FINAL SERVICE DELIVERY REPORT
May 2016

THRIVING COMMUNITIES
HEALTHY FAMILIES

Neighbourhood Houses
The heart of our community

In Your Place NOT in Your Face

Tasmania

Contents

Neighbourhood Houses Tasmania

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Tasmanian Government

Thriving Communities Healthy Communities

1) Executive Summary

This Report is the final service report to the Department of Health and Human Services by Neighbourhood Houses Tasmania against the Thriving Communities Healthy Families Funding Agreement of 2013.

In preparing this report, Neighbourhood Houses Tasmania as the Project Coordinator, aims to serve several purposes, by providing:

- A document that ensures accountability to the funder (DHHS) under the requirements of a Funding Agreement;
- A report highlighting the successes and learnings of the Thriving Communities Healthy Families Project in each of the 5 pilot sites;
- Affirmation that the community development model ("working with a community for a community") is a successful model that improves the lives of individuals and communities; and
- A document that provides content for advocacy for future funding for similar projects.

This report will demonstrate that the Thriving Communities Healthy Families Project has been successful in meeting the requirements of the Funding Agreement including achievements against the Key Performance Indicators, and that the Project has delivered consumer outcomes, activities and outputs in line with requirements.

This report will combine insights from the evaluation undertaken by the University of Tasmania, Institute for the Study of Social Change, together with the experiences of the Houses involved with the Project in five communities.

The report will demonstrate the impact of the Project on people and communities where the Project was implemented and highlight some recommendations for policy change and improvement that might be considered for any potential future similar funding decisions.

The report will respond to the identified short and medium term consumer outcomes and provide an analysis of performance against the Key Performance Indicators outlined in the Funding Agreement.

Summary of key Project outcomes and recommendations:

- **Policy and funding environment**

The Project demonstrates clearly the need for a long-term policy view, together with adequate funding and a community-led approach, if communities are to shift away from entrenched disadvantage and create a more positive future.

This implies a move away from short term 'programmatic' funding cycles toward a model which takes a realistic account of the time needed to build trust and relationships and to plan, effect and measure change in disadvantaged Tasmanian communities. Bi-partisan support is essential as a long term view will transcend election and budget cycles.

- **Engagement strategies:**

This Project demonstrates that there is no formula for an overall successful engagement strategy that reaches the hard-to-engage. Rather, a range of strategies deployed at different times, in different circumstances and in response to the unique conditions of a community will work best.

A range of TCHF engagement strategies resulted in **1500 episodes where families**, of which over **95% were from the target group**, engaged with Thriving Communities Healthy Families activities across the 5 locations during the implementation period.
The number of new families engaging with the Houses and the Project increased exponentially across the timeframe, with **408 new families** engaging during the last two reporting periods.

The Project Evaluation states that outreach capacity and facilitating and/or identifying peer networks are key strategies for engaging with the hard to reach. Both these strategies are relatively resource intensive, indicating the value of the dedicated Healthy Families Worker to become a trusted, known and reliable presence in each community.

- **Timeframes:**

The Project Evaluation states that place-based initiatives require sufficient lead-time to build trust and relationships with the community and other service organisations. There is need for a permanent flexible (outreach) resource to build relationships and facilitate the process, which was possible in 5 communities for the relatively short Thriving Communities Healthy Families Pilot Project.

A minimum of five years program implementation would support full engagement by the community and local services into place-based initiatives.

- **System outcomes:**

During the implementation period of this Project, the Healthy Families Workers and five Houses worked alongside **93 partner organisations** of many types.
These collaborations:

- build and improve local relationships between Houses and other entities,
- increase awareness in service providers of the hard-to-engage families,
- improve connections in service systems and
- provide information to families to improve their access to services.

Cause for optimism relating to vulnerable families is that partnerships emerged or strengthened with schools and the Child and Family Centres in most communities. Also of note is the work that resulted in a registered network of mental health services in the Break O Day local Government area.

Again, developing and sustaining partner relationships takes effort and focus, which was possible during the Thriving Communities Healthy Families Project, through the dedicated Healthy Families Worker.

This Project has re-affirmed a number of ingredients that are critical for success in a place-based community capacity-building Project. These include an adequate timeframe for project planning and establishment, adequate funding, cross-portfolio and whole of Government policy support, access to evaluation expertise, and the flexibility to respond to community.

2) Report Structure:

An introduction at **Section 3** provides some context and background in terms of how Thriving Communities Healthy Families began, the goals and rationale of the Project, and an overview of Neighbourhood Houses Tasmania as the auspicing organisation.

Five differing responses to needs identified in five different communities meant that the Thriving Communities Healthy Families Project became 5 Projects within a Project. The stories of each place and how the Project impacted then follow at **Section 4**. These stories of each community Project highlight the narratives behind the data, and are deliberately placed at the forefront of the report, to give precedence to the rich qualitative information that has emerged from the Projects.

Section 5 includes a summary of findings related to consumer outcomes and recommendations for future activity. These recommendations are grouped into the key themes of:

- Policy environment, governance and coordination
- Engagement strategies
- Timeframe
- Evaluation environment and capacities

Then follows;

- **Section 6** - an outline of the establishment of the Project (governance, process, evaluation methodology) ;
- **Section 7** - An analysis of overall Project delivery, including the delivery of Project outputs and taking the Key Performance Indicators from the Funding Agreement into account; and
- **Section 8** - Appendices.

3) Introduction and background

In May 2013 the (then) Tasmanian Government Minister for Health announced $580 000 to implement a placed based health promotion intervention for at risk disenfranchised families with young children in Tasmania.

Public Health Services, Department of Health and Human Services entered into a service agreement with the then Tasmanian Association of Community Houses (now named Neighbourhood Houses Tasmania) to broker the funds and manage the Project. Thriving Communities – Healthy Families (TCHF) commenced in July 2013 with an intended six months design and planning stage to be followed by two years of program implementation.

Project Goals

The purpose of the funding, as outlined in the Funding Agreement for the Project, is to

- Pilot place-based approaches to connect at risk families with Community/Neighbourhood Houses and improve delivery of health and wellbeing strategies to meet the needs of local communities; and
- Evaluate outcomes using social action research and report learnings for future place-based community development work.

The Auspicing organisation: Neighbourhood Houses Tasmania

Neighbourhood Houses Tasmania (NHT) is the Peak Body for the network of 35 Neighbourhood and Community Houses around Tasmania.

NHT's Mission - Supporting our members to strengthen their communities
NHT's Vision – Highly effective Neighbourhood and Community Houses contributing to supportive and flourishing communities

Neighbourhood House Network Overview

Neighbourhood Houses Tasmania and its member Neighbourhood/Community Houses have been resourced by the State Government as community-governed organisations ('run by the community for the community') to use place-based community development approaches to address the social determinants of health in local communities for many years.

Fundamental to each House is the capacity to respond to priorities identified by local communities. This means that there may be common issues of disadvantage across many or all communities, and Houses will support their community to contribute to solutions. There may also be specific priorities identified in a location that the House can be involved with.

Why this Project?

The decision to fund the TCHF Project was underpinned by the (then) State Government's health and wellbeing policy platform, including:

- *Our Children, Our Young People, Our Future 2011-2021*
- *A Fair and Healthy Tasmania Strategic Review Final Report (2011);*
- *A Healthy Tasmania (2011)*;
- The Minister's *Health and Wellbeing Advisory Council's Annual Report (2012)*;
- *Working in Health Promoting Ways Framework: A Strategic Framework for DHHS 2009-2012; and*
- A literature review completed by the University of Tasmania and Population Health, (Department of Health and Human Services - DHHS) which recommended social action research is an effective method to evaluate place-based approaches.1

Several local conditions and drivers also exist as impetus for the Project and the decision to deliver the Project from Neighbourhood Houses:

- Knowledge that the Neighbourhood House community development model can reach out to a range of community members;
- Pre-existing abilities in Houses to leverage community resources, including networks, existing and potential partnerships and relationships, and coordination and administrative capacities;
- A range of expertise and capacity for evaluation activities across the Neighbourhood House network;
- A complex, and at times difficult to navigate, service system to support families experiencing difficulties across a range of life circumstances;
- Local knowledge that there are families who are hard to engage for a range of reasons; and
- Knowledge that engaging partners and developing effective partnerships is a key strategy to achieve effective family and system outcomes.

In relation to engaging hard to engage families, NHT and Neighbourhood/Community Houses identified that many of the place-based approaches to engaging young parents and supporting them had become lost and fragmented. Contributing factors include changes within family support systems, the professionalisation of health services and the move from place-based health workers and family supports in local communities to centralised case management services by both government and non-government agencies. Ironically this is occurring at a time when many agencies have identified the need for place-based approaches.

[1] Population Health, Department of Health and Human Services, *Business Case Summary Sheet,* 19 July (3).

Place-based approaches value community-specific definitions of health needs and solutions and governance models. They build community engagement and capacity to facilitate individual, systems and cultural changes that promote health and wellbeing in situationally and culturally relevant ways (Cummins et al. 2007). To do so, they enlist the disadvantaged population to challenge the basis of their marginalisation. They make a location knowable and manageable through localised decision making. Place base interventions therefore represent a '…convergence between economic discourses, and discourses of inclusion, urban health and public health …within social policy' (Rushton 2013, 109).

The 35 Neighbourhood Houses across Tasmania are specifically funded as place based, community development focussed organisations that are governed and managed by each community. This makes them ideal agencies for the implementation of a Project like the Thriving Communities Healthy Families pilot.

Budget

Through an expression of interest process, five Neighbourhood Houses were allocated funding for the pilot project in their communities.
In summary, the funding allowed for:

- employment of a part-time Healthy Families Worker (HFW) in each House,
- a small allocation for project expenditure,
- a part time Project Coordinator,
- a contribution to the costs of implementing the Project through each House, and
- an external evaluation of the Project.

