal children are safe, healthy, culturally strong and confident (Department for Education and Child Development, 2011).

In Centres with particular needs, the team includes staff with expertise to provide targeted support. Family Services Coordinators are employed to improve outcomes for children and families experiencing disadvantages, parenting difficulties and child development issues. Staff work within the education and care setting and provide targeted responses including counselling, service coordination, group work intervention, and referrals, as well as taking an early intervention and prevention approach to improve the take up of services by vulnerable children and families. Allied Health staff in the fields of occupational therapy and speech pathology, utilise primary prevention and early intervention approaches to strengthen parenting skills and improve children’s developmental outcomes. Health Promotion Officers have a particular focus on Aboriginal children and promote strategies to increase staff, parents and children’s knowledge and skills in healthy eating (including breast feeding), active play and oral health. Child & Family Health Clinic staff may be based fulltime or part time at the Centre and include maternal health nurses who provide child health checks. Inclusive Preschool Programs provide a localised and inclusive model of preschool education for children with disabilities and high support needs. Children may have severe multiple disabilities, autism, global developmental delay, or a combination of physical, social and cognitive needs.

2.2. Stage 1 – Qualitative Evaluation of Children’s Centres in South Australia

The Telethon Institute for Child Health Research through the Fraser Mustard Centre has been engaged to undertake a three year evaluation of these South Australian Children’s Centres. The overall aims of the evaluation are to measure process and impact of integrated services in Children’s Centres (described in the Overall Three Year Evaluation Plan; see Brinkman & Harman-Smith, 2013). The overall evaluation approach employs a mixed-method research design, the first stage of which is qualitative and involves the conduct of focus groups and interviews with people working in, working with, and using services in Children’s Centres. Focus groups and interviews have been structured to draw out in depth information about people’s experiences in relation to three broad evaluation questions (outlined below). Additionally, focus group and interview data will be used to inform the
later quantitative evaluation components. Focus group and interview questions are presented in Appendix A through E.

Evaluation Questions:

4. Do Children’s Centres provide families with effective pathways that assist families to access the range of services and support that they need? How does this happen?
   a. What services and supports are available in Children’s Centres and do these meet community needs?
   b. What are the referral pathways to additional support?
   c. What system level changes/supports/barriers are there to support Children’s Centres?
   d. How do these referral processes and pathways differ to those in the broader community?

5. What are the facilitators and barriers for Children’s Centre staff working together collectively for the benefit of children? Where do staff see their work along the integration continuum?

6. What are the processes that enable partnerships and governance groups (parent advisory, leadership group and partnership groups) to respond to community needs effectively?

This interim evaluation report summarises early findings from the first qualitative stage of the evaluation. Process and impact are presented as separate entities in this report.

3. Method

The following section describes the participants involved in focus groups and interviews, recruitment methods, characteristics of focus groups and interviews, and methods used for analysing qualitative data.

3.1. Recruitment

3.1.1. Sampling

Five groups of participants were recruited from a range adults working in, working with or using services in Children’s Centres:

1. Parents and Carers
2. Service Providers (e.g., Community groups, Health, Child and Youth Health)
3. Staff working in Children’s Centres (i.e., educators, Community Development Coordinators, Family Service Coordinators, and Allied Health)
4. Directors of Children’s Centres and Heads of School Early Years
5. Stakeholders (Government employees working with the Children’s Centre program. For example, members of the Children’s Centre Operations Group, Program Managers, Policy and Project staff)

Purposive sampling was used for focus groups and interviews. Purposive sampling involves selecting potential participants who share the characteristics of a target population – in this case people working in, with, or using services in Children’s Centres – in order to enable the recruited sample to provide rich and diverse data relevant to the research questions. Thus, participants recruited were broadly representative of the populations from which they were drawn (participant demographics and characteristics are presented in section 2.2 Participants).
3.1.2. Method of approach
The method of approach for each group of participants varied due to the differing nature of the groups and these are described below. Each group was provided with an invitation letter outlining what was involved in participation and an associated consent form (see Appendix F through J).

1. Parents and Carers
Recruitment of parents and carers relied upon the involvement of staff in the Children’s Centres. A face-to-face, targeted recruitment approach was selected on the advice of Children’s Centre staff, who reflected on past experiences of researchers seeking to engage parents using services in Children’s Centres. Staff noted that many parents using services in Children’s Centres did not respond to flyers about research, thus face-to-face was considered to be the best way to engage families. A targeted recruitment strategy was employed in order to recruit a representative sample of parents. It was considered that simply asking all parents broadly across the centre, without seeking out specific sub-populations, would result in missing parents from disadvantaged backgrounds, parents with English as a second language, and Aboriginal families. Thus, the first author liaised with Children’s Centre staff during recruitment and maintained regular contact to ensure that all ethical guidelines were upheld, and targeting strategies would, as far as possible, not introduce sampling biases. In addition, Children’s Centre staff were asked to provide information about the evaluation broadly to all parents in the centre so that any interested families had an opportunity to contribute to focus groups. As expected, the vast majority of parents were recruited via the face-to-face approach, and the broad distribution of information about participating in the evaluation resulted in only a few parents signing up to take part. The range of groups approached included:
1. playgroups
2. parents utilising family services
3. parents of pre-schoolers
4. parents using child care
5. parents participating in governing council
6. parents utilising support services
7. parents enrolled in English language courses

In each case, staff were instructed to tell the group that an evaluation of Children’s Centres was being conducted and that the researchers were seeking to hear from parents about their experiences of using services in Children’s Centres. Staff were asked to hand out an information letter that outlined: what was involved in taking part; risks; right to confidentiality; and the right to withdraw. Parents were also provided with a consent form and the contact details of the evaluation team. Centres each had a sign-up sheet on which they recorded the names and contact details of any parents who were interested in taking part.

Centre staff also discussed with parents child care options available to them to enable them to attend the focus group. In three centres, focus groups were run alongside playgroups and parents were able to come to one side of the room to join in discussion. In these focus groups, no centre staff or Service Providers were present at the focus group discussion. In two further centres, parents who were not able to arrange care for their children were advised they could bring children to the focus group and activities were set up for children in one area of the room. In the remaining five centres parents were able to access free care in the centre for their children while accessing the focus group. In one of these centres, parents with infants chose to bring the infants with them to the focus group. The focus
group moderator and note taker debriefed after each focus group about any environmental impacts noticed in the differing focus group. No differences in emerging themes, topics of conversation, or parent engagement were noted across the differing focus group arrangements. In fact, although the environment in some focus groups was much noisier than in others, interruptions to discussion were minimal due to the relatively short time span of focus groups (focus groups with parents were generally less than one hour in duration). Where children were at the table with their parents, children were easily oriented to a task.

One week before the scheduled focus group time, the first author made contact with the Children’s Centre to confirm the number of parents who had signed up to the focus group and request the Children’s Centre staff contact parents on the sign-up sheet to remind them of the focus group time.

2. Service Providers (e.g., Community groups, Health, Child and Youth Health)
   The first author emailed Children’s Centre Directors and Heads of School Early Years to request they forward on an email invitation (with information letter and consent form attached) to Service Providers working in their centres and to their community partners. Service Providers were asked to make direct email contact with the evaluation team to book in to an available focus group time. Response rates to the email recruitment was low, which upon discussion with centre Directors seemed to be in relation to the work load of Service Providers, which meant many did not reply to email requests. Hence, the first author made follow up phone calls to all Children’s Centre Directors requesting they phone Service Providers with whom they work to follow up on the email request. Additionally, the first author phoned key Children’s Centre partners in Health to alert them to the evaluation and the focus group times and enquire as to whether any of their staff were able and willing to attend. Direct contact via phone resulted in the recruitment of the majority of Service Providers (8 of the 12 Service Providers who took part).

3. Staff working in Children’s Centres (i.e., educators, Community Development Coordinators, Family Service Coordinators, and Allied Health)
   The first author emailed Children’s Centre Directors and Heads of School Early Years to request they forward on an email invitation (with information letter and consent form attached) to take part in a focus group to staff working in their centres. Interested staff were asked to make direct contact with the evaluation team to sign up for a focus group time. Response rates were again low (four staff emailed intent to take part), reflecting busy staff workloads and poor email correspondence rates. Again, the first author made phone contact with centre Directors and Community Development Coordinators to enquire as to whether they had an indication of staff who would like to take part but had not yet emailed the evaluators. This again resulted in a substantial increase to recruitment rates (30 additional staff recruited this way).

4. Directors of Children’s Centres and Heads of School Early Years
   The first author emailed Children’s Centre Directors and Heads of School Early Years with an invitation to take part in focus groups (with information letter and consent form attached). Given the known busy schedules of this group, evaluators proposed a large number of focus group times and requested that Directors who were interested in taking part email their availability for each time so that times could be scheduled that best suited the largest number of people. Nine replies were received to the first email invitation. A follow up email one week later generated another nine replies. Of those that replied, six replied that they
were not able to make any times. Attempts to schedule an alternative time that suited this group, were not successful. Three additional Directors took part in focus groups without having emailed intent to attend.

5. Stakeholders
The first author emailed stakeholders directly, inviting them to take part in a one-on-one interview (with information letter and consent form attached). Ten stakeholders were approached for interview and of these seven were able to make an interview time. In the three instances where stakeholders were not interviewed, this was due to scheduling conflicts.

3.2. Participants
Participants in each of the groups were broadly representative of the populations from which they were drawn. Demographic data for each group are summarised below. Additionally, service usage data for parents and carers and data summarising the professional backgrounds and experience of staff are included; as relevant.

