



Promising Practice Profiles

Project title	FamilyZone Ingle Farm
Project practice	Service Hub—Integrated service delivery through co-location and coordination of early childhood and family services
Project undertaken by	Salvation Army, Ingle Farm (South Australia)
Start date	July 2006
Focal areas	<ul style="list-style-type: none"> • Healthy young families • Supporting families and parents • Early learning and care • Families and children's services working effectively together
Program	Communities for Children
Issue	<p>In 2005, research was carried out by the staff of the Salvation Army, Ingle Farm to identify perceived needs and gaps in the services provided for families with young children aged 0–5 years living in the Ingle Farm, Para Hills, Pooraka, Para Hills West and Salisbury East suburbs in northern Adelaide.</p> <p>The study found a distinct <i>lack of services in the area</i>. Most services were concentrated in the Salisbury CBD to the north and the Modbury CBD to the east. The only community services of relevance to young families in the area were a domestic violence intervention program and a supported accommodation program. Although a number of parents said they found the services and support they needed were accessible, a majority of those surveyed were unaware of many of the other services available, or how to access them.</p> <p>The service provider consultation identified a lack of playgroups and parental involvement in the school in Ingle Farm during the early childhood years. The Community Health Information Service reported that 31.7% of its referrals in the site were for delays in speech and language activity. The new arrivals program coordinator at Ingle Farm Primary School expressed concern that many new arrivals mothers were delaying participation in ESL classes due to the lack of culturally appropriate childcare/crèche facilities at TAFE venues. Many new arrivals reported that the concept of “playgroups” was foreign to their culture.</p> <p>Additionally, 22% of 125 parents surveyed indicated that transport was a significant barrier in accessing services in the site. They indicated they would like a “one-stop-shop” that provided information about children and services available for families.</p> <p>The most common facility that service providers cited as crucial in the community was information and education for parents relating to issues about young children and their wellbeing. The suggested areas covered workshops, forums, courses and information relating to parenting skills, positive parenting, styles of communication, behaviour guidance and management, nutrition, social and emotional development, increasing parental involvement in early learning, and families working together and spending quality time with their children (Nechvoglod, 2005).</p> <p>In implementing the AEDI in 2006, it was found that, of the five suburbs included in the site, Ingle Farm had the highest proportion (32.5%) of children developmentally vulnerable in one or more domains. Ingle Farm also had the highest proportion of</p>

developmentally vulnerable children on the social knowledge and competence domain (17.5%) (AEDI, 2006).

Program context

Early childhood and family services funded by the Communities for Children (CfC) program are delivered in Salisbury site through an integrated early childhood services hub model called *FamilyZone*.

Key agencies involved in the FamilyZone are:

- The Salvation Army Ingle Farm (Facilitating Partner);
- Lutheran Community Care, Centacare, Relationships Australia SA, the City of Salisbury, TAFE SA and Salisbury Hills Inter-Church Network (Community Partners); and
- The Department of Education and Children's Services, Child, Youth and Women's Health Service and Central Northern Primary Health Care Service

The Salvation Army Ingle Farm is the Facilitating partner of the Salisbury CfC site. It also facilitates:

- Family Supported Accommodation Services;
- Youth Shelter and Outreach program;
- an innovative accommodation service for young people under the guardianship of the minister;
- emergency relief;
- counselling service;
- thrift shops; and
- Emergency Services team which provides meals and assistance as required in state emergency situations.

The Salisbury CfC site is located in the eastern part of the City of Salisbury, approximately 20 kilometres to the north of Adelaide. Salisbury CfC targets families with children 0–5 years living in Ingle Farm, Para Hills, Para Hills West, Pooraka, and Salisbury East.

A key to this CfC program is the FamilyZone Ingle Farm Hub, which has been developed to provide a child (0–5yrs) and parent friendly environment to facilitate improved parent-child interaction, as well as peer, staff and volunteer support.

The hub attracts service users from many cultures with a significant contingent of African and Afghani humanitarian entrants.

