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LOGAN'S
COMMUNITY
GATEWAYS:
2018

A discussion paper

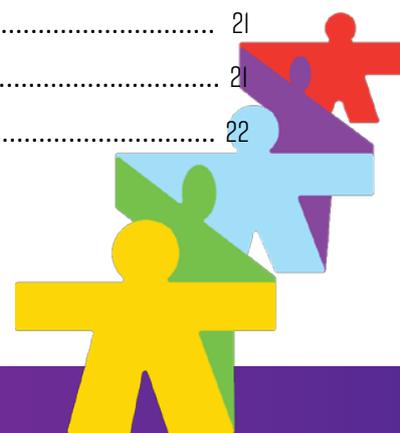
Exploring good practice in non-stigmatising, universally accessible, soft-entry, prevention and early intervention Community Gateways in Logan, Australia and Internationally in the context of children and families.



LOGAN'S COMMUNITY GATEWAYS: A DISCUSSION PAPER

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EXECUTIVE SUMMARY

Today, where children live has an even greater impact on their life chances than it did 30 years ago... The challenge now facing Australia is to build prevention science methods and insights into large scale, sustainable, economically efficient, early prevention delivery systems. (Hornel, 2018).

Logan Together's remit, as a 'collective impact' initiative, is to bring together research, government, and non-government organisations to work collaboratively on initiatives that empower communities to achieve measurable improvements in wellbeing for children in Logan. There is clear evidence that prevention/early intervention is an effective approach for improving the lives of families and children. It has also become clear that schools, health, education, civil, and community sectors can no longer continue to function parallel to each other if they hope to cater for children with complex social, emotional, health, and learning needs (Murdoch Children's Research Institute 2012).

At the time of writing there are over 20 centre-based, soft-entry Community Gateways that enable children and families to access prevention and social inclusion activities and programs in Logan. The Community Gateways also help to link families involved in their centre with more intense and specialised assistance when needed, although centre workers interviewed for this project estimate that between 60% and 80% of families find sufficient support onsite through peer and worker interaction.

These Community Gateways are sometimes called community hubs, community centres, neighbourhood centres or family centres. They are funded through different programs, by different agencies, via different levels of government and/or by a variety of philanthropic organisations. Despite these differences many of these Community Gateways have similar sources of evidence for their work; share significant philosophical and theoretical foundations; have been evaluated as part of their funding accountability with similar results; and struggle with similar issues related to operational capacity, establishing and maintaining effective partnerships with government sector agencies, securing long-term funding, engaging seldom-heard groups and providing evidence of population level outcomes.

Approaches that value building connections, relationships and trust with families experiencing multiple disadvantages are fundamental to creating successful programs that effectively integrate the families most at risk of poor outcomes. International evidence, derived from studying initiatives to improve the health and well-being of children and families experiencing significant impacts from disadvantage, finds that non-stigmatising, soft-entry, relationship-based approaches are essential to tackling complex disadvantage. They are crucial in effectively attracting, engaging and retaining parents, which is key to the success of programs for children and families. Such programs attract families at high-risk, as well as those at low to medium-risk, of poor outcomes exactly because of their whole of community, non-stigmatising, open door approach.

Community Gateways need to be able to demonstrate their collective value to achieve a level of funding that can ensure consistent staffing, networked operations and effective transdisciplinary capabilities. It is also critical that they



fully investigate the benefit of scaling deep, up and out. Finding out not only 'what works' but 'why it works', and which elements of effective practice are generalised and which are context-dependant, is essential for successful adoption, adaptation and scaling. Every community is different, but identifying these *minimum specifications* can inform effective investment and enable success at a population level.



I. PURPOSE OF THIS PAPER

The purpose of this paper is to share Logan Together's gathered insights, with a view to discussing future options for collaboration in order to develop a shared conceptual model for Community Gateways in Logan. Our insights have been gathered using a range of methods including reviewing relevant literature; analysing evaluation outcomes; interviewing industry representatives; analysing outcomes of Logan Together's community engagement; participating in meetings and workshops with government and non-government agencies; and with the workers, funders and managers of Community Gateways in Logan.

2. DESCRIBING COMMUNITY GATEWAYS

Community Gateways are generally described in the literature as a place-based model of sectoral collaboration in the delivery of services and support for communities, especially those experiencing disadvantage. The key sectors are:

- Health sector (government funded health services)
- Education sector (government funded early education services and schools)
- Community Services sector (provision of a range of support services, often for target groups: Indigenous, migrant, refugee, disability, homeless, families at risk, seniors, offenders, youth and etc)
- Civic and social engagement sector (advocacy, self-help, social inclusion, broad-based)

The Hubs Strategy Working Group from the City of Hume (Launchpad of the National Community Hubs Program) conceptualised a hub as:

...a welcoming place for families that engages key service providers to work collaboratively. A hub can be a single location or a network of places working together to provide services, such as schools, kindergartens, maternal and child health, and other relevant agencies (Murdoch Children's Research Institute 2012).

The term 'community hub' is used to describe many different expressions of geographically-defined, centre-based places offering community involvement, community services and access to essential professional supports. In this discussion paper we are using the term 'Community Gateway' to acknowledge the diversity of these expressions of a shared goal of 'a place and space for all'.

SHARED FOUNDATIONS

Community Gateways share an understanding about the criticality of prevention and early intervention strategies in changing children's lives for the better. The Report from the Australian Research Alliance for Children and Youth (ARACY), Better Systems, Better Chances (2015) summarises:

Effective prevention and early intervention is possibly the most promising strategy for changing the trajectories of children. There is



clear evidence that children's life chances are influenced by their families and communities and that they are able to be changed for the better.

The ARACY report provides an assessment of the current system, observing:

- The system is fragmented and poorly coordinated. Specific service sectors largely focus on specific issues or groups of vulnerable people without a whole of system view.
- The system suffers from a program focus instead of a client focus. People are forced to make sense of services, navigate from door to door, and work out how to fit their situation and their issues within the criteria of a program to qualify for support.
- The system continues to focus on crisis support in line with an outdated traditional welfare approach where 'beggars can't be choosers' in the face of overwhelming evidence that 'choosers won't be beggars'.
- The system's focus is on solving problems after they occur rather than anticipating and intervening to prevent them arising.

The system continues to fail to deliver:

- A well-coordinated network of services and interventions where the whole system has a sense of itself as an interconnected ecosystem
- A client-focus where clients only need to have a level of expertise around themselves and their families and their aspirations and fears to enter the system through any gateway and find their way to the support that they require
- A choice-based system that exhibits trust that the client has expertise in their own life, what they need, and what barriers they need help in overcoming
- A prevention and early intervention led system that challenges established professional hierarchies

The ARACY report goes on to say:

While there is strong and consistent evidence about the challenges and limitations, failures and excessive costs of current service systems, the converse is not true; there is a significant lack of robust evidence about optimal service system design and only a limited number of models with hard evidence of effectiveness. This gap is being addressed; however, with a growing evidence base about effective interventions and the system structure required to maximise their impact (ARACY 2012).

KNOWN VERSUS EXPERIMENTAL

While much is known about circumstances and events that can affect children's life trajectories, not much is known about how best to intervene to enhance the positives and ameliorate the negatives. Adverse childhood experiences, such as those outlined below, can damage a child's physical and emotional development and their health and wellbeing into adulthood:

- Physical, sexual and verbal abuse including racism and bullying
- Physical and emotional neglect
- Having a family member who is:
 - depressed or diagnosed with other mental illness



- addicted to alcohol or another substance
- in prison.
- Witnessing a mother being abused
- Witnessing violence outside the home
- Losing a parent through death, divorce or other reason
- Losing a carer such as a grandparent, through death, divorce or other reason

Further, there is increasing understanding about the impacts of how toxic stress:

- damages the function and structure of children’s developing brains;
- affects short- and long-term health; and
- can alter how DNA functions and how the epigenetic consequences of historical and generational trauma can be passed on from generation to generation.