3.2.1. Parents and Carers

Table 1. Parent and carer (N=53) demographic characteristics and service usage

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
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<tr>
<td>Language Background other than English</td>
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<td>26</td>
</tr>
<tr>
<td>No</td>
<td>39</td>
<td>74</td>
</tr>
<tr>
<td>Number of children</td>
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</tr>
<tr>
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<td>4 or more</td>
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<td>11</td>
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<tr>
<td>Children with Special needs</td>
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<tr>
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### Services used

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<td>Play Group</td>
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<td>Parenting Courses</td>
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<td>Speech and Language Therapy</td>
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### Number of Services used

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<td>10</td>
<td>19</td>
</tr>
<tr>
<td>5 or more</td>
<td>9</td>
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</table>

### 3.2.2. Service Providers

#### Table 2. Service provider (N=12) characteristics and experience

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<td>8</td>
</tr>
<tr>
<td>Female</td>
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<td><strong>Agency Type</strong></td>
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<td>50</td>
</tr>
<tr>
<td>Non-Government</td>
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<td>42</td>
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<tr>
<td>Not for Profit</td>
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<td>8</td>
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<tr>
<td><strong>Service Type</strong></td>
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<td>8</td>
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</tr>
<tr>
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<td><strong>Time in role (years)</strong></td>
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<td></td>
</tr>
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<td>25</td>
</tr>
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<td>25</td>
</tr>
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<td>8</td>
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### 3.2.3. Children’s Centre Staff

Table 3. Staff (N=34) characteristics and experience

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</thead>
<tbody>
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</tr>
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<td></td>
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<td>Non-ATSI</td>
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<td>ATSI</td>
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<td>0</td>
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<tr>
<td>Role</td>
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<td></td>
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<tr>
<td>Preschool educator</td>
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<tr>
<td>Child Care educator</td>
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<td>21</td>
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<tr>
<td>CDC</td>
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<td>32</td>
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<tr>
<td>FSC</td>
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<td>12</td>
</tr>
<tr>
<td>Allied Health</td>
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<td>6</td>
</tr>
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<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Time in role (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
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<td>2</td>
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<td>26</td>
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</tr>
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<td>4 or more</td>
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<td>3</td>
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<tr>
<td>No</td>
<td>24</td>
<td>71</td>
</tr>
</tbody>
</table>

Previous role in a CC

- Previous role in a CC
  - Same: 4 (40%)
  - Different: 6 (60%)

Previous experience of working in an integrated service setting

- Yes: 13 (38%)
- No: 21 (62%)

### 3.2.4. Directors and Heads of School Early Years

Table 4. Director and Heads of School Early Years (N=15) characteristics and experience

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
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</thead>
</table>
### 3.2.5. Stakeholders

Table 5. Stakeholder (N=7) characteristics and experience

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>100</td>
</tr>
<tr>
<td><strong>Aboriginal or Torres Strait Islander</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-ATSI</td>
<td>14</td>
<td>93</td>
</tr>
<tr>
<td>ATSI</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td><strong>Time in role (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>4 or more</td>
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<td>40</td>
</tr>
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<td>7</td>
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<tr>
<td><strong>Previous experience working in CC</strong></td>
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<td></td>
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<tr>
<td>Yes</td>
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<tr>
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<tr>
<td>Different</td>
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<td>27</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>73</td>
</tr>
</tbody>
</table>

**Gender**

- Male: 0 (0%)
- Female: 15 (100%)

**Aboriginal or Torres Strait Islander**

- Non-ATSI: 14 (93%)
- ATSI: 1 (7%)

**Time in role (years)**

- <1: 1 (7%)
- 1: 0 (0%)
- 2: 3 (20%)
- 3: 4 (27%)
- 4 or more: 6 (40%)
- Unknown: 1 (7%)

**Previous experience working in CC**

- Yes: 3 (20%)
- No: 12 (80%)

**Previous role**

- Same: 0 (0%)
- Different: 3 (100%)

**Previous experience of working in an integrated service setting**

- Yes: 4 (27%)
- No: 11 (73%)
3.3. Data collection

3.3.1. Setting
All focus groups were conducted in Children’s Centre community spaces. These rooms are able to be closed off for privacy and were separated from staff offices. Interviews with stakeholders were conducted in private meeting rooms in their usual workplace.

3.3.2. Number and size of focus groups and interviews
A total of 19 focus groups and 13 interviews were conducted:
- 10 focus groups with Parents and Carers (between 3 and 8 participants in each group)
- 2 focus groups with Service Providers (6 and 5 participants in each group) and 1 interview
- 5 focus groups with Staff (between 5 and 9 participants in each group) and 3 interviews
- 2 focus groups with Directors and Heads of School Early Years (9 and 4 participants in each group) and 2 interviews
- 7 interviews with Stakeholders

There were a number of reasons why interviews were conducted with Service Providers, Staff and Directors, instead of focus groups. In one case a staff member requested an interview instead of a focus group. In the case of the service provider, this was scheduled to be a focus group, but the three other service providers who signed up to the focus group were not able to make it on the day. The remaining three interviews were with staff and Directors working in remote locations, who were not able to attend focus group times in metropolitan Adelaide.

3.3.3. Duration
Focus groups and interviews lasted between 20 minutes and 2 hours. Focus groups with Staff and Directors were the longest in duration; with most of these taking 2 hours. Focus groups with Service Providers tended to last for 1 ½ hours. Focus groups with parents lasted 20 – 80 minutes, dependent on the size of the group, whereby larger groups tended to last longer, but did not necessarily produce different or more in depth information. No difference in duration was noted in relation to whether or not children were present in the focus groups. Groups that consisted mostly of parents from non-English speaking backgrounds tended to be shorter in durations. Shorter durations in these groups may be thought to have resulted from language barriers, but this is not likely to be the case. Instead, these groups tended to be smaller and parents spent less time talking. Moreover, information emerging from these groups echoed experiences of parents from English speaking backgrounds, with additional information emerging specifically to these parents’ experiences of Children’s Centres as it related to coming from a non-English speaking background.

All interviews lasted between 20 – 40 minutes.

3.3.4. Determining data saturation
Data saturation is the point at which no new information emerges in focus groups and interviews than that which has already been heard in previous groups. To determine whether data saturation was likely to have been reached, the moderator and note taker debriefed after each focus group and identified new or emerging themes where these had arisen. Consensus on data saturation was reached for Service Providers, Staff, and Directors before the conduct of this cluster of focus groups.
was complete. The final focus groups in this cluster were conducted so as to give interested participants an opportunity to share their views. Similarly, data saturation in focus groups with parents was reached before the conduct of planned focus groups was completed. The remaining focus groups were conducted in order to give parents who had signed up the opportunity to take part. Data saturation was also considered to be achieved in stakeholder interviews.

Indeed, themes were repeated across the five participant groups, providing confidence in data saturation having been achieved. Information gained from each subsequent participant group corresponded with information already heard, but provided a different perspective around the central themes, thus providing a rich data set for thematic analyses.

3.3.5. Audio recording
Focus groups and interviews were audio recorded in all but three instances. In two instances (one with Service Providers and one with parents) a participant in the group did not consent to be audio recorded. In the third instance (a one-on-one interview), the audio recording failed.

3.3.6. Field notes
Field notes were taken by both the focus group moderator (the first author) and the note taker (a research assistant). The moderator noted themes discussed, while the note taker summarised each statement made by a participant and recorded who made the statement. At the conclusion of each focus group, the moderator used her field notes to summarise the discussion and check whether the notes taken reflected the experiences participants intended to convey. This summary also gave the moderator an opportunity to clarify any points that were unclear. After the focus group, the combination of moderator and note taker notes was used to produce expanded focus group notes for each focus group that summarised the discussion and put in context the participants’ statements.

For interviews the interviewer took notes that summarised statements made. After each interview notes were expanded to more wholly summarise the participant’s answers.

3.3.7. Transcription
Focus groups and interview data were not transcribed. Instead, expanded notes were used for the purpose of thematic analyses. Additionally, audio recordings were entered into NVivo and these were referred to for the purpose of identifying participant quotations to illustrate themes. Where no audio recordings were available, the note taker’s notes were used to illustrate themes, because these most closely resembled participants’ statements. Quotations derived from notes rather than recordings are to be considered as paraphrasing and are thus indicated by square brackets.

3.4. Data analysis
The first author thematically analysed focus group and interview data using deductive analysis (described by Crabtree & Miller, 1999). Thematic analysis is the process by which data is organised into themes. Deductive thematic analysis is guided by pre-existing ideas about the data – in this case the Children’s Centre Outcomes Frame work and the evaluation questions formed the basis for organising the data. Analysis involved reading and re-reading all expanded notes; identification of codes that addressed the research questions; and organisation of codes into broader themes. As a consequence of the analysis strategy, themes corresponded to the key research questions. This report summarises these themes and discusses them in context to the research questions.

Please note that for ease of reading, ‘Directors and Heads of School Early Years’ will be referred to as Directors in the remainder of this report.
4. Findings

Themes emerging from focus groups and interviews are presented here. The themes are separated into two main sections: process and impact.

4.1. Process: Integrated Service provision in Children’s Centres

Process refers to the operation of a service. In the case of Children’s Centres process refers to the way in which a broad range of services come together to work in integrated practice. In short, the evaluation seeks to understand the factors that influence how people work together. Thus, the themes identified herein relate to: facilitators and barriers to staff working together collectively; the ways in which partnership is enabled and how this meets community needs; services and supports available in Children’s Centres and the ways in which families access these services and supports.

