The accomplishment of Integrated Service Delivery in shared public spaces within Tasmanian Child and Family Learning Centres: A spatial and practice-based perspective

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Thesis submitted in fulfilment of the requirements for the degree of

Doctor of Philosophy

Certificate of original authorship

I, Yvonne Young declare that this thesis is submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the School of Education, Faculty of Arts and Social Sciences at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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List of abbreviations

CA   Centre Assistant

CFLC   Child and Family Learning Centre

CIW   Community Inclusion Worker

CL   Centre Leader

CFSLO   Child Safety Family Liaison Officer

CSLO   Child Safety Liaison Officer

ESIS   Early Childhood Intervention and Support

ISD   Integrated Service Delivery

SE-ISD   Soft-edged Integrated Service Delivery

SP   Speech pathologist

SPS   Shared public space

Abstract

This study is located in the field of Integrated Service Delivery (ISD) and contextualised in providing support for families with young children, particularly those in disadvantaged circumstances. This support is crucial since there is irrefutable evidence that the early years of life influence children's learning, well-being, and health in childhood and in adulthood. Their importance makes these early years an obvious target for intervention. Families living with disadvantage face complex, multi-faceted wicked problems that cannot be resolved by single services. Instead, they are purported to be addressed by integrating health, education and community services delivery. The concept of ISD is not new, however, it has been the mainstay of government policy in Australia and internationally for many years. Current thinking, however, is limited by fixation on the idea of the physical co-location of services as the key to their integration, a focus on the delivery of formal services rather than what parents need, and a lack of understanding about how service integration actually happens in practice.

The considerable body of research into ISD, furthermore, is predominantly evaluative, and concerned with structural and service aspects of service delivery. From this perspective, ISD is seen as a static and fixed property of services. What is missing are concrete descriptions of *how* service integration occurs in practice to meet families' needs. To address this gap, my ethnographic study investigates how ISD is accomplished in the shared public spaces within three Child and Family Learning Centres (CFLCs) in Tasmania. My starting point is the concept of connection, which shifts understandings of ISD from that of a static property towards the idea of a live operational phenomenon that unfolds in informal spaces in practice.
My research focuses on *how* ISD it is achieved, rather than what is delivered.
To do this, I combine the concept of space as dynamic and socially constructed with practice-based theory to disrupt conventional thinking and offer a distinctive account of how ISD is accomplished in shared public spaces. This perspective offers a

conceptual tool for making visible the intersecting trajectories that generate connections between families and services that underpin ISD.

Data were generated through participant observations, informal chats and semi structured interviews with CLFC parents, staff and volunteers. Thematic analysis of fieldnote and interview data generated three key findings. First, shared public spaces are more than just social spaces; they are produced by the practices enacted within them. These practices were hanging out, consuming and negotiating. Second, these practices generated intersecting trajectories that led to connections with depth that enabled the accomplishment of ISD. Third, the concept of soft-edged Integrated Service Delivery (SE-ISD) offers an alternative way of understanding ISD than co-location or formal service delivery. SE-ISD softens the edges between services in the shared public spaces of CFLCs through relational approaches that enable consideration of families' needs and perspectives to facilitate positive outcomes through access and engagement.

Part A.   Background

Chapter 1.   Introduction to the thesis

This chapter introduces the thesis. Section 1.1 presents an overview of the rationale for the study and outlines the subsequent sections. Section 1.2 provides the broad context of the study. Section 1.3 discusses Integrated Service Delivery in the context of services for families. Section 1.4 expands on the rationale for the study, and details the research questions, study locations, and theoretical and methodological approaches. Section 1.5 outlines the thesis structure and Section 1.6 summarises the chapter.

1.1   Introduction

This thesis investigates how Integrated Service Delivery (ISD) is accomplished. It focuses on the shared public spaces within Tasmanian Child and Family Learning Centres (CFLCs). ISD has been a cornerstone of support for families with young children for decades, both in Australia and overseas (Moore, 2021a, 2021b). The implementation of ISD for families with young children under five years of age was a response to compelling evidence that the first five years of life are crucial for children's schooling years, as well as for their life chances as adults (Heckman, 2008; Hertzman, 2010; Moore, 2015). Therefore, timely intervention is key when circumstances arise that can negatively affect these formative years (Hall et al., 2022; Olson et al., 2021). Integrated services can offer effective holistic approaches when families face

entrenched complex problems that cannot be addressed by standalone services (Brotherhood of St Laurence, 2015; Social Ventures Australia, 2024).

However, integration of services can be difficult (Fox et al., 2015; Moore, 2021a), and it often does not always achieve desired outcomes for families, particularly those living in disadvantaged circumstances (Moore, 2021b; Skattebol et al., 2023; Social Ventures Australia, 2023a). A major difficulty is that families who would benefit most from ISD seem the least likely to access it, which means they miss critical opportunities for intervention (Colizzi et al., 2020). Access is not just about encouraging families to visit a centre for the first time, it includes sustaining their engagement with services (Ingram & Smith, 2018; Innovation Unit & Penn Green Research Base, 2010; Prichard et al., 2010). Furthermore, several researchers have acknowledged the incomplete understanding of how ISD is actually done on the ground (Byron, 2010; Devaney et al., 2022; Harris et al., 2023). Accordingly, this research has used a novel approach to better appreciate how ISD is accomplished in an Australian context.

The specific focus of my research is the shared public spaces (SPSs) within three CFLCs. By shared public spaces, I mean the physical areas near the entry of every centre, through which visitors to the centre have to go through to access offices. SPSs are informal spaces that include the outside area, play space and sandpit, kitchen, and open offices. Parents call the SPS the *play space* because that is where their children played, and staff call it *the floor* because it is an area that they need to monitor so they can address what might be happening at any given time. SPSs are accessible to children, parents, staff, volunteers, professionals, and visitors. They operate along drop-in lines, which means that families could access them without having to make an appointment. SPSs are also social spaces, which are often described as safe and comfortable, thus enabling social interactions and connections.

This introductory chapter focuses primarily on grey literature, whilst Chapter 2 turns the attention to research literature. Section 1.2 outlines the broad context of the study, including the importance of the early years, the effects of disadvantage on children, and why supporting families makes sense. In this section, I argue that standalone services cannot always address the complex or "wicked problems" (Rittel &

Webber, 1973) faced by families living in disadvantage. ISD is positioned as a response to these wicked problems. Section 1.3 presents an understanding of ISD in the context of family services, examines how ISD has been researched thus far, and points to the propensity for evaluative studies. Section 1.4 expands on the rationale for the study, detailing the research questions, the study locations, and the theoretical and methodological approaches adopted. Section 1.5 outlines the structure of the thesis, and Section 1.6 summarises the chapter.

1.2   Broad context of the study

There is overwhelming interdisciplinary evidence, both nationally and internationally, that the first five years of a child's life are crucial for their wellbeing generally and their future life chances (Brettig & Sims, 2011; Britto et al., 2017; Kilburn & Karoly, 2008). Developments in neuroscience have pointed to how babies' and infants' early brain development is fostered or constrained by their experiences of care (Center on the Developing Child at Harvard University, 2017; National Academies of Sciences, 2019; Sims, 2011). In the psycho-social field, attachment theory and the notion that babies need to experience a stable loving relationship with a primary carer to develop healthy relationships in later life also point to the significance of the early years (Holmes, 2014). The evidence is clear: children from low socio-economic backgrounds who are described as living in conditions of poverty and social exclusion are often disadvantaged in ways that they might never recover from (Brotherhood of St Laurence, 2015; Maggi et al., 2010).

The effects of childhood disadvantage also constitute a global health equity issue (Goldfeld et al., 2018). Early childhood is identified as a social determinant of health, meaning it is a non-medical factor that affects health outcomes (Braveman et al., 2018; Bright et al., 2019; WHO Commission on Social Determinants of Health, 2008). There is a growing commitment to addressing these possible effects (Boyce et al., 2019; Marmot, Allen, Goldblatt, et al., 2020), which I have discussed in terms of the social

determinants of health in the context of early childhood (Young et al., 2025) (see Appendix 16).

A concern among health and education practitioners and policy makers is that some children begin school already behind in their development (Molloy et al., 2021; The Front Project, 2022). Consequently, some countries have developed ways of tracking children's development. In Australia, the Australian Early Development Census (AEDC) tracks whether children in their first year of school are *on track*, *at risk*, or *vulnerable* across five domains. AEDC (2021) revealed that compared to children in the least disadvantaged locations, children living in the most socio-economically disadvantaged areas are more than twice as likely to be developmentally vulnerable in one or more domain, and more than three times as likely to be vulnerable on two or more domains. The effects of such childhood disadvantage may extend beyond the early years and last into adulthood (Britto et al., 2017; The Front Project, 2022).

Whilst these figures are troubling, the effects of childhood disadvantage are not confined to the individual level; they give rise to concerns about their impact on society more broadly. Adults who have been affected by childhood disadvantage are more likely to be unemployed, involved in the criminal justice system, and have mental health problems, all of which have significant social cost (Caspi et al., 2016; CEDA, 2015). Hence, contemporary policy and research documents continue to make compelling cases for investing in disadvantaged young children (Heckman, 2008; Social Ventures Australia, 2024).

Disadvantage generates diverse challenges. Support for young children and their families includes early child education, developmental health checks, parent support in situations of domestic violence and insecure housing, and parenting programs. In Australia, these services are delivered in various ways, such as home visits by midwives and nurses, day-care centres, supported playgroups, and CFLCs (Brotherhood of St Laurence, 2015).

My study focuses on CFLCs in Tasmania, whose services reflect the range of problems families can face. These problems often come in combination or are related to each other. Rittel and Webber (1973) coined the term wicked problems to describe related

combinations of problems. For example, problems such as unemployment, poor health, poverty, and family breakdown can often lead to social exclusion. Childhood disadvantage can be associated with lack of stable housing. Families whose children are taken into state care sometimes lose welfare benefits, which means they can no longer afford rent for housing, and their homelessness negatively affects the likelihood of their children being returned to their care (Devaney & Spratt, 2009; Higgins & Hunt, 2024; Hinton, 2018). Similarly, mothers who are victims of domestic violence often find it more difficult to leave their home or avoid returning when options for housing their family are limited and short-term. Sometimes the conditions of the available housing or its insecurity of tenure add to the guilt they feel about removing their children from a physically comfortable home (Bekaert et al., 2021; Flanagan et al., 2019). The concept of wicked problems seeks to capture more than just the idea of having more than one problem, it points to the complex and entrenched nature of these problems, making them difficult to address. Tracy (2013) has described such problems as *sedimented*, meaning embedded and unmoving. Wicked problems do not respond to one-off simple solutions, as sometimes fixing one problem can cause another.

Single-service responses are unlikely to address the wicked problems faced by clients of CFLCs (Klepac et al., 2023; Nooteboom, Kuiper, et al., 2020). For example, it may be difficult to deal with a core problem when efforts to address it spill over to other interconnected and overlapping policy areas (Grint, 2022). As Weber and Khademian (2008) put it, "similar to a stone dropped in water, the ripples spread rapidly to have an impact on another area" (p. 337). Wicked problems are not fixed; rather, they require ongoing work to address them. The Australian Public Service Commission (2007) argued that because these problems are connected and challenging to deal with, it is unlikely that one agency can solve them. Accordingly, ISD is aimed at families having access to holistic approaches that will more likely result in them building resilience and capacity to cope (Colizzi et al., 2020; Whalley, 2006).

1.3   ISD and family services

ISD responds to the wicked problem of family disadvantage by integrating services so that families do not experience them as fragmented and unhelpful (Urbis, 2014). ISD has been defined as joining up "social services to provide a better service to service users" (OECD, 2015), and "the process of building connections between services in order to work together as one to deliver services that are more comprehensive and cohesive and more responsive to the needs of families" (Prichard et al., 2010, p. 5). Various terms have been used to describe it, such as *joined up*, *one stop shop*, *wrap around services*, and more recently, *early childhood hubs*. In the context of early childhood and family services, Social Ventures Australia (2024) notes that the spectrum of approaches to the integration of services involves co-existence, co-operation, co-location, collaboration, and consolidation.

Irrespective of which approach to integration is used, ISD is not a new idea. ISD has been an important feature of national and international government policy for at least two decades, if not longer (Wong & Sumsion, 2013). The concept of ISD is not limited to family services; health education and domestic violence services also use it. An Australian example is health services policy. In Victoria in 2000, the Primary Care Partnership was established to improve health outcomes by integrating health and community support services (Victorian Primary Care Partnerships, 2022). Similarly, in NSW in 2006, HealthOne was introduced to create a stronger and more efficient primary health care system by bringing Commonwealth-funded general practice and state-funded primary and community health care services together (New South Wales Health, 2016).

Just as integrating health and community support services has aimed to improve health outcomes, early childhood and family support programs have targeted the effects of childhood disadvantage. Accordingly, ISD has been a consistent feature of government policy in the field of early childhood and family support for some time nationally and internationally, resulting in the development of many specific programs offering integrated services. For instance, Sure Start was one of the earliest and most

comprehensive ISD programs in the U.K. In North America, the U.S. (HeadStart) and Canada (Toronto First Duty) developed similar programs. In Australia, the federal's government's Stronger Families and Communities Strategy was launched in 2000, with the emphasis on prevention and early intervention strategies (Australian Institute of Family Studies, 2000).

The literature review in Chapter 2 found that the large body of research about these programs has been predominantly evaluative. The studies described the features of ISD, rather than how to accomplish it.

These features are underpinned by the following notions:

- ISD is approached as a static property of services and how they are arranged (a hard-edged notion), rather than as something experienced by families;

- ISD is often considered in terms of co-location and being enacted in formal consultations rather than informal spaces; and

- ISD is framed as designed into structures and processes, but not as a lived (or living) phenomenon.

The discussion in Chapter 2 makes a case for adopting an alternative approach. Accordingly, the rationale for my research is underpinned by a different perspective of ISD.

1.4   The research study

This section outlines the rationale for the research, the Research Questions, and the choice of research locations. Additionally, it elucidates the theoretical and methodological approach taken, and the contributions and significance of the study.

1.4.1 Rationale for the research

In this study, I investigated ISD in novel ways for three key reasons. First, I wanted to explore ISD as something live, lived, full of complexity, and with emergent possibilities. The aim was to offer fresh insights into the reality of ISD as it unfolds in practice, rather than through established structures. Second, since ISD is commonly associated with short consultations in offices, I relocated my study to informal public spaces, to which I refer as SPSs, to increase the likelihood of generating data reflecting the complex nature of ISD. Focusing on a particular SPS over time would enable a spatial theorisation to underpin my study. Third, because families are present in the SPSs within CFLCs, I wanted staff practices to be understood from parents' perspectives, rather than those of staff alone. Extending notions of practices in this way would shift attention from structural issues to consideration of family needs.

My position as the researcher was contextualised in these reasons, which arose from my prior experience as a volunteer in the SPSs of CFLCs. This experience has given me a sense that significant but hard-to-identify work was going on there. The casual conversations I had with staff and parents aligned with this view. Staff expressed frustration that not enough attention was being given to what happens in these spaces, and parents expressed gratitude for the informal nature of what happens.

My focus on SPSs was stimulated by the final report of the Legislative Council Select Committee's (2017) enquiry into Tasmanian CFLCs, which included the following typical scenario. A mother with a toddler and a baby is upset, exhausted and worrying about an issue relating to her toddler. She drops in at the centre but does not have an appointment or a program to attend; she goes to the SPS and sits there playing with her child. Two hours later, she leaves the centre feeling calmer and happier, and she has a plan to address the focus of her concern. While there, she engaged with the centre leader (CL), the nurse, the educator, a centre assistant, and the community inclusion worker (CIW), and she left with a referral to and an appointment with a paediatrician. In her submission, the CL stated, "there is no data, no forms, and no reports that can describe what and how we do it" (p. 12). What she articulated here is

an incomplete understanding of the practices enacted in these spaces and their value. This shaped my distinctive approach to ISD in this study.

1.4.2 Research Questions

The overarching Research Question was:

1. How is integrated service delivery accomplished in the shared public spaces of Child and Family Learning Centres?

Two sub-questions explored this in more detail:

a) What key practices are enacted in these shared public spaces?

b) How do these practices generate intersections of trajectories which enable connections between people that support the integration of services?

The overarching question aimed to shed new light on precisely what is happening in the SPSs of CFLCs, that leads to the delivery of integrated services. The two sub-questions aimed to develop a more complete understanding of the practices in SPSs and their significance. Sub-question a) requires a concrete understanding of what happens live and operationally in SPSs. Sub-question b) is about the connections between individuals that support integration of services, rather than what individuals do to support integration.

1.4.3 Research locations

The research locations were three Tasmanian CFLCs. The CFLCs are examples of a place-based model that offers integrated services to families. Currently, there are nine different models of integrated services for young families operating across Australia (Social Ventures Australia, 2023b). They are run by the Department for Education, Children and Young People (DECYP) and are place-based. A place-based approach

aims to address the collective problems of families and communities at a local level and to focus resources on communities where there are clusters of disadvantage (Moore, 2008b). CFLC staff consists of DECY staff such as CLs, centre assistants and educators. Also co-located within offices at each centre are Department of Health employees such as Child Health Nurses. Local community groups and non-government organisations are also involved in the centres. Chapter 4 discusses the Tasmanian CFLCs in more detail.

1.4.4 Theoretical approach

My theoretical approach is underpinned by spatial theory and a broad-based approach to practice. The key theoretical text is Massey (2005). Massey's idea of space is that it is socially constructed, a physical container that is: "the product of interrelations as constituted through interactions and … the sphere in which distinct trajectories exist" (p. 9). Each trajectory begins with a story. By using the words trajectory and story, Massey is emphasising the process of change as a phenomenon. From this perspective, space is produced by the intersection of multiple trajectories and is always under construction. In other words, space and time are not separate. These concepts are explained in more detail in Chapter 3.

The research locations were the SPSs within Tasmanian CFLCs. These busy spaces are characterised by fluidity. I investigated what happens there at a granular level. To gain insights into ISD, I used the concept of connections—in the sense of interactions between people—as my point of departure. I moved beyond the notion of SPSs as physical spaces and used Massey's ideas as a conceptual tool to examine closely how connections happen there. I adapted Massey's understanding of trajectory to mean a process of going from something to something else, and interactions as the intersection of multiple trajectories. I also drew on Massey's idea of *stories so far*, because the term identifies each individual's story as it is and as it changes. This term, therefore, accounts for the multiplicity of trajectories.

I complemented spatial theory with a less formal adoption of practice theory. Theorisation of practice in my study moves close to practice as a methodology because it involves concretely documenting what people do and say (Keevers, 2019). Combining spatial theory with a practice-based approach reflects the underlying ontology of this study, which is spatial pluralism (Pierce, 2022). Spatial pluralism posits that that there are multiple spaces and multiple possibilities (Pierce, 2019).

1.4.5 Methodological approach

I used an ethnographic approach in this study because it enabled me to immerse myself in everyday activities and study "at first hand what people do and say in particular contexts" (Hammersley & Atkinson, 2006, p. 3). An ethnographic approach aligned with my research questions, my intention to look at ISD as it happens, and spatial theory.

Two established methods supported my methodological approach. First, participant observation within the SPSs enabled me to watch closely as practices unfolded. These observations were both targeted and loose, and included informal chats with staff and parents. Second, I conducted semi-structured interviews informed by data from participant observations. Combining informal chats with semi-structured interviews offered insights into staff intentions and reasons for their responses. Similarly, the chats with parents provided scope for me to listen carefully to what they were expressing informally, and to build on that during their semi-structured interviews. My methodology and methods are discussed in more detail in Chapter 4.

1.4.6 Contribution and significance of the study

This research contributes to the field of ISD in family and community settings in three ways. First, it adds to existing knowledge of Tasmanian CFLCs. Second, it contributes to understanding about ISD in the context of informal spaces, particularly SPSs, rather

than behind the closed doors of co-located offices. Third, it offers fresh insights into the role of connection in accomplishing ISD.

This study is significant because it brings spatial theorisation into the field of ISD. Here, ISD is viewed as something live and unfolding in practice, not just as a property of service. This perspective offers insights and nuances that account for the complexity of ISD in informal spaces generally, and SPSs specifically.

1.5   Structure of the thesis

This thesis is divided into three parts. Part A is Chapters 1 to 4. Part B is Chapters 5 to 8. Part C is Chapters 9 and 10.

Part A covers the pre-field work and analysis stage of the study.

Chapter 1, this introduction to the thesis, provides the broad context for the study, and explains the importance of early childhood and the effects of disadvantage. It discusses the issue of wicked problems and the suitability of ISD to address them. The novel approach of this investigation is reflected in the Research Questions and the significance of the study. The theoretical and methodological approaches to the study are described, and the chapter concludes with an outline of the thesis structure.

Chapter 2 is the literature review. It is organised thematically and divided into four sections. The first section discusses family disadvantage and its consequences, and the second section examines issues related to accessing CFLCs that provide ISD. The third section highlights the key research approaches relevant to investigating ISD, including from service and parent perspectives. In the fourth section, I identify an under-researched area, the *how* of how ISD actually happens in practice. I conclude the chapter by explaining the relevance of the approach of my study.

Chapter 3 articulates my conceptual framework and explains why I combined spatial and practice-based theorisations. I present an overview of how the understanding of space has changed, and explain the theories of human geographer Doreen Massey,

giving examples of how her concepts have been used in various research fields. I describe why, for this study, I adopted the Masseyan idea of spaces being produced by what occurs within them. Additionally, I identify what applying a spatial lens enabled me to do; for instance, the concept of space as an intersection of trajectories offered a conceptual tool for my data analysis. I also explain why I adopted a broad-based practice approach alongside spatial theory, and how this allowed me to gain insights into how space is produced in regard to ISD.

Chapter 4 outlines my research methodology and methods, and explains how they align with the conceptual framework and the research questions. I provide the rationale for using an ethnographic approach, and participant observation and semi-structured interviews as the qualitative research instruments. I describe the research locations, namely, the SPSs within three Tasmanian CFLCs. I provide examples of my fieldnotes, typed up notes, and interview transcripts. The Research Questions are restated, and the analytical process is elucidated and documented. I conclude the chapter by outlining the ethical considerations.

Part B consists of the four findings chapters. Chapters 5, 6 and 7 respond to sub-question a): What are the key practices enacted in these spaces? These chapters identify what was concretely going on in the SPSs, including the interactions that happened as the practices were enacted. I interpret *interactions* broadly as meaning both verbal and non-verbal interactions. Each chapter incorporates scenarios and vignettes drawn from my fieldnotes and interviews to establish trajectories and stories so far (Massey, 2005). Here, trajectories are described as movements from one thing to another thing, such as:

- Physically moving from one place to another;

- Parents moving from one situation or feeling to another; and

- Staff moving from not knowing a family to learning about them.

Part B also documents the intersection of individual stories so far.

Chapter 5 identifies and discusses practices of hanging-out. These practices may be casual, but they are not without purpose. The chapter has three sections, each of which explains a finding related to hanging out. First, noticing, which ranged from casual observation to professional noticing by staff. Second, conversing, which ranged from everyday, general ones to more prolonged and personal ones, that often started within the SPS and then moved to a more private location. Third, modelling, which often involved showing parents how to play with children or how to respond to situations, such as tantrums.

Chapter 6 discusses consuming practices, that is, practices around eating, preparing, and sharing food and drinks. Consuming practices served multiple purposes, and often combined with other activities to strengthen participation and enjoyment. They were found to be important for facilitating informal connections between staff and were thus precursors to bringing services together. A vignette and accompanying commentary concretely trace a family's engagement with consuming services over time, foregrounding the role of consuming practices in developing connections between families and services.

Chapter 7 focuses on negotiating practices, elucidating how they are needed to produce safe and comfortable SPSs. The features of negotiating practices go beyond managing the space to facilitating the intersection of trajectories that bring services together. Features include remaining and chatting with a family once a situation has been resolved, and offering practical support. The chapter concludes by pointing out that although the three practices—hanging out, consuming, and negotiating—have been described separately, they can happen simultaneously, or one can lead to another. For example, negotiating practices sometimes led to consuming practices or hanging out practices.

Chapter 8 responds to sub-question b): How do these practices generate intersections of trajectories which enable connections between people that support the integration of services? By synthesising and theorising the empirical findings of Chapters 5, 6, and 7, Chapter 8 provides a higher-level analysis of how these practices connect staff, families, and volunteers. I identify and label four trajectories and offer a novel

theorisation, depth in the moment. I developed this theorisation from a detailed examination of two practices at three sites within the SPSs and how these practices generated intersecting trajectories. Towards the end of the chapter, I briefly introduce the concept of soft-edged ISD (SE-ISD).

Part C comprises Chapter 9, which responds to the overarching Research Question: How is ISD accomplished within the SPSs of Tasmanian Child and Family Learning Centres? It engages the study's findings with the relevant discussions in the current literature by elaborating further on the concept of SE-ISD. This discussion is organised around three themes: access and engagement, relational approaches, and parents' needs and perspectives.

Chapter 10 is the final chapter. It responds to the Research Questions posed in Chapter 1 by referring to the findings and then engaging with the literature to articulate the contributions of this study to research and scholarship. I critically reflect on the study and outline its practical implications for ISD generally, and for ISD in CFLCs specifically. After offering suggestions for further research, I conclude with a summary of the thesis.

1.7   Chapter summary

This introductory chapter has described the broad context of the study. I identified the research questions and their purposes, discussed the rationale of the study, and outlined the theoretical and methodological approaches. Finally, after positing the significance of the study, I described the structure of the thesis and summarised all 10 chapters. The next chapter is the literature review.

Chapter 2.   Literature review

This is the second chapter in Part A. It is divided into six sections. Section
2.1 introduces the chapter and describes the literature search strategies
and the scope of the review. Section 2.2 examines understandings of
disadvantage and its consequences. The focus of Section 2.3 is access to
centres providing ISD. Section 2.4 discusses the research about ISD.
Section 2.5 looks at under-researched areas and the importance of
investigating how practices unfold. Section 2.6 summarises the chapter.

2.1   Introduction

Chapter 1 introduced the broad context of the research, mainly from policy and grey
literature perspectives. It discussed the rationale underpinning the provision of ISD
generally, and then narrowed the focus to how it becomes relevant to families. After
outlining the research purpose and questions, the chapter concluded with an outline
of the thesis structure. This chapter turns to the research literature to give a more
detailed and nuanced understanding of ISD as a response to the need to support
families living in disadvantaged circumstances. To benefit from ISD, families need to
access ISD; therefore, what the literature says about access issues is explored.

This chapter identifies and discusses the main research approaches crucial to under-
researched areas in relation to the development of the current study. In Section 2.1.1,
I describe the scope of the review and the literature search strategies. In Section 2.2,
the literature review begins with a research-based understanding of the effects of
disadvantage, the need to address these effects, and how this need relates to the
provision of ISD. I then discuss the key issues around access in Section 2.3. In Section

2.4, my attention turns to the research literature on ISD from a service and parents' perspective, and in the context of Tasmanian CFLCs. Section 2.5 moves closer to the current study by identifying under-researched areas such as how ISD is accomplished in practice. Section 2.6 summarises the chapter.

2.1.1 Scope of the review

This section highlights the scope of the literature review. A range of online libraries and databases were searched for pertinent publications, including those of the University of Technology Sydney (UTS), the U.S. Library of Congress, the University of Tasmania, ResearchGate, SAGE, Professional Development Collection, SCOPUS, Taylor & Francis, Wiley, Google Scholar, Pub Med, Routledge, the OECD, and the Australian Institute of Family Studies. I also included the Australian National Library because of its legal deposit requirement. All relevant literature was retained in electronic and print form using EndNote, UTS OneDrive, external hard drives, and physical file folders as precautionary measures to avoid document loss.

2.1.2 Search strategies

This section identifies the search strategies I used, including keywords, journals, and government and organisational websites. Keywords/phrases used in the search included:

> Integrated service delivery, collaborative practice, one-stop shops, joined-up services, wrap-around, disadvantage, social services, ethnographic studies, sociomateriality, integrated services, place-based services, coproduction in practice, multi-agency services, family hubs, holistic approaches, and hard-to-reach families.

Journals accessed included:

Early Years: An International Research Journal;

Journal of Workplace Learning;

Pedagogy;

Culture & Society;

Public Administration Review;

Journal of Interprofessional Care;

Australian Journal of Early Childhood;

Journal of Research in Childhood Education;

Journal of Community and Applied Social Psychology;

Research on Social Work Practice;

Child: Care Health and Development;

International Journal for Equity in Health;

Journal of Family Social Work;

Early Childhood Research;

Future of Children; and

Journal Child and Family Studies.

Australian and international websites, including government organisations and not-for-profit organisations, used were:

Centre for Community Health Royal Children's Hospital Melbourne;

Australian Institute of Family Studies;

Australian Research Alliance for Children and Young People;

Social Ventures;

The Paul Ramsay Foundation;

National Child and Family Hubs Network;

Thrive by Five International;

The Family Hubs Network, U.K.;

Anna Freud;

Save the Children, U.K.;

Nesta, U.K.;

EurofamNet;

Child and Family Hubs;

Centre on the Developing Child at Harvard University; and

The King's Fund.

I also set up Google alerts for prominent authors in the field. The cutoff date for searching and reading was July 2023. I then organised the literature into the following five categories:

- Disadvantage and its effects;

- Issues around access;

- Research on ISD;

- Tasmanian CFLCs; and

- How integrated services are delivered.

2.2   Understanding disadvantage and its consequences

Many children grow up in disadvantaged circumstances that can adversely and inequitably affect their health and wellbeing, with lifelong educational, health, social and economic consequences (Duncan & Magnuson, 2013; Goldfeld et al., 2018; Luby, 2015; Vera-Toscano & Wilkins, 2020). Traditional research approaches have commonly gathered statistical data in isolation from other issues that may impact health and education (Adler & Stewart, 2010; Allen & Donkin, 2015). However, other researchers are now arguing that exposure to early disadvantage is not only a problem for individuals, but it is also a serious public health problem. These researchers point to the non-medical factors influencing health outcomes, which are referred to as the social determinants of health (SDH) (WHO Commission on Social Determinants of Health, 2008). Differences in SDH may give rise to inequities manifesting across

children's physical health, socio-emotional health, wellbeing, and learning (Hertzman, 2010; UNICEF, 2012, 2018a). Regardless of the researchers' approaches, the consequences of disadvantage must be identified and addressed in a child's life as early as possible, or even prenatally, as Keating et al. (2020) argue, because maternal and child health inequities often emerge before birth. Failure to respond to disadvantage has consequences for future life chances (Berry, 2017; Heckman & Mosso, 2014; Woolfenden et al., 2013). Thus, unsurprisingly, the implications of children growing up in disadvantaged circumstances have received much attention within the research literature.