Financial reporting and acquittal to DHHS will take place through the process required under the Funding Agreement, following an audit and preparation of NHT's Annual Report.

4) What happened in each Place? The Stories behind the data

The following sections tell the story about the Project in each of the five communities who received Thriving Communities Healthy Families funding. Each section will outline the major activities that were implemented, some information from planning processes and some evaluation content resulting from the Project evaluation. More detail can be found in the Evaluation Report at Appendix 1.

The Houses' summaries are in the following order:

1. **Derwent Valley**
2. **East Devonport**
3. **Maranoa Heights (Kingston)**
4. **Rocherlea**
5. **St Helens**

1) Derwent Valley

Derwent Valley Community House

The Derwent Valley Community House is in New Norfolk and provides services throughout the Derwent Valley region, a rural area north of Hobart. The Derwent Valley LGA is highly disadvantaged and consistently scores in the lowest quintile on the SEIFA index of socioeconomic disadvantage (ABS 2011)

What happened – TCHF activities in the Derwent Valley:

The Healthy Families Worker (HFW) drew on her strengths in the area of family counselling and supporting families at-risk, and her networks within existing service systems. Lay knowledge indicated that there were families, particularly young mothers who did not engage and were isolated in this community. The House's strategic plan also identified community needs through consultation with community members.

Engagement strategies focused on going to where the families were. Attractive activities for isolated young mums like "Pamper Days" proved to be successful engagement strategies, with good participation levels.

Outreach services were delivered in the Derwent Valley region. The HFW visited families in their homes to provide one:one support and linkages to services. This approach addressed the lack of transport which was an identified barrier to social inclusion. Where able to, families met with the HFW at the House and at the Child and Family Centre.

Women's groups were run in New Norfolk and Ouse.
One-off activities were also provided in the community including Building Healthy Relationships workshop, Mental Health Week and school holiday activities.

Planning for Outcomes – what the Project aimed to achieve:

Short-term (during or soon after the activities)	**Medium-term (as a result of the activities , links to objectives)**	**Long-term (links to goals and health problem you want to change)**
Change in learning • Knowledge • Skills • Attitude • Motivation • Awareness	Change in action • Behaviours • Practices • Policies • procedures	Change in situation/systems • Environment • Social conditions • Economic conditions • Political conditions

Families Knowledge and awareness of the DVCH Knowledge and awareness of services in the DV area Improved parenting skills and knowledge Increased self esteem and confidence **Partner organisations** Aware of and support TFCH project	**Families have c**apacity to identify and access the services in the DV that meet their needs Families are role models for positive parenting behaviours **Partner organisations** Local organisations working together to meet needs of families	Confident parents who have a sense of belonging in the community Resourceful parents with aspirations for a bright future Stronger families with stronger attachments to peers Happy safe families

HFW Derwent Valley and a family at the Derwent Valley Community Centre

Planning the strategies to be applied in the Derwent Valley:

The HFW understood that links to existing programs to support engagement with young mothers who are isolated from peers and community were essential to support the achievement of outcomes and to build-in some sustainability for the longer term.

The HFW planned to establish links to:

- A mothers group at College
- Schools
- CFC
- Existing local women's group
- Services delivered in the area
- Local Council

The HFW also planned to identify partners and to build on existing relationships and develop new ones.

Results:

Using the results-based accountability approach, this section will be framed around three questions to demonstrate performance and results:
The questions are:

1. How much did we do?
2. How well did we do it? And
3. Is anyone better off?

1) How much did we do?

The Derwent Valley Project engaged with 132 families who were new to the Community House and worked with 23 partner organisations across the implementation period.

Total # new families engaged in project				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July–Nov 2015
Derwent Valley	19	29	42	42

Table 1 – Derwent Valley engagement data

# new partner organisations each reporting period				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July-Nov 2015
Derwent Valley	7	2	8	6

Table 2 Derwent Valley Partner data

2) How well did we do it?

Engagement strategies:

TCHF targeted families:

- Living in low socio- economic area or backgrounds
- Domestic Violence survivors
- Trauma survivors
- Poor attachment to family, peers and community.
- Low confidence and self-esteem in parenting

A range of engagement strategies were used with a high success rate in engaging the target group, reported at 100%.

Partners:

The DVCH has worked in partnership with a range of organisations over the life of the project including, Salvation Army Doorways Program, Glenorchy Illicit Drug Service, Anglicare, Ouse Primary School, Fairview Primary School, Family Planning TAS, Ouse Community Church, Child Protection Services, Community Corrections Officer, RAW and the Ptunarra Child & Family Centre.

The project has built on the existing strong relationship with the Salvation Army (SA), consulting and planning together and they have worked in partnership on number of programs and activities, including the Drumbeat program and the Poverty Week (2015) events. The HFW also provides one on one support to families along with the SA case manager. They attend Child Protection meetings and appointments with families and work in a complementary fashion each playing to their own strengths- The HFW provides the parenting and emotional support while the SA case workers focuses on financial support.

There have been a number of difficulties in establishing a fully collaborative partnership with the local Child and Family Centre despite ongoing efforts of the HFW.

3) Is anyone better off?

Client stories, feedback, observations:

Client stories

"So much has changed in my life since working with the Project. I definitely feel like everything has been much easier for my family. I like having someone to talk to on a regular basis. The HFW supported me to access services to help me. I am now moving to the city where I will be able to put my kids in a better school and I can study. Before I met Angela I felt there was no hope, I had been turned away so many times because I lived so far away. Angela was very supportive and got me the help I need. She encouraged me to go back and study and I am now studying a certificate in child care The program has been amazing".

Referral was received from the Salvation Army. A young mother was feeling very overwhelmed by her involvement in the Child Protection System. Her oldest son is currently in Care with a relative due to the mother's mental health. The Thriving Communities Healthy Families Worker worked with this mother on a weekly basis, on a range of key topics including healthy relationships, managing challenging behaviours of children, and the importance of setting up a safe and structured home environment for children. We have been working on self-regulation of her emotions, and how to channel her anger and fear in a more positive manner. We have discussed reactive behaviours and how our actions impact on others, especially children. This mother is currently pregnant with her second child and has expressed that she has a much greater understanding of development, attachment and parenting than she has previously.

Through this work with the mother we have been able to set up other support networks including Salvation Army and The Child & Family Centre. This young mother is now accessing her psychologist on a regular basis, and has connected to other families living in the area for healthy support. She is now capable of managing her emotions and has expressed how she feels calmer and more connected to the community since becoming involved in the project. She attends Community Lunches at the Community House or a regular basis and has attended other events and activities. This mother has never previously been to the Community House.

She now has the confidence to interact with others more positively and has enrolled in parenting and personal self-development courses. She has a more positive relationship with Child Protection since becoming involved with the project. I have been able to explain the processes and structure of Child Protection in way that she can understand, this has taken away some of her anxiety and fear towards her workers. We have set up regular support meetings where the client has an opportunity to express her concerns and goals with relevant services in a more assertive manner without being negative or reactive.

This mother's case is now moving forward with Child Protection and she has reached some of their expectations which will soon lead towards the reunification process.

Feedback from Derwent Valley Partners

"The project has been a success, the support that the project has given to families has been great. I have really seen dramatic change in the families we have supported together". I believe that these families are better off since becoming engaged with your project"

Salvation Army 2016

"It has been great the way TCHF has connected with other services to avoid the duplication of programs, there is a long history of duplication in the Derwent Valley, and it was great that you took this feedback on board during the planning stages of TCHF. I have observed that you have worked hard to build partnerships, and work in collaboration, in a community that still has a long way to go in working together" " you have been honest in your approach to the community and built a high regarded reputation for yourself and the project in the community"

Derwent Valley Council 2016

"Your honest and kind approach to the Community house should be commended, the families that I have observed you working with have made some real long term change in their lives"
DVCH Committee member 2016

"It's a real shame to lose the program, you have connected with the families in the Community, they have liked the flexibility of your groups and you brought new and exciting activities to them. These groups have supported more families to connect with each other".
Ouse School. 2016

The Thriving Communities program worker and Glenorchy Illicit Drug Service (GIDS) worker have been able to partner up in different ways. Predominately this has been through identifying the needs of the families in the Derwent Valley and lower central highlands areas that haven't been met and then coming up with some strategies to address them.

Another result has been a connection with the wider school community by providing support via women and parenting sessions as well as outreach work. This is particularly important to this area due to transportation issues and very limited other support.

What has made the program such a valuable service to the community is keenness to network and make the service known and also seeking service provider support through attending Derwent Valley program meetings and doing outreach to the community. TCHF is such a valuable service in the Derwent Valley and lower central highland area and it would be a great loss to the community if this program was not to continue.

From a letter - Anglicare Alcohol and Other Drugs counsellor and support worker

Observations by FSW

I have observed women having more knowledge on healthy relationships and feeling empowered to stand up for themselves. I have also seen families becoming more aware of services to best meet their needs, and how to access the services and support with the referral process. There are a lot of families who are isolated from services, at times this has resulted in them not getting the help or support they need. With knowledge of services they are getting the support they need for their families to thrive and grow.

Families are then going on to share their knowledge with their friends, family and neighbours.

Parents are developing confidence in their parenting, which has empowered families to make positive changes to behaviour management, setting routines and providing a more stable and predictable home environment for their children. Parents are engaging in new groups and activities with their children and developing their social networks which breaks down emotional/social isolation. They feel more connected to the community.

Services are working better in partnership to provide a holistic approach for families. Developing support meetings has meant that all families are able to receive consistent support from services, enhancing the family's ability to reach their long term goals.

Parents are more confident in their parenting and understanding how their behaviour impacts on their children and the emotional social development. Parents are now understanding generational parenting, poverty and unhealthy relationships.

Women have developed skills to lead a support group. The women of Ouse continue to see each other for sewing classes under their own resources.