Separation of facilitators and barriers in this report is deliberate. Facilitators discussed here are those factors that were identified to be actively and presently making a positive contribution to the provision of integrated services in Children’s Centres. Whilst an absence or the converse of these might be thought to be a barrier, these were not always identified as a present or active barrier to operations. Thus, facilitators and barriers are discussed separately and there is some repetition of themes where a factor was identified as being both a current facilitator and barrier.

4.1.1. Facilitators

Four key themes were identified around factors that facilitate integrated service provision in Children’s Centres:

1. Leadership
2. Relationships
3. Professional development
4. Design and use of physical space

These themes were spoken about by staff working in Children’s Centres, Service Providers working with Children’s Centres, and Directors.

Leadership

Three key characteristics of the Director were said to facilitate integrated service provision: Communication; focus beyond education; and valuing relationship building.

a. Communication

Communication was discussed in two ways: 1.) openness to communicate and 2.) information sharing

Openness to communicate:

Staff noted that it was important for Directors to have open lines of communication with staff. Staff expressed that working in partnership in a leadership team across disciplines, meant that conflict or differences of opinion often arouse and in order to resolve these staff needed to feel they could communicate openly with Directors.

The importance of open communication with Service Providers was discussed by both Directors and Service Providers who said this was critical for the establishment and negotiation of working partnerships. Being able to meet to communicate was also said to help facilitate the establishment of partnerships. Additionally, clear communication in the
establishment of partnerships was said help build an understanding of the needs and goals of each party (getting to know each other). Communication between centres and partners enabled the setting of clear expectations for the partnership. This communication process was said to be facilitated by service agreements.

“There’s been a lot of challenges around conflict resolution. And I think there’s still a long way to go with leadership teams - their ability to have the tough conversations around conflict, which often arises out of misunderstandings.” (Stakeholder)

Information sharing:

The delivery of integrated services within the Children’s Centre was said to happen most effectively when all staff were on the same page and each knew what was happening throughout the centre. Being on the same page was said to be important for providing consistent advice and support to families. Knowing what was happening throughout the centre was critical for connecting families to other services and supports they might need. Indeed, in centres where staff noted good information sharing systems, families also noted that staff were knowledgeable about what was happening and were able to connect them to people that could help in a range of situations. Conversely, where staff were not well informed about what was happening in the centre, parents noted that they did not know what services and supports were available to them in the centre.

The size and complexity of staff teams in Children’s Centres meant that keeping everyone informed and connected through communication was said to be difficult and, therefore, required Directors to plan regular opportunities for communication and develop systems of communication to ensure staff across the entire centre stayed informed.

b. Focus beyond education

Children’s Centres were largely spoken about as being an education based service that brings together other services to help meet the needs of children and families. Largely, Directors and educational staff spoke about integration in Children’s Centres about bringing together education and care. This was about going from having a preschool program to bringing in occasional care or long day care.

Although some Directors identified integration in Children’s Centres as bringing together education, care, health and family services. These Directors spoke about their role sitting outside of education.

Where Directors had shifted their focus beyond education, they spoke about the way in which they were letting go of control over the site; utilising a model of distributed leadership; valuing the expertise and input of staff from non-education backgrounds; including the whole leadership team in planning – including curriculum planning; and making use of staff expertise. Directors who were said to have a focus beyond education were thought to better utilise the expertise of the staff from non-education backgrounds in the Children’s Centre to achieve the goals of the program.

“My role has completely changed from what I used to do....I was teaching and now I don’t teach. Just haven’t got the capacity, I don’t have the time...my role has moved from just education and care. And I think that's what I have a problem with the title. We're called ‘Director of Education and Care’. I'd just rather be a ‘Children's Centre Director’.” (Director)
c. Value relationship building
Staff, Service Providers, and Directors noted the importance of relationships for the provision of integrated services in Children’s Centres (as will be discussed in the next section) and for working holistically with families. Thus, Directors who understood the need for and value of relationships were said to allow, encourage, and support staff to build relationships within the Children’s Centre, with Service Providers in the community, and with families.

**Relationships**
Relationships were said to underpin the workings of integrated teams and partnership groups as well as the engagement of children and families in centres. Where staff from differing backgrounds understood each other’s roles and responsibilities, teams were said to be more functional and respectful, and better able to work together to achieve a shared vision.

“Our partnership groups are well attended, very much well attended. And what we did, initially, we anticipated that sometimes the tensions are about communication and if we don’t value what our partners bring to the table - what is their briefing, what is their expectation - you know, if we came from where were standing, which is the education and care, and preface everything on that notion, we might discount what they’ve got to bring.” (Director)

Relationships were said to be critical for building networks with Service Providers in the community. Knowing people was said to come from being able to have face-to-face interactions. This made staff and Service Providers feel more comfortable about referring families bi-directionally. Moreover, having good relationships meant that people from differing professions felt more secure about sharing information to better enable holistic support of children and families. When people had developed relationships they said they knew that they were on the same page as other professionals; that is, they all had the same goals, values, and were all working together to provide support.

Relationships were also spoken about as critical for supporting children and families; enabling them to engage with the Children’s Centre and Service Providers. Knowing children and families was spoken about as the foundation for identifying, understanding, and responding to needs. In some cases, people spoke about ‘hidden needs’, whereby families did not feel comfortable sharing with staff until good relationships were established. Once families trusted staff, they were said to be more open and welcome to the idea of receiving support. This was about families feeling safe, welcome, and respected in the centre – an environment that made it easier for people to expose their challenges and vulnerabilities. This theme emerged in the discussions of staff, Service Providers, Directors, and parents.

Directors and staff talked about how families don’t engage with a centre because of the programs and services that were offered, but because of the relationships that they form with staff. Staff and Directors also noted that when they had good relationships with families they were better able to link families with relevant services and supports – because families trusted that staff were working in their best interests.

Service Providers spoke about the importance of the relationships that Children’s Centres build with their families; relationships that allow them to gently support people to access services and supports with which they would otherwise not engage. Thus, some Service Providers noted that through Children’s Centres they were able to provide support to families they would not normally see. Reaching hard to reach families was about breaking down barriers such as: stigma, transport, finances, and lack of confidence.
Parents spoke about how they felt comfortable bringing their children to the centre and how the centre also supported them. A key factor that helped them to feel comfortable leaving their children in the centre was the relationships they saw their children develop with centre staff. Additionally, the relationships parents developed with the staff in the centre contributed to the way they felt about coming to the centre. Parents said they felt that staff: did not judge them; genuinely cared about them; listened to them; and respected their parenting and knowledge of their children.

**Professional development and professional supervision**

Stakeholders, staff, and Service Providers identified the professional development program as having a positive impact on staff in Children’s Centres. The program was said to increase the capacity of the staff in the centre to work with children and families. Staff and Directors also talked about the extent to which this training was valuable for their professional development, especially in relation to realising the vision of Children’s Centres. Moreover, the program was said to help Directors and staff work toward implementing the vision of Children’s Centres. Stakeholders also identified the professional development program as a key way in which Children’s Centres were supported in their development of integrated service provision in Children’s Centres.

Professional supervision was, however, identified as lacking in the Children’s Centre model. Specifically, it was believed that educational staff needed better systems for supporting staff to cope with the psychological pressure of working with families and children with complex needs.

“I think that’s really hard for when you are talking about staff that are unqualified or qualified child care workers being paid a really poor wage, that they’re being expected to.. a lot higher percentage of at risk families and vulnerable families are coming into the service and it is about doing a lot of professional development and that was evident when we became a Children’s Centre...” (Director)

**Design and use of physical space**

The way in which people spoke about using space in Children’s Centres illustrated the impact of Children’s Centre design on the provision of integrated services. A layout that encouraged staff interaction through having shared office space that was utilised by the whole Children’s Centre leadership team facilitated communication and relationship building.

In comparison, in centres where the education component of the building was distinctly separated from the community space, with the staff responsible for those areas also separated, people spoke about how it took time and effort to find out what was happening within the centre. Directors also noted that it was difficult to ensure that people were all on the same page, and that it was important to schedule regular whole of staff meetings and encourage communication. This was talked about as being difficult given the work load across the centre and conflicting staff schedules. It was also said to increase staffing costs as meetings generally had to be held afterhours when all staff were free. Staff working in these types of spaces noted how they had to wander through the centre to keep in touch with what was happening and make themselves known to staff working in different areas and families using services such as preschool and long day care.

At the extreme, in centres where the community space was geographically separated from the preschool, staff members working in the education component of the centre were often unaware of what was happening in the other building and some had not visited the space at all. These staff were unlikely to be able to refer parents to the range of services or supports available. Additionally, in these centres the staff had difficulty identifying the vision of Children’s Centres and locating their
role within the vision. To summarise, the layout of Children’s Centres was able to reduce the time and effort involved in forming and maintaining integrated staff teams and developing an integrated model of service provision – time that is often not readily available in a very busy service environment.