This trauma is largely the result of growing up in a dysfunctional home or social environment. The lifelong vulnerabilities that stem from early childhood trauma are not limited to people from any specific ethnic background or social class or socio-economic grouping. Healing trauma through building personal resilience and preventing trauma through strategies ranging from a focus on family relationships to broader community and societal relationships are less well-understood (CDC-Kaiser 2017).

There is not a single driver or point of intervention that can ensure positive child development. While clear evidence exists that a child’s probability of developing poorly can be predicted at an early age, and we have significant knowledge about risk and protective factors, it is the interaction between combinations of circumstances and experiences, some of which are changeable and some of which are not, that describes a child’s pathway and whether that pathway is primarily building resilience or primarily escalating vulnerabilities.

The 2012 ARACY Report found that while, ‘there is unambiguous evidence that evidence-based prevention and early intervention can lead to measurable and substantial reductions in the factors that place children and families at risk of poor outcomes’, the evidence has not been collected ‘to provide clear direction about what works best for whom, in what circumstances, and most cost-effectively’.

PREVENTION AND EARLY INTERVENTION + UNIVERSAL AND TARGETED INTERVENTION

It has been demonstrated nationally and internationally that models based on prevention and early intervention offer substantial benefits to families and society. There are also many sources of evidence that many parents need support at some point, and that normalising access to support through universally available services is effective in improving rates of access for families at high risk of poor outcomes as well as families at medium to low risk. It is also true however that seldom-heard groups continue to be under-represented in those receiving effective parenting support (Moran 2004).

Preventative actions that align with what is known about good practice interventions include:

- maternal health programs that include home visits by nurses;



- parenting training programs;
- domestic violence prevention programs;
- social support for parents;
- support programs for young parents;
- high quality child care, pre-school and school services; and
- sufficient income support for lower income families.

Matching prevention with effective screening for early intervention aligns with clear international evidence that the earlier a child's trajectory can be influenced in a positive direction, the better the chances are to avert the most disabling lifelong impacts to health, wellbeing and attaining their full potential. Effective prevention activities allow for informal and non-invasive identification of the need for early intervention, such as:

- accessible paediatric physical and mental health services;
- mental health and substance abuse treatment programs;
- protection for parents and children experiencing family violence; and
- identification and help with developmental delays and differences arising from atypical developmental biology.

One of the complexities that defines 'complex issues' is that the process of cause and effect can only be deduced in retrospect. For example, the longitudinal study, The Adverse Childhood Experiences Study (ACE Study) into the impacts of traumatic childhood environments and events clearly demonstrates that the impacts of childhood trauma such as the death of a parent or childhood exposure to violence persist into adulthood. The score on a simple questionnaire, derived from the ACE study, about childhood experiences can predict the chances of significant adult disadvantage. Although, how to transform that knowledge into a program that prevents children from experiencing those circumstance and events, or protects them in the event of those circumstances and events occurring, remains elusive. A parental high ACE score signals significant vulnerability to experiencing parenting challenges, yet studies have found that those with a high ACE score are often the least likely to come forward seeking help.

In the face of a lack of data about these personal risk factors at an individual and family level, services and programs tend to focus on very broad-based demographic risk factors, such as being Indigenous, coming from a culturally and linguistically diverse background or being a teenager, which may indicate a higher likelihood of personal risk factors. These are blunt targets and many people who fall into these broad-brush demographic groups understandably resent the implication that they are 'at risk' as a family when many families from these target groups have strong families with strong bonds. Often programs targeted at demographic groups will attract strong families within that demographic who are seeking the best for their children. Often families where parents are experiencing the negative impacts of their own childhood trauma fail to seek help because of a fear of social judgement and further systemic disempowerment.

The major factor influencing successful child development is effective child-parent bonding and if this lack of bonding is an unchangeable circumstance, effective bonding with other adults (Rubenstein 2018). Issues that interfere with effective child-parent bonding (family violence, drug and alcohol addiction, mental health issues) occur across all sectors of the community, therefore



attractive, broad-based and non-stigmatising Community Gateways offer the best option for all parents to find connection, affirmation, and options for support that best suit their own circumstances and values. The evaluation of the impact of South Australian Children's centres concluded, 'A proportionate universalism approach that combines universal and targeted interventions is the optimum approach' (Fraser Mustard Centre 2013).



3. COMMUNITY GATEWAYS IN LOGAN

At the time of writing there were more than twenty centre-based, soft-entry 'Community Gateways' providing access to prevention, early intervention and social inclusion activities and programs for children and families in Logan. They are funded through different programs, by different agencies, via different levels of government and/or by a variety of philanthropic organisations. Many of the Community Gateways have been established as pilots or 'experimental' programs and subsequently experienced difficulty in securing long-term and adequate funding. Although not exhaustive, the following list provides some indication of the types of community gateways in Logan:

HUBS IN SCHOOLS

- *Delivered by Access Services:*
 - Marsden State School
 - Woodridge - St Paul's Catholic School
 - Crestmead – St Francis Colelge
 - Woodridge North State School
 - Woodridge State Primary School
- Kingston State School Community Hub Space (CfC)

EARLY YEARS/FAMILY CENTRES

- Browns Plains Early Years **Centre**
- Eagleby Family Centre (Wesley Mission/CfC)
- Logan Central – The Family Place (CfC)
- Waterford West – Family Wellbeing Centre

NEIGHBOURHOOD/COMMUNITY CENTRES

- Beenleigh District Community Development Association Inc.
- Crestmead Community Centre (PCYC)
- Eagleby Community Association Inc.
- Kingston East Neighbourhood Group (KENG)
- Loganlea Community Centre (CfC)
- Logan East Community Neighbourhood Association Inc.

COMMUNITY MATERNITY AND CHILD HEALTH HUBS

- Logan Central - ACCESS Gateway Hub
- Browns Plains Early **Years** Centre
- Waterford West - Aboriginal and Torres Strait Islander Community Health Service (ATSICHS)

GREENFIELD COMMUNITY GATEWAYS/HUBS

- Yarrabilba Family and Community Place
- Flagstone (being planned)