Most important learning (from interview with HFW 2016):

- In terms of engaging with vulnerable communities, it's really important to involve the community in the process. To work 'with' rather than 'to' and this project has allowed that to be put into practice.

2) East Devonport

East Devonport is a suburb of Devonport a major port city in North West Tasmania. East Devonport is one of the most disadvantaged areas in Tasmania and is consistently in the bottom decile of the SIEFA IRSD (ABS 2011). SEIFA for East Devonport – 803

What happened – TCHF activities in East Devonport:

The Community for Community (C4C) is the only totally peer-led TCHF initiative within the TCHF Projects. The Neighbourhood House and the Child and Family Centre identified potential community champions, who in turn identified others. Importantly the original eight champions came from the disadvantaged communities but the linkages extended outwards to their own peer networks, which they could use to engage with disenfranchised families. The HFW facilitated regular meetings for the C4C which were also attended by local service providers. The meetings supported capacity building, supporting the champions as they identified community priorities and developed a calendar of events to engage with 'at risk' families.

Once engaged, the families are more likely to come to the House or the CFC where they can be connected with services to meet their needs.

Planning for Outcomes – what the Project aimed to achieve:

Short-term **(during or soon after the activities)** **Change in learning** • Knowledge development • Increase Skills • Proactive behaviour change	**Medium-term** **(as a result of the activities , links to objectives)** **Change in action** • Behaviours • Practices • Policies • procedures	**Long-term** **(links to goals and health problem you want to change)** **Change in situation/systems** • Environment • Social conditions • Economic conditions • Political conditions
Community leaders • are aware of ESCH and of local services • have good interpersonal, relationship building and problem solving skills • are able to identify health and wellbeing needs (health literacy) of families • have skills and confidence to link families with relevant ESCH and local services • have awareness, skills and knowledge of healthy affordable food **Organisations** • Contribute to developing community leaders	• Community leaders promote ESCH and other local services to their community • Community leaders have increased leadership skills • Families have increased capacity to articulate their health and wellbeing needs • Families have increased knowledge, skills & confidence to access support services • Families feel more connected to their community • More parents feel they have capacity to become community leaders	• East Devonport is a strong supportive community • Safe, happy, healthy children and families • Families are more in control of their health and wellbeing • Families have increased health and wellbeing outcomes

Planning - strategies to be applied in East Devonport:

- Engage with key community members in East Devonport.
- Assess training requirements of community leaders.
- Develop leadership skills of CLs.
- Provide practical experience.
- Provide Leaders with information about the service system so they can link community members in need to appropriate services.
- Provide support and coordination to Leaders in organising and running community events.
- Promote the Project to other service providers and facilitate linkages.

Results:

Using the results-based accountability approach, this section will be framed around three questions to demonstrate performance and results:
The questions are:

1. How much did we do?
2. How well did we do it? And
3. Is anyone better off?

1) How much did we do?

The East Devonport project engaged with 217 families* who were new to the Community House and worked with 15 partner organisations across the implementation period.
*The nature of the Project in East Devonport and early definitional issues means this number includes families who attended community events as well as families who were more closely engaged in terms of being supported in some way through the Project.

Total # new families engaged in project				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July–Nov 2015
East Devonport	12	110	45	50

Table 3 East Devonport engagement data

# new partner organisations each reporting period				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July-Nov 2015
East Devonport	7	7	1	0

Table 4 East Devonport Partner data

2) How well did we do it?

Engagement strategies:

The program targeted potential community leaders (champions) who were themselves from ‘at risk families’ but had extensive social networks. They were all from a low-socio economic background, lived in East Devonport, with children aged 0-12 years. They had a range of health issues, mental health issues and health risk factors (smoking, obesity, drug and alcohol use).

The cornerstone of the strategy is that peer to peer engagement through the Community Leaders enabled communication directly to others, facilitating the identification of community needs and the appropriate responses to address those needs. Trusting relationships were more likely between peers than with service providers - a key to the success of this as an engagement strategy.

The Leaders were involved in planning using appealing strategies, including a community BBQ and other food-related activities, which attracted large numbers of families, including families who were new to the House.

Building capacity in the Leaders was a focus. This was very successful. By the end of the Project the House had stepped back and were only providing a venue and facilities. The Leaders were able to organise events and network with community members to engage the hard to engage. As time passed many Leaders moved away from East Devonport, realising their own potential and seeing the location as a barrier to increased opportunity. The Leaders all want to come back and share their knowledge and skills with the next group of Leaders who come through, but they see East Devonport as a place you need a hand to get out of.

Targeting a broader age range for any future Leaders is a key learning, which would increase the reach of the Project across the community and make the Project more sustainable.

Partners:

Community and other organisations in East Devonport became very supportive of TCHF and there was no negativity. The CFC, Housing Choices and the local primary school are the three most important partners.
Other service providers are now more aware of the House and the role of the Community Leaders, as evidenced by:

- Community 4 Community started connecting parents who have children aged over five years to the Eastern Shore Community House (ESCH);
- Housing Choices are connecting their residents to ESCH; and
- Community 4 Community and Housing Choices are offering In-kind support and assistance with running activities and events.

3) Is anyone better off?

Client stories, feedback, observations:

Client story:
A family attended the TCHF movie night including a father, mother and two young children. The importance of this family's night out is that mum suffers from anxiety and often isn't able to attend a family event. Mum managed to be present for half of the movie with the family. A Community 4 Community member highlighted that this family hasn't been seen together before at any of the local events for some time due to mum's health issues. The Community 4 Community member thought it was wonderful to be able to provide a family event where she felt comfortable to accompany her family.

For one of the Community 4 Community leaders, life has changed over the course of the Project. She commented that "through the meetings her knowledge and awareness of service providers has developed and previously she thought that many were a waste of space and often did not assist people correctly". Yet now she "feels empowered to assist both families and friends who may need to access one of these services and am more confident in approaching service providers on behalf of people who need support and assistance".

In June 2015, she commenced studies in Certificate 111 in Community Services and plans to continue further studies to become a social worker. Throughout this experience she has developed friendships, supports and access to service providers which has enabled her to improve her own health and wellbeing as well as her families and friends.

Feedback:

Support organisations are not working in silos but working alongside each other.
The C4C meetings gave partner organisations an 'in' to work with a hard to reach group. Ordinarily they would have not much chance of connecting with these seriously disadvantaged families … *"if you just look at the people who now engage with the CFC- there are a myriad of services at the CFC that people would never have engaged with before.*
It's very important to have collaboration and partnership with other services in the local community. Other service providers are now more aware of who we (NH) are and of the Community Leaders" (Evaluation interview 2015)

"My confidence has developed through attending the Community 4 Community meetings as they have provided me with an opportunity to learn and develop skills in regards to service providers and what they offer to people. I now feel more comfortable in relating to other people as well as meeting the health needs of families." (CL interview 2015)

Observations:

TCHF originally targeted 'at risk' families with children aged 0—12 years living in East Devonport through the Kommunity Kids program.
However, this strategy was not effective and the program then targeted potential community leaders (champions) who were themselves from 'at risk families'. The flexibility to respond in different ways, having learned from strategies that did not work so well is not usual under more prescriptive contractual arrangements. In this case, the results have been worth the initial delays before full implementation was possible.

"Families now attend more events, are more socially connected and are comfortable approaching service providers. They know which services best suit their needs.
There has been significant improvement in the health and well-being of disenfranchised families.
The gains have been across the board: social, emotional and mental as well as physical and nutritional gains". (Evaluation interview 2015)

All original Community Leaders have moved out of East Devonport to the other side of the river, as a result of building capacity, realising their own potential and seeing the location as a barrier to increased opportunity. However they still retain contacts with the TCHF as many have families and friends who are still living in the area.

Most important learning (from interview with HFW 2016):

- '*If you let people grow at their own pace, they will actually fly themselves. Don't jam things down their throats- give them what they want, not what we think they need. Most people know how to fix their problems if they are given access and knowledge. That's what this project has done – people can fly and take off*.'

3) Maranoa Heights – Kingston

Maranoa Heights is a suburb of serious socioeconomic disadvantage located within Kingborough, a wealthy local government area (LGA) in Southern Tasmania.

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What happened – TCHF activities in Maranoa Heights:

Eat- Play- Lead (EPL) was originally conceptualised as a sequential NH centre based program which would engage at risk families initially through food related activities, move on to active play and positive parenting activities which in turn would foster leadership skills and capacity building in the community. As the program evolved it changed to *We Eat*, (focussing on food education, preparation and communal meals for mums and kids) and *We Play*, (supporting creative play for kids, with mums attending small group self-development activities), and some outreach activity. The Maranoa Heights Community Centre (MHCC) is a very small organisation and to a large extent, the HFW has to deal with ‘what comes through the door’ as well as delivering the TCHF program.

Planning for Outcomes – what the Project aimed to achieve:

Short-term **(during or soon after the activities)** **Change in learning** • Knowledge • Skills • Attitude • Motivation • Awareness	**Medium-term** **(as a result of the activities , links to objectives)** **Change in action** • Behaviours • Practices • Policies • procedures	**Long-term** **(links to goals and health problem you want to change)** **Change in situation/systems** • Environment • Social conditions • Economic conditions • Political conditions
Women have: • Increased confidence in parenting abilities • Improved family relationships and interactions through play • Increased awareness of support options • Increased confidence to make informed decisions for their families • Decreased feelings of isolation **Partner organisations are:** • Aware of and support TFCH project	**Families:** • Parent / child bonds developed • Reduced levels of parenting related stress • Increased capacity to access specialist support • Families support learning activities • Families incorporate play activities at home • Isolated women are supported • Disconnected families have relevant and timely supports	**Individual, Family and Community:** **Stronger parent / child relationships** • Families actively engaged in learning and education • Improved developmental outcomes for children • Women are confident leaders within their families • Socially active and connected families • Women have valued status within their community

Planning - strategies to be applied in Maranoa Heights:

- Consultation with local women to determine their needs and best ways to address them.
- Outreach where appropriate within the local understanding that vulnerable community members are not always comfortable or trusting of service providers in their homes.
- Mother's groups, leading to sustainable peer support networks and friendships

Results:

Using the results-based accountability approach, this section will be framed around three questions to demonstrate performance and results:
The questions are:

1. How much did we do?
2. How well did we do it? And
3. Is anyone better off?

1) How much did we do?