“We had allied health all along, but when we were in the old building we couldn’t fit them in the building...they never sat with us. Now that they get to sit with us that is so invaluable to communication. Because they seem to belong, they seem to build better relationships up with families and with staff...they are part of the staff team.” (Director)

4.1.2. Barriers
Three key barriers were noted to providing integrated services in Children’s Centres.

1. Leadership
2. Governance structure
3. Facility

Leadership
When discussing where things were not working well in Children’s Centres, the overriding theme identified by staff, Service Providers, and stakeholders was leadership. The way in which centres were managed was talked about as being the main obstacle to integrated service provision and working in partnership. Two leadership factors were said to be hindering integrated service provision and partnership: Directors not being on board with the Children’s Centre vision and Directors having a limited capacity to lead a multidisciplinary team.

“It’s been very difficult for some of the Directors of Children’s Centres to come from being a stand-alone preschool ...to then ...being the Director of a Children’s Centre.” (Stakeholder)

a. Leadership not being on board with the Children’s Centre vision
Where Directors were said to not understand or work within the framework/vision for Children’s Centres this translated into workplace conflict. Staff felt obstructed by Directors who were said to not understand or value non-educational roles. In addition to Directors at times not understanding the nature of their work within the Children’s Centre model, some staff noted that staff within the Early Childhood Development Strategy Team also had a limited understanding of the roles of non-education staff, and this translated into these staff feeling restricted in their ability work to their potential. Moreover, these staff reported not feeling secure enough in their roles to advocate for the needs of their community.

Service Providers also noted that working in an educational setting brought challenges because education did not have a good understanding of community development. Service Providers noted that community development was new to education and that many people in education were still learning how to do ‘community development’. Both staff and Service Providers felt that the main focus of Directors in Children’s Centres was education and that education staff in
Children’s Centres were still learning about working in partnership with other agencies to meet the needs of children and families.

Stakeholders, supporting the work of Children’s Centres, also noted having Directors on board with the vision was a challenge for Children’s Centres; and for their own work in supporting non-educational staff in Children’s Centres. Overcoming this challenge was said to require extensive communication with Directors to build relationships. These relationships enabled stakeholders to support Directors in their professional development and help them move beyond a narrow focus on education and develop an understanding of integrated service provision in Children’s Centres. This was, however, said to be very time consuming, and meant that stakeholders supporting the work of Children’s Centres were not able to distribute support across all centres.

b. Capacity to lead a multidisciplinary team
Separate from the issue of not understanding or working within the Children’s Centre vision, was the ability of Directors to manage complex integrated staff teams. Two themes emerged around the ability to manage integrated staff teams. The first related to the workload of Directors and the second related to the managerial capacity of Directors.

Workload of Directors:
Integrating services in Children’s Centres was said to increase the workload and complexity of the role of Director substantially from that of a stand-alone Preschool Director. Integrated services bring with them a large increase in administrative workload that is said to require much of the Director’s time. Directors, staff, and Service Providers noted that this increase in workload was not reflected in the contracted half-time teaching load of Directors. Directors were having to ‘buy in’ teaching staff to cover their half-time teaching load and in some cases Directors were not doing this or did not budget for this and thus had to spread their time between teaching and the excessive administrative load. Directors noted that this translated into working excessively long hours, which was dependent on the “Goodwill” of Directors. Directors noted that this was an unsustainable practice and that Children’s Centres were developing a reputation for being an undesirable place to be a Director. Directors noted that what kept them going was their belief in the vision of Children’s Centres and their passion for working with children and families.

Managerial capacity:
Poor managerial capacity of Directors was also noted to adversely impact integrated practice in Children’s Centres and the development of cohesive staff teams. Directors of preschools traditionally oversee the work of a small staff team, comprised of preschool teachers and teaching support staff. Conversely, managing a Children’s Centre involves overseeing the work of a large multi-disciplinary staff team. Staff, Service Providers, and stakeholders identified that some Directors did not have the managerial capacity to manage these complex teams and, thus felt overwhelmed by the demands of the role.

It was thought that Directors who weren’t coping with the challenges of managing complex teams reverted to an overly controlling managerial style to compensate for feeling a lack of control over what happened in their sites. Overly controlling Directors were said to be stifling the work of non-educational staff by necessitating they be involved in all decision making across the centre. This was spoken about in contrast to those Directors who fostered a leadership team, wherein each team member was trusted to be experts in their field and to be able to contribute to decision making and planning in the centre.
**Governance structure**

The way in which Children’s Centres are governed was discussed as a barrier to achieving consistently integrated service provision across centres. Children’s Centres were said to lack a central support structure that enabled integrated operations at the site level. A lack of systemic structures that support integrated service provision meant that the success of bringing together services was person dependent. Three factors were said to be contributing to the lack of systemic support for integration: conflicting systems for accountability and reporting; line management structures; and imbalance of power in the leadership team.

“**So if policy is going to happen, as it does - policy happens to us. Then how do we have a say at that policy making level from the experiences that we are having at a local level.**”

a. **Conflicting systems for accountability and reporting**

Children’s Centres bring together diverse systems under the management of a Director. Directors noted that these diverse systems often had conflicting accountability and reporting requirements, making it challenging for Directors who had to, on a case by case basis, find ways of negotiating system conflicts as they arose.

The additional administration load was noted for both Directors and for administrative roles in the centres. Directors suggested that a single governance body with a single set of accountabilities and reporting demands would allow them to focus on developing integrated sites rather than spending much of their time working out how to deal with system conflicts.

Additionally, differences in governance structures and accountabilities meant that not all staff in the Children’s Centre team had equal access to professional development. Specifically, staff working in the Long Day Care program were said to not be financially supported by DECD to access the program. This inequality in access meant that not all staff were able to benefit equally from the professional development opportunities. In some sites, this was overcome by people bringing back their learnings from the training and sharing these with other staff across the centre. This practice was, however, said to be only supported by some Directors, thus limiting the reach and benefit of the program for all Children’s Centres.

b. **Line management structures:**

Line management was raised as a theme by staff, Directors, and stakeholders. On the whole, the existing line management structures were seen as being problematic for fostering integrated service provision. Directors identified difficulties in creating cohesive staff teams when members of their teams were line managed offsite. Offsite line management was said to have an impact on the time it took to make day to day decisions around working hours, travel, professional development, etc. Service Providers also noted that when Directors did not line manage staff on site it made negotiating and developing partnerships more complex because the site was not able to make decisions around practicalities such as staffing in order to provide programs and services. Additionally, not having line management over staff working in the centre was said to be problematic when staff were not working within the framework.

Similarly, Staff and stakeholders identified the line management of Directors as problematic for fostering consistency of the Children’s Centre model. Directors have no accountability to the Early Childhood Development Strategy Team who support the Children’s Centre program and the development of integrated service provision. Instead, Directors are appointed and line managed by regional bodies that may or may not have an understanding about the vision of Children’s Centres. Staff and stakeholders identified this as being problematic for achieving the
vision of Children’s Centres when Directors were not ‘on board’ with the Children’s Centre vision and were also not accountable to a line manager who was ‘on board’.

Additionally, stakeholders were unable to identify any central processes for prescribing and monitoring integrated service provision. A number of supports were in place to encourage integrated service provision, but lack of accountability to a central body, responsible for actioning the Children’s Centre program, meant it was not possible to put into effect measures to ensure their smooth operation. That is, there are no policies or practices that ensure the program integrity of Children’s Centres.

c. Imbalance of power in leadership team: Leadership teams in Children’s Centres were said to suffer from an imbalance of power – related to staff contracts. In practice this was said to impact the functionality of leadership teams; functionality that was dependent on the Children’s Centre Director or Head of School Early Years. Staff noted that Directors had permanent positions, whilst other members of the Leadership team had short term contracts. This was said to create an imbalance of power but also to impact staff turnover. An imbalance of power meant that in many cases staff did not feel that they were genuinely part of a leadership team. High staff turnover was also said to negatively impact shared leadership – staff leaving frequently meant that working relationships had to continually be re-established in order for integrated service provision to function smoothly. It was said to take up to six months for people to settle into their roles and to get to know the centre, partners, and the community.

Facility
Lack of or inappropriateness of physical space and infrastructure to meet community needs was consistently raised by Staff, Directors, Service Providers, and Parents. Where Children’s Centres did not have any space to run non-education programs, Community Development and the development of relationships with Service Providers was said to suffer. Where centres had space, but this was inadequate to meet demand, Service Providers noted that it was difficult to coordinate service provision and parents noted that it was difficult to gain access to services because waiting lists were extensive. Service Providers suggested that population expansion ought to be considered in the development of Children’s Centres to better meet the needs of communities into the future; stating that new Children’s Centres were at operating at capacity as soon they were operational.

In some centres, space was considered problematic for simply meeting the needs of the education and care teams, let alone having any additional space for the rest of the integrated services team.

Staff also noted that inadequate space impacted their ability: to speak with parents about confidential matters; conduct administrative work related to their role; plan and coordinate programs and services; and feel a sense of ownership of the centre.

Staff, Service Providers and Directors noted the impact of insufficient infrastructure to support the work of integrated teams. Infrastructure inadequacies were mostly related to physical storage, communication systems (computer connectivity and telephone systems), and maintenance budgets.

4.1.3. Partnerships for meeting community needs
Five key themes emerged around partnerships for meeting community needs. Some of the themes presented in this section overlap with themes presented earlier in this report. Although there is a degree of overlap and repetition of these themes, they are relevant for answering the evaluation question about the way in which partnerships are working in the context of Children’s Centres.