Section 2.2.2 examines how researchers have understood the term *disadvantage* as multifaceted. Section 2.2.3 highlights how viewing disadvantage as something concentrated in communities leads to the idea of place-based services. Section 2.2.4 examines what the literature has to say about the nature of the problems underlying disadvantage and its consequences, and how providing ISD within these place-based services provides an appropriate response.

2.2.1 Understanding disadvantage

The Australian government Census is a nationwide survey that collates information on social and economic characteristics of the population. SEIFA is a commonly used measure that "combines income, education, occupation, housing and family structure to summarise the socio-economic characteristics of an area" (Australian Bureau of Statistics, 2021). Comprising four indexes that measure each of these areas and divide the score distribution into quintiles, each area is ranked relative to other areas to indicate its socio-economic status. The areas with the lowest 20% score are given a quintile number of one, while the highest 20% are quintile number five. Although the quintiles are area-based, rather than people- or dwelling-based, each contains an equal number of areas. In Tasmania in 2021, five of the most advantaged 37 areas are ranked higher than the average (populated weighted) SEIFA score in Australia, while 25 are ranked lower than the average. In other

words, Tasmania "experiences higher rates of socio-economic disadvantage compared to other parts of Australia, particularly when considering areas outside of Hobart. This is reflected in indicators like low income, family violence, high prison admission rates, and limited access to the internet" (DOTE21, 2021). Indeed, a small number of communities are disproportionately ranked in the top 5% of the most disadvantaged areas, to the extent that just two areas accounted for almost a quarter of this ranking (DOTE21, 2021).

The term disadvantage is complex and multifaceted. According to Goldfeld et al. (2018), the term can be viewed from philosophical, health, economic and social perspectives. From a philosophical perspective, disadvantage leads to restricted opportunities for individuals to engage in the lives to which they aspire (Sen, 1999). From a health equity stance, Braveman (2006) sees disadvantage as linked to types of differences in health outcomes. The economic perspective of disadvantage manifests in conditions of poverty. Poverty affects how families function and limits parents' capacities to provide what their children need to learn and develop. The social perspective of disadvantage is broader, and points to an individual's position in the social hierarchy based on wealth, power, and prestige (Braveman, 2014).

In their significant Australian study, Goldfeld et al. (2018) highlighted the need to examine disadvantage more broadly. They argued that the usual approaches of measuring socioeconomic status, parental education, occupation, and income are blunt instruments that cannot capture the complex disadvantages that interplay and manifest in children's lives. Their longitudinal study examined two research cohorts: children born in 2004, and children in kindergarten in 2004. They extended the identification of SDH by operationalising it and using it as the basis for a framework. The resulting framework outlined four socio-determinant lenses: sociodemographic, geographical environments, health conditions, and risk. What matters here is that measuring childhood disadvantage in this way, as "a multidimensional construct" (p. 227), can lead to responses that can effect change and pave the way for timely interventions. When all aspects of disadvantage are recognised, there are more possible entry points for pathways to intervention.

Some studies have avoided the risk of being trapped in statistical correlations and instead sought to understand disadvantage concretely, and to amplify the voices of those living in disadvantage (Cheshire et al., 2014; Saunders et al., 2006). These studies used focus groups and interviews to examine families' experiences of disadvantage in everyday living. A central theme in these studies, not surprisingly, is concern about food security and being able to afford basics like health care. One focus group participant in Saunders et al.'s (2006) detailed qualitative study, which sought to develop a kind of typology around disadvantage, expressed it this way:

> My son had epilepsy; he has grown out of it. Thank God for that, but I just thought to myself, thank God I have a Health Care Card to pay for his medication. Otherwise, I would have been absolutely stuffed (p. 47).

These studies also point to the significant role that being stigmatised plays in the lives of people living in disadvantaged circumstances. In a large study looking at concentrated disadvantage across six suburbs, Cheshire et al. (2014) contended that being stigmatised is a significant concern among families. Heberle and Carter (2015), furthermore, have suggested that being aware of stigma occurs early in preschool.

A 3-year participatory action research project in Western Australia by 100 Families WA (Phillips et al., 2021) further amplified the voices of disadvantaged people by conducting research alongside families to understand better what was working and what was not. This study used longitudinal data and fortnightly qualitative interviews with family members. Its findings align with the studies mentioned earlier, in that families often bear the burden of stigmatisation. To these families, the way services treat them is crucial. They identified being treated with respect and listened to as essential. One participant described it this way:

> Sometimes, you can see it in the eyes of agency staff. They have already judged you and put you in a little box with a label on it. They don't even really listen to your story (p. 44).

This literature points to the importance of non-stigmatising environments and services staffed by people who listen to and engage respectfully with families' individual stories. In summary, child and family services agents must be mindful of the possible effects of their interactions with families. This is discussed further in Section 2.5.

2.2.2 Disadvantaged families and communities

In the late 1990s, researchers identified the importance of uncovering Australia's geographical concentration of poverty. Jesuit Social Services took on that task, and in 1999, the first in a series of reports was published. *Unequal in life* (Vinson, 1999), challenged how governments and policymakers were responding to the complex social problems underpinning disadvantage. The report looked at communities in New South Wales and Victoria, and examined how disadvantage was concentrated in a small number of locations in those states. This report shed light on how several aspects of disadvantage interplay and combine to limit life opportunities. By the most recent iteration of the report, the fifth, the researchers were using 37 indicators grouped into the domains of social distress, health, community safety, housing, education, lifetime disadvantage, and the environment to measure disadvantage across every community in Australia (Tanton et al., 2021). Using these multiple indicators, the authors found that disadvantage was concentrated in a few communities in each state and territory. For instance, 9% of locations in Queensland accounted for 41% of disadvantage.

Since disadvantage is concentrated within particular locations and communities, a parallel concentration of place-based child and family centres aligned with community needs is warranted to address the collective problems of families and communities at a local level (Moore, 2008b; Wiseman, 2006). Within the more recent literature about place-based ISD,it is evident that the notion of locality has become sharper in focus (David Hogan et al., 2018). The provision of ISD within place-based services as a response to disadvantage raises issues around access, which will be discussed in Section 2.3.

One interesting aspect of the 2021 iteration of the Jesuit Social Services *Dropping off the Edge* studies (Tanton et al., 2021) is that qualitative data from focus groups and interviews within these communities were included for the first time. This reflects a willingness to listen to the voices of people with lived experiences of disadvantage and thus aligns with recognising the diversity of local conditions when considering services. Overall, this report suggests that place-based services have the potential to respond to and address disadvantage in localised conditions.

In Tasmania, where my research was conducted, six areas in the Tanton et al. (2021) study accounted for 36% of the most disadvantaged positions across all indicators. Significantly, there is evidence of multilayered disadvantage, with two of the six locations having 19 indicators in the top 55 of disadvantage. The Tasmanian CFLCs that were the research locations in this study are place-based. They are in geographical areas characterised by Tanton et al. (2021) as having concentrated, multilayered disadvantages and hence align with the need for placed-base support.

2.2.3 ISD as a response to disadvantage

The message from the literature is clear: disadvantage is multifaceted (Goldfeld et al., 2018; Marmot, Allen, Boyce, et al., 2020; Moore, 2021a). This means that families often deal with more than one problem at a time. Chapter 1 explained that ISD has emerged as a response to the complex nature of childhood and family disadvantage. Discussing ISD in the family context, Prichard et al. (2010) described it as "the process of building connections between services in order to work together as one to deliver services that are more comprehensive and cohesive and more responsive to the needs of families" (p. 5). Given the complexity of problems inherent in disadvantaged circumstances, several studies have suggested that the holistic approach which underpins ISD is likely to result in effective responses for families (Black & Dewey, 2014; Prichard et al., 2010).

As previously noted (Section 2.2.1), for decades, policymakers have used various terms to describe disadvantaged families, such as "families with wicked problems" and

"hard-to-reach families" (Flanagan et al., 2019). I will discuss the implications of this deficit language and how it impacts the willingness of families to engage with services in Section 2.5. Since these families often face problems that interplay, such as unemployment, housing and food insecurity, it is unlikely that individual services will be able to respond to them effectively (Australian Public Service Commission, 2007; Caspi et al., 2016; Duncan & Magnuson, 2013; Taylor et al., 2019). As Taylor et al. (2019) contend, "For this group, there is a compelling conceptual argument for a service model that integrates traditionally separate health, education, non-parental care, and human services under one roof" (p. 433).

While in theory, ISD is regarded as best practice for providing family support, the literature recognises the challenges of both providing ISD and doing it well (Harris et al., 2023; Prichard et al., 2010). Their efficacy relies on families' access to them. A frustrating irony is that those families who would most benefit from services are the least likely to access them (Dunst & Espe-Sherwindt, 2016). This has implications for choosing the priorities when considering areas to research, which will be discussed in Section 2.5. However, some aspects of access develop from what service providers perceive as the possible benefits to specific groups of families.

Tasmanian CFLCs' recognition of the multifaceted and concentrated nature of disadvantage is reflected in their integrated and place-based approaches. The families in this study indeed faced multiple challenges that intersected. By including the perspectives of parents as well as staff, this study has gained insights into the lived experiences of parents and how integrated services can be delivered in a way that works for families.

2.3 Access to services offering ISD

Put simply, access is about who is allowed to have it, who the practitioners and policymakers want to give it to and why, and the reality of who actually receives it. This section discusses the entitlement of families to use ISD, which is the focus of the debate around targeted versus universal access to services. The incentive to encourage

access in particular groups of families is rooted in the idea that early intervention is crucial. There are two situations where service providers see early intervention as particularly important: first, when there is an increased probability of ensuring that children develop to their full potential physically and emotionally; and second, where families may face child protection intervention.

2.3.1 Targeted versus universal access to child and family support services

A significant point of disagreement in the research literature both nationally and internationally is whether access to child and family support services should be targeted or universal. For example, Sure Start Centres in the UK have moved away from universal access to more targeted access for families in disadvantaged areas (Belsky et al., 2008; Smith et al., 2018). The rationale for targeted access is that because economic constraints exist, resources should be concentrated on those who most need it. Those on this side of the debate believe that intensive targeted support will result in the best outcomes for families living in disadvantage. However, those who favour universal access argue that targeted access risks stigmatising services, which can result in non-engagement.

Much of the research literature favours universal access rather than targeted access. This may be because those involved in research into access issues are often in the child safety field. The argument from a child safety perspective is that the aim is to reduce the incidence of child maltreatment at a population level, not just within suspected high-risk groups or locations (Chen & Chan, 2016; Prinz, 2016; Sanders et al., 2018). Additionally, supports should be designed for community-wide impact (Prinz, 2016; Sanders & Calam, 2016), of which the key to effectiveness is the provision of non-stigmatising support. In this specific context, the type of access is particularly significant, given the recent changes in child safety services in Australia and overseas, and the emphasis on early intervention and the prevention of problems developing.

Within this debate, a middle-ground approach is gaining traction. This approach argues for universal access, thereby mitigating the risk of stigma. However, once families

engage with services, there is a progressive targeting as their needs become disclosed, including targeting proportionate to need (Doyle et al., 2023). Central to this delivery style is the idea of *soft entry* points for parents (Higgins et al., 2019), which means that there are no conditions around attendance. The notion of soft entry starts from a position of parent-led access. The literature on parent perspectives in delivering integrated services will be discussed in Section 2.4.2.

2.3.2 Early intervention and access

Since the turn of the century, there has been an unwavering consensus across the literature that addressing the effects of childhood disadvantage needs to begin as early as possible (Fox et al., 2015; Shonkoff & Garner, 2012). The reasons for this lie in the early childhood domain. Understanding how children develop has led to identifying the early years as crucial (Heckman, 2012; Shonkoff & Richter, 2013). In both Australia (Rakesh et al., 2023) and internationally (Center on the Developing Child at Harvard University, 2016, 2017; Zeanah, 2019), there has been progress in understanding how children's brains and nervous systems function. Since the neural pathways of the brain and broader system undergo much of their development during the first three years of life, it makes sense to provide conditions for optimal growth during that time. Of crucial significance here is in the context of experiences with primary caregivers, when brain development and learning are being shaped along with health and wellbeing (National Academies of Sciences, 2019). Children who live in disadvantaged conditions are more likely to experience traumatic childhood experiences (Goldfeld et al., 2018) compared to their more advantaged peers (Allen & Donkin, 2015; Quach et al., 2017). These discoveries highlight the importance of supporting families with young children to address disadvantage and its consequences as early as possible.

The literature in the economic field has added weight to the argument for intervening early. For example, investing in children's early years is associated with cost-effectiveness because it increases health and wellbeing in adulthood and reduces later demands for services (Campbell et al., 2014; García et al., 2021; García et al., 2019).

Furthermore, economic investments on returns are higher when early intervention can mitigate the need for crisis responses, which can be more expensive (Fox et al., 2015). The evidence is therefore irrefutable: early intervention is the most effective approach.

A key theme in the literature around access to ISD relates to Child Safety Services, which are sometimes called Child Protection. In Australia, these are state government organisations. As previously explained (Section 1.2), these organisations are designed to intervene, sometimes to a legal extent, in situations where it is believed that children are at risk of harm. Understandably, problems around access are intensified when there is involvement with families who have attracted attention from Child Safety Services or the tricky question of whether Child Safety Services should have any presence within child and family services.

Within the Australian literature (Harrison et al., 2021; Higgins et al., 2019; Lonne et al., 2016), the American literature (Kimbrough-Melton & Melton, 2015), and the British literature (Featherstone et al., 2014), there is a consensus for change in the ways that Child Safety Services operate. Two broad ideas underpin the changes that have been implemented. First, neglect, which is the most frequently reported form of abuse (Lonne et al., 2016) responds well to supportive intervention as early as possible (Harrison et al., 2014; Harrison et al., 2021; Higgins et al., 2019). The ability to address neglect is even more crucial in the light of evidence that shows neglect overall can be more damaging than other types of abuse. When children who have experienced prolonged neglect are compared with children who have been physically maltreated, it is the former group who often suffer more serious cognitive impairments, language deficits and withdrawn behaviour (Center on the Developing Child at Harvard University, 2016; Teicher et al., 2016). Second, child safety is everybody's business. It would help if communities became involved in supporting families so children can remain safe (Kimbrough-Melton & Melton, 2015). These ideas have resulted in new frameworks and structures within Child Safety Services that better reflect community-focused approaches.

The drive to reframe Child Safety Services is connected to the provision of ISD, since ISD is likely to offer services that align with the support families may need. This

connection is relevant to my research because these two ideas have led to one overarching change in emphasis: the shift away from stand-alone formal responses to the importance of informal interactions and supports (Jose et al., 2020). Place-based child and family centres are well able to provide informal support, which was recognised in the new Tasmanian Strong Families Safe Kids Framework (Department of Health and Human Services, 2016). As a result of this new framework, a new role was created: the Child Safety Family Liaison Officer. Part of this role was to have an informal presence in Tasmanian CFLCs. Reframing Child Safety Services as grounded in the community and focused on informal support and prevention elevates the potential of ISD to improve the lives of families with young children. Research that seeks to deliver integrated services in place-based child and family centres in the most impactful way is central to much of the research literature on ISD.

Tasmanian CFLCs are hybrid models. As Taylor et al. (2015) noted, these centres are "single-entry point[s] to universal, progressive universal, targeted and specialist early years services" (p. 23). My study involved families who were already accessing CFLCs, so I did not research access processes in terms of how families first come to engage with a CFLC. However, access is broader than the first entry; it is about sustained engagement, even though engagement may be non-linear. Achieving sustained engagement with families can be difficult if families have had negative experiences with services (Boag-Munroe & Evangelou, 2012; Centre for Community Child Health, 2010). My study seeks to   provide fresh insights into how sustained engagement with integrated services is achieved.

2.4   Research about ISD

In this section, I discuss two main strands of the research literature: service-based approaches and parent-led approaches. Within the service-based literature, the predominant research approach is evaluative; it looks at the barriers and enablers of integration and assesses the impact on school readiness, health, and wellbeing. Within the parent-led literature, there is a range of research approaches, including

those concerning family partnerships, needs, and connections. The service-based literature is examined in two parts. Section 2.4.2 looks at research about the level of integration, and Section 2.4.3 discusses the provision of ISD and its effect on young children's school readiness and health. Section 2.4.4 highlights research from a parent-led perspective. The section concludes with an overview of the literature about Tasmanian CFLCs.

2.4.1 Enablers of integration

One strand of service-based research asks questions to identify enablers of integration (Anning et al., 2006; Broadhead et al., 2008; Stanley, 2007). Across these studies, there is agreement on enablers. These include:

- teams' cultural ethos;

- leadership;

- a shared philosophy; and

- a shared vision.

Other studies (Press et al., 2010; Reed et al., 2022) concur with these enablers; however, possibly because their research included significant amounts of family input, such as case studies and focus groups, they also asked what might work for families. Accordingly, they identified key enablers as:

- *No wrong door* procedures which made it easy for families to access centres through multiple soft entry points;

- Recruitment systems conducive to attracting staff aligned with the centre's shared philosophy and vision;

- Careful use of language;

- Practice frameworks; and

- Fostering flexibility and creativity.

More recently, a detailed Australian study of four child and family integrated models (Social Ventures Australia, 2023b) explored the potential of holistic, integrated services for families with young children and introduced the concept of *integration glue* as being necessary for successful integration. Integration glue refers to a bundle of features that bring individual services and staff together, including leadership, structures, practices, and infrastructure that must be considered locally and adequately funded. The term also refers to the networks the centres have with other services and how they can help families navigate these. Underpinning this integration component is the requirement for "highly skilled staff, multidisciplinary teams, relational child-centred ways of working, a well-designed physical space and strong networks" (p. 58). The argument here is that these things collectively are just as important as service delivery.

One of the service models investigated by Social Ventures (2023b) was *Our Place* in Queensland. The staff there have extended the importance of strong networks by seeing them as vehicles for supporting children and families with *warm referrals*, a term meaning introducing families to other professionals and sharing information about them so that families do not need to keep repeating their stories. The Social Ventures study suggests that these warm referrals are part of the integration glue needed for adequate levels of integration.

The Social Ventures (2023b) study is significant because it investigated structural integration components and their impacts, in addition to generating rich data characterised by thoughtful and sometimes informal responses. The quotation below comes from a participant who worked at one of the centres investigated. It nicely brings together the idea that responding to family needs aligns with the aim of integration.

> If you take a stance that you are led by the family and part of that is bringing services that the family need together, you are more likely to score higher if you did a scale of how integrated you are (p. 43).

Another participant recognised the importance of listening to parents and considering individual and local circumstances as central to family centred practice, rather than using a cookie-cutter approach.

> You can't just march in there and make assumptions and say we're going to do blah blah, how do you know that's what's needed? You know, family-centred practice principles, person-centred principles. We've got our framework and our structure of what we know the evidence says are the best buys, but what do those best buys look like at Westall or Robinvale or Morwell? They're all different, as they need to be (p. 45).

The Social Ventures (2023b) study was evaluative in that it aimed to assess how structural components impacted family experience. However, because the participants included experienced practitioners, it has provided valuable insights into operational realities.

2.4.2 ISD and school readiness and health

The term *school readiness* is often featured in the evaluative research literature about ISD. School readiness is a construct that identifies a variety of skills and abilities that children need to successfully transition to school (Bronfenbrenner & Morris, 2007; UNICEF, 2018b). Furthermore, there is recognition that school readiness is influenced by the individual abilities of children, by the relationships and resources they have experienced, principally at home with their parents, and by their exposure to early childhood settings (OECD, 2016; Taylor et al., 2015). School readiness is multidimensional. As Guhn et al. (2016) note, it includes language and communication skills, cognitive development, general knowledge, physical health, wellbeing, and social and emotional competence. Thus, families, communities and early childhood services need to be involved when considering what might enable children to make that crucial successful transition to school (Jose et al., 2020).

Given the multidimensional nature of school readiness, early childhood services that offer ISD are well placed to support children and their families in school transition. The U.K. government's evaluation of Sure Start centres (Belsky et al., 2007) found that ISD did improve school readiness in children. Cattan et al.'s (2019) detailed study found that Sure Start mostly benefited children living in disadvantaged areas and also reduced the likelihood of hospitalisation among children of primary age. However, there was no evidence that Sure Start had impacted either child obesity at age five or maternal mental health. These quantitative studies about Sure Start point generally to the positive impact of ISD programs on families needing support.

In Australia, studies about school readiness and health have tended to align with the Australian Early Development Census, which is how the government conducts its population-wide monitoring of child development in the first year of full-time schooling (AEDC, 2022). Five domains underpin the AEDC measurements: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and communication skills and general knowledge. Accordingly, the efficacy of ISD is often gauged by similar measurements. However, the aims of the AEDC go beyond these measurements in that they also include the idea that parents need to be supported and informed in ways that help improve their children's developmental outcomes. This aim is reflected in the body of literature examining ISD from the parents' perspectives, which will be discussed next.

2.4.3 ISD research from the perspectives of parents

As mentioned earlier, across the ISD literature, two ways of working with parents have been identified: the expert-led approach and the parent-led approach. In the expert led approach, professionals regarded as experts tell parents what to do. Decisions are made without consideration of how families view their problems and how likely they are to accept or be able to implement any suggestions. The effectiveness of this approach has been questioned (Kennedy, 2017).

In the parent-led approach, parents collaborate with professionals, decide what needs to be addressed, and contribute to deciding what may work best. Many studies have demonstrated the importance of responding to what matters to families and taking their lead in the timing and extent of a response (e.g., Kennedy (2017); Trute and Hiebert-Murphy (2013); Keilty (2016). This approach is often described as *family-centred practice*. Family-centred practice was developed as an alternative to the expert-led model of engaging with families (Rouse, 2012). It involves recognising that parents know about their child's circumstances and listening to what matters to them (Kennedy, 2017). Research suggests that the family-centred practice model can be used effectively in other contexts, such as disability services (Hiebert-Murphy et al., 2011) and child protection services (Lietz & Geiger, 2017). In the provision of ISD, there is a consensus that family-centred practice is best practice when working with parents (Moore et al., 2021).

Studies have recognised, however, that this type of practice presents several challenges and is difficult to implement operationally (Barnes, 2019). Bruner (2019) argued that to be family centred, services need to "start with the family and where they are at, not where systems would like them to be" (p. 8). The notion of systems dictating responses speaks to one of the challenges in implementing family-centred practice: the inherent power imbalance in parent–practitioner relationships (Prichard, 2018). Families will likely be required to interact with professionals at particular times in child and family service settings; appointments are made for them. Starting *where they are at* when decisions are taken implies consideration of what matters to them (Kennedy, 2017), as well as where they are physically, practically and emotionally.

The family partnership model was developed to provide a set of principles for working with families in a family-centred way (Davis & Day, 2010). Put simply, this model is about staff working with and through families. Understanding family-centred practice can highlight what family centredness might look like operationally. The extent to which services are delivered in a family-centred way cannot be evaluated without a qualitative approach that includes listening to parents and watching practice as it unfolds.

2.4.4 Parents' needs and perspectives

The COVID-19 pandemic brought inequity more sharply into focus and generated renewed interest in how to best deliver integrated services to families with young children. There has been recognition that research needs to move from service-based to needs-based approaches. For Moore (2021a, 2021b), ISD research needs to start from the perspectives of children and families. In two commissioned reports, the author examined the efficacy of integrated child and family services by first identifying family needs and then applying a needs-based framework.

Based on a comprehensive literature review of integrated services for young families, Moore (2021b) first identified family needs and then developed a framework of core needs to identify the features of Integrated Child and Family Centres (ICFCs) that would best support families. The core needs were:

2. Parents can attend the ICFC any time during opening hours;

3. The ICFC provides space for family activities, including a communal dining area;

4. The primary feature of the ICFC is that it is a natural place for families with young children to meet and connect with other parents and children, and access various services; and

5. The ICFC provides a safe space for families to meet, using working together agreements to set the standards.

The third and fourth features are central to this study. The aim of the SPSs within the CFLCs was they would be safe, natural places for families to meet, connect, work together and access services.

2.4.5 The importance of connection

The idea that most strongly informed my research is that of providing safe spaces where families can meet. This introduced aspects that are difficult to measure, such as broader notions of health and wellbeing, including mental health (Hall et al., 2022), and the role of connection (Moore, 2021b). Connection has always been part of ISD in the sense that services needed to join up in some way, but within the literature, there are now emerging notions that many aspects of connection are actually central to ISD (Murdoch Children's Research Institute, 2023). Thus, the needs perspective has brought connection into view in policy documents, whereas previously it was absent.

Connection is commonly defined as a relationship in which a person or thing is joined or associated with something else (Oxford English Dictionary, 2024). As a component of ISD, connection manifests as connections between parents, between staff, and between parents and staff. In the context of place-based child and family centres, offering ISD also means connection to a centre, which can depend on local conditions and the wider community. Moore (2021b) noted that connection deserves more attention when considering approaches to ISD: "Connection is a basic human need; we are wired to connect" (p. 12). The innovative research commissioned by The Benevolent Society into early years places in Queensland (2022) aimed to improve impact by establishing a framework for establishing data. The resulting Resilience Practice Framework (p. 32) is distinctive in that it can measure features that are more challenging to measure than the usual aspects, such as social connection. The authors found that such environments promote social connection. They also acknowledged the limitation of this kind of measurement, and their sample size was small.

While ideas around measurement are not a concern of my study, the Benevolent Society's research is noteworthy because it elevates connection to being important enough to measure. If it is important enough to measure, perhaps *how* connection also occurs merits practical investigation. The emerging notion that social spaces within place-based centres enable connection will be discussed in Section 2.5.

Social connections, in particular, have been identified as crucial for services seeking to improve the SDH of young children in families affected by disadvantage (Young et al., 2025). Accordingly, a new line of work has emerged that takes a broader view of what ISD can mean and how it is valued. The idea of social connection—social cohesion and its relationship to wellbeing—has come into play (Balenzano, 2021).

Several studies have pointed to the importance of families being able to engage with other people who may face or have faced the same problems as them in the past (Bibby & Deacon, 2020; Prichard, 2018; Prichard et al., 2010). These can be parents, volunteers, or workers present in the SPSs who have, themselves, previously visited the centre as parents. The idea that parents can help other parents because they have had similar experiences has strong backing from studies in place-based centres (Moore, 2015; Prichard, 2018), and in other contexts. For example, parents whose children have the same medical problem can benefit from contact with each other (Cameron, 2018), and thus communities of support can develop. In other words, spaces where families can connect with each other, such as the SPSs in my study, are valuable.

Increasingly, research has pointed to the importance of social spaces (Social Ventures Australia, 2023b). Social Ventures used Moore's (2021a) core needs framework to examine integrated service provision in centres. To describe the different family centre models across Australia, the Social Ventures (2023b) discussion paper uses the general term Integrated Child and Family Centres (ICFCs). It defines an ICFC as "a service and social hub where children and families can access key services and connect with other families" (p. 20). Thus, the notion of stand-alone service centres, even though they may have co-located services, has been replaced by the acceptance of social hubs as part of ICFCs.

The Social Ventures (2023b) study drew on national and international research studies to focus on four ICFC models currently operating in Australia, including Tasmania's CFLCs. Interviews were conducted with CLs, sector leaders and government representatives to establish which factors influence ICFC outcomes. This study asked the long-established question: What are the barriers and enablers of ISD? What sets

this study apart is that it included the social aspect, by which I mean enabling families, staff and volunteers to connect socially in an informal environment. The key findings in the operational section of the study are the most relevant to my research. One of the recommendations in this section was that ICFCs need to have a drop-in space to facilitate connection. The attention to informal drop-in spaces in ICFCs aligns with my study's key aim, to gain fresh insights into what is happening in such spaces, specifically SPSs, that enables the accomplishment of ISD.

2.4.6 Research into Tasmanian CFLCs

Research into Tasmanian CFLCs has some of the same elements as the broader body of research, such as identifying enablers and how they positively impact parental skills and capacities. Taylor et al. (2017) examined the perspectives of parents on what the centres offer, while Jose et al. (2019) looked at the effect of CFLC attendance on parents' levels of confidence and parenting abilities by comparing those who attended with those who did not. These studies indicated that the CFLCs are achieving their aim of building families' confidence and capacity. Furthermore, aligning with the concern around school readiness, research has been conducted into the use of child and family services and the levels of developmental vulnerability in school entry (Taylor, Christensen, Jose, et al., 2021; Taylor, Christensen, Venn, et al., 2021). The importance of non-judgmental environments is also supported by research conducted in Tasmanian CFLCs (Jose et al., 2019; Prichard et al., 2015; Taylor et al., 2017).

Although studies have consistently pointed out how unhelpful it is to frame families with complex problems in a deficit way, it is interesting that there can be a disconnect between the literature and the policy documents. Jones (2021) used Bacchi's (2009) concept of *what is the problem represented to be* to inform their analysis of documents dealing with policy about school readiness. She concluded that "parents who are viewed as less engaged in schooling were often problematised in policy documents" (Jones, 2021, p. vi). Overall, Jones's study is in general alignment with the broader literature, with the exception of the following two points. First, two themes

came through more strongly: community engagement (and the connections fostered as part of that); and parent-led approaches that accommodate family needs. Second, recent research has moved towards more granular approaches characterised by ethnographic methodologies.

Much of the early literature about CFLCs addressed questions about their levels of community engagement and how practices within them were underpinned by the Family Partnership Model (FPM) (Davis & Day, 2010). This focus is not surprising since the two conceptual cornerstones of the CFLCs are genuine community engagement (Department of Education Employment and Workplace Relations (DEEWR), 2009) and the FPM. In a conceptual paper, McDonald et al. (2015) used case studies to identify key factors in achieving high levels of community engagement. Focusing on the FPM and its principles of partnership between professionals and families, the authors found that shared expertise and reciprocal learning contributed to community engagement. The long (18 months) first period of community consultations was pivotal in establishing trust between families and services. This finding concurs with the research of Moore et al. (2016) who also used a case study approach, albeit focused on an in-depth analysis of one CFLC rather than several CFLCs.

With the Tasmanian CFLCs identified as examples of successful local ISD (Centre for Community Child Health, 2009), Prichard et al. (2010) sought to identify the key factors contributing to this achievement. Their report was underpinned by the concepts developed in the Tasmanian Early Years Foundation (2009) action research project. Prichard et al. (2010) found that the three most important principles for integrated service provision at CFLCs were: ongoing professional development, putting the child at the centre of any response or discussion, and recognising that the parents are the child's principal teacher. They argued that relational issues are paramount. In other words, relationships at all levels must be open and respectful, and those involved must model the desired behaviours. The authors also identified that reflective practice by all professions is an essential element of moving towards change. Therefore, along with general community engagement, attention to the quality of relationships between staff and families is crucial.