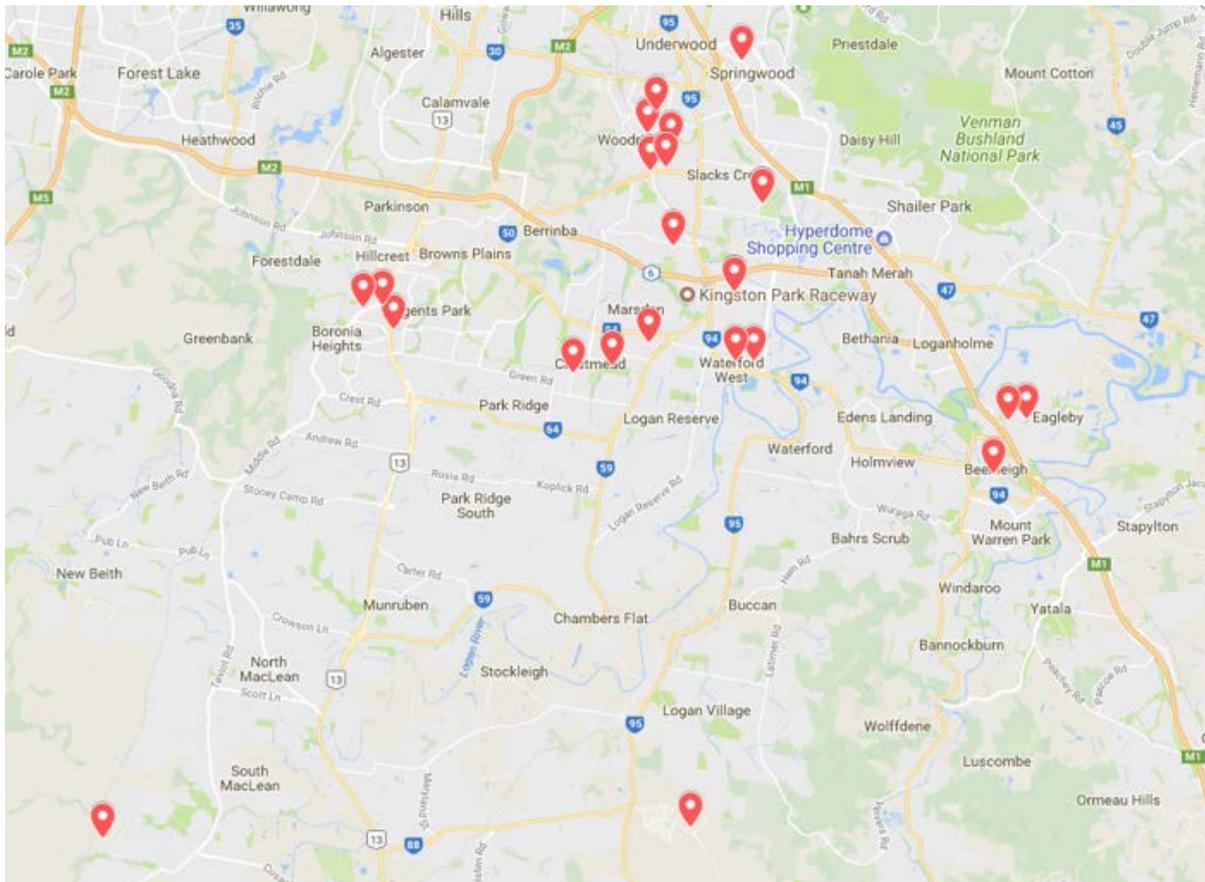


Figure 2: Location of Community Gateways in Logan

COMMUNITIES FOR CHILDREN

Communities for Children is an Australian Government Department of Social Services funded program and five sites (See Appendix 1) are operated in Logan with the Salvation Army as the facilitating Partner, utilising a range of delivery partners including the Wesley Mission, Crèche & Kindergarten Association, Loganlea Community Centre, Kingston State School Community Hub and Kingston East Neighbourhood Group. The focus is on the early years using a play-centred offering for parents and children. These groups have forged their own relationships with other services and specialists to provide a more complete offering.

Communities for Children and the Salvation Army have developed a framework of practice for soft entry, universally accessible intervention, and prevention practice (MacFarlane 2016). This framework is based on 13 practice principles:

- | | |
|-----------------------------------|--|
| 1. Disposition | 7. Co-design, Co-construct, Co-implement |
| 2. Choice | 8. Informality/Calm |
| 3. Unconditional Positive Regard | 9. Planned Disclosure |
| 4. Relationships First | 10. Intentionality |
| 5. A Strong Sense of Justice | |
| 6. A Non-stigmatising Environment | |



11. Shared Mission

13. Serendipity

12. Cultural Sensitivity and Awareness

A national evaluation of the Communities for Children program was undertaken after the initial implementation of the program (Muir et al 2010). The evaluation used interviews and surveys with families and service providers and compared outcomes between Communities for Children and non-Communities for Children communities. The evaluation reported improved collaboration between services, improved recruitment and engagement of families previously disengaged from early childhood services, and improved perceptions of parenting performance and community cohesion by parents. Significant improvement to overall outcome measures was not able to be demonstrated although positive impacts were recorded. The evaluation team noted that:

the whole-of-community early childhood intervention model is highly unstructured and unstandardized; thus, the integrity and quality of the design and implementation of the CfC model has most likely affected the outcomes achieved. Which key design and program elements are most efficacious is a critical question that deserves further empirical enquiry (Muir et al 2010)

NATIONAL COMMUNITY HUBS PROGRAM

Five primary schools in Logan are participants in the National Community Hubs Program. The National Community Hubs Program is primarily funded by the Australian Government Department of Social Services. Funding also comes from participating schools, the State Government and the Scanlon Foundation. Community Hubs is a national program, managed by Community Hubs Australia Incorporated, a not-for-profit organisation that aids migrants, refugees and international students. The Hubs support migrant and refugee parents and children to navigate the education system and provides access to other services.

The Community Hubs in schools in Logan are managed by Access Community Services and work across four key areas:

- Engagement with migrant and refugee families
- English (parents and children)
- Early years
- Vocational pathways (parents)

An evaluation of the National Community Hubs Program was carried out in 2014 (Wong et al 2015) (Press et al 2015). The Murdoch Children's Research Institute also undertook a review of literature on primary schools as community hubs in 2012. In 2017, the Centre for Community Child Health, prepared a report on the impact of the community hubs on school readiness for Community Hubs Australia. The methodology was similar to that used in the evaluation of the Communities for Children program: surveys, interviews and site visits. The evaluation found high levels of satisfaction for parents and staff with school principals recording the lowest levels of satisfaction. The only significant gap in sentiment between staff and families was that around 60% of families and 81% of school staff and volunteers thought children with identified needs had been referred to appropriate support. The hubs were found to have succeeded in:

- facilitating families' access to supports;
- providing 'soft entry' points (non-obtrusive and non-stigmatising) for families to access specialist services;



- facilitating families' access to community networks and participation; and
- establishing reciprocal and respectful relationships between families, hubs (gateways) and schools.

The limited nature of the intervention made discernible changes at a system level unlikely. The review of the literature on primary schools as community hubs reported:

There is limited evidence of effectiveness because the evaluation has mostly been ad hoc and small scale. What evidence there is suggests that school-community partnerships are delivering benefits for children and families (Murdoch Children's Research Institute 2012)

The National Community Hubs Program evaluation in noting that principals provided lower scores compared to other respondents, identified possible broader tensions between an educational priority on individual learning as compared to a community hub priority of parent and community engagement. The commitment of school principals was reported as playing a significant role in the success or otherwise of the hubs.

A report on the impact of community hubs on school readiness (Centre for Community Child Health 2017) echoes this tension about whether the primary purpose of the hubs is to prevent disruption to the school by ensuring that children are 'school ready' going into Grade 1 or to ensure that the school is able to provide an environment with the necessary opportunities, conditions and supports to optimise the development and learning of children with diverse skills, experiences and backgrounds. Is it about 'children's readiness for school' or 'school's readiness for children'? The top recommendation of the evaluation was to maintain the role of the external support agencies and embed the primary purpose of enhancing social inclusion and cohesion into all facets of hub delivery to avoid the danger of the educational lens taking over and 'trying to teach children pre-academic skills directly', rather than following the evidence and concentrating on 'providing them with the kind of environments and experiences that maximise their innate learning capacities' (Centre for Community Child Health 2017).

NEIGHBOURHOOD/COMMUNITY CENTRES

There are six neighbourhood centres in Logan that have funded staff and programs. They are managed by incorporated community or neighbourhood associations, excepting the Crestmead Community Centre, which is managed by the PCYC located next door. The Crestmead Community Centre offers mainly sports and recreation-related activities but also has a playgroup and offers school age care and parenting programs.

At the other end of the spectrum, the Kingston East Neighbourhood Centre (KENG) is a Communities for Children Hub and offers occasional childcare, parenting programs and family support services. The Logan East Community Neighbourhood Association (LECNA) at Springwood offers low and no interest loans, counselling services and emergency relief as well as a playgroup and early learning activities. Eagleby, Beenleigh and Loganlea offer access to a range of family support services, playgroups and emergency relief. In addition to the child and family focused services, Logan's community centres offer space for local groups to meet around art and exercise, for peer support or for the community to gather to address issues of local concern.



Neighbourhood centres were initially funded in the 1970s by the Australian Government under the Australian Assistance Plan (AAP). The AAP introduced new concepts of social planning, community development and citizen participation to the social welfare sector, which traditionally had been inextricably linked to the churches and faith-based institutions as part of a charity model of welfare. It was also part of the Whitlam government's push to allocate resources for community development, adult learning and women and children's welfare to the local community level, bypassing conservative state governments. These neighbourhood centres also echoed the traditions of earlier centres of local community life such as Schools of Art in the nineteenth century. Twentieth century neighbourhood centres combined the traditional focus of place-based centres as centres of community development, self-help and social connection with a new focus on welcoming and non-stigmatising welfare services for women and children.