1. Regional planning
2. Pooling resources
3. Dependency on the community development role
4. Engaging partners in the work of the Children’s Centre
5. Genuineness of the partnership

Regional Planning
Children’s Centre staff, Directors, and Service Providers noted the worth of working together within their region to plan services. Each member of the partnership was said to bring different knowledge about the community that together gave a more complete picture of the needs of the community. Children’s Centre staff and Directors often spoke about their community in an insular way; where immediate community was referring to those families using the centre. Linking with Service Providers helped Children’s Centres think about the broader needs of the people in their community who they were not seeing in the centre.

On the other hand, Service Providers acknowledged that Children’s Centres were very proactive in getting to know the needs of their communities and by linking with Children’s Centres Service Providers were able to utilise this knowledge for their own planning as well as connect with other services in the area to better coordinate service delivery.

Pooling Resources
Mainly Service Providers, but also some staff spoke about using partnerships to be able to pool their resources to better meet the needs of families. Children’s Centres were said to be capable of acting as a hub within the community that could link Service Providers to each other but also to families. By working together in this way, people were able to map services that were available within the community and avoid doubling up on services and programs, instead using the limited resources available to them for meeting unmet needs.

Dependency on community development role
As previously discussed, Service Providers noted that the extent to which partnerships were developed within the community was dependent on the community development role in Children’s Centres; that is, the Community Development Coordinator (CDC). Service Providers noted that within their regions there was a great deal of variance in how well Children’s Centres engaged in community development, and that this was related to the ability of the CDC to be effective in their role. In some instances, Service Providers noted that the capacity of the CDC to be effective in their role was dependent on the extent to which the Director supported community development. Furthermore, whether Directors understood, valued, and supported non-education roles was said to be related to staff turnover in individual sites.

Engaging partners in the work of the Children’s Centre
Directors noted that building partnerships, which fit within the vision of Children’s Centres, was not always easy because partners were not always committed to the centre and thus did not shape the work of the centre. Partnership groups were said to work best when partners worked within the community and also had the ability to make decisions within their organisation. Earlier enabling groups that were made up of staff that were required, because of higher directives, to attend meetings were said to have failed because those people didn’t have connections to the local communities.

Genuineness of the Partnership
Service Providers talked about the genuineness of partnerships. While some noted that partnerships were genuine and mutually beneficial, others noted that although they valued the partnerships with Children’s Centres, these were not genuine partnerships. Moreover, centres were
said to differ vastly in the degree to which they embraced partnerships. Genuine partnerships were said to be those where each partner was considered equal in the arrangement. Partners noted that they were keenly aware of working within an education paradigm. Factors that made partners question how genuine the relationship was were: lack of consultation in the design of spaces for partners’ work; an imbalance of power in the relationship; and limited input into decision making.

4.1.4. Services and supports – What services are available and how are these accessed?

What services are available?

Two key themes emerged that described the way in which Children’s Centres assessed and identified community need, and then planned services to meet the needs that have been identified.

1. Limitations of data sources for understanding community
2. Responding to noticed needs

Limitations of data sources for understanding community

When asked about how Children’s Centres go about meeting community needs, some staff and Directors referred to data sources available to them for planning. Data was said to be useful for initiating regional conversations about planning and responding to need. The main data source mentioned was the AEDI data. When discussing use of this data source, it was noted that although the data was useful for beginning to identify need, it was said not to be sufficient for really knowing what people needed and how best to respond to that need.

Responding to noticed needs

Directors and staff identified that the main way in which they assessed the needs of their community was through getting to know families and listening to what they might need. Directors and staff explained that a need that you notice in one family is likely to extend across the community. Community was mostly spoken about as the families accessing the centre. Thus Children’s Centres were said to be responsive to the needs of families by getting to know what challenges people faced and then seeking ways to help them manage or overcome those challenges. In this way, responding to the needs of the community may be thought of as some Children’s Centres meeting the needs of those families attending the centre rather than the needs of the broader community.

Listening to families and actively responding to their expressed needs was also a theme raised by parents. Parents said Children’s Centre staff went ‘that extra step’ to respond to their questions and concerns.

Although staff and Directors largely spoke about meeting needs of families coming to the centre, a number of staff and Directors identified other strategies for finding out what needs might exist for families not attending the centre and how they might go about reaching these families. Thus, broader planning appeared to be person/centre dependent rather than a core practice of all Children’s Centres.

“And it’s helping your local community understand that. Because we again have a very mixed community at [x] who are somewhat local, somewhat commuting, somewhat a range of things. So, but then to help that group, like the group on Governing Council, understand that: okay we do have a remit beyond our community too.” (Director)
**How services are accessed**

Five themes illustrated the way in which services and supports are accessed in and through Children’s Centres.

6. Knowing
7. Referral pathways
8. Support to access services
9. Safe space
10. Age of child

**Knowing**

When families spoke about accessing services the theme of ‘knowing’ was central to discussions between parents. A number of parents identified services they accessed, whilst others were hearing about the availability of services for the first time. The key difference between families who were able to access services and those who were not, appeared to be how well informed they were. In turn, the degree to which they were informed appeared to be related to the degree to which they had formed relationships with staff and in some cases other parents using the centre. Those families that were well connected to staff were able to identify a range of ways to find out about what was happening in the centre – from flyers to speaking to staff. Displays of information about services and supports and newsletters appeared to be insufficient on their own for making families aware of what was available. Only when information sources were coupled with connections to people in the centre did families appear to begin to make use of these.

Service Providers also emphasised the importance of knowing what services and supports were available for families so that they might best be able to inform and support families.

“If no one is reaching out to you, you don't necessarily know that those services exist...To actually get in the loop, you need to maybe know someone who is in the loop. There's not many people that reach out of the loop to bring you in. Even just to the community services, and if you're waiting weeks for a phone call from CAFHS, or you're waiting and you're waiting and you're a bit stressed, you could fall out of the loop quite easily.” (Parent)

**Referral pathways**

Referral pathways were also spoken about in relation to how families accessed services. Parents, Staff, and Service Providers noted that when parents came to staff with a problem they were experiencing, or when staff noticed a problem, the staff made active efforts to connect them to a relevant service or support. Parents contrasted this to their experiences with other services (standalone preschools or child care centres) where they said that in response to raising a problem people might give you information or a phone number or brush off the problem altogether. This difference in the way that Children’s Centres responded to needs was very positively perceived by parents. Parents noted that being connected to a Children’s Centre could help them reduce how long it took them to access services and help them better cope with immediate needs.

Service Providers emphasised the way in which referral processes were enabled by their connections with Children’s Centres, which reduced waiting times and meant they could support families at a time when the family needed the support.
Support to access services
When discussing accessing services through Children’s Centres, Parents who found themselves in crisis or had faced crises spoke about how staff in Children’s Centres supported them during these times. Parents spoke about the difficulties they had getting the help they needed when they were overwhelmed and unable to cope. Parents noted that what helped them was being connected to staff that enabled them to make use of services and supports. This included helping parents overcome obstacles such as: transport, lack of funds, wait lists, chaos in family circumstances, not feeling comfortable approaching services, not knowing help was available, and stigma of accessing supports. These parents spoke about how staff flexibly and caringly responded to their needs rather than being prescriptive, judging their parenting, or judging their situation. Parents spoke about feeling comfortable to express their needs and let staff help them because they felt valued and respected. This was about staff supporting families rather than taking over and doing things for them. Families contrasted this to unhelpful experiences they had had in the past with other Service Providers who were rigid in their service provision or were said to be just trying to get you to do something and not really caring about you as a person.

The experiences of parents was echoed in themes raised by staff and Directors in Children’s Centres who said they strived to work in partnership with families and create non-judgemental environments by developing the capacity of staff in the centre to work with families in difficult situations.

Safe space
Children’s Centres were identified as a ‘Safe space’ to access services and supports. Parents, staff, Directors and Service Providers all raised this theme and each perspective contributed uniquely to the theme.

Parents spoke about how they could come to the centre to connect with other people that didn’t judge them, that they were able to make friends, and that staff were friendly, valued them, and respected their parenting choices. Parents also appreciated the sense of community that was created in centres that came from the way in which centres promoted multiculturalism and understanding of other people throughout the centre. This was said to make centres feel welcoming and a safe place for everyone in the community.

This echoed the sentiments of Staff and Directors who spoke about how centres worked to be safe places for families to come to access services and supports and connect with educational institutions. Being a safe place was about centres having little stigma attached to them, being child and family friendly, and staff being welcoming. This was said to help families engage with education for their children when they themselves may have had poor experiences in the education system. Children’s Centres were said to be less institutional than schools and less confronting for parents who had poor perceptions of schools. Staff and Directors noted that this helped overcome generational factors that contributed to children having difficulty engaging with education.

Service Providers also spoke about Children’s Centres being a ‘safe place’ for families to connect with their services. For services providers this was about spaces being child and family friendly and less institutional than their usual office spaces, or about having less stigma attached to them. Service Providers spoke about families feeling more comfortable in Children’s Centres and thus being more open to services and supports they may not otherwise access. For example, antenatal Service Providers noted that it was difficult to engage some cultural groups or very young mum’s in a hospital setting and that giving these parents the option of accessing antenatal services in Children’s Centre increased their attendance at antenatal appointments. It was also said to be a good environment to connect pregnant mothers to other services in their community that would provide
them support once their children were born and their connection to antenatal Service Providers came to an end.

Although, Children’s Centres were generally said to be safe places for families from all manner of backgrounds, and Aboriginal families were said to feel welcome and safe in many places, in other centres Parents noted an absence of Aboriginal families using the centre although many Aboriginal families lived in the area.