A small number of studies have linked connection with SPSs. For example, the Telethon Kids Institute study (Taylor et al., 2015) recognised that informal drop-in spaces within centres were pivotal in creating safe, comfortable spaces for families. This study is significant because it was the first to mention the importance of these SPSs. Jose et al. (2019) supported this point, noting that these were attractive spaces for families and children and that they provided a soft entry to services. However, the ways these spaces become safe and comfortable remain under-researched.

More recently, several ethnographic studies have emphasised the importance of building rapport with families to enable more nuanced understandings of their perspectives and experiences. Two of these focused on parents. Jones (2021) took a novel approach to understanding the concept of school readiness. The authors investigated how parents, rather than educators or policymakers, understood school readiness, and whether this influenced their perceptions of how early learning services such as CFLCs and Launching into Learning programs assisted with school readiness. Extensive participant observation sessions, which included informal chats, enabled the generation of parent-centred data. Bourdieu's (1986) theory of social capital and understanding of class underpinned the study. Notably, the findings supported the view that parents' engagement with these early learning services helped with school transition. Within the literature produced by policymakers and educators, however, school readiness was defined by ADEC markers such as physical health, social and emotional competence, and cognition. In contrast, parents viewed school readiness in a simpler, more concrete way. They understood school readiness as their child's ability to operate independently in this unfamiliar environment. This is a good example of how ethnographic studies underpinned by theorisation can meaningfully inform the language and framing used in policy documents.

Another ethnographic study by Jose et al. (2021) explored how families experience collaboration in the CFLCs. The spatial key here was co-location, and the extent to which this enabled cooperation and collaboration between services. Similarly, the Jones (2021) study research methods included extensive observation sessions and semi-structured interviews with service providers and parents. The SPS was used to build rapport between researchers and families. Jose et al.'s (2021) findings suggest

that while co-location of services does improve access to services, parents were still experiencing services separately, rather than integrated. The reasons for this were structural, such as barriers around information sharing, and professional preferences, such as working separately with families rather than collaborating. This study demonstrated how SPSs can be used purposefully, which has paved the way for how the use of such spaces might generate insights into other contexts.

In discussing future directions for research about CFLCs, Hopwood (2018) has called for attention to be paid to the informal activities that occur within SPSs, preferably in a more granular way. Despite this, such spaces have only briefly been mentioned in the literature. Thus, there is little understanding of what is happening within SPSs, and the activities that foster connection that are essential to delivering services within CFLCs. My study addresses this call, by looking carefully and in a granular way at what is happening in SPSs.

The final point in this section is that much of the research literature about ISD models is either evaluative or comparative, neither of which is a focus of my study. Even so, there are emerging signs within this literature that the things that are difficult to measure need to be investigated. This recent small shift creates room for my study.

2.5   Researching how and why integrated services are delivered

Although there is a large body of literature about ISD, there is still much to learn about making the approach work for families (Harris et al., 2023). The problem of how to engage vulnerable families might be tackled by gaining insights from research that closely examines the practices that support ISD provision. Section 2.5.2 identifies the crucial areas that are currently under-researched. Section 2.5.3 discusses the issues around engaging families. Section 2.5.4 focuses on two European studies examining how services were delivered within innovative family centre models.

2.5.1 Under-researched areas in ISD

In New Zealand, researchers and social work academics have long been calling for changes in research into ISD. For example, Atwool (2003) argued that instead of merely describing the problems families face, more attention should be paid to the practice interface, and to the lived experiences of families and their knowledge about their circumstances: "In a postmodern world we need to validate qualitative research process and not remain wedded to quantitative measures that frequently obscure the lived experiences of children young people and their families" (p. 33).

Calls for more qualitative research approaches suitable for exploring the social and relational aspects of ISD have persisted. There has been an increasing concern within the literature that too many studies of ISD have focused on evaluating the level of integration of services, as though this is an end in itself. For Glasby (2016), this focus is misplaced: "We have lost sight of something important, and integration has become part of the problem rather than part of the solution" (p. 7). The author argued that scant attention has been given to the outcomes for families that result from ISD and that thinking about structures alone is not helpful. Indeed, the title of his article – *If integration is the answer, what was the question?* – supports his point that research must be more broadly based. It has been posited (Harris et al., 2023; Social Ventures Australia, 2024) that in the aftermath of the COVID-19 pandemic and increasing concerns about inequity, ISD has the potential to effectively support families, especially those with complex problems. However, integrated services are as yet not delivered as effectively as they could be (Social Ventures Australia, 2023b).

My position in this study is that how services are delivered is as important as the actual programs provided (Centre for Community Child Health, 2010; Dunst et al., 2014; Dunst & Trivette, 2009; Harris et al., 2023). As such, it is essential that the research considers practices and their constitutive engagements and connections.

2.5.2 Engaging vulnerable families

Fostering engagements with vulnerable children and families does much more than facilitate access alone; it results in better outcomes for them. The research attention given to who attends these services and the extent of family uptake arises from concern around childhood inequity, which has heightened since the COVID-19 pandemic. Indeed, a frustrating irony is that those families who would most benefit from services are the least likely to access them (Dunst & Espe-Sherwindt, 2016).

Policymakers have used various terms such as *families with wicked problems* and *hard toreach families* (Flanagan et al., 2019) to describe families with complex, often long-standing, problems who are reluctant to engage in services. The phrase, hard to reach, implies that such families are at fault (Slee, 2006). Some writers have argued that this term should be vigorously contested because it has its roots in family deficit and the deficit of research approaches (Prichard et al., 2010; Reed et al., 2022; The Benevolent Society, 2022). Landy and Menna (2006) suggested that the services are hard to reach, not the families. In fact, families may be deterred by perceptions that attendance will stigmatise them, or that they will not be provided what they need (Katz et al., 2007; Sawrikar & Katz, 2008). The phrase also fails to recognise parents' perspectives and strengths (Crozier & Davies, 2007). It is fair to say, therefore, that although commonly used, hard to reach reinforces a deficit mindset.

Winkworth et al. (2010) argued that one of the problems in understanding why Australian families might not engage in services is that the evidence on how to engage these families tends to emerge from professional and practitioner perspectives of the families who are already engaged in services. Of course, it is not easy to conduct research with families who are disengaged with services. Accordingly, Winkworth et al. (2010) conducted in-depth interviews with 20 financially disadvantaged sole parents who described themselves as not well connected to services. A significant finding was that social networks were crucial to them. Without social networks, families lacked opportunities to introduce themselves to services. Several participants described how past experiences had left them feeling judged and reluctant to seek support through

formal settings. They preferred accessing assistance through attendance at places characterised by informal, non-stigmatising environments. Understanding the parent perspective in this way supports the notion that the services themselves are hard to reach, and therefore need to change.

International studies have identified ways of improving engagement by recognising the perspectives of parents. A New Zealand study set up neutral spaces where families and professionals could explore solutions to complex social problems, including parents' reluctance to access services (The Southern Initiative (TSI) et al., 2016). What is important here is that the researchers were able to approach and interview the cohort that had been described as hard to reach. They found the most crucial aspect of engaging families in services was that parents did not feel judged. The service environment becomes even more crucial if families visiting for the first time because of an outreach program do not return (Dunst & Trivette, 2009; Fox et al., 2015). achieving sustained or some degree of non-linear engagement is even more problematic than engaging families beyond the first visit. The evidence suggests that the onus is on practitioners to consider how they can create an environment to which parents want to return because they feel comfortable and not judged.

Beyond the issue of stigma, specific government actions and policies can sometimes exacerbate families' disengagement with services. For example, intergenerational welfare dependency can actually generate intergenerational disadvantage, despite Australian government policies designed to improve financial and social outcomes for "problem families … [defined as those] having a dysfunctional habitus" (Flanagan, 2022, p. 11). The problem here is one of representation, in which "assumptions of dysfunction, degeneration and dependency underpinning 'problem family' discourse" (p. 23) infiltrate government policies and services and conversely perpetuate, rather than ameliorate, disadvantage. Historically in Australia, there are many examples of government policies and programs that were perhaps well-intentioned at conception but have actually reproduced disadvantage and suffering. For example, the Stolen Generations, more recent child removals and forced adoptions (AIATSIS, 2023) have negatively impacted Aboriginal and Torres Strait Islander communities, the effects of which are ongoing and traumatic. More recently, the Robodebt scheme of the former

Liberal government, which was intended to enhance fraud prevention and debt recovery in the context of welfare payments to effect budget control and debt reduction, instead was deemed a "massive failure of public administration" (Commonwealth of Australia, 2023, p. 326). The failure refers to the impact on already vulnerable populations, in the form of reinforced barriers to engagement with services, stigma, personal, psychological and financial effects of unfair accusations, and the loss of faith in government (p. 327). In short, "families have long memories, and the state is not always a benign provider of valuable services" (Hansen, 2025, personal correspondence).

Prichard (2018) identified *soft-edged services* as those that epitomise the kinds of welcoming places where families feel safe, comfortable and not judged. Such services have good relational practices that encourage access by so-called hard-to-reach families. Furthermore, the evidence suggests that what matters are the practices that can be enacted within a space that create a comfortable environment for families, rather than the available physical space. Services can therefore do much more to address the challenge of engaging and sustaining engagement by these families. Producing comfortable environments through practices can help families feel they want to continue attending.

2.5.3 European studies

Two European studies particularly relevant to my research exemplify qualitative approaches that seek to determine how practice unfolds operationally. Balenzano (2021) used a mixed-methods research design to explore the relational networking of an innovative welfare service within a family service centre in Italy. This innovative study demonstrates how visiting professionals can operate in SPSs and contribute to early intervention and prevention. In this centre, the speech pathologist (SP) and the child safety liaison officer (CSLO) could engage with families in a soft-edged way that allowed them to cast a gentle net and pick up problems. Crucially, parents controlled that net by being able to choose which problems to keep and which ones to cast aside

in that moment. Visiting professionals were well-placed to pick up problems early and begin working with families towards a solution. The author also found that in European family service centres like these, the levels of social connection provide pathways to integrated services, which operate as "effective preventative instruments" (p. 38). Balenzano went on to identify these centres as "connecting structures between all interventions targeted at families" (p. 38). Notably, this study established the importance of connections and, to some extent, how connections can be made.

Similarly, the Norwegian family house model provides informal meeting places for families and offers various services. Bulling and Berg (2018) conducted a qualitative study based on in-depth interviews and participant observation in three family centres in Norway. The authors were critical of building integrated services solely from a service perspective, because it tended to lead to tensions between different practitioners. Instead, they supported the idea of service provision, delivering interconnected support systems for children and families. Centres achieve this by reframing the intersectoral collaboration of services from a problem-solving approach to collective learning and innovative, holistic, interdisciplinary practices. Bulling and Berg recognised the tension in situations where children are perceived as being at risk and where family support is needed. Although child protection and family support is delivered in separate siloed services, they argue that this is not desirable or necessary.

These two studies investigated practices and their effects on service delivery to families in integrated ways. Their findings suggest that similar studies might provide valuable insights into improving ISD within family centres. As a point of difference, my study takes a practice-based approach to generating fresh insights into how ISD is accomplished. It therefore addresses the gap in knowing *how* services are delivered operationally, in particular, how ISD is accomplished in a previously unrecognised context: SPSs within Tasmanian CFLCs. In addressing this gap, the study contributes to a growing body of literature that values the role of connection in ISD.

2.6   Chapter summary

The chapter has identified elements of the large body of research literature on how integrated services might be delivered to families. Although largely focused on structures and service perspectives rather than practices, within the literature is an impetus for change towards researching families living in disadvantaged circumstances who find services hard to reach. This shift focuses on parents' perspectives of service provision, and particularly the importance of social connection. Social spaces are needed to facilitate social connections. Some of these spaces have been evaluated as to their achievement of an optimum environment, yet little is known about how such an environment is accomplished in practice. My study seeks to gain insights into how the practice unfolds as ISD is accomplished at the operational level in SPSs within Tasmanian CFLCs.

Chapter 3.   Conceptual framework

This is the third chapter in Part A. Section 3.1 introduces the chapter. Section 3.2 discusses how space has been viewed differently by key thinkers and applied in non-geography fields. The work of Doreen Massey and how it is used in this research is the focus of Section 3.3. Section 3.4 outlines the approach to practice, and Section 3.5 summarises the chapter.

3.1   Introduction

The central imperative of my study was to develop a new spatial understanding of ISD. The literature review in Chapter 2 revealed an emerging focus on the informal SPSs within child and family centres. Previous research based on the Tasmanian CFLCs recognised the valuable work happening in those spaces. However, there is a limited understanding of the value of that work in the delivery of integrated services. This study is not about a structured ISD; rather, it is about a *lived* ISD. By lived, I mean something that unfolds in the moment in practice and is accomplished every day. Understanding ISD as something lived, not a property of service, has necessitated a different conceptualisation of space and of the practices taking place in SPSs that can lead to the accomplishment of ISD.

Although this study was located at the intersection of two fields – education and early years ISD – the key theoretical approach that framed my data collection and analysis is from Masseyan concepts in the field of human geography (Maxwell, 2013, p. 92). Critical and cultural geography has provided new ways of thinking about space, thus creating new opportunities for researchers from non-geography disciplines.

In the second half of the 20th century, there was a major shift in how the field of geography understood place and space (Anderson & Harrison, 2010). Place and space were no longer seen as physical entities, but as socially constructed phenomena. Key thinkers such as Henri Lefebvre, Edward Soja, Doreen Massey and others developed concepts arising from this basic premise. The work of Lefebvre (1991, 2004) and Soja (1996) and their ideas will be discussed in Section 3.2. In Section 3.3, I turn my attention to Massey and the significant body of work she produced and explain why and how I used her ideas in the current study.

This thesis explores how gaining insights into ISD within a particular space necessitates understanding the concrete practices that unfold in the moment. Accordingly, Section 3.4 explains the role of practice in this study, how it complemented the spatial lens, and how a framework combining them aligned with the underpinning epistemological and ontological approach of my study. Finally, Section 3.5 summarises the chapter and briefly discusses the implications of this framework for the methodology and methods I used.

3.2   Understanding space differently

As Thrift (2007) noted, within cultural geography in the second half of the 20th century, there was a widespread shift of attention from history and sociality to ideas about spaces. This development, often referred to as the *spatial turn*, involved both space and place being viewed as socially constructed entities. Despite the view of space as a physical, singular, fixed container persisting more broadly, the spatial turn offered a conceptual understanding that went beyond place as something physical by focusing on the human. Human geographers used a sense of place to explain meanings that are individually attributed and socially constructed (Creswell, 2009, 2014). Around the same time, ideas of ISD started to focus on the importance of place.

Tasmanian CFLCs exemplify place-based centres. In my study, however, the focus was on space, not place. This is because the research locations are SPSs within

the centres, and I researched what happens within these spaces that results in the accomplishment of ISD.

3.2.1 The concept of space as socially constructed

Henri Lefebvre, one of the most important Marxist thinkers of the 20th century, challenged long-standing, commonly held assumptions about space (Smith, 2004). According to Lefebvre (1991),

> Not so many years ago, "space" had a strictly geometrical meaning: the idea it evoked was simply of an empty area. In scholarly use, it was generally accompanied by some epithet such as Euclidean, isotropic, or infinite, and the general feeling was that the concept of space was ultimately a mathematical one. To speak of "social space", therefore, would have sounded strange (p. 1).

Here, space is not an empty container serving as a backdrop to human activities; rather, spatial practices actively produce space. Lefebvre conceptualised three distinct types of space: perceived space is how individuals experience and perceive space; conceived space is an abstract representation of space; and lived space is the space of everyday life in which social interactions happen. Importantly, these three types of space are not independent and apart; they are intertwined in a dialectical relationship. From this tripartite perspective, space is inherently complex and open-ended. My investigation of space, while not drawing directly on Lefebvre, is concerned with lived space, that is, space as enacted into meaningful being, as distinct from perceptions or representations of SPSs.

Lefebvre also challenged the idea that time and space are separate entities. For him, space is temporal and shaped by cultural practices, historical processes, and social rhythms. Additionally, to understand everyday life, we must recognise that space and time are interrelated, that everyday life "remains shot through and transversed by great cosmic and vital rhythms" (Lefebvre, 2004, p. 74). This notion of rhythms may be

illustrated by their presence in music, media, politics, and aspects of the city. Elden (2004) contended that Lefebvre viewed these concepts of rhythm as a "mode of analysis and a tool of analysis rather than just an object of it" (p. xii). Interestingly, although it may seem from publication dates that Lefebvre's notions of spatiality preceded those of temporality, it was the other way around. Furthermore, Lefebvre's understanding of time as "non-calculable, as resistant to abstracting generalisation and in need of being understood as 'lived'" (p. xi) corresponds with his comprehension of space. For my study on how ISD is accomplished, I have also taken the approach that space is temporal, because ISD can take time.

These concepts about rhythm introduced insights and value to everyday life (Carp, 2008) and provided applicable dimensions for analysis. Identifying categories containing oppositions, such as repetition and difference, cyclical and linear, and continuous and discontinuous, led to the untangling of complex lived experiences. Lefebvre contributed to notions of learning by talking about rhythm as pedagogy and identifying the learning time. For example, his notion of conceived spaces has been used in hospital studies to investigate accessibility (White et al., 2012) and power relations during ward rounds (Liu et al., 2013). In an ethnographic study of practices in a health service's residential unit for families, Hopwood (2016) used Lefebvre's notions of rhythm analysis to create new understandings of professional practices and pedagogy. In doing so, Hopwood challenged normative notions of space as a container for practices. Here, the inclusion of time, space and materiality led to accounts of practice that differed from conventional accounts of how professionals work with parents.

The political geographer Edward Soja (1996) also comprehensively theorised lived experience by building on Lefebvre's ideas about how space is produced. He developed the notion of the *third space*, which was an attempt to capture lived experience in its entirety. As Soja explained:

> Everything comes together … subjectivity and objectivity, the abstract and the concrete, the real and the imagined, the knowable and the unimaginable, the repetitive and the differential, structure and agency, mind and body

consciousness, and the unconsciousness the disciplined and the transdisciplinary, everyday life and unending history (p. 56).

Here, we see that Soja's notion of spatiality includes the historical and the social. This notion of a third space has been used in diverse research areas, including teachers' professional development (Dewhirst, 2022) and a political study of the Global South (Haug, 2021). Lefebvre and Soja also raised new questions about how space is produced and might be researched (Smith, 2004). Similarly, as I will explain later, Massey's ideas, which are central to my study, continue to influence research in many fields.

3.2.2 Research applications of space as socially constructed

Soja (1996) contended that space has become "not the privileged turf of such specialised fields as history, sociology and Geography but spanning all interpretive perspectives" (p. 6). Indeed, the spatial turn in social sciences offers possibilities for asking previously unthought questions (Usher, 1996/2002). Thrift and Whatmore (2004) concur:

> Whereas culture has been a shared currency that has kept geographers in conversation with others for a long time now, it is only more recently that space has begun to take on a similar iconic status, spinning out of geography through the intellectual curiosities and investments of many other disciplines (p. 2).

These new ideas about space have also opened up possibilities for research into educational processes and practices (Usher, 1996/2002). Gulson and Symes (2007) observed: "What is notable about the spatial turn in social theory is its eclectic and expansive nature" (p. 98). Additionally, they suggested that drawing on spatial theories can lead to a more nuanced understanding of the subtleties underlying social inequality, cultural practices and educational policies. For Gulson and Symes, the strength of using spatial theory in education is not in its ability to tackle new problems,

it is about tackling the same problems differently and "providing explanatory frameworks that perhaps disrupt understandings in and posit new possibilities for both mainstream and critical education studies" (p. 98). The authors argue that ideas of space and place have not been used to their full extents because they are frequently used as metaphors rather than as complex theorisations. Furthermore, this kind of usage is limited in application. For Thrift and Whatmore (2004), space and place are "under-examined and under-theorised components of educational studies, development and critique" (p. 8). These examples show that while the education field demonstrates how and when ideas are taken from one field to another, their value might be lost in translation. Although new understandings about space exist, using spatial theory in other research disciplines is not without limitations and problems.

Researchers in the fields of health and care have also recognised the potential of spatial theory. For Roxberg et al. (2020), changes in the conceptualisations of space and place will have crucial implications as research moves away from the notion of space as a passive backdrop in which health and care occur. Viewing space as socially constructed and an active phenomenon means it may become part of how care and health are carried out. Roxberg et al. also claim there is an urgent need to undertake more spatially informed research on health and care through transdisciplinary collaboration, although this may be challenging to achieve. Andrews (2006, 2016) also posits that moving away from the space-as-a-container notion of health and care would necessitate an interdisciplinary research approach.

This section has demonstrated the value of using these new spatial concepts in non-geography fields, and that perhaps their use is yet to reach its full potential. The implication for researchers from non-geography disciplines is that care is needed when choosing to use a spatial concept. In the next section, I discuss the work of Doreen Massey and explain why I employed her concepts of space in this study. Like Lefebvre and Soja, Massey was a post-modern theorist and a Marxist – although maybe not in the mainstream sense – whose spatial theories have offered fresh ways of understanding the modern social world.

3.3   The work of Doreen Massey

Doreen Massey's death in 2016 led to many tributes from scholars, not just of
critical and human geography, but also of diverse fields, such as film studies, politics,
economics, and organisational studies (Castree, 2016; Guha, 2016; Kitchin, 2016;
Meegan, 2017; Painter, 2016). Castree (2016) described Massey "as a truly exceptional
geographer and one, moreover, esteemed far beyond her chosen discipline" (p. 3).
Beginning with a general overview of her extensive work, in this section, I focus on
how researchers in different fields have used her ideas, several of which contributed
to the analytical framework for this study through the coming together of trajectories,
the simultaneity of stories so far, and the linking of time and space.

3.3.1   Overview

Massey (1973) argued that "the spatial element is essential to all effective economic
analysis" (p. 38). Analyses would be flawed, however, if they adopted the commonly
held notions of spatialisation as representation, which "partake of a long lineage of
thought that equates both with fixity, statis and stillness" (Massey, 1999, p. 234).
Rather, analysis must be underpinned by viewing the spatial as in that very material
sense socially constructed, and an understanding of the spatial must entail an analysis
of the economy and society more generally. In that sense there is no "hermetically
sealed discipline of geography" (Massey, 1994, p. 22). Rejecting this idea of fixedness
in space led to one of Massey's signature claims, that space is socially constructed
and always changing.

If space is socially constructed, then it is also relational. This understanding led to the
idea of *power geometrics* (Massey, 1993), which is a consideration of power that has
enabled new types of research questions, including in the areas of politics (Massey,
1992), gender (Massey, 1994), and globalisation (Massey, 1999). Significantly for social
research, Massey argued that ongoing inequalities can be produced through social
relations. This idea underpinned her strong commitment to social justice. Nested

within this commitment was the idea of *geographies of responsibility* (Massey, 2004, 2005), which extended care ethics beyond the personal and local to the long chain of ordinary actions that Massey (2005) described as *political responsibility*.

Lawson (2007) developed the idea of geographies of responsibility by foregrounding the extent of the epistemological power of care ethics. Lawson argued that thinking this way does not just raise different research questions; rather, the centring of social relations and what is contained within them necessitates a wider range of research methods and ways of providing evidence. In addition, "social relations of love, connection, mutuality, commitment and so on are not idealized terrain, rather they are fraught with power relations that are worked out in specific contexts" (p. 4). As mentioned earlier, while other writers such as Lefebvre and Soja conceived space as socially constructed, Massey's notion of space as relational extended and strengthened this idea in powerful, complex ways that have reached multiple aspects of everyday life.

Massey (2005) also rejected the romantic notion of public space as free and democratic: "The tendency to romanticise public space as an emptiness which enables free and equal speech does not take on board the need to theorise space and place as the product of social relations" (p. 152). These spaces, whether small or large, developed or bare, are a product of social identities or relations which can be conflicting or heterogeneous. The idea of *open space* is not accepted. To Massey, all spaces are socially regulated in some way. Interestingly, Massey suggested that to achieve the idea of new and better public spaces it may be necessary at times to face up to the "necessities of negotiated exclusion" (p. 153). In other words, the concept of space as socially constructed necessitates the recognition of the unequal power inherent in social relations within these spaces.

Massey also rejected the notion of instantaneity/depthlessness – the commonly held idea that in the global world, single moments are instantaneous and identical. To see moments in this way would deny Massey's (2005) signature claims that space is always under construction, always becoming, and produced by a multiplicity of trajectories and temporalities. For Massey, space is the intersection of trajectories and

not separate from time. To accept the instant is to accept depthlessness and an account of space that denies its interconnectedness to history. Instead, she invites us to imagine space as a "simultaneity of stories so far" (p. 12), to view time and space as inextricably linked. Therefore, what is usually described as *here* is only the temporary and particular intersection of individual trajectories that will change immediately afterwards. Thus, space is associated with change and movement, and moments are not depthless and static; there is "no global integrated moment" (p. 7). Rather, "far from standing for the stability of representation, real space (space-time) is indeed impossible to pin down" (p. 80).

3.3.2 How researchers have used Massey's work

Massey's work has been used in various fields, including organisational studies, education, and metro linguistics. In the organisational studies field, her theoretical lens was used to conceptualise what happens within organisations in terms of "becoming" (Chia, 1995; Tsoukas & Chia, 2002). Several studies combined Massey's notion of intersecting trajectories with Actor Network Theory to conceptualise organisational spaces (Hirst & Humphreys, 2013; Knox et al., 2015; Vásquez & Cooren, 2013). Knox et al. (2015) used Massey's (2005) idea that space is always about "the combination of order and chance" (p. 151), to explore how the different organisations at an airport, such as baggage handlers and security personnel, played their agreed organisational roles and controlled the production of airport spaces. In such spaces, order dominates until something unexpected happens, in which case ordering gives way to problems of how to respond collectively.

Surprisingly, given that organisational studies are more typically studies about place, all the studies mentioned here are about investigating space, not place. In these granular studies, Massey's ideas of intersecting trajectories and the combination of order and chance offered specific conceptual tools to inform the analyses. Similarly, in my study, I adopted a granular approach along with the notion of intersecting trajectories.

In the field of education, Dadvand and Cuervo (2019) investigated pedagogies of performative care and school belonging in Australian schools. They used one of Massey's key concepts: that a sense of belonging can be viewed as a product of the relationship between how students identify themselves and how others identify them; this relationship contributes to both *the social construction of space* and the sense of belonging that students have towards the socially produced space. In an earlier study, McGregor (2004) used Massey's ideas alongside Actor Network Theory to understand the production of space in teachers' workplaces. My study has similarities with McGregor's study in that I investigate how space is produced in child and family centres, which are run by an Education Department.

Taylor (2013) used the Masseyan idea of space as a multiplicity of trajectories to inform both the methodology and methods of her case study research into educational settings. The case itself was conceptualised as space, and thus influenced the positioning of the researcher and ethical practice. Adopting this notion of space necessitated multiple methods for exploring relationships and change over time. Taylor used the term *bundle of trajectories* to inform her analysis, which was positioned within an interpretive theoretical perspective because the aim was to understand how young people learned.

In the field of children's literature, Cliff Hodges et al. (2010) adopted a multi-disciplinary approach to generate insights into how children perceive their place-related identities through reading and writing. Interesting here is how the authors used Massey's conceptualisation of space as an intersection of trajectories alongside the perspectives of a literary scholar and an English teacher. They claimed this resulted in innovative analytical tools for future research.

Scholars of metro linguistics, Pennycook and Otsuji (2014), used Massey's idea of trajectories to examine how people moving through places produce spatial repertoires and how multilingualism takes place in complex urban spaces. Their research locations were restaurants in Sydney and Tokyo, and they explored how linguistic resources and everyday tasks, and social space become intertwined. They turned the focus away from what individuals were doing by using trajectories to understand movement and

by bringing into view the linguistic resources that become available through the activities of people and the organisation of places. I conducted my study within a fluid space and used trajectories to understand movement in the context of connection and ISD.

Doreen Massey's ideas have not gone unchallenged. For instance, one criticism of her work is that there is an overemphasis on the global, while the local is neglected (Scanlan, 2018). Some researchers' use of Massey's term "global sense of place" can result in an over-exploration of certain ideas that lead to repetition and reduced focused analysis, and disconnected from concrete action. Conceptually, Ingold (2008) challenges Massey's concept of space, which he define as a "void, as non-world, as absence rather than co-presence … [arguing that] the world is a world, not space; and what is going on in it – the processes wherein its manifold forms arise and are held in place – are processes of life, not time. Massey's time-space is, for me, the lifeworld" (p. 892). To address these critiques, I have used Massey in a highly localised way in my research, so as to promote improved concrete ways of working with and outcomes for families experiencing disadvantage.

Another criticism is Massey's use of theoretical language, which seems to foreground issues of ontology and philosophy in the production of analyses that appear obvious. For example, Scanlan (2018) cites a study that adheres to Massey's insistence on the common epistemic community of physical and human geography to articulate a broader understanding of the process of dam removal in New England, USA. This adherence leads the researchers to make what seems like a self-evident claim, that "dam removal, although trying to achieve something biophysical, is at its core a social process" (Scanlan, 2018). Scanlan argues that the study's account of river restoration is framed in theoretical language, potentially making it impenetrable to geographers and constituting a barrier when they need to collaborate with human geographers. To address this criticism, my work endeavours to translate theoretical language into that which can be readily understood and applied by practitioners and families alike.

A final critique of Massey's ideas about space in the context of human geography (Anderson, 2008) asks how "spaces constituted through the circulation of images or

spaces animated by the distribution of affect – or the multiple topological forms that relational space can take (network spaces, Euclidean spaces, fluid spaces, etc.)?" (p. 234). In response to this critique, the understanding of space in my research encompasses both relational and fluid spaces in the CFLCs, by understanding such spaces as contingent and precarious, yet overtly social and mutable.

3.3.3 Masseyan concepts used in this study

In selecting the conceptual framework for my study, I considered the research location, the phenomenon I would investigate, and the types of questions I would ask. I needed to understand space in a particular context and with a specific purpose. The research locations were informal spaces full of movement, and I sought to understand how ISD was accomplished there in an everyday unfolding practice sense. After considering spatial theories more broadly, and Massey's work in particular, I choose her book, *For Space* (2005), as my key theoretical text and source.

The use of Massey's notion of space as socially constructed as my research framework was consistent with the ontological and epistemological positioning of this study, which is spatial pluralism. Spatial pluralism suggests that there are multiple spaces and multiple possibilities (Pierce, 2019).