Activities include:

- supported playgroups for generic and culture specific groups;
- home visiting;
- craft and cooking groups to engage parents;
- parenting courses;
- mothers and babies groups;
- parent support groups, including African and Afghani women's groups;
- music and movement groups;
- post natal depression groups;
- TAFE English classes for humanitarian entrants (who access adjoining crèche provision); and
- TAFE Early Childhood Leadership and training courses.

The hub also provides internet access which is especially popular with new arrival families as are the excellent "fenced kitchen" facilities.

Table 1: Salisbury CFC site program logic

CfC National Priority	Strategy name *	Activity name *	Main outputs
Healthy Young Families	STRATEGY 1 Develop support systems for new parents in order to enhance the health and wellbeing of every family.	Activity 1 New Parents Education & Support	1. Post Natal Depression Group 2. Young at risk mothers group 3. Fernwood fitness program 4. Home visits 5. Bus trip 6. Booklet & DVD on teenage pregnancy
		Activity 1 FamilyZone Hub & Outreach	1. Friends of Child & Health Mother's Group 2. African Mother's Group 3. Crèche 4. Mini Me's group 5. Volunteer training 6. Students on placements 7. Family Day Care Support Group 8. Afghani Women's Group 9. School holiday program 10. End of Year Celebration 11. ESL classes
		Activity 2 Parenting and Family Relationship Education and Support	1. Pampered parenting group 2. Parent cooking group 3. Craft group 4. Parent information group "123 Magic"
Supporting Families & Parents	STRATEGY 2 Develop opportunities to strengthen relationships within the family	Activity 3 Home Visiting Recruitment Training & Placement	1. Home visiting service 2. Volunteer training
		Activity 1 Mobile Supported Playgroup	Playgroups facilitated at: 1. Ingle Farm Kindergarten 2. Pooraka PS (Vietnamese playgroup) 3. African playgroup at FamilyZone 4. Universal playgroup at FamilyZone
		Activity 2 Parent-Child Early Language & Literacy Program	1. Let's Read
Early Learning and Care	STRATEGY 3 Foster environments to ensure developmental needs of children 0-5 years are addressed	Activity 3 Facilitated Playgroup	1. Lapsit 2. Mainly music 3. First Steps Playtime 4. Three playgroups at the Salvation Army

Child Friendly Communities	STRATEGY 4 Develop strategic	Activity 1 Child Imaginative Explorative	1. Safety Group 2. Family fun day
Child Friendly Services Mark Effectively as a System	STRATEGY 5 Engage services & institutions to inform them of community needs & encourage collaborative action.	Activity 1 Community Information Service	1. Arts project 2. Financial literacy program 3. CFC calendar 4. CFC website

FamilyZone objectives:

- Improved access to appropriate support services for families.
- Improved co-ordination in the way services are delivered to support improvement in childhood health, development and wellbeing.
- Seamless referral to other services.
- Improved parent competence and style.
- Greater service user support and friendship.
- Improved family resources and capacity.
- Improved family functioning.
- Community involvement in FamilyZone activities.
- Parents provided with opportunities to access information and services.

Practice description

The FamilyZone Hub is located at Ingle Farm Primary School. The school hosts a new arrivals program, which caters for some 250 junior primary students.

The hub attracts service users from many cultures with a significant contingent of African and Afghani humanitarian entrants. The Australian Refugee Association has recently placed a settlement support staff person there and the Child Youth and Women's Health Service plans to locate its universal home visiting program nurses at the hub in the near future.

The hub co-locates services to families provided by Lutheran Community Care, Centacare, Relationships Australia, the Salvation Army and the City of Salisbury. They provide a range of integrated early intervention services for families and children aged 0 to 5 years.

These multi-agency and multi-disciplinary teams are supported by the following governance arrangements:

- *Salisbury CfC Committee Meetings*—bimonthly meetings addressing strategic issues and coordination of the services at the site's broader level. The committee from time to time has working groups on specific issues such as sustainability planning.
- *Salisbury CfC Line Managers and Staff Meeting*—meetings between staff and line managers from the five collaborating organisations were deemed necessary and initiated early in the life of the hub. They were held monthly over the first semester of operation and bi-monthly during the second year.
- *FamilyZone staff team meetings*—fortnightly staff meetings are convened by the Site Co-ordinator, who oversees the operational management of the hub, supervises some staff and coordinates activities. In addition, staff members share an open office space and a community kitchen. The physical setting and the coordination facilitate positive communication, debriefing and mentoring support processes as well as integrated, seamless service delivery.