The Maranoa Heights project engaged with 102 families who were new to the Community House and worked with 10 partner organisations across the implementation period.

Total # new families engaged in project				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July–Nov 2015
Maranoa Heights	7	22	42	31

Table 5 Maranoa engagement data

# new partner organisations each reporting period				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July-Nov 2015
Maranoa Heights	7	1	1	1

Table 6 Maranoa Partner data

2) How well did we do it?

Engagement strategies:

- In-centre facilitated groups
- Informal coffee and chats
- On-going information provision – program updates using social media and newsletters, printed materials, targeted contact through phone calls and emails.
- Outreach visits
- Training activities

Partners:

While *We Eat, We Play* does not have an extensive network of formal partnerships with external organisations, relevant community organisations are well informed about the project, and its activities and it is well supported by key partners such as the Kingston Community Health Centre. The project also has broad support from community members who use their

own social network to encourage their peers to participate in the program. Partnering with individuals in the community has been the most successful action in terms of reaching the target group.

3) Is anyone better off?

Case studies, feedback, observations:

Client story:
'It's good to be listened to. It's not always the case. Sometimes workers forget that we live this stuff everyday of our lives…to get asked what sort of activities we want is a big change… I panic sometimes, you know….when the kids have an accident or they fall over. And if one of them was choking I wouldn't have a clue what to do. I panic because…I'm just not sure what to do. A First Aid course that we could do here while the kids are at play group would be brilliant.'

Feedback
TCHF had given *' women in the community an opportunity to be involved in a meaningful way – to gain confidence- to be involved in the community, perhaps not as typical leaders, but to help shape their community'* (Evaluation interview 2015).

'It's more about the relationships and opportunity to connect to something that is NOT a protective service or DHHS. So this is not about being a client of a service, more about growing potential as a person ' (Evaluation interview 2015)

From service providers there has been a bit of a shift in how they see the houses/community centres which are usually seen as being a bit passive. However, now there is more of a professional respect for what we (MHCH) do. Some of it is that we have done a bit of work with the high school and we communicate quite regularly with them. That place based concept of getting other institutions to foster community need and be more supportive and get involved is important.

"The Neighbourhood House is more of a collaborator now- we [local CSO] had very limited contact with the NH house prior to the project- I can refer clients who are at risk of becoming involved with Child Protection or parents with poor skills" (Evaluation interview 2015)

Observations
Some of the Mums involved are incredibly resourceful in terms of identifying avenues for support (eg food, clothing, furniture, transport etc) and sharing this information with others
Natural support systems with a small core group have become very solid, with offers to support each other with babysitting, school pick ups, transport and play dates
Mums have identified activities they would like to have offered at the Centre, including First Aid for Parents Course (funding granted to commence in 2016), off site activities as a group (to start in 2016), specific school holiday program activities (ropes program), preparing a group ABC learner book with their kids (planning to commence early 2016).
Mums involved in community consultation activities assisting to guide the MHCC and Kingborough Council Food Chain Project to commence in 2016 (providing improved community access to fresh food).
Mums involved in community consultation activities assisting to guide the MHCC and Kingborough Council Food Chain Project to commence in 2016 (providing improved community access to fresh food).

Most important learning (from interview with HFW 2016):

- Building relationships with community members takes time, which is very important but is under acknowledged. The MHCC is usually a one-person centre so having an extra person to have the time to give to other people in the community is very important and it allows the house coordinator to do her work while someone else does this work with the community.

4) Rocherlea

Families located in the Rocherlea/Mayfield suburbs in the Launceston local government area. These suburbs consistently rank within the lowest decile for social disadvantage (ABS, 2011),

What happened – TCHF activities in Rocherlea:

The LunchBox Heroes project began as a healthy eating health promotion activity and resources working with local parenting groups such as pre kinder and playgroups and with the East Tamar primary school kinder classes. It was very much an outreach design with the HFW going to the places where families and children are, including community events, to provide information on healthy eating and becoming a presence in the community. As the program has matured, the focus of the HFW has shifted to the twice-weekly delivery of the 'Cooking Club' at East Tamar Primary School in partnership with the Smith Family. This small group work allows the HFW to get to know children personally and tailor the program to their needs. These children are often responsible for preparing a meal at home in the absence of a parent so the program has adapted to that in terms of modifying recipes and addressing safety issues. The program continues to evolve with plans to run joint child parent classes.

There has been a flow-on effect in the community where there has been a shift in awareness of healthy eating and its impact on children. The school has engaged with the Move Well Eat Well program and there are many complementary activities such as the NH Veggie Box program and physical activity programs to support families.

The Project also ran a short vacation care program in school holidays.

Planning for Outcomes – what the Project aimed to achieve:

Short-term **(during or soon after the activities)**	**Medium-term** **(as a result of the activities , links to objectives)**	**Long-term** **(links to goals and health problem you want to change)**
Change in learning • Knowledge • Skills • Attitude • Motivation • Awareness	Change in action • Behaviours • Practices • Policies • procedures	Change in situation/systems • Environment • Social conditions • Economic conditions • Political conditions

Families • Engage and participate in health promotion activities that interest them • Awareness & knowledge of nutrition, food security and PA • awareness & knowledge of community supports and services • Increased feelings of social connection • Confidence to access services • Reduction in disruptive behaviours in schools **Partner organisations** Aware of and support TFCH project	Cross cultural community understanding of food and nutrition Parents have confidence and capacity to make healthy and affordable choices Peer led learning models on nutrition and food security. Ongoing community led and run system/program supporting healthy living Improved referral pathways between services	Children in the Rocherlea/Mayfield district are healthier. Rocherlea/Mayfield is a healthy, resilient connected and supportive community Families in our community have access to safe, affordable, nutritious food

Planning - strategies to be applied at Rocherlea:

The Lunchbox Heroes - Healthy Families aimed to

- Increase the connection with the Community Centre with families who may otherwise be disconnected or disengaged.
- Provide skills, information and to connect with families experiencing poor nutrition and issues of food affordability and security.

Results:

Using the results-based accountability approach, this section will be framed around three questions to demonstrate performance and results:
The questions are:

1. How much did we do?
2. How well did we do it? And
3. Is anyone better off?

1) How much did we do?

The Rocherlea Project engaged with 164 families who were new to the Community House and worked with 11 partner organisations across the implementation period. Note that family engagement data was not captured for every reporting period.

Total # new families engaged in project				
	Jan-June 2014	**July-Dec 2014**	**Jan-June 2015**	**July–Nov 2015**
Rocherlea	No data	107	No data	57

Table 7 Rocherlea engagement data

# new partner organisations each reporting period				
	Jan-June 2014	**July-Dec 2014**	**Jan-June 2015**	**July-Nov 2015**
Rocherlea	4	5	1	1

Table 8 Rocherlea Partner data

2) How well did we do it?

Engagement strategies:

- Promotion through school communication strategies, newsletters, flyers and word of mouth.
- Peer referral has been important.
- Association with known and well regarded programs like Launch into Learning.
- Becoming a known face in the community through hosting established Community Lunches.

Partners:

Key partners are the Smith family and the East Tamar Primary school. There has been a big shift in the relationship with the school. It is more equal with both parties having different things to offer to the partnership.
There was a strong pre-existing relationship between the Smith Family and the NSCH with a history of collaboration and this relationship has continued to grow through the cooking program. The NH also works closely with the Childhood networkers, funded under the Communities for Children program, who provide services for younger children. There is no Child and Family Centre in the area.

3) Is anyone better off?

Case studies, feedback, observations:

Client story:
Despite involvement in these groups being very beneficial to the community, there weren't really any opportunities to gather feedback or data to report (From Progress Report 2015).

The nature of the Project in Rocherlea meant that the NFW was present at school undertaking activities with the children as part of their school day. The HFW did not have access to parents or effective ways to capture client stories.

Feedback
The care program facilitators reported on the vastly improved behaviours of the children on the days where I've visited. In their experience, the children sent to the program have often either not eaten breakfast at all, or eaten a high sugar or fast-food breakfast that causes spikes and slumps in their energy levels and attention spans which otherwise can affect their participation and enjoyment (as well as behaviour) during the vacation care program.

Observations
Word of mouth among students and their family has been really impressive and the program is now well known and regarded in the school community which we had previously found very difficult to access.

At the conclusion of the lesson, I join the class for lunch. Sitting with the children while they eat has been a great opportunity to speak with the children about lunchbox choices and the 'always, sometimes and not-often' food concepts.

We have found over the course of the Project that community members here in the Northern Suburbs did not want 1:1 outreach or home visits regarding children's health or nutrition but were happy to become involved in groups as long as the location and times were convenient to them.
In order to gain access to the children within our community, the Healthy Families Worker's role has evolved to meet the community in the groups and locations that they already are. (From Progress Report 2015)

Most important learning (from interview with HFW 2016):

- Engagement with disenfranchised families is 'about being informal- finding informal ways for meeting with families and letting them discuss things with you.'

5) St Helens Neighbourhood House

Families located primarily in St Helens, St Marys and Fingal and within the Break O'Day local government area. These locations consistently rank within the lowest two deciles for social disadvantage (ABS, 2011).

What happened – TCHF activities in St Helens:

Parenting programs and parenting support were key activities in St Helens under the Thriving Communities Project. Families were linked to other services, and sessions to engage families with young children and adolescents focussed on skills development and peer support – with a view to sustainable outcomes for participants.