In the 1980s the Australian Government delegated responsibility for neighbourhood centres to state governments. The Queensland Government added the funding and oversight of neighbourhood centres to their responsibility for family and community support services (Neighbourhood Centres Initiative 2017) (QCOSS 2017) (West End Community House 2017). Since the 1980s the organisational and funding environment of neighbourhood centres has continued to change with a shift in emphasis towards services based on communities of interest and/or identity (e.g. young people, carers, seniors, culture or ethnicity) rather than geographic community.

The principles of creating non-stigmatising environments, encouraging self-determination, enhancing community networks and participation, establishing respectful and reciprocal relationships and improving social inclusion and cohesion as part of the effort to facilitate vulnerable families' access to appropriate generalist and specialist supports are some of the primary functions of neighbourhood centres. The Department of Communities, Child Safety and Disability Services; QCOSS; and the QFCA are currently examining the State Government's investment in Neighbourhood Centres as part of the development of a Neighbourhood Centres Strategy.

GREENFIELD SITES

Yarrabilba and Flagstone are communities undergoing significant transformation and growth. The community hubs being planned for these communities are examples of facilities and services being considered during the early stages of residential developments.

Yarrabilba, located approximately 25 kilometres from the major service centres of Beenleigh, Browns Plains and Logan Central, is a rapidly growing community. The Yarrabilba Family and Community Place (YFCP), a purpose built integrated community facility on the grounds of Yarrabilba State School, is set to open its doors October 2018. YFCP will provide an inclusive soft-entry with flexible health, education and social services in a safe and supportive environment that encourages community connectedness and improves outcomes for children, families and the broader community. The service mix, based on identified community needs, research, evidence and service availability will initially include an array of core offerings (such as Supported Playgroups, art, music, parenting support, etc), that will be augmented by additional services, supports and activities in response to identified and emerging community need (such as, maternity services, child health clinic, immunisation services, visiting specialists etc). Through community engagement the YFCP will support the Yarrabilba community to address their identified needs and take a shared responsibility for



the hub and its services - as the community grows and matures so will the mix of services adapt and change in response.

Co-design with community, government and organisations for a temporary community hub in Flagstone is underway.

EARLY YEARS CENTRES (EYC) /CHILDREN AND FAMILY CENTRES

Queensland does not have a consistent model of Child and Family Centres as exists in Tasmania. The Browns Plains Early Years Centre was one of four centres funded by the Queensland Government to provide services for anyone expecting a child and families with children from 0 to 8 years of age. Early Years Centres bring together early childhood education and care, family and parenting support and child and maternal health services in one location. Delivery of these holistic services for families with children pre-birth to eight years is achieved through in-house staff and visiting services.

The Children and Family Centre at Waterford West is a jointly funded initiative of the Australian and Queensland Government to improve outcomes for young Aboriginal and Torres Strait Islander children. These centres are designed to provide support for Aboriginal and Torres Strait Islander families with children from birth to 8 years to optimise their development.

LOGAN MATERNITY AND CHILD HEALTH HUBS

Metro South Health has partnered existing community organisations to establish three **Community Maternity and Child Health Hubs** in Logan as a community-based model of maternity care. These hubs are located within existing community spaces.

- ACCESS Gateway (Access Services)
- Browns Plains Early Years Centre (Benevolent Society)
- Waterford West Children and Family Centre /
- **Jajumbora Midwife Hub (ATSICHS)**

These new hubs deliver pre-natal, intrapartum and post birth/transition support services within highly localised community settings that are woman-centred, family-focused and culturally safe. **The Hubs provide access to an evidence-informed, community-embedded, relationship-based, caseload midwifery model of care designed to improve access, care and choice for women early in their pregnancy through to birth and until the child turns one.**

A fourth hub is being established by in partnership with Hosanna Logan City to support Pasifika communities. The roll-out of the fourth hub is subject to securing some additional refurbishment budget. Meanwhile, five midwives have been employed by Metro South Health to commence working with Hosanna to build relationships to provide continuity of care for Pasifika communities.



4. ENGAGING FAMILIES

SELDOM-HEARD FAMILIES

Unfortunately, making contact and building trust with seldom-heard families remains an issue for even the most welcoming Community Gateway. There is clear international evidence that those most in need of assistance are those least likely to be receiving the services they need. The *Engaging hard-to-reach families and children* report (Cortis 2009) suggests some factors that prevent those most in need of help from coming forward:

- negative attitudes to help-seeking;
- misperceptions about services;
- communication difficulties;
- hostility to interventions by some of the family members;
- daily stresses and complexities – chaotic routines;
- lack of social confidence;
- distrust of other parents and staff;
- fear of the unknown and authority;
- lack of history of help-seeking behaviour;
- feelings of hopelessness or not being ready; and
- perceptions of services as irrelevant,

The report goes on to identify some intervention design and practice solutions:

- ensuring interventions are client-focused and meet people's needs;
- effective outreach and promotion using people's natural gathering places;
- ensuring non-stigmatising entry points;
- providing food and incentives; and
- spending the time required to build relationships with vulnerable groups.

The report concluded that 'soft entry' contributes to creating a non-stigmatising and welcoming environment that contributes to the development and maintenance of relationships with 'hard-to-reach' families but does not replace the need for carefully designed and implemented outreach strategies.

Community Gateways deliver support in a way that welcomes and supports parents rather than labelling or diagnosing the family in a stigmatising way. They often meet families' needs for parenting support through general advice and information, playgroups, peer-to-peer support, parenting programs and opportunities to build social connections - thus avoiding social isolation and marginalisation. Through their open-door policy they attract families in serious need as well as families with more run-of-the-mill parenting issues. Targeted services are perceived by funders to be cost-effective by restricting services to only high-need families; however, this has also had the impact of fragmenting the service system and duplicating services. Meeting needs at the earliest stage possible, even before families can articulate their primary issues, is cost-effective.



The importance of informal and 'pre-program' participation as a precursor to successful engagement with more formal training and specialist support was emphasised in the conversations undertaken with representatives from Community Gateways in Logan. Interviewees stressed that 100% of participants were attracted to Community Gateways for the non-stigmatising informal activities. Further interviewees estimated that 60% - 80% (range of estimates) of people attending Community Gateways met their support needs through relationships with generalist workers and peers. Of those attending more formal support activities, prior involvement in informal activities predicted less likelihood of dropping out and better outcomes (Interviews 2017).

The *Engaging hard-to-reach families and children* report identified five stages of resistance to, and readiness for, service interventions:

- Pre-contemplation (not thinking about using services)
- Contemplation (thinking about using services)
- Preparation (readiness)
- Engagement (action)
- Maintenance (sustaining involvement and preserving change)

As part of engaging parents and families in a range of prevention and early intervention activities, Community Gateways play a critical role in building relationships; sharing information that removes fear; and building confidence through participation with those contemplating using services and preparing to use services. The Community Empowerment Agents, employed in the Logan Together Backbone Team, seek out residents and parents in their natural gathering places to discuss their aspirations and needs, report that it takes on average three to six months of ongoing contact with people before they start opening-up about their lives and concerns and hopes and needs (Interview 2018).

OUTREACH

Community Gateways may attract people in the pre-contemplation phase through initial engagement in broad social and recreational offerings; however, research makes it clear that negative attitudes to help-seeking, often based in historic family hostility to intervention, and a lack of any history of help-seeking behaviour make it unlikely for many families in need of support to independently seek it out (Ipsos 2016). Community Gateway organisations often seek funding for outreach workers in recognition of this.