In 2007, FamilyZone Ingle Farm Hub recorded a total of 3,707 visits from families engaged in its activities. Each of these visits potentially brings transformation into the lives of the families involved through the FamilyZone activities. The success of FamilyZone is achieved through provision of "seamless" integrated services in a family friendly and responsive environment.

While the governance arrangements provide a foundation for service delivery, it is the principles that inform that service delivery which are considered the key

contributing elements.

Contributing key elements

Family centred and wholistic approach

Essential to the effectiveness of the FamilyZone approach is that activities are based on the issues, concerns and preferences of parents and children. For example, the program has consistently found that if parents perceive the activities to be about telling them what they are doing wrong, they will not be well attended.

Service users are empowered to participate in the hub. Both formal and informal debriefing and feedback occurs. Staff are responsive to parents' requests, which have led to the facilitation of activities initiated by parents such as school holiday programs, and inter-activity evenings. Team members from different agencies work together to facilitate activities, and sharing a meal is often integral to this process.

The FamilyZone is a family friendly service. The hub provides:

- internet access which is especially popular with new arrivals families;
- excellent "fenced kitchen" facilities which are great meeting place for sharing concerns, stories and ideas; and
- creche services that enable parents to participate in group activities knowing that children are nearby in a good care.

Establishment of strong links with state and local government departments

The Government of South Australia (2005) report titled *The Virtual Village* clearly identified the need for a whole-of-government early childhood framework for effective planning, resource allocation and delivery of early childhood services in order to improve outcomes for families. This practice contributes to better services for children and their families by breaking down the inability of professionals to communicate across their respective systems, unintentionally undermining each other's roles.

A significant number of referrals to FamilyZone come from the state departments such as: Child, Youth and Women's Health Services—through the universal home visiting program; the Department of Education and Children's Services—through school counsellors at local schools; and through local community services agencies.

Multi-agency and multi-disciplinary

Professional boundaries in relation to accessibility are necessary but can create severe frustration among service users. Professionals working in isolation from each other on limited timeframes are less likely to make service connections and utilise the pool of available volunteers. Professional isolation is also linked with burnout.

At FamilyZone service users can be simultaneously connected to a number of professionals, volunteers and peers who can neutralise this sense of frustration. Collaboration with a number of agencies enhances effective seamless access to a greater number of services. A multidisciplinary team helps ensure families are supported more holistically. Key professional disciplines include social work, early childhood, health and adult education.

Subcontracting provision of key services to established local service providers

The FamilyZone home visiting initiative was subcontracted to an agency that had previously developed a strong relationship with the CY&WHS home visiting program. Such established relationships have already created the kind of credibility needed for cross referrals and consequently fast track effective integrated service provision.

Cross cultural competence

FamilyZone address issues of cultural and language barriers by:

- matching service users with staff or volunteers of a similar culture and language;
- increasing cultural competence in staff and volunteers through the sharing of information and debriefing that occurs among team members; and
- providing staff and volunteers with opportunities to participate in various cultural competence related workshops

Facilitating access to different groups that operate in the hub

Refugee families and families who have experienced family violence have significant issues with trust and are reluctant to access new services. Such access is significantly enhanced if a peer or FamilyZone worker they are already engaged with can make a “seamless connection”. Hubs with a significant co-location aspect can provide seamless services very easily.

Co-location of services

Co-location facilitates access to a much larger pool of staff and volunteers who can engage with families.

Unlimited access timeframe

Removing prescriptive restraints to the timelines of service episodes means that service provision can be truly responsive to the family’s needs and the context in which service is being provided. For many reasons successfully engaging and integrating a service user into the range of services available at the hub may take many months. The patient approach shown by workers (see case studies in Evidence of Outcomes section) supports the achievement and maintenance of long-term outcomes.