Peer support groups for women were facilitated, focussing on health and wellbeing – physical and mental health, and social connection.
Other sessions focused on particular community needs, including improving knowledge and skills around safe social media and party-safe practices for parents, education around drugs and alcohol emergency responses, a Street-art group for disengaged young boys, and activities to bring dads and teenagers together.

In addition, the HFW was able to respond to community need and leverage on strengths to achieve improvements in the integration of the local service system, working with many partners and convening network meetings to collaboratively address community needs. The Project also established and facilitated a sustainable community protective behaviours program with partners and facilitated the Break O Day Mental Health Professionals network. A Mental Health Services directory was published that has been adopted and extensively utilised by local health professionals.

Planning for Outcomes – what the Project aimed to achieve:

Short-term **(during or soon after the activities)**	**Medium-term** **(as a result of the activities , links to objectives)**	**Long-term** **(links to goals and health problem you want to change)**
Change in learning • Knowledge • Skills • Attitude • Motivation • Awareness	**Change in action** • Behaviours • Practices • Policies • procedures	**Change in situation/systems** • Environment • Social conditions • Economic conditions • Political conditions

Families An increased knowledge and awareness of existing service providers Participation in TCHF initiatives/activities/training Increase in knowledge and awareness of health and wellbeing and parenting issues Improved parenting skills **Organisations** Knowledge and awareness of other services for families	**Families** • Have stronger more positive engagement with schools • Are active participants in community programs/activities • Practice positive parenting behaviours • Are competent to identify and access relevant services • Feel less socially isolated • Practice healthier behaviours • Are peer leaders **Organisations** • Decrease in duplication of service provider activities • Stronger referral Systems between BODCFC, CHAPS and local schools • Work collaboratively to support families •	Community has capacity to sustainably address local health issues for families Families are more engaged, connected and resilient Families are more supported and have an increased parenting capacity

Planning - strategies to be applied in St Helens:

- Undertake a consultation of both community and service providersto find out what sort of activities people are interested in and what sort of support and resources they need. Consultation will include one on one discussions at community and school events to maximize input from community. Feedback from the consultation will be used to inform the activities.
- Collaborative planning to address issues that exist at neighbourhood level, such as social isolation, poor or fragmented service provision that leads to gaps or duplication of effort and limited economic opportunities.
- Use a range of strategies to engage, including outreach in-centre activities, recreational activities in other sites.

Results:

Using the results-based accountability approach, this section will be framed around three questions to demonstrate performance and results:
The questions are:

1. How much did we do?
2. How well did we do it? And
3. Is anyone better off?

1) How much did we do?

The St Helens Project engaged with 194 families who were new to the Community House and worked with 34 partner organisations across the implementation period.

Total # new families engaged in project				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July–Nov 2015
St Helens	20	75	50	49

Table 9 St Helens engagement data

# new partner organisations each reporting period				
	Jan-June 2014	July-Dec 2014	Jan-June 2015	July-Nov 2015
St Helens	10	5	17	2

Table 10 St Helens Partner data

2) How well did we do it?

Engagement strategies:

- The project and its aims were promoted broadly within the community, including but not limited to, a range of targeted established small community groups where issues, interests and/or recreational activities attracted participation.
- One:one support was offered where appropriate.
- The House and the Project supported "smoothing out an often bumpy referral process" and into the service system for families and individuals who may not have previously engaged.
- The Project established and coordinated the Mental Health Professionals Network Peer to Peer Support Group and also developed and distributed the publication of a quarterly updated version of a Mental Health Services Directory for the Break O'Day region. The local doctors use this directory as their 'bible' when navigating the mental health referral process for their clients. The House will be making regular updates ensuring the long term sustainability due to the challenge of short term funding for the project.

Partners:

- The HFW participated in a range of local service and network meetings and forums.
- Authentic collaborations were built between partners to plan the activities that were delivered, effectively adding value without duplication,
- Sharing information amongst partners where appropriate to do so to improve capacity to work together effectively and achieve better outcomes for the community,
- Foster and develop a shared ethos and vision of striving to support community and advocating on their behalf collaboratively,
- Ongoing relationship building to establish trust to support effective partnerships.

3) Is anyone better off?

Client stories, feedback, observations:

Client stories:

Client has two young children and has many daily challenges keeping her head above water. Over time, as trust continued to build, the HFW was able to link the participant into a mental health service to address her ongoing needs. It should be noted that this took a considerable amount of time as the participant was unable to consider linking in with others until this trust with the program was developed. During this first lengthy referral process the situation escalated with the family at risk of homelessness. The HFW supported the family to access a number of other services that could assist with this short term crisis and her long term mental health. This step has been huge for this participant who is at very limited capacity and very fearful of working with new people. She reports that the support from being involved in the program has 'turned my life around'.

Other comments from parents involved in the St Helens Neighbourhood House TCHF project:

'My confidence has skyrocketed like before I come here, I wouldn't of been talking like this at all. Just got my licence not that long ago as the girls said we are doing a course and yeah it's just it's unreal that at our age even though we are adults we can still go and do stuff and you know yeah more confidence and happy with myself now'.

'It's a comfortable group and no one feels out of place. And we are all able to speak whatever we want and not get shut down'

'I'm just not sitting at home all of the time doing nothing, I'm more like out doing stuff and yeah actually have the energy to get up and do something, yeah and not sit at home all the time twiddling my thumbs. I've definitely changed in the way I'm looking at things. I'm studying now, getting back into that…..every morning, noon and night seems to be a little brighter, cause I've got that goal at the end of it, that I'm actually gonna get something out of it one day. Yeah'

'I know a bit more about what happens at the Neighbourhood House now'

'I like having somewhere to go each week. It's good to not feel judged as I always use to wherever I went. I would never of had the confidence to come to something like this six months ago'.

Feedback

Comments illustrating the effectiveness of the project from partners include:

'This Project has succeeded in engaging with families who have previously 'fallen through the gaps' - often the most vulnerable, least supported cohort in our region. The HFW's abilities, compassion and professionalism have created meaningful outcomes for individuals and valuable partnerships with other service providers'

'This program should be continuously funded as it reaches many children and young people who are marginalized or at risk and adds positive experiences to their lives. The HFW also provides great support and strategies for parents through one on one programs and group work'

'The program has led to a dramatic increase in collaboration of services who are working with families and greater support for families and children within the school system'

'The HFW's engagement with the East Coast community is to be commended - the trust and the relationships which she has built and established is most beneficial in rural community for engagement in this program and the ongoing benefits which it has for families. It would be devastating to lose a program like this for families on the East Coast'

Nine partners completed a comprehensive survey about the program. 92% reported their knowledge of other services was increased following engagement with the program. 84% of partners report the program has enabled them to form new partnerships and collaborations. Overall, 84% of partners also report being highly satisfied with the program.

Observations

The stand out change for the St Helens Project is that families feel more connected with peers and community and not so socially isolated which results in good outcomes for families and children. The Project also reports increased self-esteem, which results in increased capacity for people to engage with training. Families are also more connected into services and are more likely to realise the benefits of getting the help they need, for example with mental health issues.

A fundamental part of the success of the Project is its ability to make linkages between community members and service providers, as previously mentioned. There continues to be significant barriers to families receiving the support they require including but not limited to a lack of knowledge of where to go to access support, a belief that they do not meet the criteria to engage with different services plus other issues such as mental health issues and domestic violence that prevents access to required services. TCHF has made significant advances in addressing these issues by supporting families to make these links. Through an extensive knowledge of both mental health and other broader services, the HFW has successfully referred many families and smoothed out an often bumpy referral process.

'*we need to advocate for policy change- we need to talk about the short term funding - we have demonstrated in a short period of time the things that are been achieved- but people will stop engaging if funding is cut- their trust is decimated… people get used to being let down so they learn to get what they can. This program bought a two-way relationship; it's not just service provision but about building capacity and you can't demonstrate those outcomes in two years*' (Evaluation Interview 2015)

Most important learning (from interview with HFW 2016):

- The more the HFW understands the available resources and develops those relationships with the other services on the ground, the more the HFW can see where families can link in and what's appropriate for those families. Future PB programs need a minimum of five years funding.

5)Summary of Findings – Recommendations for future activity

The Evaluation report and service reporting highlighted some very successful outcomes of the TCHF Projects, and some learnings, which are summarised below. Note that more detail is provided on each of the 5 Projects at Section 4 and in the Evaluation Report at Appendix 1.