It is also difficult for stressed families facing multiple disadvantages (poverty, unemployment, poor health) to look beyond everyday stresses and chaotic routines to consider how they might benefit from programs of longer-term benefit (IRISS 2011). A short consultation exercise carried out by Logan Together Empowerment Agents, with 98 Eagleby residents, showed many people interviewed thought of Emergency Relief as the service they needed to know about and use when the family was in difficulty. Most of those interviewed replied that they were getting by from day to day and knew where to get emergency help if necessary. They had not considered longer term assistance with family stresses and were not thinking in terms of services but in terms of day to day survival (workshop 2018). Any effective social support ecosystem needs to include an outreach capacity to supplement the work of Community Gateways. This is a significant gap within the current system in Logan.



OPPORTUNITIES TO BETTER ENGAGE SELDOM-HEARD FAMILIES

Community outreach, social and recreational programs, universal prevention programs and even front-line services such as the distribution of emergency relief have been perceived as low-risk, low-value, or simply ‘nice to have’, rather than as essential to successfully tackling complex issues of disadvantage (Neighbourhood Centres Initiative 2017). These programs should be at the forefront of the work of engaging those most in need of support and least likely to ask for it. Interventions that pay close attention to implementation factors for ‘getting’, ‘keeping’, and ‘engaging’ parents have better outcomes has been demonstrated time and again, yet investment is rarely made in this front-end work (Moran 2004). The critical role of Community Gateways in building relationships and trust with families experiencing multiple disadvantages has been undervalued in the service ecosystem for a long time.

Research emphasises the need for skilled and trained outreach workers to connect with families under stress in the places they usually go and introduce them to Community Gateways where the focus is on building connection, relationships, and trust in a welcoming and non-stigmatising environment. Some of this misunderstanding may be due to the use of everyday words to convey technical meanings. For instance, trust, trusting, trustful are all words used to describe the type of person, relationship, or environment essential to build and maintain therapeutic relationships. Undoubtedly most practitioners consider themselves to be trustworthy; however from a client-focused perspective trust has a much more specific and experience-based meaning:

My expectation of future interactions with you, based on my previous experience with you as being reliable, honest, and capable, is that you will consistently behave in a way that is physically and emotionally safe for me, because you have my best interests at heart.

Given this definition, gaining trust is a skilled and lengthy undertaking. The *Engaging hard-to-reach families and children* report states:

‘In terms of provider factors that make a difference to reach and engagement, previous studies identify that service promotion strategies matter, along with appropriate outreach and entry points, staffing, and client-centred practice approaches in which relationship building plays a central role.’ (Cortis 2009)

A British Health study on barriers to participation by ‘seldom-heard’ groups (IRISS 2011) described some of the critical components of a client-focused system based on their research:

1. Relying less on meetings and computer-based communication and placing greater focus on developing diverse methods of communication including connecting with people in their own environment and developing outreach capacity
2. Overcoming attitudinal barriers such as ‘staff treating adults using services as if they were inferior’ and a ‘perception that some staff do not believe in the potential of the people they are supporting’ by ensuring staff are grounded in a culture where treating people with respect and valuing personal choice is paramount
3. Recognising that different parties have different perspectives or are on different wavelengths by offering a variety of activities and ways to get involved, such as helping others, learning, socialising



4. Overcoming cultural barriers by offering greater flexibility in options for engagement, describing clearly what someone can expect from getting involved and what they are expected to contribute, making sure people that people know when they can say 'no' to getting involved or request a different opportunity, and using every service interaction as a learning opportunity to increase knowledge of how to use service systems effectively
5. Finding alternatives to an 'Us and Them' service culture by shifting practice to an 'everyday' model of participation, where there is no distinction between participation and service delivery as the most effective strategy for supporting the involvement of seldom-heard groups.

Community Gateways, supplemented by a skilled outreach capacity, play a major role in 'getting', 'keeping', and 'engaging' families, especially those from 'seldom-heard' groups.

RECOGNISING A SPECIALISED ENGAGEMENT SKILLSET

Frontline practitioners play a crucial role in actively engaging with individuals, carers and others to develop the right sort of support for families at the right time. Access to information does not mean access to a community directory or a rack of brochures and service promotion is not community engagement. Effective engagement requires highly skilled workers with specialised skills:

- excellent skills in relating authentically with a diverse range of people;
- being perceived as non-judgmental, friendly, able to listen, committed, good communicators and client/user/family-centred in their approach;
- employing diverse methods of communication and connecting with people in their own environment as part of an outreach team;
- being a system navigator able to not only help someone to find the right service or support, but provide advice on managing the system, who best to speak to, breaking the ice with a new organisation by making initial contact, and arranging a companion if needed;
- deploying trained and effective volunteer supporters able to help with getting through the maze of paperwork, getting through difficult assessment procedures and appointments, and assistance to effectively use websites and online forms and processes through to completion;
- counselling people through the early stages of preparation for intervention and change by helping them to move beyond preoccupation with fulfilling their basic needs to consideration of their broader circumstances and wider issues;
- embracing an 'everyday' model of participation that minimises rather than amplifies professional power imbalances; and
- offering multiple pathways to engagement, including ways to get involved in the broader community, such as helping others, learning, and socialising.

There is a distinct and challenging skill-set required to engage with people in their own natural settings and support their capacity to make choices for themselves. Working with people in a way that improves trust, limits the perceived distance between staff and service users, and improves the status, self-confidence, and skills of service users is a specific expert skillset. For a start, people, for whom recognition of their professional standing is of paramount importance, need not apply. Perhaps the self-effacing nature of the



work of ensuring informality and flexibility at these entry points itself undermines its prestige.

The literature identifies that recruiting appropriately skilled staff, training them, and retaining them are critical for the consistency necessary for effective relationship-building. While similarities between parents and providers can increase the likelihood of engagement, this is not closely associated with better outcomes. Skills in listening and connecting with families have been found to be more important than demographic similarities. Work skill and style are more important than 'fixed attributes' (ethnicity). In fact, ethnic matching of staff to community has been described as a double-edged sword in that it may ease communication issues initially, but in small communities it may also be a reason for avoidance because of fears about privacy and stigma. Employing workers with demographic similarities is not a substitute for recruiting for experience and providing training for skill development (Cortis 2009).

THE IMPORTANCE OF CONSISTENCY

Often, individuals only raise serious issues after a significant period of relationship-building and trust verification. This trust is achieved through offering immediately relevant activities and services for families caught on the treadmill of day-to-day survival, such as providing emergency relief or providing no-cost or low-cost opportunities for families to try new activities and spend quality time together.

Consistent engagement is critical to effective trust and relationship building. The literature highlights program funding and structure as being critical to relationship consistency. Short-term funding contributes to program instability and increased staff turnover. Adequate, stable and long-term funding promotes smooth service delivery, maintaining the processes of relationship-building with seldom-heard groups (Cortis 2009).

Logan's Community Gateways have all been subject to short-term funding and regular review. As part of collaboratively scaling up the Logan Community Gateways offering, new opportunities for shared administration, service delivery, measurement and ongoing service review would provide the flexibility to change program elements as improvements were identified. This would provide a good justification for longer-term funding in line with recent recommendations from the Productivity Commission (2018), which concluded that the Child and Family sector did not require further competition but rather increased collaboration, and that funding contract timeframes should be increased to a minimum of seven years to provide for service consistency.

Chiefly, the Productivity Commission Report (2018) identified the urgent need for the Human Service sector to put service users at the 'heart of service provision' in recognition of the danger that, 'People who use human services can lose their autonomy, and with it their dignity, if they have too little control over decisions that affect them'. This means empowering potential users to put together their own view and plan of what they need, 'unless there are clear reasons otherwise', such as incapacity or medical emergency (Productivity Commission 2018).