Perception of workers as friends

Good helping relationships are more ways-of-being than strategies and techniques. Workers’ relationships and engagement skills can only blossom when they are rooted in genuine care and respect for the clients they serve. Specific techniques can augment an empathic, supportive, and collaborative approach, but they cannot substitute for this. (De Boer & Coady, 2006, p. 41)

At FamilyZone it is possible to be seen as a friend without becoming enmeshed in a dysfunctional, unprofessional relationship. Washing dishes together in the communal kitchen is one way of facilitating this kind of relationship.

(Note: Some of the essential elements that are key to the success of FamilyZone are illustrated in three Case Studies outlined in the Evidence of Outcomes section.)

Research base

An early childhood co-located and integrated service delivery model has the capacity to provide parents with the kind of positive partnerships and empowering support they need to function well in the critical early years of their children’s lives.

Failures in professional collaboration and service integration have an impact:

Whether in our everyday observations or in research, we see that outcomes such as teen pregnancy, school drop-outs, mental health problems and poverty are related not separate. Yet our categorical approaches have assumed that they are separate. And because this assumption and others like it have been accepted, many of our systems have been flawed, despite the good intentions of the people working in them. (Hooper-Briar & Lawson, 1994, p.8)

In the past decade, there has been a move toward the provision of integrated early childhood services. In 2002, the Northern Children’s and Families Forum comprised over 40 service providers in the northern region of Adelaide who work with children and their families. The Forum developed a discussion paper on an integrated service delivery model for families with children (antenatal to age eight) as a response to the outcomes of the State Government’s generational health review and a child protection review. The discussion paper identified six key elements needed to underpin any integrated service delivery model:

- family centred;

- geographically based;
- providing a continuum of services from universal to targeted to specialist;
- focus on early intervention;
- developmental perspective; and
- multi-disciplinary and interagency.

The discussion paper was primarily developed by Debbie Martin the principal author of the integration section of the South Australian Government's (2005) *Virtual Village Report* of the Inquiry into Early Childhood Services, which recommended the development of integrated Child and Family Centres. The *Virtual Village Report* clearly identified the need for a whole of government early childhood framework for effective planning, resource allocation and delivery of early childhood services in order to improve outcomes for families (South Australian Government, 2005). Integrated practice models contribute to breaking down the inability of professionals to communicate across their respective systems, unintentionally undermining each other's roles and to better serve children and families.

In 2004, the UK Prime Minister, Tony Blair, described Children/Parent Centres as the new frontier for the welfare state and education system (Blair, 2004). By 2005, the UK Sure Start Local Programs were generally functioning as Children's Centres reflecting the recommendations of the 2002 Interdepartmental Childcare Review. This review had promoted the concept of Children's Centres providing integrated care and education, family support health services and childcare/crèche support. Programs offered at Sure Start Children's Centres vary depending on the strengths/needs of local communities. Local authorities have been given the responsibility for the delivery of children's centres, including planning the location and development of centres to meet the needs of local communities, in consultation with parents, the private, voluntary and independent sector (see Sure Start website at www.surestart.gov.uk).

In March 2008, the National Evaluation of Sure Start Research Team released the findings of its study of over 9,000 three year olds and their families in Sure Start Local Program (SSLP) areas who were initially studied when the children were 9 months of age (NESS, 2008). These were compared to similarly disadvantaged areas not having a SSLP. The findings indicated that 3-year old children in SSLP areas had better social development with higher levels of positive social behavior and independence/self-regulation than children in similar areas not having a SSLP (NESS, 2008). Further, the report stated that parents:

showed less negative parenting while providing their children with a better home learning environment. The beneficial parenting effects appeared responsible for the higher level of social behavior in children in SSLP area. Families living in SSLP areas used more child & family related services than did families not in SSLP areas. (NESS, 2008, p. v)

Co-location of services and the development of multi-agency teams have both been key strategies in promoting integration as part of the Sure Start initiative:

At the practice level integration was achieved by co-location of services, (all Sure Start Local Programs were given resources to build a local centre) multi agency teams and shared systems. (Valentine et al, 2007, p.8)