From *For Space* (2005), I identified three ideas to inform my analysis:

1. The coming together of trajectories;

2. Stories so far; and

3. Linked time and space.

First, it is helpful to conceptualise space as where different trajectories exist and can intersect, the "sphere of a multiplicity of trajectories" (Massey, 2005, p. 16). Trajectories are about movement and change, that is, going from one thing to another. This notion sits well in the context of an observable research area that is characterised by constant movement and change. Additionally, to address my research question

about how ISD, as a living phenomenon, is achieved, I needed a granular method. I employed an ethnographic approach that involves observation of the small, concrete events that occur in SPSs. Massey's notion of trajectories coming together was a useful tool with which to disentangle these trajectories and note their intersections. To Massey, spaces are always the product of interactions socially and materially, and this points to the multiplicity of interactions that are a feature of this phenomenon. Paying attention to trajectories can help account for the live and lived spaces they produce. Space is a dynamic phenomenon. Within a space, practices take place that are shaped by the space, and in turn, how they play out feeds back into the construction of the space. This aligns well with the notion of ISD as a dynamic phenomenon always in the process of becoming and never quite finished.

In conjunction with the coming together of trajectories, Massey invites us to imagine space as a simultaneity of stories so far (2005, p. 12). This idea aligned well with my meeting families where they are and the changing nature of where that might be. Employing the notion of space as an intersection of trajectories that constantly change enables a view from an "unaccustomed angle … [that can] disrupt the sense of coherence and totality" (p. 109). Paying attention to trajectories and their intersections can render visible previously unnoticed aspects.

Second, space is always under construction, it is never finished. As Massey explains, "finishing is not on the agenda" (p. 107). This was of particular significance for my study of how the connections made in a space underpin ISD. When space is seen as open and interactional, there are always connections yet to be made. This has implications for inter-relations that are nonlinear and unpredictable and for the recognition of long-term trajectories.

Third, Massey views space and time as inextricably linked. Time is not linear; it is a product of in-the-moment actions colliding to produce a particular event. Space is always under construction because it involves embedded material practices which must be undertaken. Therefore, what is usually described as *here* is only the temporary and particular intersection of individual trajectories that will change immediately afterwards.

These concepts enabled me to adopt a granular approach and also to become aware of change by identifying the coming together of trajectories and the stories so far. They offered a specific conceptual tool to inform my analysis of how ISD is accomplished.

3.4 Theorising practice broadly

My study into how SPSs in CFLCs are produced, unfinished, and temporal also looked at how these spaces are enacted into being as practices. Their intimacy with practice, rather than as perceptions or presentations, was discussed earlier in the context of Lefebvre's work. This section clarifies the status and definition of *practice* used in this study, including my need to establish what was happening in a concrete way and what part this might play in delivering ISD. Accordingly, Section 3.4.2 discusses theorised practice to explore the connection between practice and space, and Section 3.4.3 discusses the impact for the conceptual framework of this study.

3.4.1 Theorised practice

The notion of practice is a feature in the theorisations of space previously discussed in their common theme of space being *socially produced*, *lived* or *practiced* (Lefebvre, 1991; Massey, 2005; Soja, 1996). In a sense, space and practice can be understood as two sides to the same coin. This understanding invites exploration of theorisations where the focus of attention is the practice side of the coin. There is an emerging volume of studies that share this focus and have come to be known as the *practice turn* (Schatzki et al., 2001). This turn has resulted in attention given to practice in a diverse range of fields such as medicine, education, nursing, science and technology.

Several research traditions sit within this overarching label. These include cultural historical theory, sometimes referred to as cultural historical activity theory (Engestrom, 2000); communities of practice (Lave & Wenger, 1991); work-based learning (Hager, 2004); feminist praxis (Butler, 1999); and practice architectures

(Kemmis, 2012). These theorisations of practice draw from a range of philosophical and sociological scholarship that includes Vygotsky's (2018) social constructivism, Latour's (1996) actor-network theory, and Schatzki's (2012) theory of practice.

Within practice-based studies, there is some alignment concerning various features of practice. For Keevers (2019), practices are "dynamic, situated embodied spatially and temporally extended ways of human and other than human doing things together." Practices are interactions of saying and doings and relating among people things and sites (Kemmis, 2012) and embodied material and situated activities informed by shared understandings (Schatzki, 2006). Despite the wide-ranging examples of practice theorisation, there are commonalities. Most focus on the relational character of practice. Knowledge is not viewed as something acquired and retained; rather, learning occurs through knowing and doing. Materiality is part of the practice. Practice is not seen as something fixed but as something always in the making.

I use Schatzki's (2005) definition of practice in my thesis. From his perspective, space is seen as "open ended spatial-temporal manifolds of actions … [and sets of] hierarchically organised doings/sayings, tasks and projects" (p. 471). This definition of practice both locates actions in space and time and sees that actions constitute space and time. Space, therefore, is not just a physical container for actions, but constitutes a part of actions. The idea that actions unfold in space and take time, and through actions and materiality, space and time are constituted is central to my thesis. In other words, space is enacted.

Practice can be observed in the multiplicity of complex interactions, the choreography of enactments, and the range of relations involved in making knowledge – with people, material objects and movements. In a close discussion of work-based choreography, Whalen et al. (2002) contended that the multiple and complex aspects of professional practice learning indicate a potential methodology for considering how learning is enacted, thus emphasising a sensible and actionable set of dualities that acknowledge tensions in emerging and nuanced behaviours.

3.4.2 Practice and space

As hinted at in the brief overview of practice literature above, context is an important commonality. That is, practices are not purged from the conditions in which they are enacted; rather, they are situated. It is here that the connection to space becomes apparent (the other side of the coin). I also take the view that spaces are produced through practice: spaces shape practices and practices shape space. While I draw from one specific notion of practice, I recognise the importance of practices more broadly. To gain insights into how ISD is accomplished, I wanted to understand what was happening in the research space in a simple, concrete way. It is important to note that I use *practice* to refer to not only what professionals did in this space but also what parents and children did.

I adopted a granular approach to the research. My examination of small details and seemingly unimportant interactions drew on Chia's (2013) notion of *strategic indirection*, which is a way of explaining change. Chia identified the characteristics of strategic indirection as "modesty of action, patience in allowing things to happen and timeliness of intervention" (p. 669). This understanding of practice had implications for my approach to observation in the field; it encouraged me to note not only what was happening in the smallest interactions, but also what was not happening. This concrete approach meant that practice almost became a methodology. As such, Keevers (2019) argues that when investigators focus on what people are doing, what they are saying, how they are relating, and what are the material arrangements, their research is essentially practice as a methodology.

The combination of Masseyan concepts of space and the broad approach to practice previously described aligned with my epistemological and ontological commitment to spatial pluralism (Pierce, 2022). This ontology is compatible with the centrality in my study of Massey's notion of space as socially constructed, never finished, and not separate from time.

3.5   Chapter summary

As stated in Chapter 1, the overarching research question guiding my study is:

> How is Integrated Service Delivery accomplished within the shared public
> spaces of Child and Family Learning Centres?

This chapter has outlined the conceptual framework I used to understand the relationship between unfolding spaces and practices in SPSs. This is an important relationship in addressing the research question above, which is concerned with *how* ISD is accomplished. My commitment to the importance of trajectories within this conceptual framework also has implications for my methodology and will be discussed in following chapter.

Chapter 4. Methodology

This is the fourth chapter in Part A. It is divided into seven sections. Section 4.1 introduces the chapter and identifies the research questions. Section 4.2 identifies the research locations. The methodological approach and reasons for selecting it are discussed in Section 4.3. Section 4.4 describes the research methods used and provides an overview of data generation. The analytical process is outlined in Section 4.5, and Section 4.6 identifies the ethical considerations. Finally, Section 4.7 summarises the chapter.

4.1   Introduction

The conceptual framework guiding the research questions, and the data generation and analysis employs a spatial lens, specifically the ideas of Massey (2005), combined with a broadly based practice approach. As discussed in Chapter 3, this framework affords an opportunity to understand how the connections that underpin ISD are made in SPSs. Massey's idea of space as an everchanging coming together of trajectories represents a tool to examine what is happening in these spaces at a granular level. A practice approach enables a concrete account of these happenings to emerge. Understanding and operationalising space and practice from this perspective and using corresponding research methods offers insights into how these shared spaces are produced to support ISD.

This chapter describes and explains the decisions made about the research methodology. Section 4.2 describes the research sites. Section 4.3 describes the methodological approach and the reasons for its selection. Research methods are discussed in Section 4.4, including an overview of how data were generated. The

analytical process is described in Section 4.5, and Section 4.6 identifies ethical considerations. Finally, Section 4.7 summarises the chapter.

4.1.1 Research questions

The methodological approach was developed to address an overarching Research Question:

> How is Integrated Service Delivery accomplished in the shared public
> spaces of Child and Family Learning Centres?

The two sub-questions that follow explore the *how* in more detail:

a) What key practices are enacted in these shared public spaces?

b) How do these practices generate intersections of trajectories which enable connections between people that support the integration of services?

These research questions guide my qualitative exploration of parents' and families' experiences and perspectives in the context of ISD within the SPSs in three Tasmanian CFLCs.

4.2 Research locations

In 2009, the Tasmanian Government announced the establishment of Child and Family Centres (now Child and Family Learning Centres, CFLCs). Twelve CFLCs opened around the State between 2011 and 2014. At the time of writing, there are 15 operational CFLCs in various locations in Tasmania, with a further three to open in 2024. Like most place-based initiatives, CFLCs are located in areas identified as having a number of markers of disadvantage, such as high unemployment and large populations of families with young children.

The research was conducted within the SPSs in three Tasmanian Child and Family Centres. (CFLCs). More details about each site, such as location and demographic statistics, cannot be provided because of their location in small communities risks the identification of families who shared personal stories with me.

Three sites were sufficient for a solo researcher to gain adequate insights into the practices occurring within each site's SPSs, reflecting a balance between the need to generate rich and expansive data while minimising the logistical burden. The three sites were chosen because of their location in different parts of the State: South, North and Northwest. The diversity of locations and difference in operations and communication processes in which site offered the potential to generate insights distinctive to each centre as well as common features. Each centre has standard features in relation to staffing and layout, but they vary according to community strengthening principles through which communities made decisions about their specific needs.

SPSs in each site comprise a kitchen and an open office/reception area, as well as outside areas that house sandpits and play equipment. SPSs operated along drop-in lines, which means that families could access them without having to make an appointment. Opening times were generally 9am to 3pm each weekday, but this varied from centre to centre. SPSs were located at the front of the centres, through which all users entered. For the purposes of this study, the layout in Figure 4.1 shows *no entry* signs on the two staff offices, although there were no such signs in the centres.

Figure 4.1   Typical layout of a Tasmanian CFLC
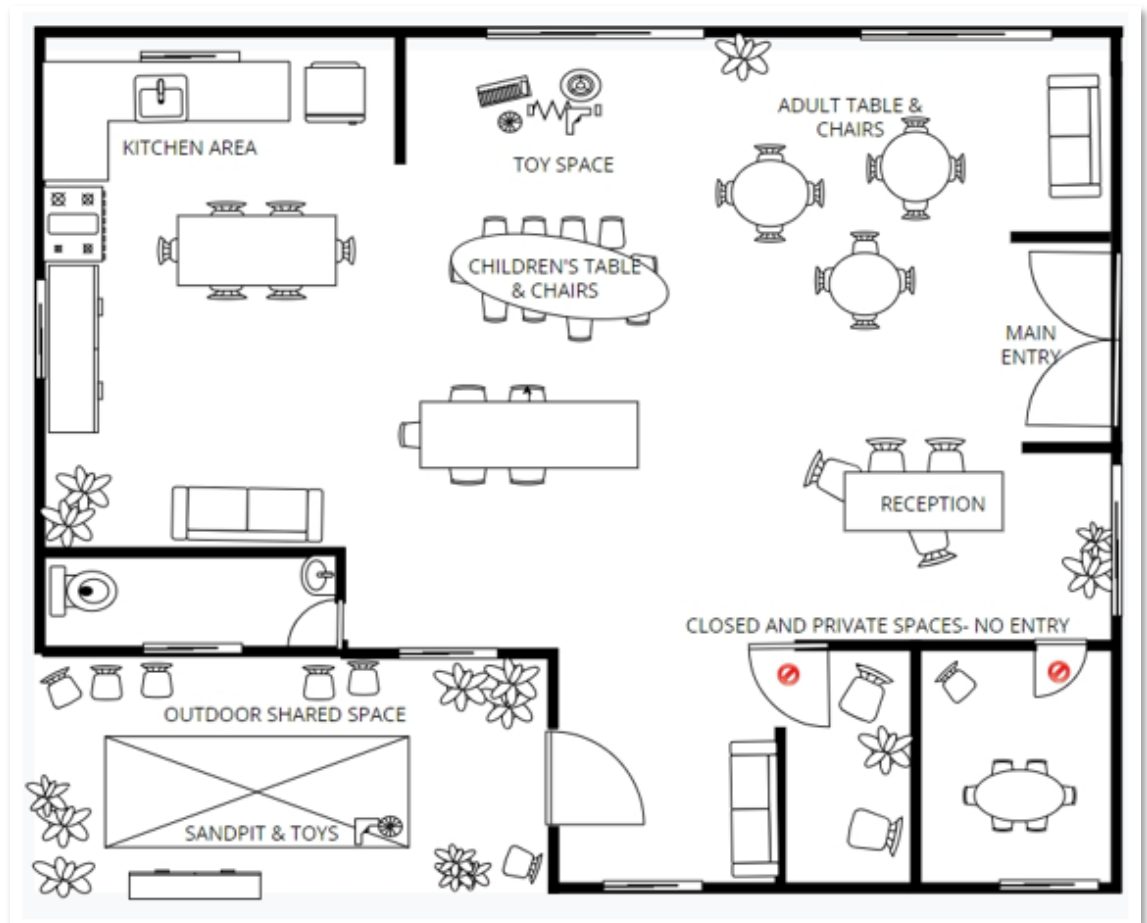
A range of CFLC staff could be present in SPSs in each research site (see Table 4.1). The provision of staff across all CFLCs was standardised, such as child health nurses, CIWs, educators, and centre assistants, although the number and type of professionals visiting regularly varied.

Table 4.1 CFLC staff present in SPSs in the research sites during 2019 and 2020

Staff position	Location 🟩 At all centres ⬜ At some centres	Government Department E: Education H: Health and Community
Centre Leader	🟩	E
Community Inclusion Worker	🟩	E
Child Health Nurse	🟩	H
Educator	🟩	N/A
NGO Representatives	🟩	E
Centre Assistant	🟩	E
Domestic Violence Worker		H
Paediatrician		H
Speech Pathologist		E
Social Worker		N/A
Child Safety Family Liaison Officer		H
Legal Aid Representative		N/A

4.3   Methodology

Methodology is underpinned by the broad theoretical and philosophical approach to research, pointing to the type of knowledge and the ways of knowing that are to be produced. A qualitative research design was adopted in this study, specifically ethnography. Section 4.2.1 describes why an ethnographic approach was used. While a traditional anthropological ethnography requires extended periods of time in the field (Okely, 2012), practical and ethical considerations limited time in the field to approximately three months. The study, however, meets the criteria for

ethnography because the working through of theoretical ideas negates the need for extensive fieldwork time (Marcus, 2011).

4.3.1 Ethnographic approach

An ethnographic approach was chosen for this study because of its capacity to capture the nuanced experiences of parents and families in the fluid SPSs within Tasmanian CFLCs. Three justifications support the selection of ethnography over alternative methodological approaches. Firstly, ethnography allows for in-depth exploration and understanding of social phenomena within their natural context over time (Mukherji & Albon, 2009). Such an approach is particularly relevant in the context of family support services offering ISD, where the dynamics of ISD environments can significantly impact outcomes and experiences. ISD is often ongoing and takes time. Therefore, through their intensive immersion in participants' everyday lives, ethnography facilitates researchers in observing interactions, behaviours, and practices as they organically occur, change and develop (Hammersley & Atkinson, 1995).

Secondly, an ethnographic approach emphasises participant perspectives and voices, often prioritising their lived experiences as primary data sources (Whitehead, 2005). Through participant observation and interviews, researchers can uncover underlying meanings, values, and beliefs that may not be readily apparent through other methods. As Hansen (2006) contends, "[e]thnography can provide a way of seeing the familiar with fresh eyes" (p. 61). Crucial to this study is bringing into view the perspectives of parents, not just professionals, on how practice unfolds in SPSs.

Thirdly, an ethnographic approach enables a focus on all the smallest interactions, nuances, and everyday actions as they unfolded in situ in a complex, fluid environment, and thus is a good fit for studies that seek to get closer to practices (Hager et al., 2012). Examples of such studies involve work in emergency departments (Manidis & Scheeres, 2012), and the transition of junior doctors to positions of responsibility (Zukas & Kilminster, 2012). Indeed, because this study is about ISD as a

phenomenon that is live and enacted through practice, this approach is necessary to generate a granular account of practice as it unfolds.

Ethnography can be conducted from a range of epistemological and ontological perspectives. This study is underpinned by an ontology that recognises the plurality of spaces (Pierce, 2022), and the idea of space as socially produced, never finished and full of possibilities (Massey, 2005). Such a perspective constitutes an ontology of spatial pluralism, to which an ethnographic approach is aligned, to enable continuing insights generated from the production of rich data through participant observation and interviews.

4.3.2 Participants

The research process began with obtaining approval to observe the centres from key staff in each CLFC and establishing rapport to ensure access and cooperation. Ethical considerations are paramount in observational research, therefore, informed consent from participants was required before the study could commence. First, to facilitate informed consent, families and staff were provided a Participant Information Sheet (see Appendices 5–6), which clearly described the purpose of the study, the nature of the observations, and participants' right to withdraw consent at any time without fear of repercussion. The consent process was effective, because it enabled two families in Centre 1 and one family each in Centres 1 and 2 to decline involvement. Their appearances were carefully noted so that they could be excluded from fieldwork documentation.

Second, purposive sampling was used to select participants for the semi-structured interviews, with the aim of including a diverse range of perspectives. The recruitment process involved collaborating with CFLC staff, who assisted in identifying suitable families to interview and personally inviting family members willing to share their experiences. Participants were diverse, from a range of backgrounds, experiences, and with varied characteristics.

While efforts were made to ensure representation across different cultural groups, to foster inclusivity and capture a breadth of experience, families attending the centres while I was there were predominantly white Australian. There were no obvious cultural differences, and the attending families did not outwardly exhibit the characteristics of cultural diversity. Ethically, it was inappropriate for me to inquire about cultural or Indigenous status, or to consult participants' personal files. Only small numbers of participants, furthermore, participated in the research, and their personal stories have been detailed. Here, I intentionally avoided specific reference to culture to reduce the risk of identification. Finally, reflective of the femicentric environment in the centres, of the families who participated in my study, only four were fathers, and of participating staff members, only two were male.

4.4   Methods

Two key methods were used to generate research data: participant observation incorporating informal chats, and semi-structured interviews. Section 4.2 describes participants and summarises data generated using each of these methods across the three centres. Participant observation and informal chats are the focus of Section 4.4.3 and Section 4.4.4 discusses semi-structured interviews.

4.4.1 Data generation

Participant observation was conducted across the research locations, that is the SPSs within three CFLCs in Tasmania. The participants were centre staff members including visiting professionals, volunteers and parents/carers. Children under five were present, but were not observed, except in the context of an interaction with a staff member or parent. SPSs were fluid spaces, where staff and families were arriving and leaving continually throughout my observation sessions. As shown in Table 4.2, participants included 72 parents, 15 staff members and 8 volunteers. Some of the people I

observed were also interviewed. The data were generated from 30 days across the three centres, which totalled 120 hours of observation and 40 interviews.

Table 4.2   Participants observed engaging in SPSs in the centres

Participant	Number
Parents	72 (maximum 24 per site)
Staff members	15 (maximum five per site)
Volunteers	8 (maximum three per site)

Table 4.3   Overview of data generated over three centres

Data from	Centre 1	Centre 2	Centre 3	Totals
Centre visits (days)	10	10	10	30
Interviews	13	12	15	40
Observation hours	40	40	40	120
Photographs taken	104	78	64	246

Table 4.4   Participants and Consent Forms

Consent forms	34	34	36	109
Participants observed	34	27	31	95

Table 4.5   Volume of data generated across the three research locations

Data from	Units	Totals
Recorded interviews	Hours	16.5
Interview transcripts	Pages	247
Observation fieldnotes	Pages	121
Maps	Number	22
Drawings	Number	15

4.4.2 Participant observation

Participant observation is a qualitative research method frequently used in ethnography. It is a method that allows the researcher to observe while participants are present and working in their natural environment (Mack et al., 2005). It is thus an effective way to facilitate the understanding of complex situations and relationships (Clark et al., 2009). The method allowed me to appreciate what was happening in my study in a holistic and finely nuanced way. The challenge in using this method, however, is the inherent duality between being a participant while trying to observe and make notes (MacNaughton et al., 2010). I experienced this duality as I both participated in and documented what was happening in the space to generate data.

My position as a researcher was as an *intimate outsider* (Ganong, 2011; Ganong, 1995). The term intimate outsider refers to me being present in the SPS and participating in activities, but I was not a parent, staff member or volunteer. I had not visited the centres previously, so I started from a position of not knowing anybody. I engaged in a complex, fluid environment, playing with children and helping with routine tasks without stepping into a professional role (Hopwood, 2007). Depending on what was happening, I could be intensely writing notes one minute, and then the next, my notebook would go into my pocket, and I would quickly move somewhere else. Decisions as to which activity to engage in at particular moments were guided primarily by ethical considerations, which will be discussed in Section 4.6.

The process started with structured observation at Centre 1. I began by trying to systematically document participant movement patterns in particular spaces, but the spaces were either too crowded and dynamic or completely empty. I also tried following centre staff, yet they often spent short times on and off the floor. Structured observation did not allow me to follow the story of what was happening in each space, because it moved around and evolved, while its protagonists changed. I thereafter abandoned structured observation because of the difficulties in accurately recording movements, so I also did not type up the data generated.

By the third day, I had settled down to a combination of loose and targeted observation. Loose observation involved noting general movements of staff and families with the SPS, including their interactions, such as who approached whom, and had conversations with whom (see Figure 4.2). I used a small notebook to write notes, draw quick sketches, and track movement from place to place. Targeted observation involved following the movements of a particular member of staff or family and make detailed notes of their interactions as they moved around the space.

Figure 4.2   Fieldnote extract documenting loose observation
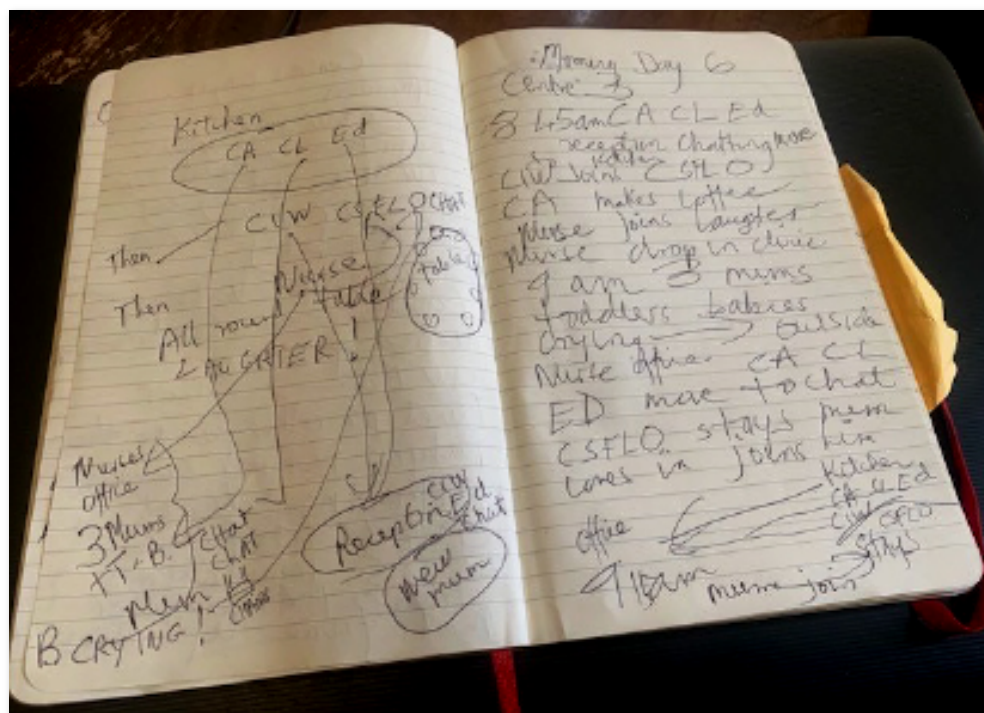
Targeted observation was initiated in two different ways. First, it emerged from loose observation of what was happening in a particular space, for example, observing a family during one visit and then during subsequent visits. Sometimes it was triggered by information provided by staff, for example, advising me if a family new to the centre had arrived.

Figure 4.3   Fieldnote extract documenting targeted observation
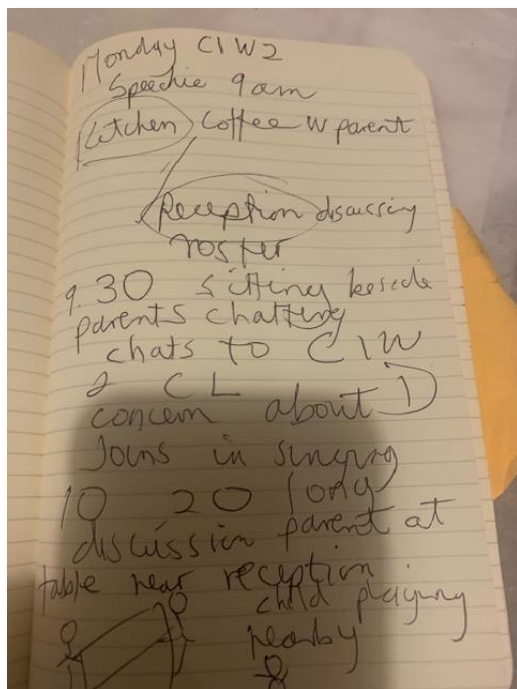
Taking notes as situations unfolded was sometimes difficult or inappropriate, so I wrote them a short time later in a private place. What worked was for me to anchor myself in a spot and conduct loose observation, then target a staff member or family as the opportunity arose and follow them. In Centres 1 and 2 I tended to follow staff, while in Centre 3, I tended to follow families. I considered that Centre 3 was different because I conducted observations on ten consecutive days and anchored myself at the reception area where staff were based because of the clear view it offered. In this place, I was able to become familiar with ongoing stories.

The rhythms of the centres influenced the patterns of my observations. I consulted centre diaries and planners so that I knew who was visiting and when. Each visit began early because it was a good time to catch staff and get an idea of what might

be happening that day. At one centre, staff meetings began at 8.30am, which I always attended. Mornings were generally busiest, which is when I tended to chat to parents, holding babies while they went to the toilet, or playing with children. I wrote notes on the right page of the notebook and on the left page, listed follow up points that emerged from chatting with staff and to help understand context (see Figure 4.4). Sometimes these notes guided my interviews.

Figure 4.4 **Fieldnote entry documenting a chat with staff and follow up points (Centre 1, day 4, afternoon)**
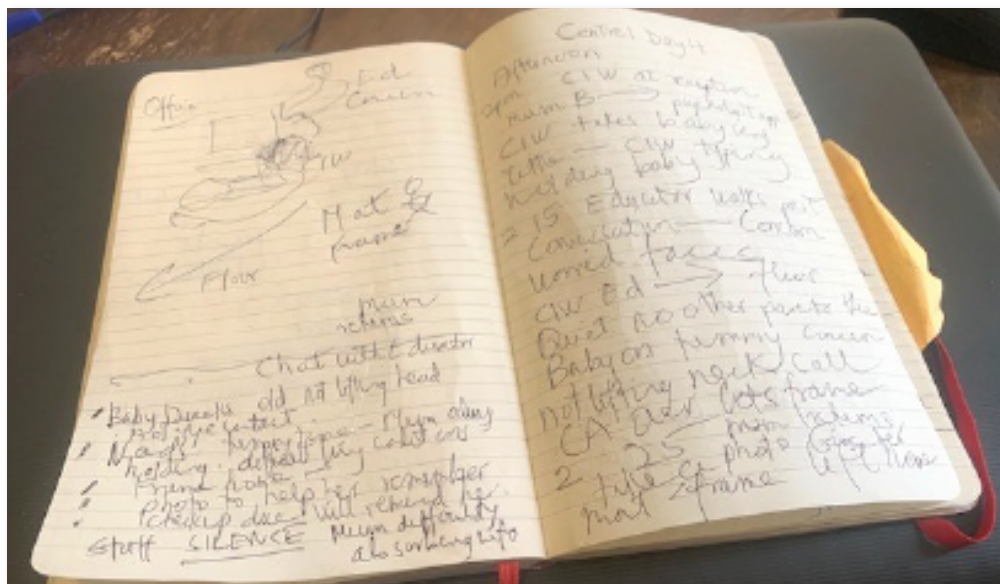
I rarely spoke to the staff during morning sessions, noting questions to ask them after lunch when it was quieter, often folding laundry or joining in to clean up while we chatted. I fitted in with what they were doing, If they were modelling being calm through a tantrum, I did the same thing. I helped cook lunch and clean the kitchen. Doing this helped build a rapport with staff. I only joined the staff for lunch if I was invited, and did not participate in gossip. This helped me to build rapport, while also being mindful of their privacy.

I typed up my fieldnotes at the end of each day. At first, I used a reflection diary, but soon found it easier to add a short reflection, sometimes a few words, at the end of each day's typed notes. This enabled me to later quickly see where an idea or thought

came from or include a note to follow up if a story was continuing. This facilitated cross-referencing because there were always multiple family stories co-occurring. Figure 4.4 shows an example of a fieldnote write up, reflection, and follow up note.

Figure 4.5   Fieldnote write up example (Centre 1, day 4, afternoon)

Field notes

2pm CIW at reception. Mum G has a psychologist appointment. CIW takes baby and cradles it in her arm while looking at the screen. The Educator walks past on way back from lunch and stops to talk to CIW. There is concern about Baby G. he is 12 weeks old and not lifting his head. The CIW and Ed move to the main floor area and the CA gets a frame and a mat. They put baby G on his tummy and the frame beside him. He is not lifting his neck. They wonder if he is eye tracking. The educator goes down flat on the floor and dangles a toy in front of him. and the CIW goes down on her knees to observe his eye movement. His eye tracking not great either.