PUTTING USERS AT THE HEART OF SERVICE PROVISION

Personalisation is about 'working with people to support them in a way that any of us would want to happen for ourselves or our families through developing a



real partnership approach' (Scottish Government 2009). While this has always been the goal of social service agencies and organisations, the rigid categorisation of solutions into services and products can tend to disempower people rather than assist them to devise solutions which suit them and their circumstances. Personalisation should lead to services, which are person, family and community centred, which can change as required and are planned and delivered in a co-ordinated way between organisations.

With the augmented capacity of a skilled team operating within the Community Gateways and in outreach within the community, able to work with families to develop personalised goals and plans of action, the system can move closer to the vision outlined in the Australian Research Alliance for Children and Youth (ARACY) report, Better Systems, Better Chances (2015):

Understanding how systems work, and how they can be changed, is central to achieving a reorientation to prevention and early intervention and is crucial for changing outcomes for children and young people... Systems thinking involves holistic approaches to problems – understanding how the whole system works rather than merely 'joining up' services.

5. SERVICE MODELS

COLLABORATION AND COLOCATION

Community Gateways are often frustrated in fully enacting their role of being a community entry point to an array of coordinated services in a complex and specialised service system. Service integration and service co-location are frequently suggested as a solution to a fragmented and program-focused service system. Service integration is difficult. The Fraser Mustard Centre report (2013) goes on to identify some of the challenges of integration:

- education, health, and community sector professionals have very different practice frameworks and disciplinary backgrounds;
- education, health, and community sector systems have very different investment and outcome priorities;
- mostly cross-sectoral collaboration is driven by individual relationships between staff; and
- lack of training is frequently cited as a barrier; appropriate professional development is essential for effective collaboration.

Globally, there are numerous examples of place-based and collaborative models of family engagement. There are essentially two models:

- co-locating services in a centralised location where everything is accessible from one designated place (child health and childcare, early education, school with wrap around services and adult education) – centralised location, ongoing relationship on one site; or
- virtual web of organised networks, whereby services, although integrated, remain in different localities – decentralised, ultra-local service points, ongoing relationship established with most compatible entry point.

Both models have identifiable advantages. There are two continuums in operation (Department of Education and Training Victoria 2015):



- The co-location continuum:
 - No proximity – services located at separate sites with no easy connection
 - Proximity – services are located nearby in a precinct, which may include limited sharing of facilities
 - Co-location – services are housed in the same facility or site and share some facilities
 - Partial shared use – services are housed in the same facility and use a range of shared resources
 - Holistic shared use – services are housed in the same facility and flexibly access the site.

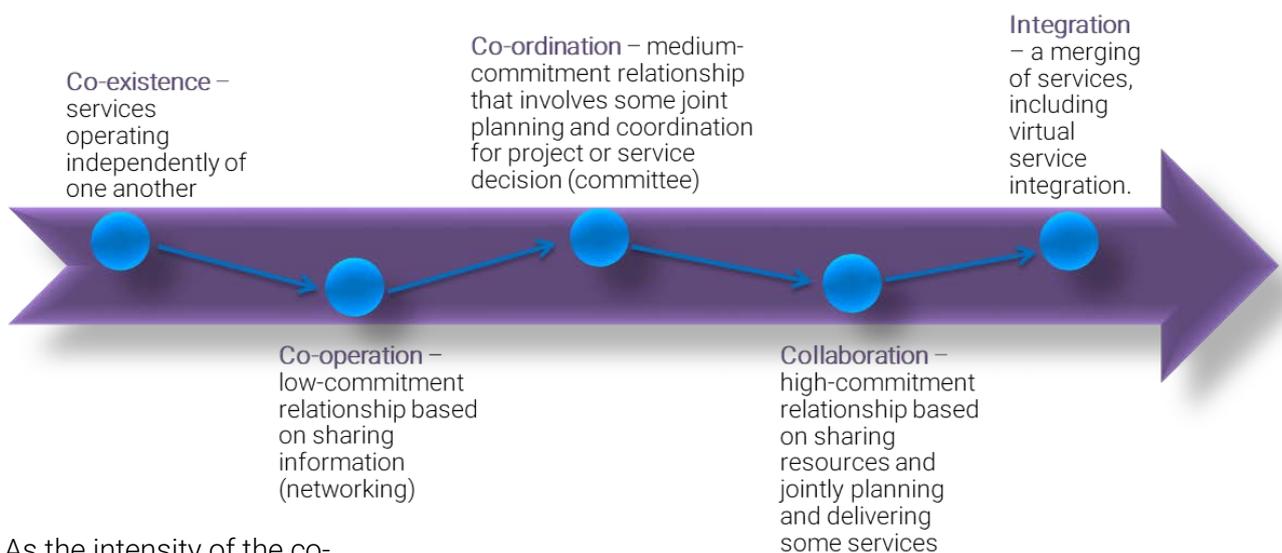
ARACY research into building child-friendly communities (Howard 2006) identifies several advantages of co-location for clients, including:

- Services located in the in the same geographical space as a range of other children’s services means families don’t have to go to appointments at multiple separate locations
- If the services worked in co-operation with each other, they could operate for parents like a one stop shop
- Service providers in a shared space can take a more holistic approach to their role, but only if centre co-ordination is overseen by an entity that takes a community world view, so the centre is not operating from a narrow service delivery perspective
- Families could use associated facilities like a childcare facility or a coffee shop as well as formal services such as a psychologist or family support from the same familiar space

While co-location has many potential benefits, co-location without some level of service integration provides little benefit beyond transport convenience. Integration is required for an actual one-stop-shop experience for families. Even within a one-stop-shop model there will still be a need for more local spokes extending out from the Community Gateways for services needed at a more local level.

The other essential continuum is the service integration continuum, which is not necessarily geographically-based:

SERVICE INTEGRATION CONTINUUM



As the intensity of the co-operation increases, so does the importance of forging shared community



world views, frameworks for practice, approaches to service planning, commissioning and measurement frameworks. Without this work however co-location can be an expensive infrastructure project only relevant for clients who must attend multiple services consecutively on the same day.

In Australia, two examples of Community Gateways are often mentioned in the literature:

- Tasmania's network of Child and Family Centres is a place-based model for the provision of early childhood services and supports (for children up to the age of five) in communities with high service needs. Tasmania's Child and Family Centres provide a single-entry point to universal, targeted, and specialist early years services and support from pregnancy through to age five years. Some centres are co-located with a local primary school. The underpinning practice framework is the Family Partnership Model, which promotes active collaboration between professionals and families based on respect for the expertise and aspirations of parents.
- Doveton College - a state-of-the-art, purpose-built public school in the third poorest postcode in metropolitan Australia. It is the first government school in Australia designed to meet the holistic needs of children from birth to Year 9 and their families. Doveton College was funded through a partnership between the Colman Foundation, the State Government, and the Federal Government. The school vision is drawn from decades of evidence showing the benefits of early learning, early intervention, and integrated support. Doveton College has grown from the Doveton Regeneration Project, which started in 2009 with the establishment of the Doveton Learning Centre. The college is a one-stop-shop model based on combining learning from the early years to school and access to support services for families.



6. IDENTIFYING A MODEL

Evidence suggests that a successful approach to supporting families includes vibrant Community Gateways that provide a universal soft-entry environment with targeted support interventions. An effective model would be based on in-house social inclusion activity and a mix of co-located services and visiting services, augmented by a skilled community outreach team.

An exciting opportunity exists to work collaboratively with Logan Community Gateways to identify the 'minimum specifications' for effective Community Gateways in Logan so that Logan's many communities can do things differently, but at the same time retain a common intent and population level measurement framework.



Figure 1: Connecting Services to Community



The model above is based on the best evidence gleaned from international work on best practice child and family supports that identify:

- ✓ early interventions report better and more durable outcomes for children;
- ✓ interventions with a clearly articulated model of the predicted mechanisms of change have better outcomes;
- ✓ interventions that pay close attention to implementation factors for 'getting', 'keeping', and 'engaging' parents have better outcomes;
- ✓ interventions that have measurable, concrete objectives as well as overarching aims have better outcomes;
- ✓ services that provide multiple routes into the service for families have better outcomes;
- ✓ programs that reduce everyday stresses support overwhelmed parents in the short term and, because it is difficult for stressed families to benefit from parenting programs, build relationships for longer term actions; and
- ✓ a minority of parents cannot or will not benefit from parenting support services.