“So one good example, last week the childcare centre offered a mum, who’s a very young mum with young children who’s technically homeless, some emergency care. And while she was there.. it was literally to offer the mum some child care so she could go and look for some permanent housing. And while she was there, they said "oh you know there is a [nurse on site], why don’t you get the baby checked out?” And she did. And while she was there the two year old needed a development check as well. So we’ve arranged that she is coming back to do that next week. And when she left, while she was leaving she said "oh, even if I [don’t] get some permanent housing here, I'll definitely come back because I didn't know that there was child and family health here. And now that I've met you and know where it is, I'll feel more confident to be able to come again." So that had a nice domino effect.” (Service Provider)

Age of child
The availability of services and supports to span the target 0-5 year age range of Children’s Centres was related to the connections between centres, Service Providers, and schools. It appeared that Children’s Centres who were able to attract families early were those where there were good connections with health (Child Youth Health (CYH) or Child and Family Health Services (CAFHS)). A strong relationship between the centre and a nurse meant that each knew about the services the other offered. This enabled nurses to connect families they were seeing with the Children’s Centre or other Service Providers who were partners of the centre. Parents who came to find out about the centre in other ways spoke about how difficult it was to find out what was available in their community and that they wished someone had told them about the Children’s Centre earlier.

Staff and Directors noted that their ability to cater for the needs of children older than preschool age depended on the relationship between the centre and the school. In most cases centres spoke about themselves as a separate entity to the school and instead spoke about being collocated with the school. Where the Children’s Centre was led by a Head of School Early Years who had responsibility for children aged 0-8 years, the Children’s Centre saw itself as part of the school community.

At the other extreme, some centres reported strained relations with the school which hampered their ability to support the transition of children to school. This difference in the way centres were able to support children at this critical transition was also noted by Parents.

Where Parents had children attending school and the centre, and the centre had good relationships with the school, Parents spoke about the ease with which children were able to transition to school because there was continuity in staff, place, and friendships. Parents also like that siblings of different ages could interact with each other and support each other between the school and the Children’s Centre. No such themes arose where the Children’s Centre was not well connected to the school.

“We have not had any health...but we have worked really hard to get the CAFHS Getting to Know Your Baby on site. [Before that] we didn't have any walk through traffic.” (Director)
4.2. Impact: Effect on people working in, working with, or using services in Children’s Centres

Children’s Centres aim to support children and families and build child and family friendly communities. The extent to which centres are having this desired impact was explored through discussion about what impact people felt their involvement with a Children’s Centre had had on them and what impact they thought the centre was having on their community. These discussions were had with Parents, Service Providers, Staff, and Directors. Three key areas of impact emerged: increasing workforce capacity to meet community needs; increasing service coordination and utilisation; and enhancing family wellbeing.

4.2.1. Increase workforce capacity to meet community needs

Children’s Centres were said to be enhancing the capacity of the education workforce to work holistically with children and families. This theme was identified by Staff, Directors, Service Providers and Parents. Mostly education staff, but also some non-education staff, noted that since working in an integrated service setting they had: become more aware of other ways of working with children; learned more about services and supports that were available to children and families, and changed the way they conduct their role.

Non-education Staff noted that they were better able to effect changes in the way children and families are catered for in educational settings. These Staff said that working in an integrated service setting gave them the opportunity to work in a universal way so that all children in the service benefited from their knowledge. Staff from a health background noted they were better able to conduct health promotion work by working in Children’s Centres.

Service Providers also noted the increased capacity of the staff in Children’s Centres to respond to the needs of children and families.

Parents also identified differences between staff working in Children’s Centres and people working in similar positions in other preschool or long day care sites that they had visited or which their children had attended. Parents spoke about staff in Children’s Centres being: well informed about child development; well informed about services available; more inclusive of children from diverse cultural backgrounds; better equipped to include children with a disability; and relating better to children.

“… just having a diverse group of, you know, people to work with. Like I find, like I can go to anyone of our teachers or whoever and just chat with them about something. Or they might be going off to do learning about a certain theory or something and then bring that back to the centre. And just having more people...it’s great...and you do sort of bring that back to the children and the families...Expanding your own professional development and bringing that back to your work place.” (Staff)

4.2.2. Increase service coordination and utilisation

Partnerships between Children’s Centres and Service Providers were said to enable both parties to better meet community needs through an increase in service coordination, but also by increasing service provider access to hard to reach children and families. Children’s Centres were spoken about as a service provision hub that connected Service Providers in the community to each other and also to families. Where Partnership groups were said to be working well, these were thought to enable the community of Service Providers to achieve a better understanding of services available in their area and increase the capacity of all parties to refer families to services and supports that they might need. Service Providers noted that often families had needs that they weren’t able to address, but
being well connected through the Children’s Centre meant they were better able to connect families to someone who could help. In this way, families were said to be more holistically supported.

Staff also noted that Children’s Centres attract many more families with complex needs. Staff said that Children’s Centres were gaining a strong reputation for being a good place for families who were struggling to come and that this meant they were attracting many more families that were facing hardship or whose children had complex needs. Staff explained that where they might have previously had a few children in their centre who needed support, there were now many more families who need support coming to the Children’s Centre. Thus, it is likely that Children’s Centres are having an impact by extending the reach of services and supports to families who need these.

“Our office is based at [location] and we deliver services throughout metropolitan Adelaide and rural South Australia. So we find it hard to have strong connections in one specific area. So by partnering with Children’s Centres, they have those ties to Health or to whatever, so it has really helped us to build relationships.” (Service Provider)

4.2.3. Enhance family wellbeing

In response to a question about the impact parents felt Children’s Centres were having on them, many parents began their story with “saved my life.” Unpacking this, the impact of Children’s Centres on family wellbeing was related to two key ways in which parents were supported. The first was that families were better connected to other families and this was reducing social isolation. The second was that Children’s Centres better supported parents in their role through: the provision of parenting supports and programs; and an increase in staff capacity to work in partnership with parents around the care of their children.

Connecting communities of parents

Parents, Staff, and Directors identified that families were often isolated in their communities and that this isolation had a detrimental impact on the wellbeing of children and families. Children’s Centres were said to be a good place for parents to meet other parents and for their children to form friendships with other children. Parents from a diverse range of backgrounds reported feeling isolated. This included: parents who were new to an area, the state, or the country; young mums; parents who were struggling to cope; parents who had a child with a disability; parents with more than one child at home; and parents who were not well connected to other people in their area. Communities were spoken about as: being insular; not having many places where people could take their children and connect with other people; not having places for their children to safely play. Parents valued the opportunity to connect on a regular basis with a group of parents in a safe and respectful environment. Parents compared this to accessing similar services (e.g., playgroups) in the community where they felt judged, unwelcome, or where they felt they didn’t fit in. In contrast, parents felt that playgroups and parent support groups (e.g., MyTime) in Children’s Centres, which were specific for a group of parents like them, made them feel comfortable and as though they were not judged. Additionally, the support that Children’s Centre staff gave to groups and programs within the Children’s Centres also appeared to be a factor that improved the way groups functioned and how comfortable parents felt within the group.

Supporting parents

Children’s Centres were identified as positively impacting on parent’s wellbeing, parenting capacity, and parenting practices. Support of parents and parenting happened through the provision of
programs but also through interaction with the Children’s Centre staff; who were said to be supportive, understanding, and to have a greater capacity to promote positive parenting practices.

Parenting programs were often spoken about as improving the way parents interacted with their children and with each other. Parents also noted a positive flow effect on their children’s behaviour. Children attending the centre were also said to be thriving and learning a great deal through the positive interactions with staff who were good role models. Parents from non-English speaking backgrounds discussed the way in which coming to the centre helped their children begin to speak English. Parents said that they were able to talk to staff about any parenting challenges because they knew staff were on the same page as them and could offer helpful ideas about things to try. In summary, Parents felt supported in their role through interactions with staff (as discussed in the process section) and also through accessing programs and services that helped them improve their relationships with their children. Parents often stated that before they came to the centre they received poor advice or support and that they were not coping well in their role.

Parents also identified continuity of care giving as an important way in which centres supported them in their role as parents. Specifically, Parents liked that staff accommodated their parenting choices, and accommodate these as much as possible in the way in which they cared for their children within the centre.

“I got one child with special needs, one querying...just having that I was struggling with my parenting. Going into a depression because I didn't understand how to help them. Doing the Circle of Security course, [the Children’s Centre] offered me that, and it's just changed my whole thinking. With the dad’s group, with my ex and the kids - it's helped him make a connection with the kids as well, so that they feel secure as well....it's just changed my whole parenting. It's changed how they behave.” (Parent)

The next section of this report will draw together the themes identified for process and impact to begin to answer the three key evaluation questions:

1. Do Children’s Centres provide families with effective pathways that assist families to access the range of services and support that they need? How does this happen?
   a. What services and supports are available in Children’s Centres and do these meet community needs?
   b. What are the referral pathways to additional support?
   c. What system level changes/supports/barriers are there to support Children’s Centres?
   d. How do these referral processes and pathways differ to those in the broader community?

2. What are the facilitators and barriers for Children’s Centre staff working together collectively for the benefit of children? Where do staff see their work along the integration continuum?

3. What are the processes that enable partnerships and governance groups (parent advisory, leadership group and partnership groups) to respond to community needs effectively?

Additionally, the report will relate the findings to the primary goal of Children’s Centres to provide universal services with targeted support (as stated in the Children’s Centre Outcomes Framework) and provide interim recommendations to support Children’s Centres in meeting these four goals: 1) Children have optimal health, development and learning; 2) Parents provide strong foundations for
their children’s healthy development and wellbeing; 3) Communities are child and family friendly; 4) Aboriginal children are safe, healthy, culturally strong and confident (Department for Education and Child Development, 2011).