Similarly, the joint local, state and privately funded early childhood initiative, Toronto First Duty, has looked at co-location as a central service intervention platform. The Toronto First Duty initiative has located early childhood and family support services in 5 elementary schools since its inception in 1999. The 2006 Phase 1 Summary Report concluded that:

integrated professional supports improve the quality of early childhood programs and reduce risks for parents and children. By engaging parents in the school and their children's early learning, children's social, emotional, and academic readiness for school is enhanced. Integrated program delivery is also cost-effective, serving more families, more flexibly, for the same costs. (Toronto First Duty, 2006, p 8)

The National Director of the Australian Centre for Child Protection, Professor Dorothy Scott, examined the ecology of positive partnerships with parents in a professional workshop at FamilyZone. One of the issues that strongly emerged

was in relation to removing professional masks without becoming vulnerable to burnout:

Someone once said, “Children need all the support their parents can get”. They were right of course, and it is through positive partnerships with parents that we can offer them support and engage them in services which can enhance child and family wellbeing. (Scott et al, 2007, p.3)

Outcomes

1. Improved access to appropriate support services for families.
2. Improved co-ordination in the way services are delivered to support improvement in childhood health, development and wellbeing.
3. Improved parenting knowledge and sense of competence.
4. Greater service user support and opportunities to establish friendships.
5. Increased satisfaction with services and programs.
6. Improved family resources and capacity.
7. Seamless referral to other services.
8. Community involvement in FamilyZone activities.

Evidence of outcomes

Four primary mechanisms were used to gather data for outcome evaluation purposes: register of activity levels; user survey (week long cross sectional opinion survey); participant feedback sheets; and in depth case study data.

1. Improved access to appropriate support services for families

Data was collected at the FamilyZone Ingle Farm hub for the period January–December 2007 from families who registered attendance at hub activities. A total of 3,707 family visits were registered.

Prior to July 2006, these families had no local access to a similar parent/child friendly space or access to locally sited and coordinated early childhood and family support services. Activity levels of users will continue to be recorded on a monthly attendance register.

2. Improved co-ordination in the way services are delivered to support improvement in childhood health, development and wellbeing

“Our Friends of CYH met a few times at another location but it was unsuitable so we were moved here—this place is perfect—and has offered us many more very useful services.”

“I feel that FamilyZone is a huge asset to the community and being a first time mum I would have felt very alone and isolated if they had not been there for me.”

(Comments from participants)

Case study 1

This case study illustrates how the provision of “seamless” integrated services in a family friendly environment can make a very significant contribution toward successful outcomes for families at risk.

Aung was referred to the Home Visiting Service at the FamilyZone Hub by the Child and Youth & Women’s Health Service. Aung had recently given birth to baby Ming—her second son. The referrer noted that Aung and her husband had been unable to cope with the birth of their first son in 2000 and had sent him to live with Aung’s family in China. Following the birth of baby Ming, Aung had become depressed and they were again contemplating sending the baby back to China.

When visited by the Home Visiting Coordinator, Aung said that she had wanted this baby very much. She said that she had lived in Australia for 10 years but had always worked with other Mandarin speaking Chinese and had not used English as much as she might. She reported feeling overwhelmed with the baby, very isolated, with no support and she was very afraid that she was not caring for Ming properly. While she welcomed the idea of a volunteer home visitor, she was concerned about language difficulties (namely, that the volunteer wouldn’t understand her and she wouldn’t understand the volunteer).

At FamilyZone, however, a number of volunteers have been new arrivals

themselves. Xue had been volunteering with the FamilyZone for six months. She lives locally, is a native of China and is the sole parent of two young children. She also speaks Mandarin. Xue had been volunteering in the crèche and had done the six days training required for Home Visiting.

Aung initially attended the Postnatal Depression group at the FamilyZone. She was introduced to Xue, who looked after baby Ming while his mother attended group. At the end of the session, Xue accompanied Aung home and they explored local resources which had been of benefit to Xue and could now benefit Aung.

After six months, Aung no longer feels depressed. She attends a universal playgroup and the Over 30's Mothers group at FamilyZone. She has joined the local library and a toy library. She reads to baby Ming and delights in his accomplishments. She and Xue agreed to finish the Home Visiting after 12 weeks, but Aung still comes into FamilyZone if she wants to consult Xue. Indeed, the two women have become good friends.

Baby Ming is thriving, meeting all his milestones and will be raised in Australia by his parents.