The Educator and CIW and Centre Assistant chat together. The Centre assistant said that she only ever sees Baby G in his mum's arms. She holds him all the time even when he is asleep. The CIW has done a home visit and said that home conditions not good very small cramped. Mum comes back and they say how great it is that he is on his tummy. Mum takes a photo of him on her phone, and they give her the mat and frame to take home. They arrange a lift home.

Chat with educator

The Educator said that she has only talked to Mum a couple of times, but she does not seem to absorb information very well so anything they say has to be short and clear. She said there is a nurse check-up due and they will remind her to go. I said I noted that they were positive with the mum who did not realise that a 12-week baby usually can eye track and lift his neck. She said yes with this the mum, talking to each other, they all felt the main thing was to be practical and make it easy for her.

Reflection

Passing by. Observation used. Three workers pooling different information to get better picture. Quick situated response. Silence when needed. Practical supportive non-judgmental

Follow up

Day 7 Mum returns, and sits in the space, the CA gives her a coffee and cake and suggests she puts Baby B down while she eats. Lots of positive comments about "look how he is lifting his head "and "Oh Baby B loves tummy time." The educator spoke to the nurse about the upcoming appointment and the nurse sent a text reminder to the Mum.

I also kept a folder with more refined versions of movements within particular SPSs and the connections I had noted in my fieldnotes. The image below (Figure 4.5) represents participants' movements refined from loose observation fieldnotes.

Figure 4.6   Loose observation refined from fieldnotes (Centre 3, day 6, morning)
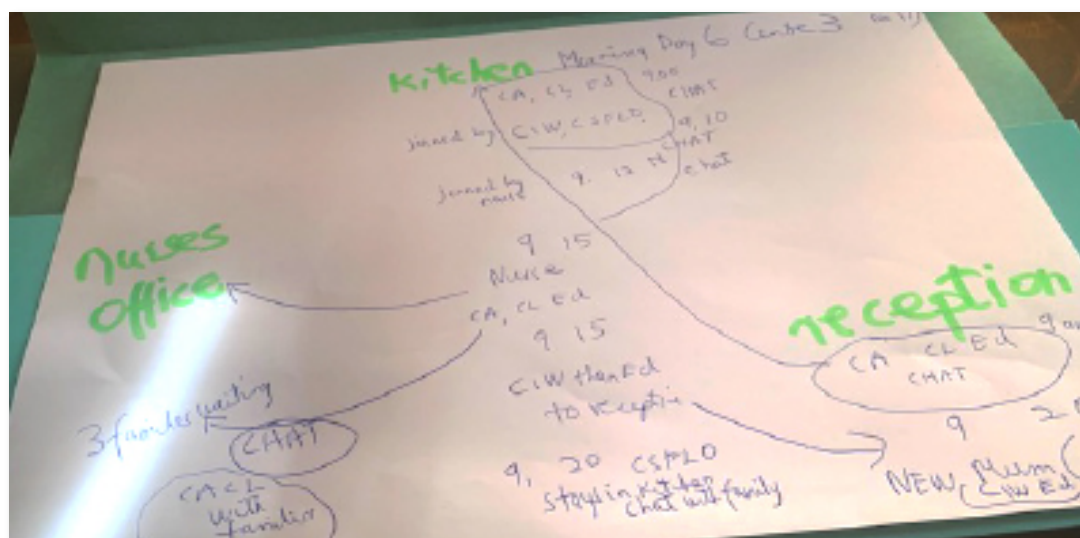
The image below (Figure 4.7) represents the sequence of a SP's movements refined from targeted observation fieldnotes.

Figure 4.7   Targeted observation refined from fieldnotes (Centre 3, day 6)
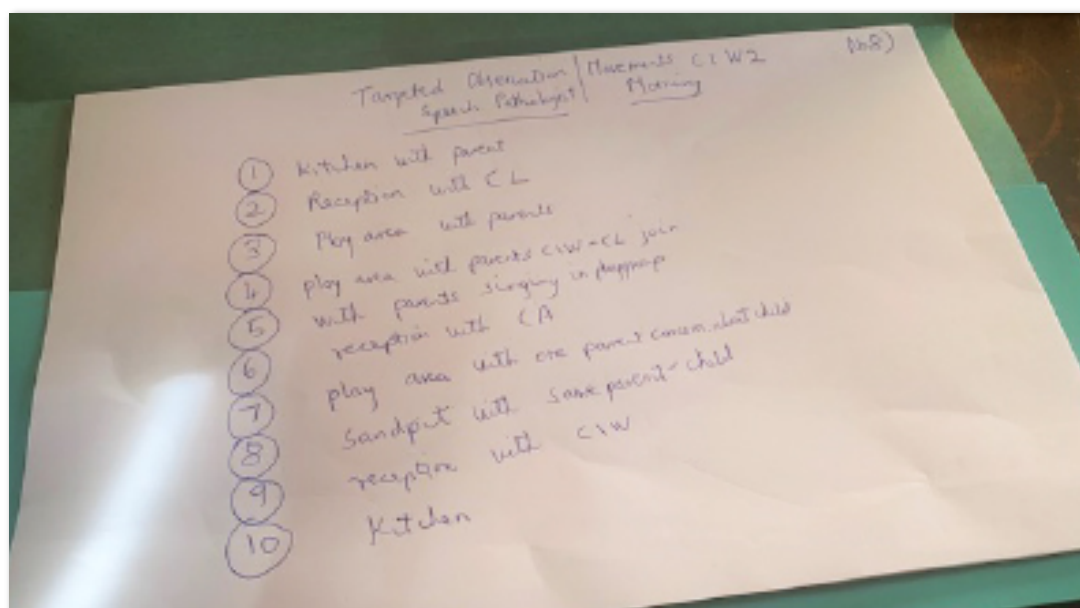
I took photographs to use as memory aids rather than images, which in some cases, were traced to depict individuals and what was happening during the interaction (see Figure 4.7). The process was explained to and approved by CLs. In the end, only those from one centre were used extensively because I sensed the that parents in the other two centres may not be comfortable with, or adversely triggered by, being photographed. The example below shows how a tracing captures individuals, their proximities and interactions in a particular SPS without identifying participants (see Figure 4.7).

Figure 4.8   Parents and a staff member cooking and sharing a joke in the kitchen

4.4.3 Semi-structured interviews

Semi-structured interviews were used to complement participant observations and informal chats. Issues were noted during observations informed my approach to interviews, while those raised during an interview sometimes informed further observation. Such an iterative process was in line with an ethnographic approach (O'Reilly, 2009). Interview questions focused on concrete happenings

and specific instances to shed light on their context. For example, if I noticed a staff member or volunteer doing something and it was not clear to me why, I would follow up with a question if it seemed appropriate to do so.

The semi-structured interview approach allowed me to initially focus on broad topics, while enabling interviewees the freedom to steer the conversation in the way they wanted. I began with broad, neutral questions (see Appendix 7) that did not provoke emotions. I monitored interviewees' body language as they spoke to check if they were becoming uncomfortable. To help interviewees become more comfortable, I used the idea of the *third thing*, which is about employing artefacts already in the public domain, such as photos of centre activities on Facebook, and asked them to respond in any way they wanted to. That worked particularly well with staff, who took it as an opportunity to talk about what was happening, but parents seemed a bit uncomfortable, so I stopped using photos in these interviews. Overall, I conducted 40 semi-structured interviews. Interviewees were a sub-sample of the participant group, comprising a minimum of five staff, one volunteer, and five parents per site (see Table 4.5). While organising parent interviews was logistically difficult, my fieldnotes documented many informal chats with parents who willingly approached me to share their experiences.

Table 4.6   Interviewees

Role	Centre 1	Centre 2	Centre 3	Total
Centre leader	1	1	1	**3**
Community Inclusion Worker	1	1	1	**3**
Centre Assistants	1	1	1	**3**
Nurse		1	1	**2**
Educator		1	1	**2**
Speech Pathologist	1	1	1	**3**
Physiotherapist		1		**1**
Child Safety Family Liaison Officer		1	1	**2**
Social worker			1	**1**
Early Childhood Intervention Support Worker			1	**1**
Psychologist		1		**1**
Volunteers	1	1	1	**3**
Parents	5	5	5	**15**
				40

Interviews varied in duration, time and location, ranging between eight and 57 minutes. All were audio taped and transcribed. Some interviews were planned but did not go ahead. Two of these were with staff, unplanned events making them unavailable. One was with a parent. The staff approached me and cautioned against interviewing her because something had happened overnight, and she was in a distressed state. Staff interviews took place in office and usually lasted for 20 to 30 minutes. However, some with visiting professionals lasted only 15 minutes because of their limited availability. One parent was interviewed in an office without her children (see the staff and parent interviews in Appendix 11). Conditions in this context enabled me to adopt an active listening role and the interviewees to reflect with their full attention. Other parent interviews were conducted in the centre with their children present because staff were very busy, and it was unfair to place an additional burden of caring on them. This impacted some interviews, which became noisy due to

interruptions. At the time, I thought these interviews would generate little useful data. Later, I realised that when I was sitting with parents and children in their space, I was experiencing their perspective. The extract below documents my interview with a parent with a toddler close by.

[KERRY (K) SPEAKS WITH JAMES (J) ABOUT BREAD]

K: What's that sorry? Red? I don't know darling. I don't think there's any there yet.

Y: What's he after?

K: [TO YVONNE] Bread.

Y: Oh, bread!

K: Yeah, I get that after. They get deliveries of bread on a Tuesday

Y: Aaaah.

K: …but I don't think it's here.

Y: [LAUGHS] So that must be… I guess he notices when they come in. I can see the bread from here actually. There is bread.

K: Oh, there is?

Y: It's up on the bench… Well spotted James

[BOTH LAUGH]

Y: Um, so, was that your first… When Debra (CL) came as your advocate, was that the first NDIS planning meeting?

K: Yes.

Y: Yeah. And what impact did that have having Debra (CL) there?

K: Huge, because I was mentally not capable at the time. I was really stressed out and Debra became my voice, so she talked *with* me, not *for* me, but *with* me. And she knows Liam very well, so she really was able to put in a different point of view as well so, that was really good. That helped a lot, seeing not just from a mum's point of view, they got to see it from somebody else's point of view that sees Liam very regularly, um, and that helped a lot. I believe it helped a lot.

Y: That's a, that's a… Thank you for that. That's a very good example.

The interview above lasted just twelve minutes, and despite being interrupted, it gave me the sense that even a 2-year-old understood the rhythm of the centre. This was exemplified by knowing when the foodbank with bread was coming. The parent also made an important point about how connections inside the centre lead to better connections outside it.

4.5   Data analysis

Analysis of ethnographic data is typically multi-layered, involving a blend of more systematic procedures with less structured ways of working with data that are nonetheless generative of relevant insights. The word *generative* is significant. In Section 4.3 I describe the data as being *generated* rather than *collected*. Collecting data implies that already themes exist in the data prior to analysis. In contrast, generated recognises the researcher's active role in theme development with participants (Braun & Clarke, 2006, 2023; Clarke & Braun, 2017). The use of active language is consistent with a *Big Q* approach. By Big Q, I mean analysis that is "artfully interpretive" (Finlay, 2021, p. 104), as opposed to *small q*, which is "scientifically descriptive" (p. 104). Big Q approaches embrace subjective interpretation from distinct researcher positions, generating insights rather than discovering singular objective truths.

As this study adopts a qualitative approach, the concepts of trust and credibility are crucial. Some qualitative researchers aim for validity and reliability, whereas my approach is consistent with Shenton's (2004) position that to be credible, the methodology must be described in a detailed way so that the outcomes are credible, dependable, confirmable and transferable. To fulfil these requirements, the research process must be transparent, evidenced through an audit trail. Other authors affirm the need for qualitative data analysis to be credible via criteria-based evaluation. For example, one of the most commonly used methods employs Yardley's (2000) four broad principles for evaluating thematic analysis. These principles are sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. My study recognises the importance of these broad principles ,-by using

an iterative approach, in which "[M]eanings have to be searched for; themes need to be painstakingly shaped and polished in iterative versions" (Finlay, 2021, p. 114).

In particular, to ensure trustworthiness and credibility, I adopted a number of recognised techniques (Shenton 2004), including: using well-established qualitative p. 97 research methods; applying my knowledge gained from professional background and familiarity with the culture of the centres; triangulating data captured in researcher fieldnotes, conversations with participants, and photographs and sketches; employing thick description of the research sites; conducting reflective commentary, which is evident in the empirical chapters; and frequent debriefing with my research supervisors (pp. 64–69).

Data analysis broadly followed Srivastava and Hopwood's (2009) framework that brings grounded approaches, theoretical foci, and researcher reflexivity into a dynamic, progressive relationship. The framework is based on three questions:

1. What are the data telling me?

2. What do I want to know?

3. What is the relationship between 1 and 2?

The following sections outline and discuss each of four analytical phases framed by this three-question approach: familiarisation, story construction, theory-informed thematic analysis and synoptic analysis.

4.5.1 Phase one – familiarisation

Familiarisation underpins the first question, "What are the data telling me?" Here, the researcher takes an open approach to data analysis with little judgement as to relevance or significance of particular comments, observations or potential themes. Addressing the second question, "What do I want to know?", involves mapping the

scope of data, identifying areas of richness, as well as possible analytical leads and questions to pursue in later analysis.

I used familiarisation techniques (Braun & Clarke, 2021) that helped me establish the scope of the data, determine the rich parts and provisional ideas from which new questions arose. These techniques are described as follows.

The process began by reading through both my raw and typed up fieldnotes from all three sites. I read them centre by centre, and then reread them. The reason for re-reading the raw notes was to access my rough drawings that better captured the sensory aspects of the spaces than my written fieldnotes. These drawings served as a memory prompt for these aspects, such as noise and ambience, which varied from light-hearted to serious and tense. I returned to my raw fieldnotes throughout all stages of the analysis.

I then did a first read of the 40 interview transcripts, highlighting interesting points and writing further notes on the hard copy (see Figure 4.9). I set aside the interviews that appeared to be outside the scope of my study, although I did return to some later. These were instances, for example, where the conversations were about structural issues unconnected to SPSs. I reread the reduced interview transcripts, adding written sticky notes (see Figure 4.10), and entered emerging ideas into a log of insights (see Table 4.6), to which I referred during the later stages of analysis. Sources were noted in the log, which helped cross-reference data from fieldnotes, including informal follow up chats, and interviews.

Figure 4.9   Interview transcript showing highlights and handwritten notes
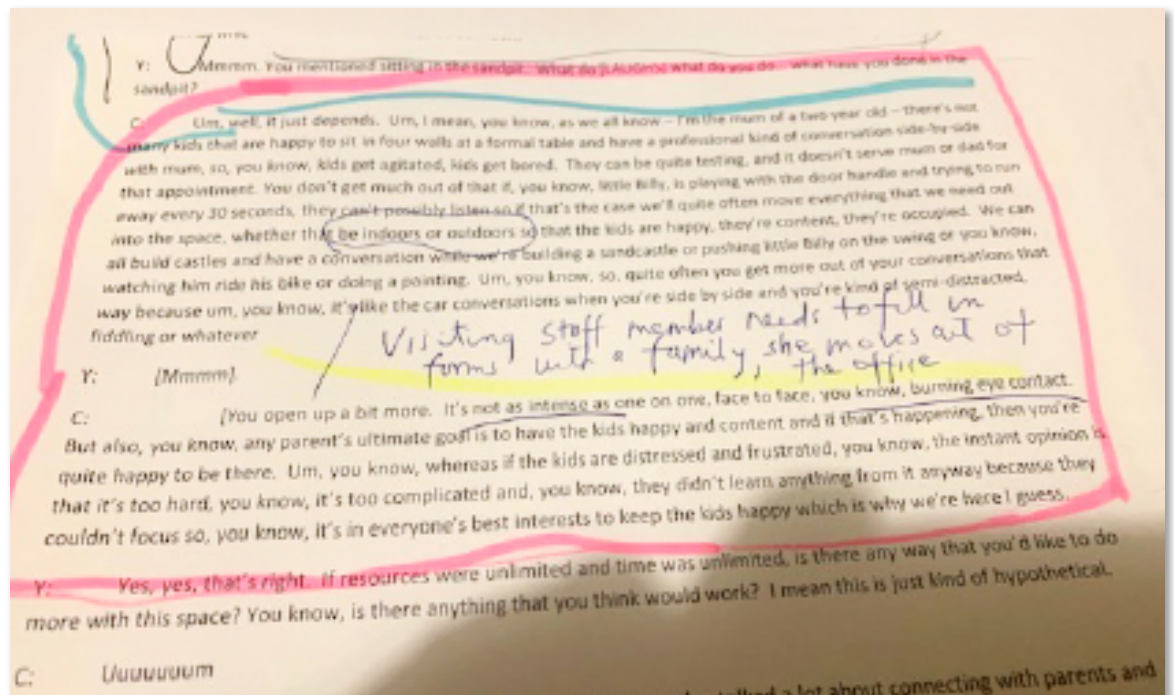
Figure 4.10   Written sticky note added to interview transcript shown in Figure 4.9
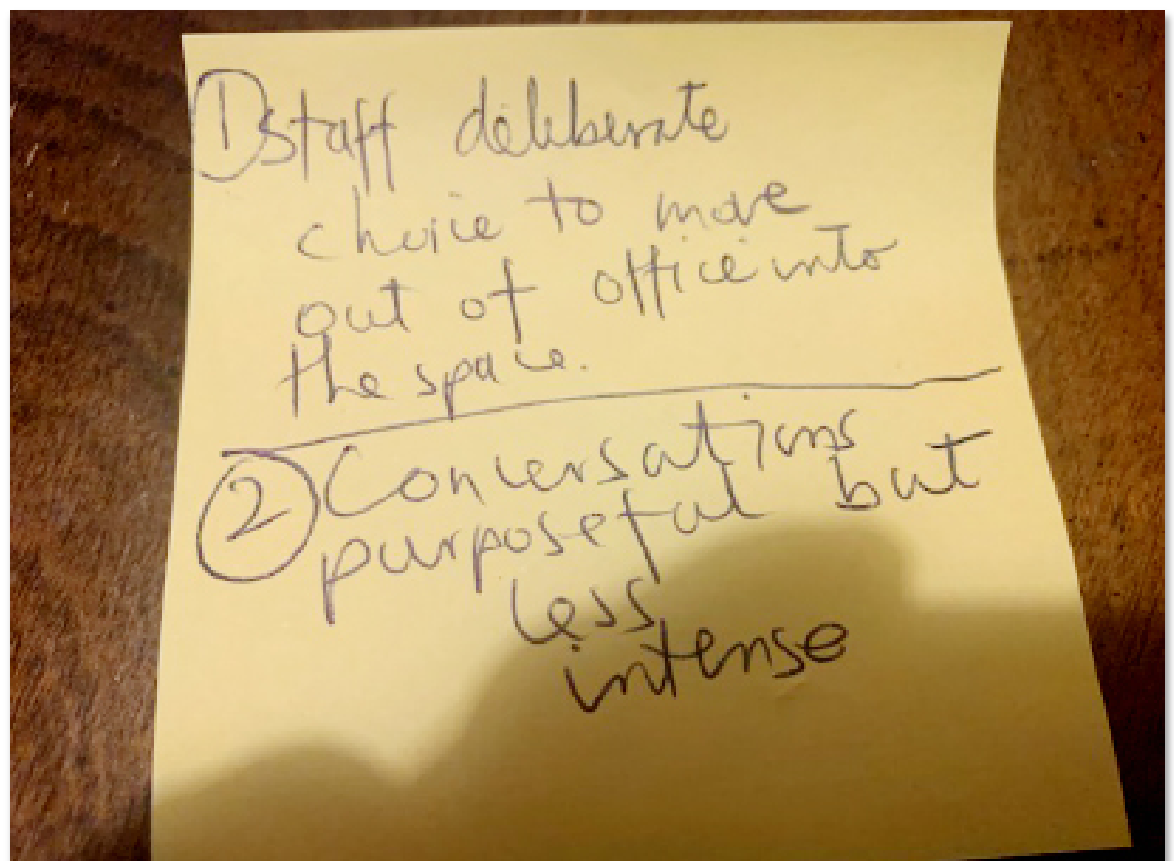
Table 4.7   Extract from log of insights

Data description	Source	Insight
Volunteer holding baby, then other staff come across to chat or volunteer brings staff over	Fieldnotes (Centre 1, days 6 and 7; Centre 2, day 2; Centre 3, day 3)	Volunteer brokering a pathway to further support. Pattern of movement towards family, family did not have to go anywhere.
SP mentioned that she was trying to build a relationship with a family whose 2-year-old son was not speaking much. They were not concerned, but she was anticipating that a professional pathway may be needed later. She played with the child as a way of building rapport with the parents.	Chat with SP after targeted observation (Centre 1, day 6)	Anticipating a future professional connection, so aiming for a social connection first. Playing with the child as a precursor to building rapport with families.
Talking about families "We hold them until they are ready"	Interview with CL (Centre 1, day 8)	"Holding" what does "holding" mean? Where can I see holding? Not sending them in too many directions?

Familiarisation generated a number of provisional ideas to address question one: "What are the data telling me?" One of the most important insights emerging from this first analytical phase was that parents, staff and volunteers talked about the outside area, which included the sandpit, as part of the SPS. This insight enabled me to include outside areas within the scope of my study.

Responses to "What are the data telling me?" shaped the following five areas of focus:

1. Things could happen differently in the space as compared to co-located offices;

2. Conversations were important and worked in different ways at different times;

3. Patterns of movement and how they related to people connecting with each other and services connecting with each other were very significant;

4. Connection was not just one solid simple block of parent and one practitioner. It was diverse and intermittent; parent to parent, and parent to a quick succession of different staff was an important pattern; and

5. Both staff and parents identified parts of spaces in which they were either very comfortable or that helped them connect.

The process of familiarisation raised new questions. For example, when I first read through my fieldnotes and interview transcripts of parents, staff and volunteers, the perspectives of each appeared to be quite distinct. Parents often talked about outcomes, while staff talked about intention, particularly during informal chats. Despite this, I felt like something was missing, so I followed up my observations by chatting with parents and staff. The fieldnotes documented my observations of complex and constantly changing patterns of movement and connection, which were actually linked to what was being talked about. I needed to dig deeper, raising the following questions:

1. How did these intentions play out so that things moved forward into outcomes?

2. How did these intentions and outcomes relate to services coming together within all that movement and change and over time?

3. What were the concrete things happening, what were people actually doing?

These new questions guided the second phase of analysis.

4.5.2 Phase two – story construction

Phase two involved the construction of stories. In contrast to topic summaries of fieldnotes, a "meaning-based, interpretative stories" (Braun & Clarke, 2023, p. 2) approach to analysis produces units of meaning in a topic rather than superficial description. This is an important distinction because the latter accommodates reflexive thematic analysis (Clarke & Braun, 2017). In other words, "the analysis must be sufficiently interpretive, moving beyond a simple description of what is there to an interpretation of what it means" (Smith et al., 2009, p. 181). The construction of stories enabled me to move towards interpretation rather than just description, which aligned with a Big Q (Finlay, 2021) approach to analysis.

I began by drafting fifty stories, then reduced them to 25. In doing, the focus swung towards "What do I want to know" (Srivastava & Hopwood, 2009), for two key reasons. Firstly, CFLCs exist to support struggling families, so it was important to keep a close grip on the human meanings and impacts of the practices observed and spoken about. I wanted to know why particular practices in the SPSs mattered, and tracing patterns through story construction was a suitable way to do this. Secondly, my adoption of a Masseyan theoretical perspective meant that analysis needed to be sensitive to, and able to capture, trajectories. Stories offered a way into analysis that is attuned to temporal unfolding in trajectories.

These stories were both about families and also what centre and visiting staff were doing in the space/s, emerging from diverse situations and sources. Some stories described a single family's visit; others described the sequence of a family's visits over time. Stories variously emanated from targeted or loose observations, solely from interviews, informal chats or fieldnotes, or cross-referencing entries in my log of insights derived from fieldnotes, chats and interviews.

Table 4.8   Extract from log of insights

Happening	Source	Insight
What happened after a parenting class	Loose observation (Centre 3, day 4) Informal chat with CL	The SPS used after formal programs Defusing a situation-sensory entry from tension loud noise or laughter Staff coming together Modelling responding to one of the most common problems – child having a tantrum
		Saw something very similar more than once in centres 1 and 2

The following story is derived from an entry in my log of insight that refers to both a loose observation documented in my fieldnotes and an informal chat afterwards.

> The Circle of Security parenting course had just finished. Parents were sitting in chairs chatting in the SPS. One mum had a baby and a toddler. The baby started to cry loudly. She took her out of the pusher and tried to calm her. The toddler started to have a tantrum and threw herself on the floor. The Mum completely ignored her. There was a domino effect all the other babies and toddlers started to cry; it was loud chaos! The CL came out of her office because she heard the noise. She spoke gently to the toddler and held her close and cuddled her. The toddler calmed down. The CA took the baby for a little walk and the baby calmed. Meanwhile the CL sat beside the mum and then handed her the little girl who had stopped crying. The Mum cuddled and reassured her. The CL said "well done. This was just the situation we were talking about in the circle of security session today". They chatted for 5 minutes. The CA came back with the baby and Mum gave her a hug and put her back in the pusher. Then they left. As they left the AEW held up the little girl so that she could press the green button to open the door. Chatting afterwards to the CL, she told me that she loved the opportunity that the floor gave her to model parenting skills, and then laughed and said, even though the noise was deafening.

Through the process of producing stories as units of meaning, I decided to divide the stories into three parts – beginning, middle and end. This was because my fieldnotes were full of small actions and connections that were easily lost in a larger unit of meaning. I wanted to zoom in to a granular level. To do this, I printed the whole story and physically cut the hard copy into beginning, middle and end. In doing, my attention was drawn to the significance of the middle part, which highlighted a pattern I had previously missed. For example, in the middle of a story, I wrote that the parent had a coffee and a chat, which I had overlooked in my fieldnotes. The chat was with a staff member who suggested she might be interested in a particular program, about which she picked up a brochure from the desk on her way out. Looking more closely, I noticed the parent also had chatted at the desk with another staff member about the program. Paying close attention to the middle of stories enabled me to revisit my fieldnotes and find albeit, brief moments of connection, the outcomes of which were significant, nonetheless.

This process shifted the relationship between what the data were telling me and what I wanted to know, which progressed my analysis in two ways. Firstly, the data were telling me that small connections and seemingly unimportant actions mattered. Before zooming in further, however, I was now able to zoom out to get a sense of the broader activities in the space that enabled connections. Secondly, I wanted to know what was being said and done, but equally, what was *not* being said and done. My insight log noted silences in both interviews and fieldnotes, some of which were explained in follow up chats while others were not. This gave me a sense of the complexity involved, which shifted the relationship between question 1 and 2 so that now I wanted to know more about the pattern of silences and to what they might be linked.

This led me to move away from analysis that tied data together as units of meaning previously produced from the construction of stories in phase two, towards an approach based on juxtaposition, pattern finding, and things that did not quite fit. The outcome led me to work in a broader, yet more systematic way.

4.5.3 Phase three – theory-informed thematic analysis

Phase three of the analysis used a thematic and theoretical approach. The intention was to refresh my analytical eyes (Srivastava & Hopwood, 2009) by cutting through the stories and patterns to look for themes across data from all three research sites. This process involved systematically re-reading, labelling and dividing the data into seven groups, from which five themes arose. The five themes were refined into four themes, differentiating between concrete and conceptual themes, during a supervision discussion (see Appendices 12 and 13). The three concrete themes are: Hanging out, Food, and Managing. Connection had also been one of the five themes, but now it moved to the conceptual level.

Figure 4.11   Focusing on key themes
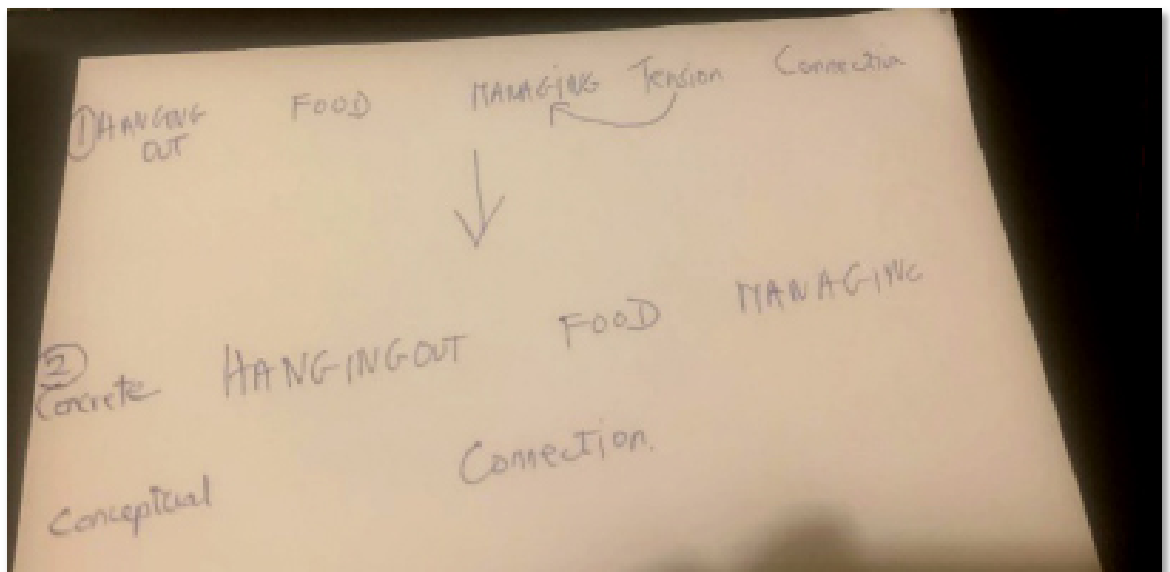
The Big Q approach to analysis (St. Pierre & Jackson, 2014) previously described proposes that data should be coded for areas additional to content. I did not, however, find coding particularly useful because the Masseyan view of space as always being constructed and always changing does not align with a static analysis of text. Theory underpinned my study so conceptual alignment of themes was chosen instead of existing step-based thematic analysis approaches, such as that of Braun and Clarke (2006). Making this decision, however, is consistent with what the authors refer to as

the *knowing researcher*, who is a researcher who strives to *own* their perspectives, "both personal and theoretical" (Braun & Clarke, 2023, p. 1). Although they are not advocating a follow-the-recipe approach, the authors contend that "[M]ethodological incoherence beckons when researchers seemingly unknowingly mash together different approaches" (Braun & Clarke, 2023, p. 2). They do, however, argue that it is acceptable for a researcher to diverge from a thematic analysis framework if their rationale for doing so can be justified. Finlay (2021) echoes the idea of the knowing researcher by recognising that there is no one way to do a thematic analysis, and noting the importance of theory, posits that "a 'bad' thematic analysis is one which is insufficiently anchored in theory – and also in its own data" (p. 114). My analysis is both anchored in theory, and is also led by *what the data are telling me* (Srivastava & Hopwood, 2009).