The report will conclude with recommendations for the conduct of the Quantitative Evaluation component.

5. Discussion

5.1. Do Children’s Centres provide families with effective pathways that assist families to access the range of services and support that they need? How does this happen?

5.1.1. What services and supports are available in Children’s Centres and do these meet community needs?

In order to meet their brief, to provide universal services with targeted support, Children’s Centres should be seeking to provide services for families residing in their catchment areas. Additionally, targeted strategies should be used to extend the reach of these services to those families who experience barriers to accessing services and supports. Presently, not all Children’s Centres can be said to be working in this way. Whether Children’s Centres are working to meet the needs of their community appears to be linked to the way in which Directors and Staff working in Children’s Centres defined ‘community’. Often, Children’s Centres spoke about their communities as those families attending the centre rather than those families residing in the catchment area for the Children’s Centre. Children’s Centre Staff and Directors spoke about listening to families and responding to needs; either those needs that families expressed or the needs of families that staff noticed. Where staff members from non-education backgrounds (Community Development Coordinators and the Family Services Coordinators) were able to work out in the community, to build connections to other service providers and families not attending the centre, Children’s Centres could be said to be planning services and supports to meet community needs. These Children’s Centres were working with population data sources to gain an understanding of the composition of their community and to identify the potential needs of the community. Often, these centres were also using data to engage in shared planning with service providers in their region. Thus, the needs of the community were planned for in some instances, but this was not consistently the case across all Children’s Centres.

Services and supports available in Children’s Centres varied from centre to centre. Parents said they valued the services and supports that were available, and many noted that services and supports were responsive to their needs. Availability of services, that is, the degree to which the services offered are sufficient to meet demand for these services, was said to be problematic because Centres were largely operating at full capacity. This was identified by all groups, who noted long waiting lists for long day care and occasional care places, and in some instances for playgroups. Focus groups were only conducted with parents who were utilising or had utilised services in Children’s Centres. Thus, this report is unable to comment on whether families not attending centres would agree that available services and supports meet their needs. Nevertheless, discussions in focus groups suggest that broader community needs are likely to be met within some Children’s Centres. For instance, Service Providers, who work across various Children’s Centre catchment areas, commented that Children’s Centres are able to support families they work with.
Thus, families are often referred to Children’s Centres by a broad range of service providers. Correspondingly, Directors and Staff working in Children’s Centres noted an increase in referrals to their centres from other organisations working in their regions.

**Planned Quantitative data collection**

The next stage of the Evaluation will utilise quantitative methods to better understand the utilisation of services and supports in Children’s Centres; which families are accessing these services; and whether these families are representative of the catchment area of Children’s Centres. Additionally, it is proposed that survey data be collected to ascertain: 1.) the methods used by Children’s Centres to determine the needs of their communities; and 2.) the services families utilise or would like to be able to utilise in their centres. The methods centres use to determine community needs can then be evaluated against the responses of parents in order to better understand the effectiveness of varied approaches to planning programs and services.

**Interim Recommendations:**

*Understanding the community*

Children’s Centres should continue to be supported to develop understandings around community development and planning for meeting community needs. Training and support in using data to understand communities should continue to form a part of the Children’s Centre Professional development program.

*Reaching the community*

Children’s Centres cannot be expected to meet the needs of communities on their own. The physical capacity of Children’s Centres alone limits the extent to which Children’s Centres can provide universal services and supports. A core goal within the Children’s Centre Outcomes Framework is to develop communities that are child and family friendly. In order to build child and family friendly communities, Children’s Centres should work in regional partnerships with other Children’s Centres, preschools, and Child care providers. Working in regional partnerships with other early childhood education and care providers can help build the capacity of a greater number of staff working within the community for the benefit of a greater number of families. Presently, Children’s Centres work in regional partnerships with other organisations such as Health, Non-Government organisations, and Family Services. These connections help to build the capacity of staff and promote referral pathways, which benefits families using these services. Broadening these connections to include other education and care providers would help to extend this benefit to a greater number of families in Children’s Centre communities.

**5.1.2. What are the referral pathways to additional support?**

Children’s Centres were spoken about as service provision hubs in their communities. Focus group and interview data suggest that Children’s Centres are connecting service providers to each other and also to families. Discussions indicated that referral pathways were, however, informal rather than formal and relied upon relationships that were developed between individual staff within the Children’s Centres and also within service provider organisations. Where referral pathways existed between agencies this was said to be because people: had the opportunity to meet face-to-face; had established relationships; had learned about each other’s services; had developed professional trust in one another; and shared philosophies. Consequently, referral pathways were site and people dependent. Nevertheless, service providers identified Children’s Centres as capable of helping them reach families in the community and, therefore, service providers sought to make connections with Children’s Centres within their region. Presently, organisations have no mandates to work in collaboration with other agencies, and some people within organisations were said to prevent their
staff from working more collaboratively with Children’s Centre sites. Similarly, in some Children’s Centres, Directors were said to not understand or value community development and, therefore, limit the work of the Community Development Coordinator in establishing strong partnerships and the accompanying referral pathways that ensue from these.

**Planned Quantitative data collection:**
The quantitative evaluation will seek to measure the extent to which referral pathways exist across regions and how these are related to the working environment of staff. Surveys will collect data to measure: the ways in which Children’s Centre staff members and Services Providers are supported to form professional relationships across agencies; the number of agencies these staff routinely refer to; which agencies these staff routinely refer to; how comfortable and confident these staff are in referring families to other agencies; and what barriers these staff experience in forming professional partnerships.

**Interim Recommendations:**
Focus group and interview data suggest that more systemic support to form connections between Children’s Centres and service providers within the community would likely result in more consistent referral pathways. For example, mandates within organisations, that better facilitate working in partnership with other agencies, would support staff working in communities to foster local connections.

5.1.3. **What system level changes/supports/barriers are there to support Children’s Centres?**

Two key system level supports were considered to be enhancing the capacity of the leadership team within Children’s Centres to work in an integrated service setting. The first was the professional development program, which was said to be helping people develop an understanding of working in partnership to meet community needs. The second was the support provided by the Early Childhood Development Strategy Team, which was said to help staff from non-education backgrounds negotiate barriers they encountered in their work.

Governance of Children’s Centres was, however, said to be acting as a barrier for the operation of Children’s Centres. Successful establishment of integrated services in Children’s Centres was said to depend on Directors rather than be systemically supported. Moreover, it was said that the workload of Children’s Centre Directors was unreasonable and that this further restricted the capacity of Directors to manage an integrated site. Importantly, present line management structures were not said to hold Directors accountable if they did not work in a way that was conducive to the operation of an integrated service. Similarly, Directors felt that their lack of input in selecting and line managing staff from non-educational backgrounds within their centres restricted their ability to form and maintain cohesive multi-disciplinary teams.

In addition, the physical structures of Children’s Centres were identified as either facilitating or hindering integrated service provision. Where the layout of Children’s Centres brought staff from differing backgrounds together, this facilitated communication and relationship building; which were said to be vital for the operation of integrated services. Where, on the other hand, the layout of Children’s Centres separated staff (either within a building or physically on a school site), this was said to make it more difficult for all staff in the centre to know what was happening across the whole centre and for staff to all be on the ‘same page’. In turn, this made it more difficult for staff to refer families to each other for services and supports. Additionally, where centres had limited or no space
for activities that were not related to preschool or care, provision of integrated services to meet the needs of families was said to be severely restricted.

**Planned Quantitative data collection:**
The quantitative evaluation will seek to measure the extent to which the leadership in Children’s Centre sites is supported by and engaged with professional development and the Early Childhood Development Strategy Team. The survey will also collect information about the governance factors that were said to be creating barriers for implementing integrated services. Specifically questions will seek to gather data about the functionality of line management structures for Directors and staff and the workload of Directors. Questions will also seek information about the impact of the facilities on the ability of staff to work in integrated practice.

**Interim Recommendations:**
Children’s Centres Directors and staff should continue to be supported to develop understandings of working in partnership and managing integrated services. The Professional development program should continue to bring together leadership teams to promote discussion and reflective practices within leadership teams. Moreover, deliberations at the executive level ought to consider the present accountability associated with the role of Children’s Centre Directors. The demands of managing a Children’s Centre are vastly different from those associated with the management of a preschool. This difference ought to be reflected in the expectations and accountability of Directors. It is recommended that consideration be given to the inclusion of the Early Childhood Development Strategy Team in the selection process for Directors of Children’s Centre sites to better enable the appointment of Directors who are more likely to work in a way that is congruent with the philosophy of a Children’s Centre. The expected teaching load of Directors should also be reviewed in consultation with Directors in Children’s Centres.

5.1.4. **How do these referral processes and pathways differ to those in the broader community?**

Referral pathways were said to be functioning better in Children’s Centres than in stand-alone preschool or child care settings. Specifically, participants in all groups noted the ease with which children and parents were connected with services and supports. Additionally, waiting times were said to be reduced in comparison to what is considered normal in other services settings (e.g., referrals from a general practitioner). Parents valued the way in which staff in Children’s Centres responded to their inquiries, about difficulties they or their children were having, by linking families directly to an appropriate service or support. Staff were said to ‘go the extra step’ to connect families to services and supports instead of simply giving families information on appropriate services and supports. Moreover, families in crisis spoke of how they were supported emotionally and practically to access services and supports to help them overcome times of crisis. Staff working in preschool and care settings within the Children’s Centres also commented on their increased capacity to identify appropriate services and supports for children and parents, contrasting this to their work before they worked in a Children’s Centre. Not all parents, however, identified improved access to services through referral pathways. A number of parents were unaware of the range of services available in their centres. Parents also discussed the differing experiences they had in learning about the Children’s Centre. Many parents noted they would not have known where to find services or that they had difficulty locating appropriate services before learning about the Children’s Centre.