Case study 2

This case study demonstrates the very significant impact a family centred and wholistic approach can have for newly arrived migrants and refugees.

Jameela and Hussain arrived in Adelaide after being released from detention in a Federal Department of Immigration facility. They presented at Ingle Farm Primary School to enrol their eldest children in the "New Arrivals" program. During the interview the Deputy Principal (New Arrivals) discovered that the mother was being treated for depression; that the family was isolated due to language difficulty; that their youngest son, aged three, had some behaviour issues; and that they had financial and housing concerns.

This is not an uncommon scenario at the school, but with the advent of FamilyZone, the Deputy Principal now has onsite services for the family. The issue of support for new arrivals families presenting at the school had been so critical that multi-disciplinary, multi-agency meetings had been initiated by and held at the FamilyZone Hub to consider ways to help these families.

Case Management services supplied by the Australian Refugee Association and Lutheran Community Care, and delivered by ethno specific workers, are now in place at the school. The family were referred for ongoing support. The parents were also referred for English lessons at the FamilyZone Hub. Jameela soon joined the Afghani Women's Support group and now comes to the hub three days a week.

Housing issues were addressed by Lutheran Community Care's Refugee Services. The tutor from TAFE assisted Hussain to compile his CV and he soon got a job. Their son was cared for in the FamilyZone crèche. He always had the same carer and grew to know and trust her. His behaviour issues disappeared as the family became more settled and stable. Their older school aged children would often "pop in" during recess and lunch breaks to reassure themselves that Mum was close by and that everything was OK.

Nine months after the family were first seen at the hub their situation is much improved. Jameela has recently completed Certificate 1 in English, while Hussain has Certificate 4. Jameela's English now allows her to communicate with staff over simple issues but when more complex or personal interpreting is needed telephone interpreting is used. The Afghani worker from LCC assisted the family to secure long term housing and Hussain's job has alleviated the family's financial issues.

Jameela still comes to FamilyZone staff if she needs to know where to go to get the services she and her family need. For example, dental appointments for all the children were recently made and shopping trips initiated to the supermarket to assist Jameela and other Afghani women to identify foods which are halal.

The positive outcomes for Jameela, Hussain and their family were possible because multiple agencies and multiple disciplines were able to work together on one site.

Case study 3

This case study illustrates the capacity for addressing social isolation and its consequences.

We have been working with Teena who is 15 years old with a 5-month-old baby and her sister, Katie, who is 18 years old and has a 3 week old baby. Teena and Katie had been living with their mother, who is unemployed and has substance use issues. When her mum found out she was pregnant she kicked Teena out of home. Teena went to live at a women's shelter but found that due to her age she wasn't fitting in and felt very uncomfortable there. She then moved into her grandparent's house with her older sister, Katie, who had also fallen pregnant and been kicked out of home. However, the grandparents found that it was far too stressful having two pregnant teenage girls living in their home.

FamilyZone offered both Teena and Katie accommodation in a Salvation Army supported housing facility for young mums that was set up in response to an identified need in the area with the aid of a generous private donation. The sisters moved into this accommodation in September.

Teena had her then 4 weeks old baby and Katie was due to give birth in December. During the time that they have been with FamilyZone, both girls have identified areas in their lives that they want to grow in order to "better" themselves and to give their children better lives than they have had. Both Teena and Katie have been attending the Young Mum's group and they have connected well with other mums in the group.

Both girls have been linked in with Child and Youth Health and they have had regular visits from the nurses and picked up the skills of parenting very well. Teena had extremely low self esteem; however this has increased and her confidence as a new mum greatly improved. For example, Teena came on a shopping tour that was organised through the FamilyZone Hub, which she thoroughly enjoyed. She has been back to several of the places visited that day as she found them really helpful. Teena has also been to the FamilyZone Hub to use the internet to practice for her Learner's Permit and she is interested in attending a few of the groups that are offered there.

Katie is still in the initial stages of motherhood, and so far she is doing a great job and she is keen to attend parenting groups too. FamilyZone has seen the social isolation of the girls decrease as they have made an effort to attend groups and engage in activities that were offered to them.

3. Improved parenting knowledge and sense of competence

Survey data was collected from participants of FamilyZone activities over a 5-day period. Eighty three responses were collected.