This model reflects the characteristics of successful child and family practice because it:

- ✓ allows providers to focus on their strengths and allows services to complement each other;
- ✓ has a strong emphasis on individualised and family-driven care;
- ✓ is not a rigid or static model because cultures, structures and processes need to be flexible and responsive, but it is underpinned by robust accountability and governance mechanisms based on a shared framework of values, principles and approaches;
- ✓ will be developed through a shared process to measuring outcomes and building an 'evidence ready' system; and
- ✓ reflects the understanding that co-location without integration offers little benefit to clients or providers.

7. MEASURING IMPACT

BUILDING GOOD PRACTICE FROM EXPERIMENTAL BEGINNINGS

In the main, Community Gateways have struggled to demonstrate population level improvement in the wellbeing of children and families at a population level as part of their evaluations. No pre and post participation assessments of participants have been undertaken and none of the pilots were part of a larger Randomised Controlled Trial (RCT). A common verdict on attempts to measure outcomes and impacts is the conclusion of the Fred Mustard Centre's impact evaluation of South Australian Children's Centres: it was impossible to discern whether the lack of any population-level changes was due to the 'limited reach of services into the population or limited efficacy of services' (Fraser Mustard Centre 2013).



CONSOLIDATING GOOD PRACTICE AND IMPROVING KNOWLEDGE ABOUT WHAT WORKS

Fragmentation of effort amplifies the difficulty of gathering adequate evidence of the efficacy of the Community Gateway approach and is a significant barrier to demonstrating cost-effectiveness. Developing pilots, models, plans, evaluation frameworks and procedures for multiple 'pilots' with short-term funding is not inexpensive.

Drawing on the experience of these different 'Gateway' models to collaboratively define good practice principles and approaches, while simultaneously building a better evidence base for less-well-understood strategies and actions, offers significant promise for an improved understanding of how to create successful Community Gateways and functional families and communities.

Gathering services in a model of integrated practice has been a government policy response to inequalities in children's outcomes around the world (Fraser Mustard Centre 2013). Many of these programs have been evaluated. The evaluation of program deliverables considers the quality of the programs or services delivered. The evaluation of integrated early childhood services very commonly uses a lens of client/participant/staff satisfaction as an evaluation methodology.

The impact of integrated services on the wellbeing of children, families and communities is rarely measured. Because evaluation and measurement are often used to justify funding, funded organisations are often wary of outcome indicators based on population-level impacts, given their limited ability to influence high level outcomes because of the small scale of their intervention and the numerous contributing factors outside their control.

SHARED MEASUREMENT

Community Gateways in Logan can collaborate on shared measures and research that sheds light on questions about what works and about their collective impact without changing existing measures in organisational funding agreements. Nor are tracking population level indicators the only way of measuring effectiveness. Many options exist to measure impact and change at the local level.

Randomised, controlled testing is not as easy to design and implement in the social environment as it is in a medical environment; however, the effort to provide better measurement of social welfare initiatives is critical for overcoming the anchor of persistent social myths in defining acceptable responses to complex social issues (Leigh 2018).

MEASURING INTANGIBLES

It is often argued that human services involve too many intangibles for effective measurement. Measurement is largely a problem of definition. If the thing being measured is not well defined, broad and ambiguous language gets in the way of measurement. Hubbard (2007) describes measurement as a set of observations that reduce uncertainty with the result expressed as a quantity, including ordinal and as nominal scales. An ordinal scale expresses 'better than' but not by how much - a four-star movie is better than a two-star movie but not twice as much.

Howard argues that any measure that reduces uncertainty is useful for decision-making. 'What is the decision this information is supposed to support?' and 'Why does this thing matter to the decision being asked?' are two essential



questions to ask when designing measures. Every evaluation of efforts at service integration or co-location recommend further research into causal relationships to develop a theory of change on which to base new interventions and measures of success.

8. NEXT STEPS

The next step is to bring together existing Logan Community Gateways to identify the practice foundations for collaboration. Logan Together will invite stakeholders to develop a shared conceptual model with strong underpinning principles. As part of this process, the following questions will be considered:

1. What are the minimum specifications for effective Community Gateways in Logan?
2. What investment is needed to scale deep, scale up and scale out?
3. What is it important to measure to enable articulation evidence-based success?



APPENDIX I: LOCATION OF COMMUNITY GATEWAYS IN LOGAN

1. **Communities for Children – Facilitating Partner in Logan is the Salvation Army:**
 - 1.1. Kingston State School Community Hub space (PlayCommunity , parenting groups, cooking groups and family events) 50 Juers Street, Kingston
 - 1.2. Eagleby Family Centre run by Wesley Mission Queensland (PlayCommunity , parenting groups, cooking groups and family events) 1 Bishop Street, Eagleby
 - 1.3. Logan Central - The Family Place run by Crèche & Kindergartens (PlayCommunity, dad’s specific activities, child development programs, parenting groups, infant massage and family events. Families can also access a drop-in Child Health clinic and a range of other Allied Health and social support services from The Family Place) 34A North Road, Woodridge
 - 1.4. Loganlea Community Centre (PlayCommunity, parenting groups, cooking groups and family events. Loganlea Community Centre also hosts a range of community activities including dance, yoga, activities for over 50’s, and provides support such as emergency relief) 34 Timms Street, Loganlea
 - 1.5. Kingston East Neighbourhood Group Inc. (KENG), (PlayCommunity, child development programs, parenting groups, infant massage, music groups for babies and family events. KENG also provides on-site occasional childcare, family support, home learning and early literacy programs, immediate supported accommodation, emergency relief and activities for over 50’s) 177 Meakin Road, Slacks Creek

2. **Access Gateway Hub** (support services for refugees and migrants: English classes, social and community connection programs, volunteering opportunities, legal advice, health services, family support, domestic violence services, and employment and training opportunities) 91 Wembley Road, Logan Central

3. **Logan Community Hubs** (part of the National Community Hubs Program) are in Logan primary schools and managed by Access Services. “The community hubs model is a place-based and citizen centric approach to supporting migrant and refugee women, pre-school children and their families within their local communities.”
 - 3.1. Marsden State School, 32 Hickory Street, Marsden
 - 3.2. Regents Park State School, Emerald Drive Regents Park
 - 3.3. St Francis College, 64 Julie Street Crestmead
 - 3.4. St Paul’s Catholic Primary School, 3 St Paul’s Drive Woodridge
 - 3.5. Woodridge North State School, Arthur Street Woodridge
 - 3.6. Woodridge State Primary School, Cnr Wembley Road & Railway Parade Woodridge

4. **Early Years/Children and Family Centres:**
 - 4.1. Browns Plains Early Years, managed by Benevolent Society, Cnr Wineglass and Middle Rd Hillcrest
 - 4.2. Logan Children and Family Centre, managed by ATSICHS Child and Family Centre, 6 Glenda Street Waterford West

5. **Maternity hubs by Metro South Health managed by community services:**



- 5.1. ACCESS Gateway in Logan Central, 91 Wembley Road, Logan Central
- 5.2. Browns Plains Early Learning Centre, Cnr Wineglass and Middle Rd Hillcrest
- 5.3. Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) in Logan Children and Family Centre Waterford West, 6 Glenda Street Waterford West