A significant development in the third phase of analysis was my decision to work with the themes in a theoretically purposive way in line with Braun and Clark's (2023) knowing researcher. The first of two key outcomes of this decision was that my analysis of three themes (hanging out, food, and managing) shifted to an analysis of three practices (hanging out, consuming, and negotiating) and their outcomes (see Table 4.9).

Table 4.9   Moving from themes to practices

Theme	Practice	Comment
Hanging out	Hanging out	It became clear that *hanging out* was an umbrella term for enacted practices, such as noticing and having conversations
Food	Consuming practices	Food was not something put in the mouth; instead, it was about consuming food, preparing sharing and eating it in a way that led to connections
Managing (tension and challenges)	Negotiating practices	The theme recognised that this was a real human space, not an idealised movie. Therefore, to produce it as safe and comfortable, there needed to be practices in place. The term "negotiating" was the closest fit for what the data were telling me

As the extract from Table 4.8 above illustrates, labels in the move from themes to practices are not dissimilar. Hanging out did not change because it already signified an enactment. Food moved analysis from a concrete object to the practices of consuming, specifically, how the preparation, consumption and sharing of food are practices that become part of something else. The theme of managing (tension and challenges) in the space shifted to practices of negotiating. The significance of this development lies beyond the label changes. While themes linked content across the data set, theorising practices as enactments linked what was happening in spaces. This shift redirected my focus to one of the new questions emerging from phase two, about how to link intention in the interview data and concreate happenings and outcomes in the observational data.

All three practices, hanging out, consuming and negotiating, were identified across all research sites, with some variation in the relative significance of each practice to centres and participants. In Centres 1 and 3, the most significant practice for centre staff was Hanging out, while consuming practices were more significant for visiting staff. The SPS in Centre 2 at times differed from the other centres in that it constituted more of a *through* space than a *sit in* space, the latter exemplified by the sandpit. In the other centres, although there were peak times, practices were consistently enacted throughout the day. Centre 2 had a more obvious rhythm of little activity in the inside SPS followed by all three practices coming into play immediately before and after formal programs.

The second key outcome from my decision to work in a theoretically purposive way development was the return to trajectories. Having zoomed out in Phase two to construct stories that captured broader patterns, I now zoomed in to very small interactions I had previously placed on hold.

Zooming in prompted three new questions about these interactions:

1. What are they?

2. How do they come together?

3. Where do they take place?

Early analysis identified physical trajectories, and this later analysis identified three others. They were social, epistemic and obstructed and these are explained in Chapter 8 Table 8.1. All the trajectories involved moving from something to something else. The moments identified earlier were analysed in detail by identifying trajectories This involved going back to fieldnotes and looking at the noted interactions between people and also what was happening just before and sometimes just after. The outcome was that it was evident that the practices enabled the interactions.

The movement patterns in fieldnotes led to identifying three sites where practices were enacted most frequently. sandpits, kitchens, and open offices. All three sandpits

were in the outside SPSs. In all three centres the kitchen sites and the open office sites were in close proximity and so there were shared views between them.

4.5.4 Synoptic analysis

The final analytical phase was more synoptic in nature. The outcomes of analysis to this point did not take me as far as I wanted (Srivastava & Hopwood, 2009) in terms of the outcomes of the practices being analysed and the generation of fresh insights into the connections which the practices enabled. This shift reflects my intention to address the aim of the research which as Finlay (2021) argues is one of the characteristics of good thematic analysis. I had moved away from a thematic approach towards a synoptic approach but in line with the knowing researcher (Braun & Clarke, 2023), I recognised that I needed to do that to progress my analysis and establish how ISD is accomplished.

A detailed analysis of connections revealed *depth.* This depth came from the intersection of trajectories and from a Masseyan perspective a multiplicity of *stories so far*. This depth could happen in moments, or over time. The concept of depth in the moment will be discussed in the fourth findings chapter, Chapter 8.

4.6 Ethical considerations and approval

All research projects must identify and devise strategies to mitigate possible ethical issues or concerns in relation to both participants as well as researchers. Some of the families participating in my study have been described as vulnerable, which necessitates a high level of sensitivity and care on my part during any interactions. The ethical issues to be considered include confidentiality, addressed through the process of obtaining participants' informed consent; burden and anxiety, negotiated through flexibility and sensitivity with respect to families' concerns; and the presence of children, managed through strategic researcher positioning (see Table 4.9).

The study was approved by two ethics bodies, the Tasmanian Department of Education (Reference number 2019-3993, see Appendix 8), and The University of Technology Sydney (HREC Ref No, Eth 193993 see Appendix 2).

Table 4.10   Ethical issues and mitigation strategies

Ethical issue/risk	Mitigation strategy
Confidentiality (difficult to promise) and informed consent	De-identification of centre and participants Informed consent protocol
Burden and anxiety	Ongoing negotiation with staff, flexibility and sensitivity about timing and researcher positioning relative to parents and their concerns
Presence of children	Continuously being aware of my positioning so that I was never left alone with children

4.6.1 Confidentiality and informed consent

Of paramount concern was the need for confidentiality. Protecting the confidentiality of participants in the CLFCs was crucial throughout every stage of my study. I implemented measures to safeguard participants' privacy and anonymity of to ensure their willingness to engage and trust me enough to be able to openly share their experiences. These measures involved obtaining participants' informed consent and reassuring them that their careers, volunteer opportunities, or services received at the centre would not be impacted by their participation.

The informed consent process was guided by UTS Ethics Committee procedures. All participants were provided comprehensive and clear information about the study's objectives, procedures, and potential risks (see Appendices 5 and 6). Participants were advised that their involvement was voluntary and that they had the right to withdraw at any time without consequence. Pseudonyms were used in

all documentation to ensure participants' identities remained anonymous throughout the study and in publications. Data generation procedures and confidentiality measures were shared with participants, in terms of how data would be generated, stored, used and reported.

Initial discussions were held with each CL so they had the opportunity to ask questions about the study so they could in turn, respond to questions from potential participants. A participant observation protocol was devised to gain informed consent from families being observed. A member of staff approached centre and visiting staff, volunteers and parents. Centre staff and volunteers were invited to participate by a colleague who was not their manager. Parents were invited to participate by staff or volunteers, and some even approached me unprompted.

If staff, volunteers, or parents declined to participate, the CL and I had a discussion as to whether I should cease observation that day or continue without documenting what I saw relative to them. The observation protocol was explained to those participants so they could determine whether they were comfortable with me being there. If not, I left for the day. If they were interested, potential participants were given an information sheet, provided with the opportunity to ask questions, and given time to think about it, with the option of changing their minds. If they agreed to participate, time was taken to ensure that participants had no cause for concern about their involvement. Parents were advised their participation would not affect the services they received. Volunteers and staff were informed that participation would not affect career opportunities, that there was no evaluative component to the study and that their performance was not being assessed. Following this, observation participants were invited to sign a consent form (see Appendices 5 and 6).

Interviewees comprised a sub-set of those who agreed to participate in the observations. I identified individuals to whom I wished to speak to a relevant staff member, who then approached them using the protocol previously described, and provided relevant PIS and PIC forms to complete (see Appendices 3 and 4). If participants approached me directly and expressed an interest in being interviewed, I referred them to the appropriate staff member who provided the PIS and PIC forms,

and also gave them the opportunity to ask questions. Once consent forms were signed, participants' details were passed to me so I could arrange a convenient time and a place for an interview within the centre.

During participant observations, I took care to avoid recording identifying information in my fieldnotes. For example, I did not write names, personal details, or other identifying characteristics that could compromise confidentiality. Instead, I documented observed behaviours and interactions in the SPSs that might help address my research questions. Similarly, interviewees were encouraged to freely share their experiences while being assured that their responses would be anonymised. Interviews were conducted in discrete settings to ensure privacy and to reduce the risk of being overheard by others.

Data management procedures were also implemented to safeguard confidentiality. Electronic data, including transcriptions and audio recordings, were stored on a password-protected computer, and physical documents were kept in locked cabinets accessible only to authorised personnel, that is, my supervisors and me. Data were anonymised at all stages of the research with the use of pseudonyms, and masking or removing potentially identifying information. By prioritising confidentiality at all times, I upheld ethical standards and created a safe and trusting environment to facilitate sound and meaningful research participation and data generation.

Beyond informed consent, it was also important to minimise participants' awkwardness or anxiety from being observed or interviewed.

4.6.2 Negotiating researcher positioning participant burden

I am a retired teacher child protection worker and have volunteered at a CFLC for two years. I was accustomed to CLLC environments and often casually chatted with parents and staff. My experiences helped me make the decision to be neutral, rather than partisan (Mendez, 2023) when faced with situations of conflict between participants. The purpose was to ensure that my "subjective views did not invalidate [my] work" (p.

95). I achieved this by quickly moving away when things became tricky, and then coming back to chat afterwards.

There was a risk that participants might experience anxiety or awkwardness about being observed. I reduced and managed these risks by being an overt rather than a covert observer. I achieved this by being highly visible, rather than physically "hiding", by wearing a red T shirt every day and making my notebook visible. The centre staff also announced my presence on social media and displayed photos and stories about me in several places within the centres (see Appendices 9 and 10). This ensured that staff and parents knew who I was. I rarely had to introduce myself, and many people approached me.

Being overt required continuous judgment about my proximity to participants, which was more complex and continuous than I expected. Centre 1 staff were very busy and short of space. If interactions moved to highly sensitive issues and I was unsure whether individuals would be comfortable about me overhearing a conversation, I moved away or verbally reminded them of my presence and offered to move away. If it became clear that a conversation was becoming serious, we were unable to move to an office or private space. In such instances, a private space within a SPS might be improvised by participants moving to a quieter location and huddling closer together. For example, a parent new to the centre came in with a toddler and baby, immediately disclosing to the centre assistant that she had made the decision to leave her home due to DV and her belongings were in her car. The assistant responded by smiling and saying hello, while I moved away so the staff could continue to support her. This required me to always be alert and aware for such instances.

To avoid accidentally hearing sensitive conversations during observations, I informed those involved that I had overheard details of their conversation, and then a staff member or I would explain their options, such as having written or audio recorded information relating to that conversation immediately removed from the dataset. In practice, this meant not typing up the relevant fieldnote data for analysis. During interviews, I reminded participants that they could refuse to answer any

uncomfortable questions and consulted with CLs to establish a procedure as to when and how to follow up on confidential or sensitive information.

4.6.3 Presence of children

As a researcher, I am legally required to comply with mandatory reporting of child protection issue laws. Thus, the protocol I established included processes relating to child protection concerns. This involved actively making ongoing judgments about where I positioned myself in relation to children, depending on their age and the family's circumstances. For example, one CL invited me to the new babies' afternoon. This is a space where parents came for the first time with their newborn children and given afternoon tea and a bag of baby products. These were often first-time mothers, and I thought that so soon after birth, they may feel nervous about the presence of a researcher, so I made the decision to remain outside so as not to risk any discomfort for parents.

4.7 Chapter summary

In this chapter, I discussed and supported my decision to use an ethnographic approach in the study. My primary reason was that it aligns well with spatial and practice-based theorisation that underpin my research. The methods used, participant observation, involving informal chatting, and semi-structured interviewing, were described and discussed. Data generation processes were explained and illustrated through extracts, and the analytical process was outlined. Finally, ethical considerations were identified and discussed.

Part B.   Findings

Chapter 5.   Practices of hanging out

Part B spans Chapters 5, 6, 7 and 8, which are the four findings chapters.
Chapter 5 is the first of these four chapters, and the first of three
chapters reporting my data analysis that establishes what happened in
the SPSs at an everyday operational level. Section 5.1 introduces the
practice of hanging out, which emerged from my analysis of what
happened in these spaces. Three sub-practices of hanging out were
further delineated. Section 5.2 focuses on practices of noticing while
hanging out. Practices of conversing while hanging out are central to
Section 5.3. Section 5.4 outlines modelling practices while hanging out.
Section 5.5 presents a vignette illustrating the intersecting three hanging
out sub-practices. Section 5.6 summarises the chapter.

5.1   Introduction

A spatial practice perspective understands any space as produced, rather than the
physical space itself as discussed in Chapter 3. This is the case in the SPSs in the
integrated service centres of my research study. This chapter is the first of the four
findings chapters, the purpose of which is to establish what happened in these spaces
at an everyday operational level. I aimed to identify such spaces as where practices
are produced through everyday interactions. As outlined in Chapter 4, SPSs are set
up as drop-in places to attract children to play, thus parents called them play spaces.

Within these SPSs, *hanging out* emerged from my data analysis as a core practice. Hanging out describes the practice of casually being present. Hanging out is not without purpose, however. Across all three centres, as this chapter will show, hanging out was used purposefully in different ways by families**,** staff and volunteers**.**

Illustrating practices of hanging out as they are enacted in SPSs at the CFLCs is the purpose of this chapter. At times, parents came to these spaces so their children could play, and they could chat. At other times, families came for a specific reason. For example, for an appointment with a visiting professional, or to attend a specific activity, such as a playgroup or parenting class. My analysis of the pattern of activity in the SPSs shows that the busiest times were before and after programs and activities. During these times, families often spent time waiting in the SPSs, as did staff as they waited for families to arrive for appointments or for the session they were running to begin**.** Waiting time, therefore, enabled staff to engage in the practice of hanging out.

Some visiting professionals had an office appointment role, whilst others had the specific role of hanging out in the SPSs. Even those with an office appointment role sometimes spent time hanging out in these spaces. Hanging out was described by a visiting professional in this way:

> I do not do anything workwise specifically … I talk to people here; I make coffee; I chat to the ladies in the kitchen who are doing the cooking programs … I hang about in the play space and go and see the kids and see what they are doing and maybe play in the sandpit … I'm just a face around. I don't **do** anything specifically.

In the quote above, the visiting professional describes very casual activities that seemingly downplays their importance. Yet, significant work took place within the practice of hanging out in SPS. Indeed, staff themselves recognised the value of frequenting this space. For example, an outside agency paid a staff member three hours every week for three months to hang out in the SPS. The purpose was to establish a connection with families before she started her formal role. In doing this, she chatted and cooked with parents, and cleaned and folded laundry with other staff.

Thus, through their engagement in routine everyday tasks within SPS, visiting professionals were able to both build a relationship with both the families and the centre staff and to be highly attuned to emergent possibilities. To illustrate, a staff member, Ella, claimed that being able to hang out in the shared public with families was an important part of her job. She explains what hanging out involved and what it afforded:

> I think we need people that are flexible in that way of just being with, being with, so, being the … you know, again, we're not experts, but um, but you can listen. You can play. You can be a positive model. You can make cups of coffee. You can, you know … you can read to a child.

In the quote above, Ella describes what she does while hanging out and, importantly, what these activities achieve. The outcome of my analysis frames these activities as three sub-practices in which staff engaged while hanging out: noticing, conversing, and modelling. In this way, hanging out is the umbrella practice that opens space for noticing, conversing and modelling. Noticing can be casual or targeted, and enacted by parents or staff. As Ella explains, hanging out in the SPS often provides opportunities for staff to notice areas of concern while playing with or reading to a child. In Ella's explanation, "listen" refers to staff listening carefully to what parents are saying in sometimes seemingly casual conversations. Similarly, her description of being a "positive model" points to the modelling practices in which staff engage while hanging out. Ella also refers to making cups of coffee, which represents a component of consuming practices that will be discussed in Chapter 7.

The three sub-practices enacted within SPSs tended to become entangled with other activities. These activities included staff helping families relax and become comfortable in the SPS and with others, while also focusing on child behaviour and development issues. Such examples illustrate how hanging out was both recognised and taken up by staff as important.

For analytical clarity in this chapter, the three sub-practices are discussed as follows: Section 5.2 focuses on noticing; Section 5.3 targets conversing; and Section 5.4

concentrates on modelling. It is important to note, however, that these sub-practices co-occurred within SPSs. To illustrate this co-occurrence, Section 5.5 presents a vignette describing how a SP spent the morning in the SPS. The vignette illustrates the intersecting hanging out sub-practices of noticing, conversing and modelling.

5.2   Noticing while hanging out in shared public spaces

Hanging out in the SPSs enabled parents, staff, and volunteers to notice what was happening there. By noticing, I mean the process of actively observing and paying attention to what is happening in the environment. Noticing, for each role, had a different purpose and effect. These purposes and effects are described as follows: Section 5.2.1 discusses parents noticing what other families and staff were doing; Section 5.2.2 focuses on how staff engaged in casual observation; and Section 5.2.3 identifies how professional noticing occurred as events unfolded.

5.2.1 Parents noticing while hanging out

While hanging out in the SPS, parents noticed how other children played. This helped them learn about children's behaviour and development in general, and their own child's behaviour and development in particular. As they watched, parents could recognise similarities between children, particularly in regard to challenging behaviours. This helped them normalise their own child's behaviour. In interviews, parents mentioned how being able to do this enabled them to put their concerns about their own children into perspective. For example, one mother said in relation to children having tantrums, "I realised that my kid isn't the only one that does that." In this instance, noticing other children behaving in the same way normalised her own child's behaviour. She explained that this helped her stress less and respond more calmly:

> If I am somewhere else and my kid has a meltdown, I panic and feel like I need to leave. It is different here; you can see that everybody else has bad days with their kids too, and you feel that nobody is judging you, so you just get through it.

In the quote above, the mother talks about staff and other parents noticing, in this case, children's behaviour, without judging. Not feeing judged as a parent was central to feeling comfortable in the SPS, according to parents I interviewed. One parent described the effect of not feeling judged as being able to "just be."

Watching children play sometimes helped parents to both notice and understand child development, according to what children the same age as theirs were doing. Child and Family nurses always discouraged direct comparisons between children and emphasised that children can reach milestones at different ages. They did say, however, that sometimes parents noticing other children alerted them to potential problems and the possibility of early intervention. For example, on one occasion, a staff member used families hanging out in the SPS to gently draw a mother's attention to her baby not being able to lift their head as expected at that age. The staff member had already voiced her concern to the mother, but it had been dismissed. She then spotted this mother sitting with a close friend who had an older child who was developmentally delayed as a baby. The staff member saw this as an opportunity to again raise her concerns while the two parents sat together. She put both babies down on their tummies, sat on the floor, and started talking to them. One baby lifted their head, and the other did not. As the parents watched and started to chat, the closeness of their relationship meant that the mother with the baby of concern did not feel judged. Again, her actions show the staff member was normalising a situation, in this case, the need to acknowledge and seek advice about developmental concerns. The outcome was that the mother felt comfortable enough to make an appointment with the nurse. This example shows two acts of noticing. The first is that two parents hanging out together in the SPS were able to notice differences in what their babies were doing. The second is that the staff member was able to skilfully direct her noticing of the parents chatting to initiate a pathway to addressing her concerns about a child.

Parents did not wait in SPSs passively, however. While waiting, parents noticed staff hanging out, what they did, and how they moved around these spaces. At times, parents actively sought out a particular staff member, such as the nurse, by waiting until she came out of her office and approaching her to ask a question. One nurse joked that she wished she could sprint incognito to the door unnoticed, because quick exits seemed impossible. She explained this is because parents would approach her to ask questions on her way out, which would delay her departure. Another nurse recalled how, during a fire drill, a mother and father noticed her standing in the outside SPS and approached her to discuss their baby's feeding problems. The nurse explained that feeding could only be discussed in general, but that they could go into her office and make an appointment to discuss their particular concerns. She noted, "I am not sure if they would have picked up the phone and made an appointment, so that was a nice opportunity for them, and it paved the way." In this example, the nurse recognised how hanging out in the SPS enabled parents to notice and approach her, which opened a pathway to their receiving help. In other words, while hanging out in SPSs, parents could act on what they noticed by making connections with staff who were also hanging out.

5.2.2 Staff members noticing through casual observation

Centre staff members practiced noticing by engaging in casual observation, often while waiting. At times, staff members' observations of unfolding events provided opportunities to interact with families. The following vignette illustrates noticing through casual observation while waiting. Emma is a visiting SP with an *in-the-office* role at the centre. The vignette describes how, while waiting for a family to arrive, she responds to an unfolding situation by interacting with a child in the SPSs.

> Emma is waiting for one of her clients to come. She is standing in the space chatting with the visiting physiotherapist in the adjacent office, who is also waiting for a client. A playgroup is taking place in the room just off the space.
>
> A two-year-old girl, Hannah, is becoming very frustrated and upset. Her mother is also upset. The CL comes into the room to try and calm her down. When that does not work, she takes her out of the room into the shared public space and sits her on the rocking horse. That works, she starts to enjoy the rocking and stops crying.
>
> Emma knows Hannah because she had previously worked with her but at that time, she could not see her for formal appointments because the family are waiting for NDIS approval. Emma goes across to chat to her. Emma and Hannah chat and sing together for about ten minutes until Emma's next client comes. Emma and Hannah's mother start to laugh together. Hannah is now calm and happy and goes back into playgroup. Emma explained afterwards that "it was a fantastic opportunity to connect with her. She was enjoying the rocking, so it was good to go across and chat to her and model some action words and phrases."

The description of Emma's actions in the vignette demonstrates how staff engaged in casual observation while hanging out in the SPS. Hanging out, in this case, facilitated unplanned, though not accidental, connection with families that resulted in the staff being able to provide concrete support. The vignette also identifies a number of trajectories:

- Hannah is physically moving back to the SPS while Emma is physically moving from beside her office to near the rocking horse;

- Hannah and her mother are moving from a stressed situation to feeling less stressed; and

- Emma's knowledge about the family is moving from not knowing much to learning more about them.

Albeit short, the intersection of trajectories within the interaction described in the vignette resulted in Emma being able to support both Hannah and her mother in the SPS. This proved to be a valuable interaction for both the family and the SP. Emma explained how future appointments had been planned for when the NDIS paperwork had gone through. She welcomed the opportunity to connect informally in the SPS with Hannah and her mother, because it enabled her keep in touch with her, and would make things easier when formal in-office appointments resumed. This interaction was significant in the context of anticipated future appointments.

Centre staff frequently engaged in noticing through casual observation with the aim of helping families feel comfortable. Much of this practice of noticing was done by centre assistants. For example, a centre assistant explained that it was important to notice if a baby had a full nappy. This was because it allowed her to offer a new nappy with minimum fuss to avoid potential embarrassment if a parent had forgotten to bring or could not afford to buy one. Another example was around food. A centre assistant would casually observe whether a family arrived with food, and if they had not, and had been there for a while, the assistant would offer the children fruit, biscuits or a drink of milk when providing adjunct care for a child while the parent was in a meeting. The assistants offered children milk rather than water if there was a concern about the child's nutritional needs potentially not being met. If the assistants noticed that parents were looking particularly tired, they would take the child and play with them. These activities were conducted in a quiet, low-key manner. Parents I interviewed expressed appreciation that staff noticed and responded to what they noticed. This appreciation is evidenced in a parent's comment, "I get really anxious, and seeing staff roaming around ready to help makes me feel less stressed." Here, the mother is describing an emotional trajectory of moving from a space of stress to less stress. Another parent commented that "when staff come across to help and do it with a smile, you feel valued, like they genuinely care." The simple practices of staff noticing through casual observation resulted in good connections with and outcomes for families.

At times, observation was planned so that centre and visiting staff, such as nurses, could look for particular families to discuss a previous occurrence, for example, to find

out how an appointment had gone. At other times, noticing through casual observation could lead to action. For example, a Child and Family nurse explained:

> Yesterday, I was just on my way out to lunch when I saw the Anderson family, which jogged my memory. I thought, Oh, I think Cody is due for his two-year-old check-up; I need to check that when I go back to the office and send a reminder.

The nurse's noticing through casual observation while hanging out afforded opportunities for staff to respond to families that resulted in benefits for them. Some situations, however, required professional noticing by staff members because of child developmental concerns or behavioural concerns about a child or parent.

5.2.3 Professional noticing by staff members

Noticing can be seen as an important element of professional practice, which should also be part of professional training (Rooney & Boud, 2019). Both centre staff and visiting professionals engaged in professional noticing. By professional noticing, I mean utilising a set of skills that helps professionals identify important aspects of a child development situation and respond appropriately so that good decisions can be made. There are levels, types and patterns in professional noticing, and they vary in different professions. Rooney and Boud (2019) identified three key aspects of noticing: context, noticing of significance, and noticing learning. All three aspects apply when professional noticing occurred in the SPS.

Allied health professionals welcomed the play spaces in CFLCs because they enabled them to carefully watch what children were doing in a naturalistic, rather than a targeted way, as would happen in an office. A physiotherapist commented that even though she had more equipment in her professional office area, the SPSs were a better place to work with her clients because there was more freedom to chat with parents as they both watched the child play. Similarly, a SP who had an office in the centre described how she moved out of her office into the SPS "just because everybody

becomes more relaxed." Centre staff used professional noticing to monitor whether intervention was improving a child's development or behaviour. They did this by chatting to the early intervention team, with parents' permission, about what they were noticing as the child played. For example, professional noticing by centre staff of a child who had previously avoided climbing starting to climb with confidence was reported to the team. As I chatted to them, the team relayed their appreciation of the feedback emerging from professional noticing as children played.

At times, professional noticing related to an event, both as it occurred, as well as its implications. For example, professionals noticed both the way in which a parent responded to her child if it was in a stressed way, and its impact on the child. At other times, staff maintained a presence in a particular part of the SPS to see how a situation would unfold. For example, if a parent showed signs of visible distress and did not interact with her child, they hung around to see the impact it might have on the child. In these situations, staff could monitor specific concerns in an ongoing way. Monitoring through professional noticing might then develop into planned continuous surveillance if a serious issue, such as a parent becoming increasingly tense with a child, was playing out. The idea of surveillance in practices of negotiating will be elaborated in Chapter 7.

5.3   Conversing while hanging out

Conversing was a crucial activity that occurred frequently during hanging out in SPSs. Conversational forms varied between casual and general, which involved small talk about topics outside a child development arena, and prolonged and personal exchanges about matters specific to a particular family.

5.3.1 Casual and general conversations

Casual and general conversations were spontaneous, informal interactions that often did not progress beyond trivial matters. They did, however, have a purpose. The purpose is exemplified in the interview extract below, in which a staff member explains her approach to the practice of conversing while hanging out:

> Therefore, it's about being available. Therefore, it truly is, just, just acknowledging our community, so whoever's here at the centre with their kids, it's saying hello. It's greeting them. Again, you're trying to remember last conversations.

As the quote above suggests, casual and general conversing had multiple purposes: to acknowledge the presence of particular families in the SPS; to recall specific points so they felt welcome; and to be available to support the family if needed. The staff member went on to describe her strategy of engaging families as follows:

> It's asking them what they had for breakfast that morning. Therefore, there are big things that you obviously want to discuss and check in with the families, but I think it's also important to do the smaller … just that everyday conversation is how I would talk to my colleague, how I would talk to a friend. How would I talk to another mum?

The strategy of beginning a conversation with small, seemingly trivial topics, such as breakfast, was enacted to avoid broaching professional concerns too early:

> Therefore, I think when you have that balance of tricky but also, you know, you can keep things at that … you know, because, sometimes as well, I think, when our families, when they're in that tricky spot, I think sometimes you can actually escalate a problem by going straight in. Therefore, it might not need that kind of attention. Therefore, you can start at a lower, always start at a lower base, and build on that. I truly do try and keep things simple.

As described, the purpose of the strategy was to acknowledge that while some topics were tricky, "going straight in" could risk exacerbating the problem. Analysis of my fieldnote data reveals a pattern in the staff practice of casual and general conversing. While brief and seemingly unimportant, both casual and general conversing performed important work. This conversational practice afforded opportunities for staff members to begin developing a shared understanding with parents that could subsequently be elaborated to professional interactions through prolonged and personal conversations. A typical pattern was that a short conversation would take place as families came into the SPS. The conversation might involve the family briefly mentioning a problem, to which staff responded with a sympathetic glance, and then noted to discuss later. The most common example was a parent saying on entry that they were tired because their child was constantly waking at night, which could be followed up later with a solution-focused approach. Another example involved visiting staff conversing with families before they went into an office appointment. These casual and general conversations took place on a regular basis, worked as ice breakers ahead of formal appointments, and often transformed into prolonged and personal conversations. The practice thus afforded staff members a level of engagement with families through which they could build connection over time to engender positive outcomes. Practices of conversing generally and casually in different contexts are an important part of hanging out in the SPS, because of what they can lead to.

5.3.2 Prolonged and personal conversations

Prolonged and personal conversations involved staff members talking to families in ways that went beyond general chit chat to include specific and personal issues. The pattern I observed was that these conversations often occurred when parents stayed in SPSs to chat after formal programs ended, for example, to ask about a specific concern about their child. A parent commented that "you can hang out in the lobby and chat for ages, and chat about anything, no one is going to throw you out unless it is past 5pm." The practice of hanging out afforded in SPSs in the CFLCs in my study differed to what happened in centres with other models, such as scheduled parent

education sessions in health centres or schools, because they had timed activities and formal closing times. Post-program was also when parents tended to actively approach staff members, when they were hanging out or tidying up. Hanging out often coincided with when babies and toddlers tired from playing fell asleep in prams, which allowed time for less interrupted conversations or opportunities for parents to ask specific questions or disclose a problem. Similarly, staff members actively encouraged parents to hang out post-programs so they could offer to help out in practical ways. For example, after morning programs in one centre, it was routine for parents and staff to hang out together in the SPS and talk, sometimes while folding laundry. Conversations would then turn to the more prolonged and personal form during such activities. This is illustrated in the following vignette, where Kimberley, Laura and Beth fold laundry.

One mother, Kimberley is sitting in the space folding and sorting laundry, she has been in the space since 8.45am and this was around 1pm. She is sitting on the couch with a centre assistant, Laura, and the educator, Beth, while they sort the facecloths and towels from playgroup. They begin talking about what had happened in playgroup. The conversation turns to food. Laura comments that her three-year-old was so fussy that she disliked planning meals because she knew he would make a face and refuse to eat it even before he had tasted it. The three of them laugh together. Kimberley said that she was lucky her two children were not fussy. Then Kimberley started to disclose that she was incredibly stressed because she is short of money. It's two days before payday and she is worried about how she is going to feed her children. Beth moves away and goes to speak to the CL. Laura and Kimberley continue to talk. Then Kimberley and Laura go to the centre emergency food room. They discuss and plan together what could be used for meals, and they gather the ingredients and plan meals for two days.