Improved access to services and supports was said to be a consequence of good relationships between Children’s Centre staff and families and between Children’s’ Centre staff and service
providers. Additionally, good referral pathways were said to rely on staff in Children’s Centres being well informed about the services and supports available in their site and aware of the roles of staff from non-educational backgrounds who could help support families.

**Planned Quantitative data collection:**
The quantitative evaluation will seek to better understand how parents come to be aware of Children’s Centres and how readily they are able to access services and supports once they begin attending centres. In order to understand whether families using the range of services in centres (preschool, playgroup, parenting courses, long day care, etc.) are benefiting equally from referral processes and pathways, surveys will gather data about the services families first used, which other services families are aware of, and to which services they have been connected. Additionally, the survey will seek to gather information about the ways in which families are connected to other services (e.g., notices on boards; email newsletters; conversations with staff; conversations with other parents, etc.).

Furthermore, the ease with which relationships and channels of communication were established within sites, to support referral process, was said to be related to two factors. The first factor that was said to either impede or facilitate relationship building and communication was the design and layout of space in Centres. The second factor was said to be the support for relationship building from the site leadership. The quantitative evaluation will, therefore, seek to better understand the impact of physical structures and leadership in Children’s Centres on relationship building, communication, and information sharing. This will involve examining data collected about information sharing, relationships, and communication relative to data about the physical structure of sites and leadership qualities (discussed in 5.2 below).

**Interim Recommendations:**
Focus group and interview data suggest that referral pathways work best when there are strong professional relationships within the staff team in Children’s Centres and between the Children’s Centres and service providers. The establishment of relationships was said to be supported by opportunities for face-to-face interaction and networking. Existing structures such as the professional development program, shared office spaces, and engagement with service providers through partnership groups were said to support this practice and should, therefore, continue. Additionally, opportunities for enhancing communication and information sharing in centres should be explored in sites where the layout of sites presents a barrier to staff interacting routinely.

**5.2. What are the facilitators and barriers for Children’s Centre staff working together collectively for the benefit of children? Where do staff see their work along the integration continuum?**

A number of factors were said to facilitate or impede staff teams working together collectively in Children’s Centres. Factors facilitating collaborative working were said to be: site leadership; relationships; professional development; and physical space. Factors acting as barriers were said to be: site leadership; governance structure; and facility. In some cases, Directors were thought to be ill prepared to manage large multidisciplinary teams; having had no such experience before moving from preschool management to Children’s Centre management. The way in which site leadership defined integration contributed to the extent to which staff worked together across the whole site. Where site leaders identified ‘integrated services’ as being primarily about integrating an education and care program (i.e., preschool and child care or preschool and occasional care), there was less emphasis on integrating staff from non-education backgrounds into the workings of the centre. Instead, these services and supports were spoken about as ancillary to the education and care
programs. That is, staff members from non-education backgrounds were seen as providing extra supports that children and parents could access at the site. Where, on the other hand, site leadership defined ‘integrated services’ in a way that was inclusive of staff from all professional backgrounds, the services and supports these staff offered were considered to enhance the workings of the entire site. Enhanced capacity of the site was said to happen through: the sharing of professional knowledge; shared curriculum planning; and staff teams working collaboratively to holistically support children and families. Instead of the staff from non-education backgrounds being seen as being able to provide one-on-one support for particular children and families, these staff members were considered to be able to support the development and wellbeing of all children and families accessing the centre by enhancing professional practice throughout the centre.

**Planned Quantitative data collection:**
To measure the variance in integrated service provision across sites, the quantitative evaluation will ask about the ways in which people define the role of staff members across the site and the extent to which this relates to facilitators and barriers for working together collectively. Additionally, it will be important to measure the impact of leadership on the functionality of sites. Surveys will include questions to measure: distributed leadership; staff team cohesiveness; understanding of each other’s roles; valuing each other’s roles; policies and procedures to support information sharing; consistency of communication and information sharing; and professional trust within the team.

**Interim Recommendations:**
The professional development program was said to facilitate the provision of integrated services by providing opportunities for reflective practice. Reflective practice was said to enable the site leadership and staff teams to consider the ways in which they are working and how their practices impact on children and families. Hence, encouragement of and support for sites to continue to engage in reflective practice is likely to support centres to develop better understandings of working in integrated practice. Additionally, consideration might be given to the development of a mentoring program, whereby site leaders who have developed integrated practices in their site might be partnered with new Directors or Directors who are still developing integrated practices to scaffold the learning of these leaders.

5.3. **What are the processes that enable partnerships and governance groups (parent advisory, leadership group and partnership groups) to respond to community needs effectively?**

Partnership, leadership, and governance groups were not identified as being operational in each site. The establishment of partnership and governance groups was said to be problematic and take a great deal of time. Some groups were said to work well if the members of the group saw the benefits of working in partnership. In other instances partnership groups were said to be unproductive due to: inconsistent attendance; lack of interest from partners; or being comprised of partners who were not authorised to make decisions. In addition to the composition of groups varying across sites, the role and function of the groups also varied. In some sites it seemed as though partnership groups were simply a way for service providers in the region to share information about their services, discuss the needs they were seeing in the community, and make connections with each other. In other sites, partnership groups appeared to engage in shared planning by discussing data sources, sharing knowledge of the community, and setting goals, distributing tasks, and implementing plans.

The variability found for partnership groups also appeared to extend to leadership and governance groups. For all groups, whether groups were established and the way in which established groups
functioned, appeared to be dependent on the site leadership. At times, it was said that Directors did not want to ‘let go of control’ of their site and as a result limit the input they sought from partnership groups.

**Planned Quantitative data collection:**
In order for the evaluation to comment on the processes that enable partnership and governance groups to meet community needs, it is necessary to first understand the extent to which these groups exist and their perceived role in the planning of services. Surveys of Directors and Service Providers will include items to measure and quantify the magnitude of these factors.

**Interim Recommendations:**
Directors emphasised the upheaval associated with changing expectations for partnership and governance groups over the life of the Children’s Centre program (established in 2007). It was said that there had been a number of iterations of types of groups. It appeared that some people felt that there was no clarity around expectations for the establishment of these groups and Directors, thus, established groups when they saw a need or benefit. Although Stakeholders identified a Governance Paper that was created to guide the establishment of partnership and governance groups, these were not mentioned by Directors as being useful for them. It may be that this official document was not mentioned because it was not considered to be useful, but it could also be the case that the document was not well known. Consolidation of expectations around partnership and governance groups is needed. It is recommended that any consolidation process be conducted in consultation with Directors. Given the many changes and demands placed upon Directors, working with Directors rather than ‘requiring of’ Directors is more likely to encourage effective leadership of Children’s Centres (where this isn’t already the case). It is important that Directors engage with the process of establishing partnerships and governance groups and to utilise these forums to help plan for their communities and foster integration and collaboration within their Centre as well as with external agencies.

6. Conclusion

Integrated service provision in Children’s Centres varies from site to site and this report has identified a number of factors that contribute to this variation. The findings presented here are generally not unique to the South Australian Children’s Centre context. Indeed, the present findings are consistent with both national and international findings from similar service paradigms (e.g., Children’s Centres in the UK (formerly Sure Start), the Early Years Centre initiative in Queensland, the Indigenous Early Childhood Development National Partnership, etc.) (for detailed reviews of this literature see: Moore, 2008; Pordes Bowers et al., 2012). Some aspects of integrating services in an Educational led setting are, however, unique to the South Australian context, and these findings have the potential to contribute to the literature related to the provision of integrated services in early childhood settings. The next component of the quantitative evaluation seeks to better understand the contribution of these factors to the efficacy of integrated service provision and has the potential to further contribute to understandings about integrated services settings in early childhood.

The qualitative data suggest that Children’s Centres are positively contributing to the learning, health and wellbeing of children and families utilising services in Children’s Centres. It is now important to understand the reach of services and supports into communities. For the present evaluation to comment on the impact of Children’s Centres on communities it will be necessary to
quantify service usage throughout the community, to know who is using services in Children’s Centres and which services they are using.

7. References


About the Fraser Mustard Centre

Working together to improve the development, education, health and wellbeing of young Australians, the Telethon Institute for Child Health Research and the South Australian Department for Education and Child Development have joined forces in a unique approach to research translation. The Fraser Mustard Centre collaboration aims to:

- Improve and promote the health and wellbeing of all children and young people in South Australia through the unique application of multidisciplinary research
- Help shift focus from the historical delineation between health and education services to an integrated approach with a focus on child development
- Build capacity amongst public sector staff and academic researchers to design, undertake and use research to improve the environments in which children live and the service systems which support families
- Attract funding for shared priorities for research that leads to improved developmental, education, health and wellbeing outcomes for children

The Fraser Mustard Centre brings forward-thinking policy makers and world class child health researchers. It reflects a shared view of policies and outcomes for children and young people. The Centre is a unique collaboration between two organisations passionate about making a difference.