6. Neighbourhood Centres (staffed and programmed):

- 6.1. Beenleigh Neighbourhood Centre is operated by the Beenleigh District Community Development Association Incorporated (funded by Department of Communities, Child Safety, and Disability Services), 10-12 James Street, Beenleigh
- 6.2. Crestmead Community Centre, managed by PCYC (funded by Department of Communities, Child Safety, and Disability Services), 1 Gimlet St, Crestmead
- 6.3. Eagleby Community Centre operated by the Eagleby Community Association Inc. (funded by the Australian Government Department of Social Services), 8-16 Cowper Avenue, Eagleby
- 6.4. Kingston East Neighbourhood Centre is operated by the Kingston East Neighbourhood Group (funded by Department of Communities, Child Safety, and Disability Services), 177 Meakin Rd, Kingston
- 6.5. Loganlea Community Centre managed by the Loganlea Community Association and has a manager, 28-32 Timms Street (originally funded by Department of Housing through community renewal; current funding unknown), Loganlea
- 6.6. Springwood Community Centre/ Logan East Community Neighbourhood Centre operated by the Logan East Community Neighbourhood Association Inc. (funded by Department of Communities, Child Safety, and Disability Services), 53-57 Cinderella Drive, Springwood

7. Planned Greenfield Hubs

- 7.1. Yarrabilba Family and Community Hub – adjacent to Yarrabilba State School
- 7.2. Flagstone – yet to be established



REFERENCES

- ARACY (Fox S et al) Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention, Australian Research Alliance for Children and Youth (ARACY), Canberra, 2015
- CDC-Kaiser Permanente Adverse Childhood Experiences (ACE Study) 2018, <https://www.cdc.gov/violenceprevention/acestudy/about.html> , accessed 6 February 2018
- Centre for Community Child Health, Exploring the impact of community hubs of school readiness, Murdoch Childrens Research Institute, March 2017
- Changing Lives Service Development Group, Personalisation: A Shared Understanding, Scottish Government, Edinburgh, 2009
- Cortis N (Evaluation Consortium), Engaging hard-to-reach families and children: Stronger Families and Communities Strategy 2004-2009, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, 2009
- Cultural and Indigenous Research Centre Australia (CIRCA), Evaluation of NSW Aboriginal Child and Family Centres, NSW Department of Family and Community Services, Sydney, 2014
- Department of Education and Training, Through Growth to Achievement: The Report of The Review to Achieve Educational Excellence in Australian Schools, Commonwealth of Australia, Canberra, 2018
- Department of Education and Training (a), Co-location and other integration initiatives: Strategic Evaluation, A summary report, Department of Education and Training, Victoria, 2015
- Department of Education and Training (b), Co-location and other integration initiatives: Evaluation Framework, Department of Education and Training, Victoria, 2015
- Fraser Mustard Centre (Brinkman S & Harman-Smith Y) Children's centre impact evaluation: Overall Three-Year Evaluation Plan, Department for Education and Child Development, Adelaide, 2013
- Heifetz R, Kania J and Kramer M 'Leading Boldly: Foundations can move past traditional approaches to create social change through imaginative – and even controversial – leadership' Stanford Social Innovation Review, Winter 2004
- Hamel R, Keith Hancock Lecture 2018: Creating Pathways to Child Wellbeing in Disadvantaged Communities, Australian Social Sciences Academy (ASSA), Griffith University Brisbane, 8 March 2018
- Howard A, What constitutes Child Friendly Communities and How are they built? Australian Research Alliance for Children and Youth (ARACY) New South Wales, June 2006
- Hubbard D, How to Measure Anything: Finding the value of intangibles in business, John Wiley & Sons, New Jersey, 2007
- Institute for Research and Innovation in Social Services (IRISS), Effectively engaging and involving seldom-heard groups: Insight 2, IRISS, UK, 2011



Interview with Karen Dawson Sinclair (Logan Together Community Empowerment Agent) held 2 March 2018

Interviews held with several stakeholders involved in the operation of community gateways in Logan, June – October 2017

Ipsos Social Research Institute, Talking Families Campaign: Detailed Findings and Technical Report, Queensland Family and Child Commission, Qld, 1 June 2016

Izmir G et al, Neighbourhood and Community Centres: results for children, families and communities, Social Policy Research Centre UNSW, 2009

Kania J and Kramer M 'Collective Impact' Stanford Social Innovation Review, Winter 2011

Leigh A, Randomistas: How Radical Researchers Changed Our World, La Trobe University Press, Melbourne, 2018

MacFarlane K, The Family Place Approach, The Salvation Army, 2016

McDonald M, O'Byrne M, Prichard P, Using the Family Partnership Model to engage communities: Lessons from Tasmanian Child and Family Centres, Murdoch Childrens Research Centre, Victoria 2015

Meeting (Caboolture EYC) held at Caboolture EYC 22 January 2018

Meeting (Family Place Approach) held at Logan Salvation Army 23 January 2018

Meeting (Logan City Council Social Plan) held at Griffith University Logan Campus 8 March 2018

Meeting (Queensland Families and Communities Association) held at Griffith University Logan Campus 21 March 2018

Moran P et al (Policy Research Bureau), What Works in Parenting Support? A Review of the International Evidence, Research Report RR574, Department of Education and Skills, UK, 2004

Muir K & the Stronger Families and Communities Strategy evaluation team, 'The national evaluation of the Communities for Children initiative', Family Matters, 84, 35-42, 2010

Murdoch Childrens Research Institute (Sanjeevan S, McDonald M, Moore T) Primary schools as community hubs: A review of the literature, The Scanlon Foundation, 2012

Najman J et al, The inter- and intra- generational transmission of family poverty and hardship (adversity): A prospective 30 year study, PLoS ONE 13(1), Brisbane 2018

Neighbourhood Centres Initiative, Evidence Paper to support the Investment Management Standard Process, QCOSS, October 2017

Press F et al, Independent Evaluation of the National Community Hubs Program, Research Institute for Professional Practice, Learning and Education (RIPPLE), Wagga Wagga, 2015

Productivity Commission, Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Report No. 85, Canberra, 2018

Queensland Council of Social Services (QCOSS), Queensland Neighbourhood Centres: Community Consultation Results Paper, QCOSS, October 2017



- Rubenstein L, Love Grows Brains: Optimising the development of children aged 0-3 years - A review of key concepts in research, policy and practice, Logan Together, Qld, February 2018
- Snowden D & Boone M, 'A Leader's Framework for Decision Making' Harvard Business Review, November 2007
- Taylor C et al, Engaging, supporting and working with children and families in Tasmania's Child and Family Centres: Report on the impact of Centres on parent's use and experiences of services and supports in the Early Years, Telethon Kids Institute, Perth WA, 2015
- Urbis (a), What's been happening at the Early Years Centres? Queensland Department of Education, Training, and Employment, January 2013
- Urbis (b) Evaluation of the Early Years Centre Initiative Summary Report, Queensland Department of Education, Training, and Employment, January 2013
- Van Beurden E 'Making sense in a complex landscape: how the Cynefin Framework from Complex Adaptive Systems Theory can inform health promotion practice' Health Promotion International, Vol. 28 No. 1, Oxford University Press, 29 November 2011
- Victorian Council of Social Services (VCOSS), Communities taking power: Using Place-Based Approaches to deliver Local Solutions to Poverty and Disadvantage, VCOSS, Melbourne, October 2016
- Vinson T, Rawsthorne M et al, Dropping off the Edge 2015: Persistent Communal Disadvantage in Australia, Jesuit Social Services/ Catholic Social Services, ACT, 2015
- West End Community House, Strengthening People and Places: The role and value of community and neighbourhood centres, West End Community House, October 2011
- Wong S et al (a), Report on the pilot evaluation of the National Community Hubs Program, Scanlon Foundation, Melbourne, 2015
- Wong S et al (b), Discussion Paper for the Development of an Outcomes Evaluation Framework for the National Community Hubs Program, Research Institute for Professional Practice, Learning and Education (RIPPLE), Wagga Wagga, 2015
- Workshop (Flagstone Community Activation Hub #1) held Logan City Council Administration Building 5 February 2018
- Workshop (Flagstone Community Activation Hub #2) held Logan City Council Administration Building 14 March 2018
- Workshop (Logan Outcomes Aligned Investment) held Twin Rivers Centre Eagleby 19 March 2018