In the vignette above, the prolonged and personal conversation about Kimberley's financial stress occurred while she and the two staff members were doing something together, in this case, folding laundry. Although Kimberley had been coming to the centre for some time, it was only when she was sitting doing something with Beth and Laura that she felt comfortable in talking to them about her situation. The casual and

general conversation that began about fussy children turned into a prolonged and personal conversation, the outcome of which was a need being met quickly and without fuss. Despite being in the SPS, Kimberley, Beth and Laura were the only ones there, which afforded some privacy. Laura's joking reference to her own parenting challenges helped Kimberley feel comfortable about admitting that she was struggling. Kimberley's story so far was that of a parent with two children who was struggling financially. My analysis of this vignette identified the following three trajectories:

- All three people physically moving from being apart to being together to do something;

- Kimberley moving from feeling stressed to feeling less stressed; and

- Beth and Laura moving from not knowing about Kimberley's situation to learning more and being able to help.

These trajectories show a shift in Kimberley's story so far, from a struggling mother of two children, to a mother who asked for and received practical help that helped ease her stress. The practice of casual and general talking while doing something together provided opportunities for parents to hang out after programs and chat to staff, and often led to prolonged and personal conversations that resulted in a good outcome for families. The final sub-practice of hanging out to be discussed is modelling.

5.4   Modelling while hanging out

Parents received practical support through the staff practice of modelling behaviours. Here, modelling means *showing* how, rather than *telling* how. Modelling often occurred in an emergent, unplanned way while staff were hanging out. For example, practices of hanging out meant that staff were present when a child hit another child or had a tantrum. Modelling how to handle this tricky situation by staying calm through a tantrum was one of the most frequent behaviours in which staff engaged. As a staff member explained, "modelling is everything, we can bang on to parents, but it

is much better just to show them how." Showing how was often a collective endeavour, in which staff supported also each other when difficult situations arose. Porous boundaries within the SPS meant that when something happened, other staff could hear what was going on and could physically move towards the situation. This allowed someone to focus on the child and someone else on the parent.

In the vignette that follows, the focus is on helping a parent manage a child's behaviour, rather than stopping the child have a tantrum. A staff member, Carly, was hanging out in the SPS with a mother, Amanda. Carly had previously talked to Amanda about the strategy of giving children two choices, both of which were acceptable to parents and ways to get around constant *no* responses from a child. In this instance, Amanda was being given a lift to an appointment by Joan, the CIW. Amanda needed to go; she was carrying a baby, but her toddler was reluctant to leave. Together with Lucy, the centre assistant who was also hanging out in the SPS, Carly and Joan worked to facilitate an easier exit for Amanda and her children.

> Joan is giving Amanda and her two girls a lift to the doctor and Carly and Lucy are hanging out in the shared public space. The eldest girl, Anna, is playing in the space and doesn't want to leave. Amanda asks if she wants to leave. Anna says no, and then runs away to the other side of the shared public space. Lucy says, "You need to get your shoes on, it is time to go" and walks her round to where her shoes are. Carly asks her, "Do you want to put your shoes on by yourself, or do you want help to put them on?" Anna said she wanted help. Joan said, "good, I will help you put them on and then you can press the button to open the van."

The vignette above describes a typical situation of staff modelling practice while hanging out the SPS, in this case, how to offer equally acceptable choices to a child to change her behaviour. The practice also represents an important pattern in staff supporting each other to achieve a good outcome for families. The juxtaposition in the SPS of two or three staff members who had the same understanding of a possible solution to a problem was common.

A frequent example of staff modelling was demonstrating how to play with children. The CFLC educator commented that this was because some parents had not themselves had parents who played with them as children. She saw the most effective way to support these parents in learning how to play with their own children was to show them how to do it a natural way rather than lecture them. This was relatively easy to do in a space filled with play materials, as the educator explained how she enacted modelling:

> So yes, it can be modelling play. It can just be … so the other day Margaret, a mum that's feeling quite low in herself and she's got two girls who are very, um, active, so I went across to her because I noticed that the girls were playing with blocks and wanted her to join in, but she was finding it difficult to engage and didn't know how. And so I was doing lots of … you know, following the little girl's lead, doing that turn taking with the girls … by the end of ten minutes Margaret had … you know, felt more comfortable. She was actually engaging, smiling, laughing with the girls. What I mean by modelling is that … because they don't know how to play.

The excerpt above describes how and why staff modelled behaviour while practising hanging out in the SPS, often in response to emergent situations. Hanging out practices enabled timely responses with positive outcomes for families. In in this case, the mother engaged in playing with her child as a result of following the educator's lead.

5.5 Sub-practices of hanging out as they play out operationally

The three sub-practices of noticing, conversing and modelling frequently coincided while staff engaged in hanging out. The following vignette and sketches are derived from a morning I spent shadowing a SP who was hanging out in the SPS to offer advice and chat with parents, rather than assess children or provide therapy. The context was her waiting for a parent to arrive for a planned meeting to discuss concerns about her four-year-old daughter's speech development. While she was waiting, another mother

was visiting the centre for the second time but had not engaged with staff at all. The mother approached another parent to ask them who was talking to parents, and when she was told it was the SP, she approached her and had a chat. The SP then introduced her to the early intervention worker, who after a chat with the mother, booked her child in for an assessment to be done at one of the offices in the centre. The following boxes document the sequence of seven interactions the SP had with others while hanging out, and the sketches depict their interactions visually.

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1. While waiting for the family, the SP hung out in the shared public space. She played with a two-year-old child whom she had observed previously as not speaking much. She described this as a situation where "you need to go in gently", because the child's parent tended not to engage with staff. Approaching the child first was a common pattern in these situations. She played a game with the child; they were both on little bikes and they raced each other. The child laughed so much at her being so big and being on the bike that he fell off. His mother came across and had a little chat about the weather being bad. The SP saw this as a precursor to a more formal situation where the child might need assessment.

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2. The family arrived for the meeting. The SP and the parent sat at a small table and the child played. They discussed the mother's concerns, and then the SP went across to play with the child. She advised the mother that she probably did not need a referral yet, and to see how it went in the next 6 months. She suggested using visuals, signs that would help her daughter recognise activities and the words to go with them.

↓

3. The mother left the SP and went to talk to the educator about what she had said. The SP had completed a professional development session about visuals, and one of the centre assistants offered to help her make them. The centre assistant and the mother sat at the table in the shared public space, cutting out the signs to make the visuals. Another parent joined in because she thought they would be useful for her child too.

↓

4. The SP joined in a playgroup happening in the shared public space. After it finished, a parent approached her, and they discussed the parent's concerns. The child was due an 18-month check, and the SP suggested they have a discussion again afterwards because the parent talked about several areas of concern, including eating.

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5. The SP approached a parent with a baby and started chatting to them both. She modelled "serve and return" by chatting generally about the traffic that day, because there had been an accident. She then joined a group of parents who were playing with toddlers. One parent was pointing at the train and saying "train" and the SP joined in with "shake the train". The SP told me afterwards that action verbs are more useful than nouns, and so that was a deliberate choice of words.

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6. A mother approached the SP. This was only her second visit to the centre. She was worried about her three-year-old son. She had noticed the SP speak to other parents and so she asked a parent who she was. The parent told her, and also suggested that she chat to her because she was very approachable.

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> 7. They sat down at the little table. The three-year-old was being a bit noisy and difficult, so the centre assistant took him away to a different part of the space to give them a chance to speak uninterrupted. The mother was an ESL speaker, so it was more complicated. The SP decided that a referral to another service might be a good idea. She sat down with the mother and helped her do the form. Then they both went and spoke to the educator to tell her what had happened.

Figure 5.1 shows the parent on the left sitting and chatting to the SP, while her child plays in the foreground.

Figure 5.1   Sitting and chatting in the shared public space

Figure 5.2 shows the speech pathologist writing out a referral, with the mother sitting behind her. She wrote it out because she thought the mother would find it difficult filling it out online. The referral was not just for a speech assessment, but also

with physios and OTs because the speech pathologist thought that a general assessment would be valuable.

Figure 5.2   Speech pathologist writing out a referral
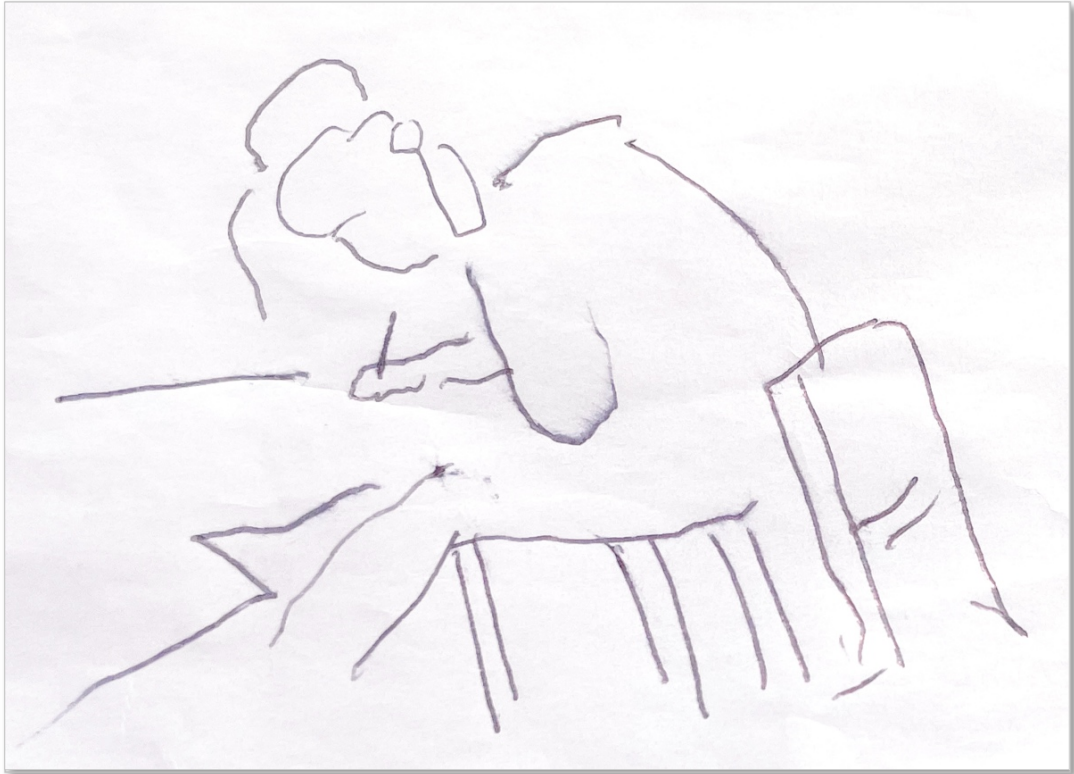
Together, the vignette and sketches show how the three sub-practices of hanging out (documented in Table 5.1) set up trajectories that intersect and become connections. These connections draw on Massey's (2005) idea of trajectories as being in a state of change, from one thing to another thing. This idea will be elaborated in Chapter 8.

Table 5.1   Sub-practices of noticing, conversing and modelling during the vignette

Interaction	Noticing	Conversing	Modelling
1	Staff	Staff and parent	Staff
2	Staff	Staff and parent	
3	Parent	X	Staff
4		X	
5		X	X
6	Parent	Parent with parent	
7		Staff and parent	

Table 5.1 shows how the three sub-practices of hanging out generated trajectories which then intersected. For example, in interaction 2, the intersecting trajectories were:

- The SP physically moving from playing on the bike to the table;

- The mother physically moving from the centre entrance to the table;

- The mother moving from not knowing how to support her daughter to knowing how to support her;

- The SP moving from not knowing about the child to learning about her; and

- The mother moving from not being confident to being more confident.

The intersection of trajectories generated by the sub-practices of noticing, conversing and modelling in which the SP engaged resulted in a range of different interactions with parents that demonstrate how staff move towards a good outcome for families. It also shows how parent and parent interaction generated a pathway to services through connection.

5.6   Chapter summary

This chapter has demonstrated that hanging out practices are anchored in the SPSs of the CFLCs in my study. Indeed, hanging out is not possible in office settings because its purpose is to facilitate opportunities for staff members to interact with families that want to talk and, in some cases, that need help. The sub-practices within hanging out—noticing, conversing and modelling—enabled families to be active in seeking help and also to feel cared for out. The analysis in the next chapter will turn to practices around food and its consumption that are enacted in the SPSs.

Chapter 6.   Consuming practices

Chapter 6 is the second chapter in Part B, and the second of the four findings chapters reporting my analysis of data establishing what happened in the SPSs at an everyday operational level. Section 6.1 introduces the idea of practices of consuming that were observed in these spaces. Section 6.2 discusses public spaces where sharing information happened. SPSs in which engaging with parents happened is the focus in Section 6.3. Section 6.4 describes spaces where food is embedded into the routine. Section 6.5 explains how the kitchen table becomes a site for sharing information and engaging. Section 6.6 summarises the chapter.

6.1   Introduction

The importance of consuming practices has been identified (Rooney & Solomon, 2006). By consuming, I refer to the eating and drinking that occurs during the day. Coupling consuming with practices, as previously defined in Chapter 2, I define consuming practices as the eating and drinking practices in which staff members and families engaged in the CFLCs in my study. Humans need to consume, and they do so constantly during their working day, and so consuming practices are in fact an important part of workplace learning (Rooney et al., 2016). In the community-based not for profit sector, Keevers and Sykes (2016) similarly draw attention to how organisational participants in such organisations used food-related bundles of practices to shape affect relations. Their study suggests that these practice bundles play a role in enabling respectful relations, and that to comprehend what is going on in an organisation, affective relations need to be understood. Thus, to gain fresh insights about their importance, consuming practices in different contexts merit investigation.

It was clear that across all three centres in my study, food was an important part of a family's visit to a CFLC. Food was not just something to be consumed, its significance and value extended beyond simply eating and drinking. Consuming practices included eating, preparing, and sharing food and drinks. These practices were central to a number of important activities that will be discussed as follows: sharing information (Section 6.2), engaging with parents (Section 6.3), and being embedded into routines (Section 6.4). This chapter provides a concrete account of how food and its preparation and consumption are core practices that facilitate ISD. In this study, *food* refers to food brought to and provided by the CFLC, and drinks, such as coffee and tea, water and milk. Central to consuming practices, kitchens were part of the SPSs across all three centres. All had benches, ovens, sinks, dishwashers and facilities to make hot drinks, and so were well-placed to enact consuming practices.

6.2　Spaces where sharing information happens

Sharing information occurred as staff and parents engaged in eating and drinking in the SPSs of the CFLCs. These consuming practices involved staff sharing information with each other, and staff sharing information with parents.

6.2.1　Staff sharing information while eating and drinking

Time spent in the kitchen preparing or eating food enabled staff to share information and build relationships with each other. During my observations and interviews, staff explained why they saw chatting while eating or drinking as a valuable activity. The benefits of chatting during consuming practices with staff were most strongly expressed by visiting professionals. For example, Neil, a visiting Strong Families Safe Kids Officer (SFSKO), explained that the staff at his organisation headquarters did not know these families "from 'a bar of soap'. Notes told me very little. Sitting down to have lunch with centre staff, I could learn about families and where they were at." Here, Neil is expressing what many visiting professionals felt about the opportunities

eating and drinking with staff afforded them. When asked about what he would like to see happen in the centre, Neil replied that he wanted more specialist services to be present and would love to see everybody first thing in the morning sitting around the kitchen having coffee together. He saw this as a vital part of working together. Another visiting professional described accessing information through consuming practices as a *head start*. He explained that this is because:

> The staff here see families sometimes on a daily basis [and] they know what is normal for them. Sometimes, we are not sure which topics to broach on a particular day and knowing if things are harder for them on that day helps us be sensitive in our approach.

The quote above illustrates how visiting professionals saw being able to share information about families in an informal way with staff members while eating and drinking as a vital part of working together. To do this, centre staff made a point of gathering together in the morning to share a coffee and chat before the centre opened. This is exemplified in the vignette that follows, which describes what happens when Lyn, a child and family health nurse, stops to get a coffee first thing in the morning on the way to her office.

> It is a Friday morning just before opening time, and in the kitchen, two staff members are making coffee and just chatting. Lyn the nurse is passing through on her way to her office and stops in the corridor to say hello. One of the workers, Carol, says that she had made an appointment for her to see a new family next week. Lyn goes to her office, leaves her bag there and then comes back immediately into the kitchen to make herself a coffee. The other worker, Rosie, starts to speak about the new family. All three of them stand around the coffee machine holding their coffees and chatting. Rosie and Carol give background information about the family. Rosie had transported them, and she was concerned about the three-year-old son, and wondered if he should have an assessment. Carol mentions that he had seen the speech pathologist in the shared public space a few days ago and a referral had been made to a service provider. Carol says that she is more concerned about the mother, who is in the early stages of pregnancy but had not accessed any medical services in Australia. They are interrupted by the sound of a parent arriving, and they all move away from the kitchen. On her way back to her office, Lyn turns around raises her hand to Carol and Rosie in a "thank you" gesture and says, "Okay I will focus on the mother first."

Analysis of this vignette shows that even a brief intersection of trajectories around the practice of making and drinking coffee in the kitchen enabled information sharing between two workers and a child and family health nurse. The intersecting trajectories identified here are:

- Lyn is physically moving through the kitchen to her office and back again;

- Rosie is moving from feeling concerned about the mother to feeling less concerned; and

- Lyn is moving from not knowing about this family to learning more from Carol and Rosie.

Despite its brevity, this quick chat over coffee afforded Lyn new information that could help her prioritise the needs of this family during her first appointment with them. The consuming practice of sharing a quick coffee was, in this case, a valuable pathway for staff members to also share information that helped them respond to families.

6.2.2 Staff and parents sharing information while eating and drinking

Staff, volunteers and visiting professionals also welcomed the opportunity to sit and eat or drink with parents. They said in chats that they saw this is an opportunity to build a level of engagement not possible to achieve in office settings. One early intervention worker emphasised the value of being present in the kitchen with parents as follows:

> Oh, I'll go out there and have a bit of a chat and normally sit in the kitchen for a little bit as well. I will often, yeah sit with them and have a chat and see how things are going and if there's anything, they will often flag it with me.

Sitting in the kitchen and chatting with families was part of the staff member's routine every time she was in the centre. Often these conversations comprised general chit chat, yet she saw this as an opportunity to be accessible to parents so that they could ask her any questions or flag issues of concern. Sandra, another visiting Strong Families Safe Kids officer, also welcomed the chance to sit and chat with families while having coffee. She said that one of the advantages of this for parents was that if needed, she could quickly duck into her office and make a phone call while they were finishing t heir coffee. She explained that "sometimes that quick call could save them hours of phoning around and waiting, and all the frustration that can come with from that."

Similarly, nurses often took their breaks or ate lunch in the SPSs. One nurse explained that when she was making her lunch in the kitchen, she would acknowledge the parents she knew who were sitting at the table eating or also preparing food. She said that it felt rude not to. More importantly, she was often able to ask how things were going if there had been a recent check-up. At times, their response would enable her to provide general advice, while at other times, it would lead to families making an appointment or making a plan to attend the drop-in clinics. Therefore, the consuming practices of staff and parents eating and drinking together generated intersections of trajectories which led to interactions of value.

6.3 Spaces where engaging with parents happens

Staff engaging with parents was a crucial activity within consuming practices in SPSs. These activities varied between staff providing hot drinks for parents in the kitchen, before appointments, or during difficult conversations.

6.3.1 Providing hot drinks

The consuming practice of providing of hot drinks enabled staff to engage with parents, and parents to engage with each other. Two of the centres had coffee machines. Coffee made with a sophisticated professional coffee machine was free in one centre, while in another centre, families paid for the machine-made coffee. In the third centre, a hot water boiler and instant coffee was available for free. Irrespective of the means of making it, the practice of providing hot drinks was regarded by staff as essential and was therefore given a high priority.

In the centre with the professional machine, consuming practices around coffee were taken seriously. Parents who volunteered to do so completed barista courses and then did work experience in the centre making coffee. This was not a gimmick. The intention underlying the practice was that parents could learn a useful skill, and also had free access to the same coffee as they would have in a café. Volunteers in meet and greet roles would always offer coffee or tea to families and staff as they came in the door. This practice was reflected in my own experience. On my first day, I was immediately offered coffee and asked how I took it. This was written on a note beside the coffee machine. Volunteers always put the coffee in a travel cup because they noticed that I moved around. The provision of drinks provided a site of connection between staff and parents, parents and parents, volunteers and parents, and volunteers and staff. To illustrate, in the extract that follows, Alice, who was a parent who had also been a volunteer, talks about the conversations that would occur while making coffee:

Oh, um, I mean, when I was doing coffees, I'd usually check in with all the staff to see if they wanted anything and that'd also be a time to chat, so. Sometimes I'd talk with Tina, she ran the playgroups. Tina's been invaluable in giving me guidance on how to encourage certain skills and help James adapt to difficult situations.

Here, Alice describes how the practice of making and consuming coffee enabled her to gain helpful information about how to manage her son. Alice goes on to explain how staff checked in with her:

Um, so, yeah, usually, you know, when I'd be making coffees for people, I'd go, "Oh, would you like something?" And I'd … also be sort of an invitation to chat with the other staff. But yeah, staff would always check in with me, "Oh yeah, and how are you this morning?"

As the excerpt above shows, the conversation that Alice described was a routine occurrence, which meant that there were opportunities for her to talk to staff about what was going on with her. She goes on to talk about her interaction with Graham, a centre assistant, as follows:

Oh, well, sometimes Graham would be behind the bench doing … sort of taking a break, as he's really full on with the kids. He rides bikes around with them and so I'd make him usually a quadruple shot. [LAUGHS] And that took me about, I guess, 6 minutes, especially if he was beside me. So Graham and I would usually chat about … I mean, he'd ask how I was doing, but I'd ask him for his experience playing and keeping up with the other kids, because for me I was like, then I was really, really sleep deprived. So, I'd be like, "How could you possibly be so energetic in the morning and how do you play with these kids?" He has four kids himself, and so he'd just share some of his experiences with me.

In the excerpt above, Alice was able to tap into Graham's personal parenting experiences, outside his role as a centre assistant. While light-hearted and relaxed,

these interactions around coffee making were informative. Together, my analysis of these data excerpts shows how making coffee and being present in the kitchen triggered intersections between parent and staff trajectories. These intersections enabled conversations to take place. In making coffee, Alice came together with staff members in that moment, which enabled them to *check in with her*. These consuming practices were in the form of open, informal, brief, *on the fly* chats. The chats afforded staff members the opportunity to listen to Alice speak about her concerns as a parent, and then offer suggestions and ideas. The interactions were long enough, moreover, for Alice to say that she felt listened to and empathised with by staff.

6.3.2 Having hot drinks before appointments

In addition to providing hot drinks, a second consuming practice was for centre and visiting professional staff members to stand in the kitchen with parents and make a coffee or tea together prior to a professional appointment. Having hot drinks in this way enabled staff and parents to come together and have a small, neutral conversation while waiting for the coffee machine or the kettle to boil for tea. Doing this together paved the way for the ensuing formal meeting interaction. Visiting professionals and the nurses saw that doing this enabled the professional consultation to begin in a more relaxed calm, manner.

6.3.3 Making difficult conversations easier

Having hot drinks was a consuming practice that was often used to make difficult conversations easier. At times, parents arrived in a distressed state. Staff were very careful in the way they approached them. The pattern involved an initial chat, often accompanied by food and hot drinks, which could then pave the way for difficult conversations to take place. In these situations, the staff response was typically collective and consistent in the offering of food and drink. The following vignette describes one such difficult interaction.

One afternoon at a typically quiet time, Helen comes into the centre with her two children. She looks distressed and one child is in her arms is crying. The other child is tugging at her legs and in tears. Staff knew her as she had regularly attended the centre until about two months previously, when she had suddenly stopped coming. Staff very gently started to talk to the children. One staff member, Bella, who had got to know the children well previously, persuaded them to go outside and have a picnic with her. Meanwhile, Ursula, another staff member who had connected most with the mother on previous visits, sits down beside Helen. She refuses the first offer of a coffee, but she does start to speak to Ursula. Twenty minutes later, she has a coffee. Another more senior staff member, Gill, comes to join them. They all drink coffee and eat biscuits. After that, Gill and Helen go to a private room to chat.

The vignette above illustrates how consuming practices facilitated often unplanned outcomes. This was a situation that required the utmost sensitivity and care. Food and drink were used to pave the way for something that was going to be difficult for staff and parent alike. Consuming practices also accompanied situations that involved parents who presented in an exhausted state, or when conversation about inappropriate behaviour was needed.

6. 4 Embedding food into the routine

Consuming practices were identified in instances when food and drink were deliberately embedded in the rhythm of routines within the shared open spaces. Embedding food into other routines and practices enabled the strengthening of connections. This could occur in an emergent way to bring about particular interactions, or more deliberately. For example, the provision of Foodbank, fruit breaks, what was known as read and feed, and cooking classes were deliberately planned activities that coincided with professional visits because they provided an easy opportunity for staff and parents to chat. Cooking classes will be discussed further in Chapter 8.

6.4.1 Fruit breaks and Read and Feed

Fruit breaks

All three centres had fruit breaks at an advertised time so parents could plan to come for the session. In two of the centres, fruit breaks were combined with storytelling. Volunteers or staff members would cut up the fruit in the kitchen together prior to the start of fruit breaks, and there was a pattern of families arriving just before the sessions. Cleaning up after the sessions became a shared responsibility between staff and parents. Fruit breaks were a daily occurrence, so there was a consistent coming together of parent and staff trajectories that strengthened connection over time. One parent explained how she benefited from chopping up fruit with a volunteer:

> Anne might be chopping up the fruit with me and she'd tell me about her daughters, um, and having grandchildren, and um, really, really sympathising with where I was in my situation, you know, "Where are you at?" and "Oh, yeah, I remember those times." Aaah, yeah, and she'd tell me the different classes that she'd sort of gone to that had helped her and we'd trade strategies.

The excerpt shows how Anne, the volunteer, moved from not knowing to learning about classes that helped her when her daughters were young. It also shows that the parent she was speaking to felt emphasised with. Anne's story so far is that of a long-standing parent and grandparent and the parent's story so far is that of a relatively new parent. The practice of chopping up fruit together generated the coming together of these two stories.

The fruit break sessions were a typically busy time. There was a pattern of parents heating up bottles or making coffee for each other, and staff on a break making coffee. In one centre, the fruit break was formally organised as part of a playgroup, although parents and staff stood around the tables chatting as children ate. The purpose of combining fruit breaks with storytelling in the centres that did so was to make reading a story an enjoyable and relaxed experience, so that reading time became associated

with positive experiences for parents and children alike. One centre was more explicit in embedding food into practices. This centre had a weekly *read and feed* session.

Read and feed

Reading and eating practices were combined into a read and feed session run by three volunteers. Mary and Colin were retired professionals who, in their own words, hung out on the floor, while the other volunteer spent most of her time cooking in the kitchen. Colin said that the aim of read and feed was to promote a community feel through the combination of food and reading, and to make reading a happy, comfortable activity. Mary and Colin both read a story in the shared open public space, after which everybody had lunch together, which was made by the third volunteer. Read and feed was very popular. The session became so busy that the centre considered moving it to a large, enclosed space but decided not to because they saw the openness of the original space was more welcoming for late arrivals and children who might move in and out of the session. If the weather was good, feed and read took place in the outside SPS.

It was not a coincidence that this activity was so well attended, because it was held during the busiest session of the week. The provision of food at the same time as storytelling met an important need. Parents welcomed not having to provide lunch and also enjoyed eating and relaxing during the session. All members of staff attended these sessions, including visiting professionals, such as the SP, psychologist or physiotherapist, and everybody mingled together in the SPS. Staff said that the sessions really helped parents and staff alike to relax. Colin noted that after a few weeks of read and feed, more parents were approaching him in the SPS just to chat or share a problem. He explained, *"even if they just smile at me, when before they completely ignored me, it means that doing this helped."* The read and feed sessions exemplify the value of consuming practices in which food was embedded into another activity.

6.4.2 Foodbank and emergency food

Foodbank is a non-profit, charitable organisation in Australia that distributes food and groceries to those who have difficulty purchasing enough to avoid hunger, usually through intermediaries such as soup kitchens (Foodbank, 2024), and in this study, Tasmanian CFLCs. The provision of Foodbank and other donations in the CFLC spaces produced sites of connection that enabled staff to meet families' needs, which in turn, helped build relationships. In all three centres food was delivered weekly from Foodbank or another similar organisation. In one centre, a staff member went to pick up the delivery, and at the other two centres, the food was delivered. Food was always put in the same place, that is, near or on the kitchen bench. Staff would have a quick look to see what was there, and sometimes discussed what they could do with it. They often printed out recipes to put beside the food, or a list of ideas about what it could be used for. There was a pattern of increased activity in the spaces when the food arrived (see the sample log of movement in Appendix 13). Sometimes parents and staff went to the van and helped bring the food into the centres. On one occasion, there was great excitement when a new provider came with nutritious frozen home cooked meals. Staff disliked having to always use tinned food because they wanted families to have fresh, nutritious food. Staff sorted the food to put in the freezer, but some of the labels were hard to read. Conscious of what might appeal to families, they changed the label from *chicken and kale casserole* to *chicken casserole*, in case of negative reactions to kale. These meals were for emergency use only, such as the situation described in Chapter 5 where a parent felt unable to feed her children, or for when families were in transition due to domestic violence.

When the Foodbank delivery arrived, conversations were had between staff about the food and what could be done with it. Children could go and choose a piece of fruit, which sometimes led them to asking what it was when it was a more unusual item like a fig. Parents often laughed when their children tried something new, declaring, "he will not try anything new at home!"

Staff described food as a good *hook* to bring families in. For example, while some parents only came to the centre for the food and then left, staff always said "hello" to establish an initial connection. In centre three, staff were particularly successful at progressing from no connection to building a relationship with families through the Foodbank. This was because the space was produced in such a way to assist connection. For example, there was always someone in the formal reception area who had a full view of where the food was located. When families arrived, they would start chatting from reception and sometimes go with them to the bench where the food was. On occasion, chats between parents and between staff and parents moved beyond food to more personal topics. At other times, parents and staff would move away from the food but would continue the conversation elsewhere. Sometimes parents would come in later in the day in search of a particular food item. Staff monitored families' use of Foodbank in a subtle way by noticing who was taking what. The extract that follows describes how a staff member found a solution for a parent seeking a food item that was not available, in this case, fresh bread.

This is the day the food comes. The food sits in the shared public space usually on the kitchen bench. A father, Alan, came in on his own and looked to where the bread normally sat. There was not any there, so he went to chat with the worker at reception. He looked cheerful and relaxed, and they chatted about the dad's night out last Saturday. The CL came out of her office and pointed to the freezer room. The receptionist went there. She came back with frozen bread for Alan and he looked really happy. He spent some more time chatting then left.