Consumer Outcomes summarised

At risk families:	
• More families of young children engaged in neighbourhood/community House programs that promote and improve health and wellbeing.	• Houses counted over 1500 times across the reporting periods (August 2014 to December 2015) when families engaged with TCHF activities. Note that this is not a count of the total number of families engaged. • Houses were able to report new families being engaged with every reporting period. 408 new families engaged during the final two reporting periods. Note that there was a definitional issue that may make this data unreliable. During the initial two reporting periods, some Houses counted any family who had participated in an activity as "engaged" while other Houses counted families who were actively seeking support through the Project as engaged. A standard definition was applied during the final two reporting periods, making for a more consistent count and more valid data.
• Families hardest to reach are more engaged in neighbourhood/community Houses.	All Houses report that the strategies used enabled engagement of hard-to-reach families. The number of new families accessing House activities grew exponentially over the duration of the Projects. This would suggest that: • word of mouth; • the development of relationships of trust facilitated through the HFW; • the strengthening of peer networks; and • observable benefits were factors that enabled families in each location to access firstly the Houses and secondly other services to meet their needs.
• Families with young children are included in and feeling socially connected to their communities.	All Houses produce data that indicates that the families that have been part of TCHF are now connected to peers, to other services, to House activities and in some cases (depending on the activities and model of each local Project) have an improved relationship with other services that were already part of their lives, eg schools,

	and Child Protection Services.
• Families report improved access/engagement with health promotion services and health care providers.	See above. Many families have accessed services as a result of being engaged with the TCHF Project.
• Families report increased knowledge, skills and confidence relevant to health promoting behaviours.	Barriers to health promoting behaviours were reduced as families reported feeling more confident, having improved knowledge and skills about healthy behaviours, parenting, the service system, healthy eating and activity. Families report feeling more connected to peers, enabling social and recreational activities to develop in an on-going way, with participants taking a lead.
Neighbourhood/community houses and service providers:	
• Stronger place-based health promotion programs and new initiatives that promote health and wellbeing.	In each of the 5 locations, TCHF was able to deliver inclusive health promoting activities to build awareness and practices in communities to improve health and well-being. The model and activities implemented through the East Devonport Community have resulted in a network of community leaders with broad reach throughout the location to support others in making healthy choices. Measuring improvements in the health and well-being in a place is out of scope of this evaluation, being a long term outcome.
• Stronger partnerships between neighbourhood/community houses, health promotion organisations, Children and Family Centres (CFCs) and local health care providers.	Several strong and enduring partnerships have been formed between NHs and other services. Derwent Valley reports that despite initial challenges, the CFC was beginning to include the HFW into network meetings, conferences etc. However, it is felt that this is based on personal relationship that was hard won and is likely to be unsustainable with the Project winding up in the Derwent Valley in January 2016. A Principal at the State school at St Helens is quoted in the media in October 2015 stating that the School was working more closely with and in the local community since linking with TCHF than at an time during her many years working in education in the St Helens area.
• Strengthened social determinants of health approaches (e.g. social inclusion) by neighbourhood/community houses and workers.	All Tasmanian Houses are aware of the social determinants of health and work in ways that enable the community to determine issues and come together to address them. The TCHF Houses have embraced the

	possibilities enabled by the Project funding and have a heightened focus on inclusion of the most vulnerable, an improved understanding of the importance of creating social and physical environments that promote good health for all. This is demonstrated by the relevance to the Projects in all areas of forming partnerships that strengthen capacity to do this, such as schools, mental health services, Child and Family Centres, local Community Health Centres and more. Houses understand how people interact with place and the importance of a sense of belonging and security that builds personal and familial confidence to enable health promoting behaviours.
The following long term outcomes have been identified:	These long term outcomes will not be evaluated during the 2.5 year project timeframe, however, they may be measured through associated research or evaluation projects.
• Increased community capacity to promote and protect health and wellbeing.	
• Reduced health problems.	
• Stronger health promoting system.	

Table 11 – Overall Consumer outcomes summary

Key Learnings summarised:

Policy environment, Project Governance and coordination	
What worked	Learnings and recommendations
• The Neighbourhood House network is well situated, in terms of its model of practice, its physical locations and its relationship with the communities it serves to promote and facilitate Place Based Initiatives (PBIs). However, Neighbourhood Houses need ongoing support to do this.	• Successful delivery of PBIs requires stable, dependable and predictable policy, political commitment and adequate funding. • The project demonstrates clearly the need for PBIs to take a long-term policy view if they are to shift communities out of entrenched disadvantage and create a more positive future. • This implies a move away from short term 'programmatic' funding cycles toward a model which takes a realistic account of the time needed to build trust and relationships and to plan, effect and measure change in disadvantaged Tasmanian communities. The Pilot project approach: • Pilot programs come and go and with each one a level of cynicism and distrust can grow in communities. Communities see successful programs that have supported great community outcomes reach the end of their funding and disappear. This phenomenon works against the need to build and sustain the trust that is fundamental to successful engagement. PBIs need political commitment, adequate funding and unchanging program objectives in order to work optimally. There is a need to break out of the short-term program funding cycle when working with disadvantaged communities and invest for the long term. • As a Key Informant stated when interviewed in 2015, "…..*but people will stop engaging if funding is cut; their trust is decimated. So they say "what can you do for me", but the behaviour won't change. People get used to being let down so they learn to get what they can….".*

Engagement strategies	
What worked	Learnings and recommendations
• Multiple strategies can be used to successfully engage with 'at risk' and disenfranchised populations and different strategies can be used at different stages of engagement. • Outreach capacity and peer networks are key strategies for engaging with the hard to reach. • A Neighbourhood House, where there is an inclusive, open door approach, with no forms to fill in, no eligibility criteria to meet, no waiting lists, and no "diagnosis" required, is a perfect underpinning environment for engaging the hard to engage. This foundation, coupled with a dedicated resource in the HFW, who can use lay knowledge to identify who and where the hard to engage are, becomes a "soft entry' into a supportive environment where people can take ownership of their needs, and go on from there. • Neighbourhood Houses can provide evidence outside the TCHF Projects of people engaging with the House as a first step to turning their lives around (See Neighbourhood Houses Tasmania publications; *It's a Starting Point* of 2015 and *Our Stories* of 2016)[2]	• It takes courage for marginalised community members to even engage with a new service or support worker, let alone enter onto an ongoing relationship. • The complex and evolving nature of 'at risk' and disenfranchised populations require flexible and responsive services, therefore PBIs need to respond to changing needs. • Additional research supports these findings. The Communities and Families Clearinghouse Australia (CAFCA) published a Practice Sheet in 2010 summarising the findings of a 2009 study "Engaging Hard to Reach Families and Children[3] that states a set of general practice principles as methods to engage the hard to engage. These are: o Go to where the families are o Promote and deliver services in a non-stigmatising and non-threatening way o Employ strategies that empower families and o Develop relationships. • These principles were affirmed by the experience of the HFWs as they implemented the TCHF Projects, in all 5 locations.

[2] *It's a Starting Point*, Neighbourhood Houses Tasmania 2015, and *Our Stories*, Neighbourhood Houses Tasmania 2016, website: http://www.nht.org.au

[3] *Engaging Hard To reach Families and Children*, Occasional Paper no 26, Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs, Cortis, Katz, and Patulny, 2009

Timeframe:	
What worked	Learnings and recommendations
• Overall the TCHF was a successful example of a PBI and achieved much in its relatively short time frame.	• The timeframe for a project of this complexity was inadequate. In effect the first year of the program was focussed on building trust and relationships leaving only 18-20 months for program implementation. This is not sufficient to embed changes in how services work with the disenfranchised and to build a long term focus. • Within such a short time frame it is not possible to determine whether these impacts will spread to the wider disadvantaged community. There were conflicting views as to whether or not changes were sustainable without some ongoing program support. • elements such as specific new community led governance structures and adequate lead times were not fully demonstrated but this is due to the relatively short project implementation timeframe. • PBIs require sufficient lead-time to build trust and relationships with the community and other service organisations. There is need for a permanent flexible (outreach) resource to build relationships and facilitate the process. • A minimum of five years program implementation would support full engagement by the community and local services into PBIs.

Evaluation environment and capacities	
What worked	Learnings and recommendations
• Many Houses are effective and efficient evaluators of their activities and programs. Many Houses participate in evaluations undertaken by partner organisations.	• Comprehensive evaluation of PBIs requires methodologies that can clearly demonstrate causality, attribution and cost effectiveness. This requires a long-range view, sufficient investment and support to fully embed an evaluation culture within community service organisations. • The TCHF experience suggests that when the focus of evaluation capacity building is on frontline workers already juggling competing demands in a time poor environment, it is likely to be seen as more a burden than a benefit. • Evaluation capacity may be best fostered and accessed through a partnership in a mentoring type of relationship within or alongside the NH Network structure. • Ensure data definitions are in place early for consistent data.

Table 12 Key Learnings summary

1) Establishing the Project

Governance

The TCHF Project utilised a number of governance instruments and mechanisms including a Service Agreement between NHT and DHHS, individual Memoranda of Understanding between NHT and participating Houses and a high level Project Reference Group with key stakeholder representation. The TCHF project coordinator reported to the NHT executive officer and was the chief liaison between NH project workers and the University of Tasmania evaluation team.

The following (Figure 1) outlines the governance structure for the TCHF Project. The lines denote working relationships between the various players and are not reflective only of reporting arrangements.

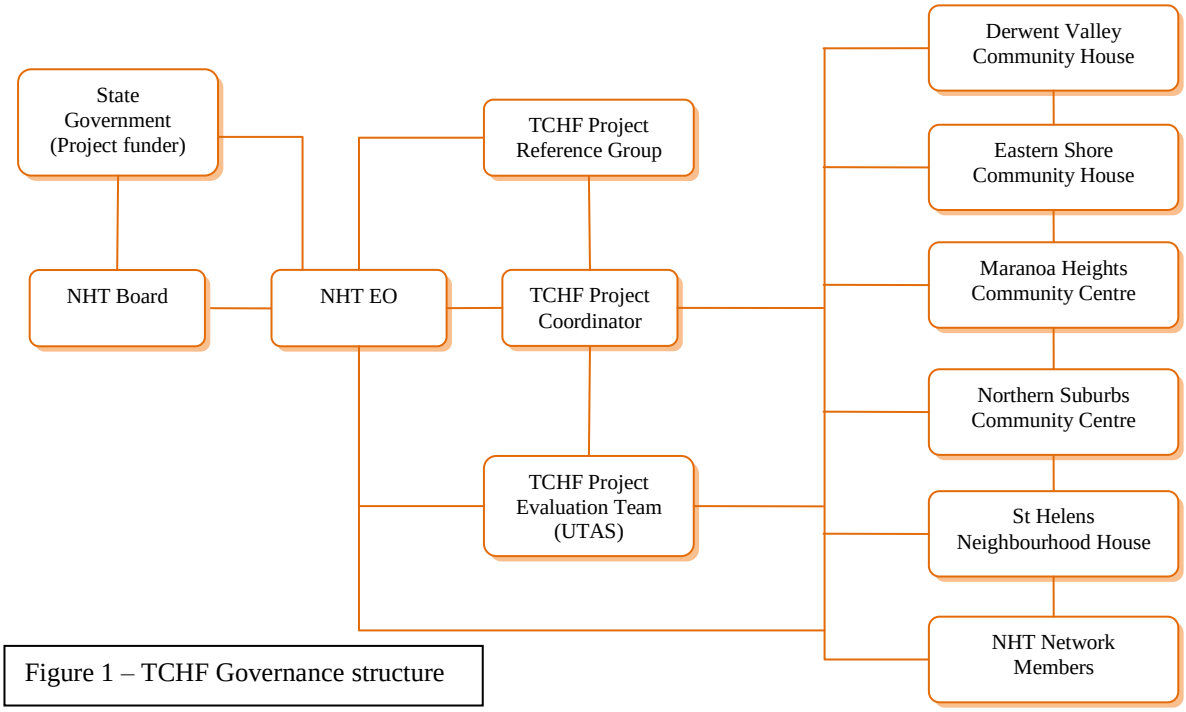

Figure 1 – TCHF Governance structure

Memoranda of Understanding

MOU articulated the roles and responsibilities of NHT as the allocator of the TCHF funds and the Houses as the recipients of those funds. NHT was responsible for the Grant Agreement with the Tasmanian Government, the appointment of the project coordinator, support of the participating houses, overall coordination, implementation and evaluation of the TCHF. Further NHT took responsibility for coordination of the reference group and working collaboratively with key stakeholders.