Participants were asked to rank on a scale of 1 (not much) to 5 (a great deal) whether, since coming to activities at the FamilyZone Hub, have they felt:

- supported;
- made new friends; and
- learned more about being a parent.

The following table demonstrates that the majority of participants rated that they have learned more about being a parent. A number of responses may be missing as not all groups have an overt focus on parenting skills.

Table 1: Participants rating of whether they have learned more about being a parent since coming to the hub

I have learned more about being a parent	Not much 1	2	3	4	A great deal 5	Missing	Total
Percent (N = 83)	4%	2%	10%	19%	29%	36%	100%

4. Greater service user support and opportunities for friendship

The same survey also revealed that 47% of parents are experiencing a great deal

of support at FamilyZone (see Table 2.):

Table 2: *Participants rating of how supported they felt since coming to the hub*

I have felt more supported	Not much	2	3	4	A great deal	Missing	Total
	1				5		
Percent (N = 83)	1%	4%	10%	10%	47%	29%	100%

Note: May not add up to 100% due to rounding

Regarding making new friends, a very high number indicated a great deal (5) or a slightly lower rating (of 4), this is shown in the following table:

Table 3: *Participants rating of whether they have made new friends since coming to the hub*

I have made new friends	Not much	2	3	4	A great deal	Missing	Total
	1				5		
Percent (N = 83)	1%	1%	10%	18%	40%	30%	100%

5. Increased satisfaction with services and programs

The following comments from participants were collected via participant feedback:

- “The best playgroup I’ve been to.”
- “Very good service, worthwhile, and helpful staff.”
- “Enjoy the safer and friendly environment for the children.”
- “We really like the location: safe, lots of space, clean, lots of toys. Staff are friendly and helpful and understanding. Car parking is convenient too.”
- “Very good place, relaxing and great place for kids to interact. And I enjoy my visits.”
- “FamilyZone is a brilliant place. I feel comfortable and from their help and support confident in being a new mum.”

There is some difficulty in accurately evaluating the experience of members of CALD communities who access services at the FamilyZone Hub. This is because many are illiterate in both English and their native language. However, ongoing verbal feedback is sought from these participants—sometimes using an interpreter and sometimes not. There have been growing numbers in both the Afghani and African Women’s Groups as participants “bring their friends”, for example, the average number of women attending Afghani Group in Term 3 was 9.1 and the average attending in Term 4 had increased to 12.3.

Written evaluation forms were distributed in November 2007. Only 42 were returned which might reflect the low literacy skills of parents in this area. All of the 42 respondents indicated high levels of satisfaction with the FamilyZone Hub; the facilities and programs available; and the care available in the crèche. All respondents indicated that they felt welcome.

6. Improved family resources and capacity

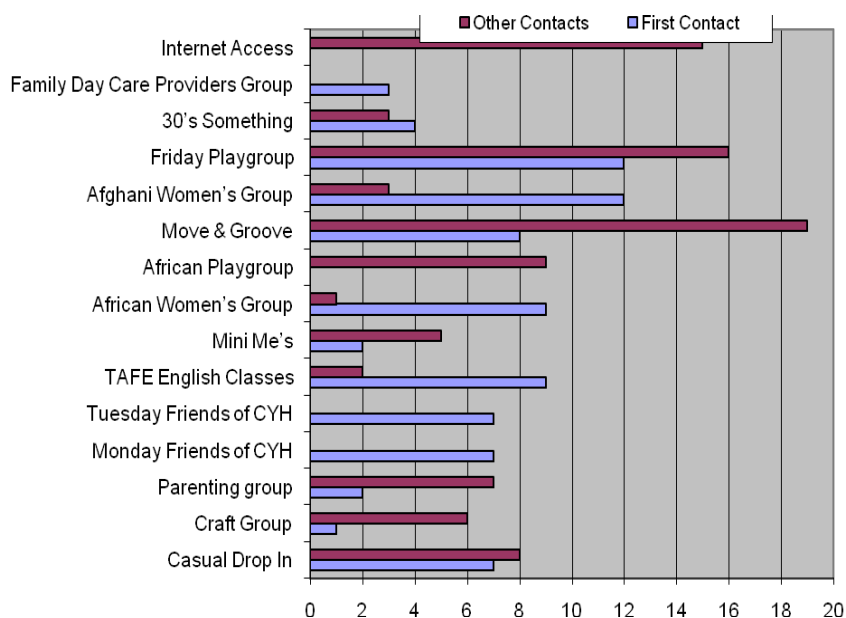
The following comments from participants were collected via participant feedback:

- “If it wasn’t for this service I would be crazy by now. I have felt so cared about and supported. It’s made being a parent a bit more easier.”
- “My children and I really enjoy coming, it gets us out the house and active. It’s also really good for meeting new people.”
- “I find the group very enjoyable by the kids. My child enjoys the group so much, that the first thing she mentions when she gets up in the morning is Mum are you taking me to the ‘Hello Hello Group’ today.” (Move and Groove song)

7. Seamless referral to other services

A significant number of service users at the FamilyZone Ingle Farm are becoming engaged with other activities co-located at the hub. The following graph tracks the number of transitions from the playgroup, the music and movement group, the parenting group and the craft group to other hub activities.

Figure 1: Number of families engaged with other FamilyZone activities after initial contact with a hub activity.



8. Community involvement in FamilyZone activities

FamilyZone Ingle Farm has engaged the involvement of local parents in Parent Advisory Groups. The Parent Advisory Group developed and implemented the October 2007 School Holiday program with minimal support from paid staff. The Program was a success with some families attending all sessions. The parents who implemented the program reported they learnt a lot, their confidence was built and they developed new skills. This resulted in them subsequently being involved in the planning, organising and coordinating of the January 2008 School Holiday program.

Periodic community events are well attended by families at the FamilyZone. Some 135 parents and children attended a Families Week evening in July 2007 and a further 140 attended a community end of year celebration in November 2007 which also included the launch of the salisbury4c.com.au website.

"Staff and community members brought along their families and enjoyed the afternoon with lots of fresh fruits, tasty chicken and beef wraps, face painting, art and craft for kids and of course, Magic Mike who sang, danced and got the audience joining in." (Salisbury C4C Newsletter January '08 accessible at www.slaisburyc4c.com.au)



Policy analysis

FamilyZone Ingle Farm uses the hub concept as a pivotal element of an integrated service model. The concept reflects the emerging move to co-located and coordinated services inherent in the design of Sure Start in the UK and many other early intervention children's service delivery models throughout the USA, Canada and Europe. Although there is already a strong evidence base for integrated service delivery for early childhood services, FamilyZone provides an excellent illustration of the additional benefits for particularly vulnerable populations, such as recently arrived migrants and refugees and socially isolated young single parents.

The project also provides some useful insights into the role of helping professionals. In addition to the promotion of collaboration as a pathway to improved client outcomes, the project comments on the nature of family-worker and worker-worker relationships that contribute to empowering practice as well as minimise burnout.

The broader community benefits of such integrated delivery models, in outer suburban areas with minimal infrastructure, are less well researched. Continuing outcome evaluation data from projects from such as FamilyZone could make a useful contribution to building this knowledge base.

Project evaluations

Undertaken by Facilitating Partner Salvation Army Ingle Farm. The Local Evaluation Report will be available in April 2009

Project related publications

n/a

References

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Contact

Karl Brettig – Project Manager
The Salvation Army Ingle Farm
Cnr Maxwell and Bridge Rds, Ingle Farm
Salisbury South Australia 5098
Ph: (08)8397 9333
Email: karl.brettig@aus.salvationarmy.org

Website

<http://www.salisburyc4c.org.au>

More information

More information on the FamilyZone Ingle Farm Project and Promising Practice Profiles can be found on the PPP pages of the Communities and Families Clearinghouse of Australia website at <http://www.aifs.gov.au/cafca/ppp/ppp.html>

**Communities and Families Clearinghouse Australia**

Australian Institute of Family Studies
Level 20, 485 La Trobe Street, Melbourne Vic 3000
Tel: (03) 9214 7888 Fax: (03) 9214 7839
Email: cafca@aifs.gov.au
www.aifs.gov.au/cafca