Each House was responsible for the grant agreement with NHT, appointment of the Healthy Families worker, coordination and implementation of the local level project, outreach and engagement with target group families and collaboration with project partners and other participating NHs. The MOU also included statement of agreements for communication and

decision making, dispute resolution and termination and for copyright and intellectual property. MOUs were signed in February/March 2014

Project Reference Group

NHT convened the Project Reference Group and membership comprised NHT, DHHS, Tasmanian Medicare Local, Tasmanian Early Years Foundation and the University of Tasmania. A representative of the participating Houses joined the Reference Group following the recruitment of the Healthy Families workers. The Reference Group agreed to meet three times per year.

Process:

Using an expression of interest (EOI) process, NHT invited Neighbourhood Houses to apply for project funds. The EOI process closed in mid-October 2013 and the successful applicants were advised in late 2013, as:

- Maranoa Heights Community Centre (Kingston),
- Derwent Valley Community House,
- St Helens Neighbourhood House,
- Northern Suburbs Community Centre (Rocherlea) and
- Eastern Shore Community House (East Devonport).[4]

A part time (0.5 FTE) project coordinator was appointed by NHT to liaise with the Houses, support them in the development of project plans and oversee the state-wide implementation of the program. Each House had funds to employ a part time Healthy Families Worker (HFW) for 19-22 hours per week and a small amount of program funding ($3 000). Some Project funds were allocated to each House to contribute to supporting the involvement of coordinators in achieving the aims of the Project, and to (partly) offset the use of other House resources. A condition of the funding was that houses and workers agree to work collaboratively under the guidance of the project coordinator and that they participate in an evaluation process with the University of Tasmania (UTas).

In keeping with the place-based ethos, Houses were given very broad directions in which to frame their specific projects. They were asked to

- 'develop a project that will build on our existing strengths to contribute to improved health and wellbeing by engaging 'at-risk' families of young children; working effectively in partnership with others; and participating in capacity building initiatives that aim to build healthy settings for living, learning and working.'

Each house developed an individual project plan to identify local needs and priorities. As well as focussing on capacity building for their communities, the TCHF project also included a planning and evaluation capacity-building component for the Healthy Families Workers and house coordinators. This was in recognition of a perceived range of formal evaluation capabilities across the community services sector and that Houses had limited resources for planning and evaluation training. It also pre-empted planned changes to an outcomes framework for purchasing community services by the Tasmanian government.

A summary of the initial implementation process is below at Figure 2

[4] The original expression of interests specified funding would be made available to three community houses to implement the TCHF project. The expansion to five meant that the resources were more thinly distributed and increased the resource-intensity of project coordination.

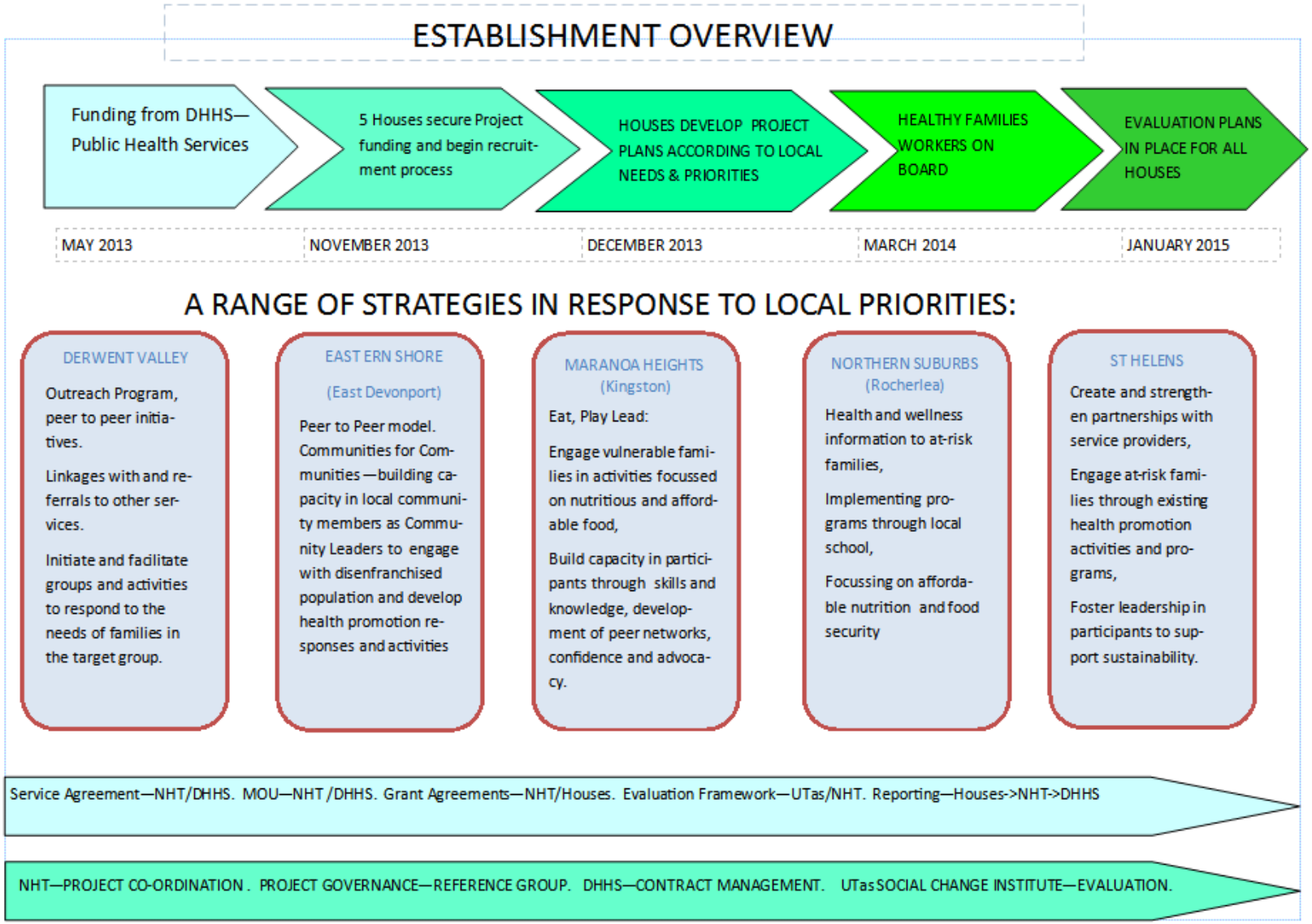

Figure 2 – Establishment overview

Evaluation Methodology

The Project has a strong focus on robust evaluation to achieve the learning outcomes required under the Funding Agreement. The evaluation draws on quantitative and qualitative data sources and involved:

- NHT and House planning documents;
- Evaluation Plans for each participating House, and coaching where required;
- NH project progress (activity) reports submitted in August 2014 and Feb 2015;
- A series of semi structured interviews with house coordinators, Healthy Families workers and NHT employees directly involved in the management and implementation of the TCHF conducted by UTas during December 2014 and January 2015.

As part of the evaluation conducted by UTas, quantitative data were collated and analysed using Microsoft excel. Semi-structured interviews were transcribed and analysed thematically.

The UTas Evaluation Report is at Appendix 1 and includes a theoretical analysis of place-based approaches that draw on the social determinants of health model, recognising that health outcomes and health behaviours are shaped by social, economic and environmental factors (Dahlgren and Whitehead, 1991) and that these outcomes are, in part, mediated through 'place'. It is known that Australians living in socio-economically disadvantaged areas experience poorer outcomes across a range of health status indicators, including mortality, morbidity, life expectancy, health risk behaviour and self-assessed health (ABS 2012). In addition, families with young children, living in socially disadvantaged areas, are more likely to experience social exclusion, family relationship and parenting challenges, and overall poor health and wellbeing than families living in more advantaged places.

Each participating House developed an evaluation plan using the Results-based Accountability (RBA) approach as an underpinning framework.

RBA is a framework which communities and teams can use to focus on outcomes to make a positive change with communities. RBA encourages a range of partners (organisations/people) to share their ideas about what works to do better and to make their unique contributions towards wellbeing of people and communities. RBA helps to keep the focus on who or what is being targeted and what the project is aiming to achieve, and it insists on answering the question 'how are our communities and people better off?' as a result of our efforts.5

[5] *Results Based Accountability Implementation Guide*, website: http://www.raguide.org.

2) Project delivery

Project outputs are articulated in the Funding Agreement and have been delivered as described in Table 13 below:

The outputs produced from the project were delivered and include:	
• Project and Evaluation Plans.	• A Project Plan and Evaluation Plan were submitted to DHHS with the Service Delivery Report of August 2014. • Each House developed an Evaluation Plan which were submitted to DHHS with the Service Delivery Report of August 2014, and revised versions were submitted to DHHS with the February 2015 Service Delivery Report.
• Workers in different regions of the State.	• Healthy Families Workers were engaged in the North, North West, East Coast and South (regional and urban). • A Statement of Duties specified appropriate qualifications
• Neighbourhood/Community Houses committed to and engaged in the project.	• All Houses remained engaged and committed to the Project for the timeframe of the Project and beyond. The commitment of four Houses is demonstrated by the level of effort undertaken to lobby and to identify alternative funding streams to continue the projects in their locations. Four Houses have retained the HFW beyond the Project timelines, dependent on capacity to allocate funding, and have expressed a deep commitment to maintaining this if possible.
• Families of young children engaged in the project and actively involved in driving local initiatives.	• This is emerging in some areas. There are examples of peer-designed and peer-led initiatives and activities in some locations.
• Appropriate Community determined/defined health promotion programs.	• All Houses identified community needs and responded with appropriate programs, according to their strengths and consultation with community to determine strategies that would deliver the outcomes sought. Examples are: • St Helens HFW has achieved a network of Mental Health Services which is registered with the National Mental Health Professionals Network (MHPN). This need was identified as a result of observable issues when the

	community needed to wrap services around vulnerable young people following the unfortunate suicide of a young member of the community. The HFW took the lead and was able to use House networks and leverage to better join up the service system. • Participants at Maranoa who were involved in TCHF activities defined a need for First Aid courses which have since been delivered under the auspices of the House. • East Devonport responded to community need and changed their approach after anticipating that better results would be achieved by implementing the Community Leaders model in their location. This model has proved successful for people assisted, AND for the Leaders themselves who have developed resources, confidence and resilience to make changes in their own lives.
• Health promotion organisations and health care providers engaged in the project.	• Working with partners has been integral to all 5 Projects. Examples of health care providers and health promotion organisations involved are: • East Devonport Child and Family Centre • Housing Choices Tasmania • Youth Family Community Connections • The HFW at St Helens Neighbourhood House provided support for CHAPS Child Health Nurse (CCHN) at BODCFC and families engaged in the CHAPS program. In collaboration with CCHN conducted ongoing and regular parenting workshops and supported CCHN to link families to appropriate services regularly.
• Community determined/defined health-promoting Neighbourhood/Community Houses (i.e. settings for healthy living, learning and working).	• Neighbourhood Houses work already in this way to promote health and well-being with a focus on social inclusion, responsiveness, capacity building and healthy choices. • The TCHF Project aligned with this "usual way of working" in each location. This is evidenced by the range of approaches, the variety of activities that were utilised to respond to the unique needs of each community that emerged in each TCHF location. • The outcome of linking hard to engage families with the Houses means that these

	families can access healthy settings, in relation to sustainable healthy food, peer networks and friendships, parenting support, skills development and information about other services to support them.
• Mechanisms for families of young children to be central to health promotion action in Neighbourhood/Community Houses in an ongoing way.	• C4C identified that the families needed increased food security, access to mental health and integrated family support services. • The HFW, St Helens Neighbourhood House, worked alongside a group of parents to establish a community support group that, amongst other activities, would disseminate information about health related activities and workshops such as cancer support, suicide prevention, mental health awareness etc. This group named itself Chat'n'Create and regularly promote and attend health promotion activities at the St Helens Neighbourhood House.
• Six monthly service delivery reports and final project report.	• All reports have been delivered by the Project Coordinator.

Table 13; Project Outputs

Project Outcomes - KPIs

The Funding Agreement between DHHS and NHT identified a set of key performance indicators to monitor:

- Engagement of Houses with TCHF
- Engagement of families of young children (the target group) with TCHF projects
- Partnerships functioning between Houses and relevant stakeholders
- Participation by Houses in capacity building initiatives to build healthy settings for living, learning and working in their neighbourhood

Summary of Performance against Key Performance Indicators

• Neighbourhood/Community Houses are engaged in the Thriving Communities Project.	All 5 Houses allocated funding have remained engaged with the Project for the duration of the funded period. Four Houses continue to auspice TCHF-type activities under alternate funding streams.
• Families of young children (described in terms of various demographic indicators and whether they are first-time families) are engaged in Thriving Communities Project.	Most houses had a core target of disenfranchised families with children under 12 but some had additional criteria such as women escaping violence or families at risk of becoming disconnected from their communities and in some houses, the target group evolved as the project matured. All Houses reported high participation in Project activities by the target groups, ranging across Houses between 95% to 100%.
• Partnerships have been formed and are functioning effectively as part of the Thriving Communities	93 partner organisations were involved during the Project. These partners contributed as appropriate, either in a time-limited way or for the duration of the Project in an area.

Project.	Some relationships with key partners were hard won, with factors including person dependency, uncertainty regarding roles and "mutual clients". Some partnerships are specific to the types of initiatives undertaken in response to local community needs, while others indicate new or improved relationships with key partners such as schools and CFCs. Some Houses have indicated that sustaining these partnerships in the absence of the TCHF Project may be challenging.
• Neighbourhood/community houses are participating in capacity building initiatives that aim to build healthy settings for living, learning and working – i.e. the development of community determined/defined health-promoting Neighbourhood/Community Houses.	This KPI describes the way that all Tasmanian Neighbourhood Houses approach their roles within a community. Neighbourhood and Community Houses and Centres bring local people together to look at what opportunities or needs exist in their community, and then more importantly, work together on doing something about it. The community-determined approach is evident in the TCHF Project by the range of approaches and activity across the 5 Houses showing responsiveness to the issues identified by communities.
1. Comply with requirements of the Funding Agreement.	Compliance includes: 1. Provision of a Project Plan, including project budget, process outline, criteria for allocating funding. *Provided with Service delivery report in February 2014.* 2. Provision of Evaluation Plan, including logic models, activities, evaluation approach, process for developing recommendations, and performance indicators. *Drafted July 2014, finalised in July 2015, submitted to DHHS in August 2015.* *3.* Attending quarterly meetings with PHS. *Once the Project was established, formal meetings did not occur quarterly. However there was effective on-going communication on an "as needs" basis, both at operational and contract management, and at policy and project management levels. An assessment at the time of submitting each Service Report of the need to meet face to face ensured that the opportunity for meeting was available if needed.* 4. Submitting 6 monthly service delivery reports to PHS. *Service reports submitted February 2014, August 2014, February 2015, August 2015, December 2015.* 5. Submission of Final Project Report, including evaluation findings and recommendations for future activity. *Herein.*

Table 14 Performance against Project KPIs

3) Appendices:

1. Evaluation report
   TCHF Final Evaluation report - UTas 2016

2. Project Plan
   TCHF Project Plan

3. Evaluation Plan
   TCHF Evaluation Plan

In Your Place NOT in Your Face

Institute for the Study of Social Change

Engaging at risk families in the Thriving Communities Healthy Families Project

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"The HFW became a presence at other events so that people got to know her and what she did and where to find her"

"using community members who have come from disadvantaged circumstance themselves to reach their own networks"

"Informal chats with families in the places where they meet and come"

"need to build up a trust relationship before anything else can happen... build the bond with the community"

"Families could see the HFW at events that they had already chosen to attend so they could avoid that 'awkward moment' where they had to knock on a door and ask for assistance"

Introduction

- Thriving Communities, Healthy Families (TCHF) is a place based health promotion project in Tasmania.
- Five Neighbourhood Houses in socioeconomically disadvantaged areas of Tasmania were allocated funds to implement a two year TCHF project.
- Each house employed a Healthy Families Worker(HFW) to engage with the local 'at risk' families.
- Australians living in socio-economically disadvantaged areas experience poorer outcomes across a range of health status indicators (ABS 2012).
- Families with young children, living in disadvantaged areas, are more likely to experience social exclusion, family relationship and parenting challenges, and overall poor health and wellbeing than more advantaged families.

Being place based

Place-based approaches draw on a social determinants of health model which recognises that health outcomes and health behaviours are shaped by social, economic and environmental factors (Dahlgren and Whitehead, 1991)

The neighbourhood house community development model of practice already has strong parallels with place based approaches which

- Meet the unique needs of a location
- Engage stakeholders in collaborative decision making
- Tap in local skills and resources
- Cross organisational borders and work in partnership with local services
- Have shared ownership of programs
- Work to positively change the norms in a location

Methods

10 key informant semi structured interviews with healthy families workers and neighbourhood house coordinators at project mid point (December 2014)

Interviews were audio recorded and transcribed before being analysed using an iterative thematic form of analysis

Results

Houses used a range of different strategies at different times to engage with 'at risk' families

- Working one-on-one with clients
- Facilitating support groups for women/mothers
- Piggy backing on existing family focussed services/programs
- After school activities
- Portable nutrition and physical activity health promotion activities
- Social inclusions events
- Promotional material and social media
- Peer to peer strategies
- Being a presence in the community

Most successful strategies

The key informants were asked which strategies they believed were most successful in engaging with their disenfranchised families.

- Peer to peer activities
- One to one outreach
- Being a presence in the community
- Piggybacking on existing children's' programs

Conclusion

Neighbourhood Houses are well positioned to reach disenfranchised families. Successful engagement is primarily about building trust.

Working face to face, one on one and building a rapport with people is a common theme to emerge.

Being a presence in the community and in the places where families gather – at schools, playgroup, the Child and Family Centre and community events is non-intrusive and empowering. It allows community members to choose whether or not to engage with the HFW.

"Success" of engagement strategies is also context dependent and what works well in one community may not be transferable to another. Being place based means working with your community in a way that best meets their needs.

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Neighbourhood Houses
The heart of our community

Tasmania