Field notes chat afterwards: The CL said that, in a sense, ignoring the guidelines and giving Alan the frozen bread was all about meeting a need. Alan had been coming to the centre for a year, and this was the first time he had come in on his own without the children. They noted that when he first came, he was hostile and did not engage with staff at all. They were pleased that he came to reception and spoke to staff. They were keen to meet his need. He had come for bread, and they wanted him to leave with bread. They saw giving Alan bread as a way of building a relationship with him, particularly since he had recently become more willing to engage with staff.

The vignette above shows the intentionality in the staff and parent interactions around giving and receiving bread that shows the parent-staff interaction was not passive. Alan knew what he wanted and initiated action to obtain it. Staff recognised a need and initiated action to address it. The interaction can be seen as the coming together of several trajectories in that moment and moments over time, as follows:

- The physical trajectory of Alan moving to the Foodbank area;

- Alan moving from having a need to that need being met; and

- Staff moving from not being able to engage with Alan to an increasing level of engagement.

These three trajectories were required to come together in a moment to make the staff response possible. Their awareness of Alan's history and his recent change of attitude and behaviour were particularly significant for the staff members. They felt overlooking the rule about giving out frozen food was justified because it gave them a chance to fulfill a need and establish a better connection with Alan. Therefore, moments of contact and connection over time contributed to a resolution. The idea of moments over time coming together in any one moment and shaping connections will be discussed further in Chapter 8. To conclude the discussion of consuming practices, the following section describes the kitchen table as a specific space for sharing information and engagement between centre staff and parents.

6.5   Kitchen table – a site for engaging and sharing information

All three centres provided for adults and children to eat within the space. One centre had a large, traditional kitchen table; another had high stools around kitchen benches and separate tables for children and adults. Irrespective of configuration, the kitchen table was the site of many consuming practices around food. Food and hot drinks were often consumed while sitting at the kitchen table. While eating or drinking, staff and parents would chat, read the information left there, such as newspapers and

brochures, and share information with each other. In one centre, staff took photos of children at playgroup and then as their parents were sitting with a coffee around the kitchen table, asked them to write a comment about what their children were doing. After volunteers had finished cooking, they would often play games with the children on the kitchen table, such as jigsaws. Parents attending cooking classes would sit at the table together to eat what they had cooked.

Parents sitting at the kitchen table, however, could be problematic if they stayed there too long. This might have the effect of excluding other people, and also meant that they were not taking responsibility for their children in the centre. The formation of cliques and disengagement with their children was one of the challenges that practices of negotiating sought to address, which will be discussed in Chapter 7.

After the centres had closed to families, staff would sit around the table and have a meeting, or sometimes, they just had a coffee and chat. Two centres had a secret stash of lollies and chocolates, which staff shared around the table. The purpose was not so much about sharing information, but about supporting each other as they disclosed incidents which had challenged them during the day. Staff also talked about their own private lives and some of the difficulties during this time. The time around the kitchen table enabled a way of being together which strengthened both professional and nonprofessional relationships alike.

6. 6   Chapter summary

This chapter has demonstrated the significance of consuming practices within the SPSs in the CFLCs. Providing food and drinks was central to many of the activities taking place within these spaces. Food and drinks were used to share information engage families and for this reason, were often embedded into routines and combined with other activities such as storytelling to make the activities comfortable and attractive to families. Both this chapter and Chapter 5 suggest that these consuming practices operated in spaces that were positive, harmonious environments. While this is true, it is important to note that these spaces were not automatically given. Instead, a huge

amount of care and work went into producing SPSs as safe and comfortable for families. Chapter 7 will address the practices of negotiating that were necessary to maintain the safety and comfort of SPSs.

Chapter 7. Negotiating practices

Chapter 7 is the third chapter in Part B and also the third of the four findings chapters reporting my analysis of data establishing what happened in the SPSs at an everyday operational level. Section 7.1 introduces the idea of practices of negotiating that were observed in the SPSs. Section 7.2 discusses spaces where parents and staff tidied up together during negotiating practices. Spaces staff adopt the stance of strategic ambivalence is the focus in Section 7.3. Section 7.4 describes staff being with families in practical and supportive ways. Section 7.5 summarises the chapter.

7.1   Introduction

The focus in this study was SPSs and how such spaces facilitate ISD. Using a spatial theory lens, Massey (2005) challenges the notion that public spaces are free, democratic environments. Instead, Massey argues that like all other spaces, public spaces are subject to social norms. Behaviour within these spaces, therefore, is always regulated in some way. The SPSs within the CFLCs were no exception. They all had expectations around behaviour, and rules in place to regulate behaviour.

The key finding in this chapter is how behaviour was regulated through negotiation. This finding is framed as *negotiating practices*. By negotiating practices, I mean, how staff interacted with families in applying rules to manage expectations around behaviour. Negotiating practices as enacted in the SPSs by staff were necessary to maintain the safe comfortable environment needed for other practices to be enacted. As discussed in previous chapters, parents identified a safe, comfortable and non-

judgmental environment as essential for them to be able to open up and disclose needs. The SPSs in the centres however, while informal and relaxed, were not spaces where *anything goes*. Negotiating practices enabled staff to maintain families' safety and comfort within SPSs, while regulating child and parent behaviour within appropriate boundaries. For example, parents were encouraged to help with basic cleaning as staff engaged in practices of hanging around. This enabled staff to both model and regulate behaviour, which set up a connection with families that may lead to them disclosing a need and accessing services.

The chapter begins with a brief discussion of how parents viewed the SPSs as safe and comfortable environments, and their understandings of the efforts required to keep them that way. It then focuses on how the negotiating practice of inviting parents to help with basic centre activities sparked connection. Attention then turns to two staff sub-practices of negotiating. The first is strategic ambivalence (Section 7.3), and the second is being with families in supportive ways (Section 7.4). What is distinctive about these negotiating sub-practices, is the ways they were enacted, that facilitated connections between parents and staff, and between parents, which could lead to families opening up and subsequently accessing integrated services.

7.2   Parents and staff tidying up together

As explained in Chapter 4, every centre had a partnership agreement with parents that specified standards of behaviour. These standards related to parents' language and behaviour, specifically around how they treated each other and the staff. Part of this agreement was that parents were responsible for their children unless an adjunct care arrangement was in place. Adjunct care involved booking staff to care for children while the parent was involved in a program or meeting. Challenges inevitably arose around, however, in maintaining a calm, comfortable, safe space for all families. One of the ways staff enacted behaviour regulation was through shared activities, such as tidying up together with families. Accompanying this activity were expectations about behaviour. Each centre was not Disneyland, it was a live, operational SPS full of

families. Several parents talked about knowing the rules and being careful, "they're pretty free here, but sometimes I have to watch what I say."

The centres' high standards of cleanliness were appreciated by families. One parent described how severe mental health issues meant that she was not very functional, so her house was always a mess. She said that coming to a lovely clean space was a plus.

In addition to cleanliness, other families appreciated having free access to a space in which their children could play. To illustrate, a parent describes her motivation for coming to the centre as follows:

> Because basically, the first thing is, it's free. To be honest, because we're a big family so we're on a low income so yeah, and it's just a welcoming, warm place in winter and cool place in summer to come with the kids, and it means lower bills for us.

For this parent, initially there was an economic element to her coming to the centre. She then goes on to talk about the need for her children to play in an open, clean and tidy space:

> We're a bit crowded and really there isn't much space for the kids to play, and instead of messing up my house they can make a mess here (laughs) … We tidy up though, but yeah, yeah … people respect the place, they want to come back you know, yeah, yeah.

What is significant here is that while the mother appreciates having the space for her children to play, she also recognises the need for parents to contribute to keeping the SPS clean and comfortable. Staff negotiating practices here involved maintaining a high standard of cleanliness while gently regulating families' behaviour.

While tidying up together, staff, volunteers and parents often chatted. A pattern emerged where parents who had not previously engaged with staff started to chat during tidying up time, when everyone came out of their offices to help. This was

often because they needed to ask where something went. At times, after the initial contact, they continued to chat informally. These informal chats sometimes led to more specific conversations, which in turn sparked connections, which then led to families expressing need and then accessing services. The following vignette and Figure 7.1 show what happened when staff, volunteers and parents are helping to tidy up and clean the SPS after a particularly busy morning session of messy craft activities.

Parents staff and volunteers are all active in helping to clean up. Here we see a CL with a brush and pan in her hand speaking to a mother who has three children under five. The mother approached the CL and initiated the conversation. She has just moved into the area, and this is only her second visit. She has spent the morning outside near the sandpit and has not talked to any staff. She tells the centre leader that she is concerned about her baby, who is just not sleeping. It is exhausting. Her previous child and family health nurse suggested a few days in a residential unit, which is specifically designed to assist with sleeping difficulties. Now she is in a different area and not sure what services she can access. She doesn't want to go away from home overnight because of the other two children, one of whom she is particularly worried about because he is very active and displays challenging behaviour. The CL called over to the CIW because she knew more about the sleeping programs. She joined the conversation, and the CL left. The mother and the CIW moved to a small table and chairs in a quieter part of the shared public space because the mother needed to feed the baby.

Figure 7.1 depicts the beginning of the vignette, with the CL standing with brush and pan in hand, talking to the mother. One of the children is standing behind her mother, and the baby is in the capsule near the CL. The third child is at the front of the image, walking towards the camera and me. This child is very active and displays challenging behaviour.

Figure 7.1   Centre leader with brush and pan in hand chatting with a parent

The mother's story so far is a mother new to the area, who has concerns about two of her three children. The CL responds to her, and then hands over to her colleague, who knows more about the service that the mother needs. Together, the vignette and Figure 7.1 show how the practice of staff being present in the SPS affords opportunities for trajectories to intersect, which leads to connection with families. The intersecting trajectories here are:

- The mother physically moves towards the CL and the CIW physically moves towards the mother and CL. The mother and the CIW move to a small table in a quieter part of the centre;

- The mother moves from not talking to staff to talking and quickly disclosing problems; and

- The CL and the CIW move from not knowing about a family to learning about them.

The mother's story so far changes from being a parent who is barely coping with the challenges of three young children, one of whom displays challenging behaviour to a parent who is able to disclose what they need and ask for help. The timing of the mother approaching the CL during tidying up time points to the importance of staff being visible and accessible in the SPS so that connection may be sparked, which may then lead to parents' disclosure of need and their subsequent access to services.

A week later, I had a follow up chat with the CL about this family. She explained that with the mother's permission, she had talked to the child and family health nurse. The nurse had suggested sessions about managing sleeping difficulties during the day, which she ran at the centre. The mother could access adjunct care at the centre to allow her to attend the sessions and focus on the information provided.

Another example of parent and parent interaction illustrates the pathway to services through connection. A mother was visiting the centre for the second time but had not engaged with staff at all. At this time, the SP was hanging out in the SPS, so was accessible to the mother. She approached another mother to ask who was talking to parents, and when she was told it was the SP, she approached her and had a chat. The SP then introduced her to the early intervention worker, who after a chat with the mother, booked her child in for an assessment to be done at one of the offices in the centre. Here, parent and parent interaction led to access for a family.

The CL said that the previous examples were a common scenario. She explained that "often we are not thinking about parents accessing services, but when you respond to a need in that moment, that starts to happen in a natural way."
She went on to describe what such a response achieved, "just listening to parents increases the level of integration." Here, integration of services emerges, seemingly naturally, from staff and families hanging out together in the SPSs. This emergence, however, is not accidental.

Later still, I had a few quick chats with the mother, and she explained that the staff responses had made everything easier for her:

> When I saw the centre leader out in the play space, I just suddenly thought, oh I can talk to her. I hadn't planned to, I didn't expect to get so much help so quickly, and just being able to do everything here makes it so much easier because we don't have a car and it is so comfortable here.

The excerpt above illustrates how staff practices of tidying up with parents increased their visibility and accessibility, which in turn increased the parent's access to services. The story so far of the mother changed as result of the intersecting trajectories from a parent who is barely coping to a parent accessing multiple services and support and feeling comfortable in the SPS. This vignette illustrates how the practice of encouraging parents to help tidy up resulted in both the SPS being clean and comfortable, and also connection that enabled the parent to disclose a problem, which led to her accessing services.

Negotiating practices often functioned as an umbrella for three sub-practices, that constitute staff ways of being that both offered support for and also enabled perhaps somewhat reluctant parents to become open to negotiating. The sub-practices were: being strategically ambivalent; responding to a stressed parent; and managing the formation of cliques. Subsequent to the outcome of negotiation, staff also enacted a further two sub-practices: staying with families after an incident; and providing practical support. While present across all three centres, the prevalence and frequency of the sub-practices differed in each, depending on who was there on the day and what was happening at the time.

7.3   Being strategically ambivalent

Negotiating practices often involved staff being strategically ambivalent. By strategic ambivalence, I mean staff deliberately downplaying responses to negative behaviour or situations whenever possible that then paved the way to providing support for parents. The aim of strategic ambivalence is to help parents feel they are not being judged. Not feeling judged was identified by parents I interviewed as essential, a

finding that aligns with the literature (Chapter 2). Being strategically ambivalent did not mean staff ignoring what was going on, however. Instead, the sub-practice often meant "nipping things in the bud" by responding gently and sensitively to what was happening in a timely manner. Two of the sections that follow illustrate strategically ambivalent responses in relation to a stressed parent (Section 7.3.1) and managing the formation of cliques (Section 7.3.2). At times, however, being strategically ambivalent was not appropriate and quick clear actions were needed to manage what was happening. I discuss such situations in Section 7.3.3, and in so doing, touch on broader issues around child safety, also known as child protection.

7.3.1   Responding to a stressed parent

Staff were very aware of the need to be sensitive and responsive when parents appeared stressed or under pressure. The practice was to monitor the family closely by physically moving towards them so that they were within hearing and seeing range. Staff knew the families that attended frequently, and they had a sense of what was usual behaviour for them. If they noticed that a parent seemed particularly stressed, but were busy running sessions, they mentioned this to another staff member or volunteer who was hanging out in the SPS. This enabled the staff to keep an eye on the family and provide support if needed. The following vignette illustrates the staff approach to dealing with a stressed parent. It is Monday morning, and the mother and her two children arrive at the centre.

Jess arrives at the centre with her two children, a 2-year-old toddler and a two-month-old baby. The baby is in her arms crying and the toddler is tugging at her coat, wanting to be lifted up and carried. A member of staff comes across to meet her and she offers to pick up the toddler, but he doesn't want her to pick him up. Jess looks very stressed and said that it had been a difficult few days. A playgroup starts in another part of the shared public space and two of the staff move across to where it is starting, leaving only the volunteer in that part of the space. Jess stays and sits down to feed her baby. One of the staff members has a brief chat to the volunteer, who then goes to where Jess is and tries to distract the toddler by offering a toy. The volunteer sits the child on her lap and reads him a story. After the story finishes, the toddler moves back towards his mum. He starts to cry and tug at her coat again. This time she can't cope, and in her own words she "loses it", yelling at him and pushing his arm away. A staff member and a second volunteer come to where they are. The two volunteers manage to calm the toddler down and take him outside to play while the staff member stays and chats to the mother, who is close to tears. She explains that her partner has just left to work interstate, and she is finding it very difficult with the toddler and the baby. Breast feeding isn't going well, the baby isn't settled, and the toddler is waking frequently at night too. The staff member listens sympathetically and agrees that it is so very hard, saying she remembers herself how hard it is. The staff member tells her that there is a drop-in child and family health nurse clinic the next day, and the mother decides she will go to that. The volunteers return with the toddler, take the baby from the mother and hand her to the toddler.

The vignette above illustrates how staff negotiated the mother's behaviour through the sub-practice of strategic ambivalence. Here, strategic ambivalence involved looking beyond the mother's behaviour alone and recognising her situation and her high levels of stress. Taken out of context, yelling and moving physically towards her child is not acceptable parent behaviour. The staff could see, however, see that the mother was stressed and took steps to alleviate that stress. The volunteers and the staff member worked together to support the mother and her children. First, by calming and removing her child, the volunteers deescalate the situation. Second, by admitting to having been in a similar situation herself, the staff member showed empathy towards the mother. The effect was twofold: they subtly regulated her behaviour so the SPS remained safe

and reduced the likelihood of the mother feeling judged. The intersecting trajectories in the vignette are:

- The staff member and the physically volunteer move towards the mother, and then the volunteers physically move outside with the toddler;

- The mother emotionally moves from being stressed to being less stressed; and

- The staff and volunteers move from not knowing about the family to learning about the mother's situation.

The vignette shows that strategic ambivalence is not inaction. The intersecting trajectories sparked a connection with the mother. Together, de-escalation of the situation and connection sparked enabled staff to suggest a way forward by mentioning that the child and family health nurse had a drop-in clinic the next day. Thus, through strategic ambivalence, staff were able to move things forward so the family could access services.

7.3.2   Managing the formation of cliques

One of the ongoing challenges staff faced every so often, was the formation of a *clique* within a centre. By clique, I mean the coalescence of a group of parents that would close ranks and potentially lead to other parents feeling excluded. In one centre, staff noticed a clique had started to form and began to develop ways in which to respond. While I have previously referred to the kitchen table as a site of connection in the centres (Chapter 6), the following vignette shows that the site could assist the formation of a clique. The way in which staff downplayed an undesirable aspect of behaviour and instead focused on making connections illustrates the negotiating sub-practice of strategic ambivalence.

A group of four parents arrive at the centre and sit at the kitchen table. They speak and laugh very loudly. Their children go outside, but they do not follow them. A formal program is about to start. A worker comes and invites them to join in the program with their children. They say no, they are fine. Another worker comments that they had come last week and had not engaged in any programs. Several parents that are not in this group arrive at the centre and walk past the kitchen table, but do not sit down. After about an hour, the kitchen table group go outside, and all sit together on the steps. Two staff members attempt to start a conversation, but it does not work. Eventually, the kitchen table group leaves together.

What happened in the SPS presented a challenge for staff. In this centre, staff shared what they had noticed in their daily morning and afternoon meetings. A staff member told me that they all notice different things happening in the SPS when the centre is busy, but often do not have time to share them. She explained, "In the afternoon we share all that, and it helps us decide how to respond to problems." Another staff member had caught several families on their way out who had said that they did not feel comfortable staying, because the group at the kitchen table made them feel unwelcome. The staff member commented that in a similar situation, one centre had removed the kitchen table, but this was seen by another staff member as not a good idea. She explained that it was not the table, but the people using it that was the problem. The staff devised a plan to manage the problem by deciding not to invite the group to programs because there seemed to be entrenched resistance to that. Instead, they decided to gently engage with them. They did this by:

> Just being mindful of noticing, ok where are they? How can I support
> them and their children? Just, you know, walking by them, or just sitting
> close by, acknowledging them, talking to them. Sitting down, having a
> conversation with them.

Here, the staff were dealing with a collective resistance to engagement, and they responded by adopting a strategically ambivalent approach. These parents were not engaging with their children, so the staff discussed ways of approaching their children

as a pathway to the parents. Their response was to tread carefully and gradually try to establish a level of connection by showing interest in the parents. The following week when the group arrived and went to sit at the kitchen table, the staff quickly set up a children's craft activity beside the table. The children engaged in the activity and went running over to show their parents what they had done. A staff member and a volunteer followed the children and started to chat to the parents. As a result, the staff succeeded in making a connection with the parents, that they hoped to build on during subsequent visits. While the staff were aware of the negative impact of the group on other families, they did not expect the problem to be resolved quickly, but rather viewed it as a process which would take some time.

7.3.3 The limits of strategic ambivalence

There were limits to the practice of strategic ambivalence. Some situations required quick, decisive intervention, for instance, on occasions where tension between parents escalated to the point of physical contact. In these situations, staff held what they described as *meetings on the run*. By meetings on the run, I mean the occasions when one staff member, often the CL, would signal to the rest of the staff, and they would quickly assemble, sometimes in the corridor rather than the office. Once together, one person would brief them about what had happened, and they would have a quick discussion and decide on a plan of action. The meeting depicted in Figure 7.2 took place in the corridor just outside the office as a response to increasing tension between two parents.

Figure 7.2   Meeting on the run

Here there are two parents becoming very tense in the playground. The CA noticed and came inside and told the centre leader. The Cl signalled to the CIW and the Ed to come across to the corridor. They had a quick meeting in the corridor and planned how to respond. The CL was going to talk to one of the parents and encourage her to come inside. The CIW would stay outside with the other mother. The CA would be with the children and the Ed would keep an eye on the general situation. The staff referred to this as a "meeting on the run."

Another situation beyond the limits of strategic ambivalence was when parents behaved badly towards their children. When interactions between parents and children escalated, staff entered into a kind of surveillance mode. Like all educational institutions, CFLCs operated under mandatory child safety reporting conditions. This meant that staff were legally bound to lodge a notification to authorities when they felt that a child was being abused physically, emotionally or sexually. During my visits,

Lorraine, a staff member, lodged a mandatory child safety report in response to what she saw occur in the SPS. She described it as follows:

> A child got treated really badly last week in front of me, and it happens quite a lot with her. It really broke my heart. So, I just took the child's hand and walked away with the child. And I hugged the child, and the child didn't want to let go of me and was very upset, and then I had to speak to the CL about it.

The excerpt describes a not uncommon situation involving child safety in the SPS that required mandatory notification. Lorraine commented, "We had to put in a notification as well." Staff clearly found such situations stressful. This time, however, there was a good outcome, as Lorraine went on to explain:

> But we told the mum we were doing that, and it has been a good outcome because she has come to me here in the play space for some help, and I have given her some suggestions to manage her child's behaviour.

The incident described by Lorraine happened. It was partially resolved after the notification, when the mother sought advice on how to manage her child from staff members.

Other situations required involvement with child safety services. For example, when children who had been removed from their parents and placed in out of home care came to the centre for supervised visits with their parents. For such visits, CFLCs acted as hosts. Two of the centres had, however, engaged a Child Safety Family Liaison Officer (CSFLO) who worked with the Strong Families, safe Kids Advice and Referral Line to hang out in the SPS. Their presence is reflective of a much broader issue previously discussed (Chapter 2) that relates to the integration of services. Traditionally, child safety services stood apart from and were treated separately to other services. Recently, there has been a move to reframe child safety services as services that can be supportive of parents. In an interview, one CSFLO explained her role as follows:

> We see parents struggling with parenting are as deserving of support rather than potentially people who should have their children removed. The trick is to get in early and offer support before the situation deteriorates.

The CSFLO went on to say that the characteristics of the SPSs were ideally placed to enable informal interaction and relationship building between people in her role and families. She also valued the opportunity to link the family into other support services in the centre. This new role, therefore, has significance for the accomplishment of ISD and reflected the potential for SPSs to be integrated with child safety and other family support services.

7.4   Being with families in practical, supportive ways

Negotiating practices in the SPSs were hands on and grounded. This was reflected in the pattern of staff staying with families after a crisis (Section 7.4.1), and the way in which practical support was provided to them (Section 7.4.2).

7.4.1   Staying with a family after an incident

Negotiating practices in the CFLCs were often, but not only, about responding to problems or challenging behaviours. A pattern that emerged across all three centres was of staff staying to chat with families after a crisis or problem had been resolved. At least one staff member or a volunteer would stay and engage in casual, general conversations. At times, the conversation would move on and then return to the problem that triggered a response in the first place. At other times, issues of a more personal nature would be disclosed. The progression from a casual conversation to an outcome benefiting families is depicted in Table 7.1 below. The table documents three incidents that occurred during a morning session, who was involved, the connections and discussions that occurred, and what subsequently happened that resulted in a positive outcome for the family.

Table 7.1   Negotiating behaviour enabling a positive outcome

Situation	Post incident connection with	Discussion	Outcome
Child hits another child	Centre leader Volunteer	Problems at home father now away from home	Parent wants to see a counsellor or psychologist to help her cope with the change
Child having a meltdown	Community inclusion worker Nurse	Child having sleeping issues	Parent wants to attend the sleeping difficulties class
Child hitting her parent	Educator	The parent discloses that she is struggling with her child's behaviour	Parent wants to attend the parenting classes at the centre

Table 7.1 identifies three instances of problematic child behaviours, the staff members involved in negotiating practices to uncover the personal issue the behaviour flagged for the family, and the supported move to formal service provision. These events occurred because staff remained with the families after the initial instance of problematic child behaviour. On occasion, there was no specific formal outcome, instead, staff stayed so they could positively interact with families. For example, a child who had become quite aggressive calmed down with staff support. After the event, the volunteer stayed with the mother and child, which led to a casual, general conversations at the time, which continued in the weeks that followed. Eventually the mother disclosed that she was having financial problems, and the volunteer brokered a referral to a financial counsellor. This outcome illustrates that while negotiating practices sometimes coincided with other practices, such as hanging around, they were not stand alone. Instead, they often moved the outcome beyond the maintenance of safety in the SPS to the provision of practical support for families.

7.4.2 Providing practical support

At times, negotiating practices crossed over with hanging around or consuming practices as staff looked for opportunities to support parents and children in practical ways. A staff member might notice whether parents had food with them or not. Towards the end of a session when children would start to become tired and difficult, staff would offer fruit or a biscuit to diffuse the situation. A times, they would go with a child to the toilet or hold a baby while a mother went to the toilet. Assisting parents as they were leaving was a very common practice, because children often had tantrums at that time.

Parents' comfort was a high priority in the centres. Extra cushions or different chairs would be found if a parent with back problems or in the late stages of pregnancy visited the centre. Tissues were always around, and greatly appreciated by parents. One mother commented that she was going through an acrimonious divorce and had just come from a meeting with her lawyer. "There I was, with tears running down my face, looking a mess, and there were no tissues in the office!" She went on to describe how on the way home, she came to the CFLC because there were always boxes of tissues in the SPS. She knew that once there, she would be accessing more than tissues; the sympathetic listener their presence signalled.

Small things such as tissues and food may appear insignificant, yet parents mentioned them interviews with me. They described these small things as what made them want to return to the SPS and appreciated the effort staff made. One parent explained, "all this makes me feel that they are on my side, so I will always listen to what they have to say." The promise of a positive attitude created a good environment in which negotiating practices could be enacted. Negotiating practices were not about telling parents what to do, but instead, focused on connection and support that came together in ISD.

7.5   Chapter summary

This chapter explained the need for and importance of negotiating practices, specifically involving maintaining the centre cleanliness while regulating families' behaviour. Three sub-practices were also identified as being strategically ambivalent, staying with a family post-crisis, and providing practical support. Chapters 5, 6 and 7 discussed the study findings, respectively the practices of hanging out, consuming and negotiating. These three practices, furthermore, could occur simultaneously, or one practice might lead to another. For instance, hanging out practices could lead to consuming practices. In summary, the three findings chapters have demonstrated the enactment of these practices predominantly at a concrete level by identifying the simple intersecting trajectories they generated. The following chapter moves to a higher level of analysis to identify the kinds of connections that resulted from the intersections of trajectories.

Chapter 8.   Connections with depth underpinning

Integrated Service Delivery

This is the concluding chapter in part B and is divided into six sections. Section 8.1 explains how spatial theorisation is used to understand ISD and provides an overview of the chapter. The following three sections focus on sites within the SPSs and conclude with vignettes illustrating the points made: Section 8.2 focuses on the practices enacted in sandpit sites; Section 8.3 discusses practices in kitchen sites; Section 8.4 concludes the examination of practices in sites by highlighting practices enacted in the open office sites. Section 8.5 discusses the characteristics of depth in the moment and introduces the concept of soft-edged ISD. Finally, Section 8.6 summarises the chapter.

8.1   Introduction

This study looks at ISD from a spatial practice perspective. Chapter 3 outlined ideas about space as dynamic, socially constructed, and an intersection of trajectories (Massey, 2005) and argued that these offer an alternative way of understanding how sited ISD is accomplished. Having established in chapters 5, 6, and 7 that three key practices were enacted in the SPSs of the CFLCs, this chapter goes on to explain how these practices generated intersecting trajectories which led to connections with depth (see Figure 8.1).

Figure 8.1   Conceptualisation of depth in the moment

Hanging out, consuming and negotiating practices created trajectories that intersected, producing moments which although ephemeral had significance and depth. I refer to this phenomenon as *depth in the moment*. Trajectories here refers not only to concrete movements, but in a Masseyian spirit, connote complex movements in qualities over time such as those presented in Table 1.

Table 8.1   Examples of trajectories in SPSs of CFLCs

Kind of Trajectory	From	To	Example
Physical	A site	Another site	Moving from kitchen to sandpit
Social	People on their own	People spending time with other people	People chatting together
Epistemic	Unknowing	New ways of knowing	People coming to know about X
Obstructed	Being obstructed by a problem confidence or negative experience	Problems confidence or experience addressed	People can move on or move on differently

The trajectories shown in Table 8.1 are defined in the following way. The physical trajectory is about the physical movement of people from one site to another. However, the sites here are not physical. Sites are used in a practice-based, Masseyian

sense of being produced by the coming together of trajectories. People moving from being alone to meeting and being with other people and doing things, such as chatting and eating, constitutes a social trajectory. The epistemic trajectory involves people finding things out through different ways, such as staff realising things through first-hand observation of play rather than parents' descriptions. Similarly, parents come to know about a service through speaking to other parents. The obstructed trajectory recognises that current or past experiences or difficulties may hinder families in moving forward.

All these trajectories operated on different temporalities. Longer-term trajectories, on which movement was slower and often iterative, included children's behaviour, sleep and health, or families' struggles with finances or navigating government organisations such as Centrelink (the Australian government organisation responsible for welfare payments). Others were more acute situations requiring rapid response such as family conflict. Some combined both immediate and longer-term movements, such as responses to reported domestic violence.

Across all three sites, intersections of various kinds of trajectories produced meaningful connections. For example, staff moving physically into the SPS for a break might intersect with a parent disclosing a problem *(*obstructive). Some intersections depended on others, as when parents were hesitant connecting with staff, but became comfort doing so once trajectories connecting them with other parents had been established (social*)*. This was particularly important for parents who mistrusted services and were reluctant to engage with staff (Prichard, 2018). The staff epistemic trajectory could involve staff connecting with parents themselves or it could come in a secondary way, from interaction with other staff who had gained an understanding of a family through meaningful connections.

The analysis found patterns of intersection of trajectories at different sites within the SPSs. In the following text, the relevant trajectories described in Table 8.1 are sometimes mentioned explicitly in the text and sometimes italicised in brackets. Focusing on sandpits, kitchens, and open office areas highlights salient features of these patterns, where trajectories came together to produce connections with

depth. These moments with depth were not an endpoint. They were part of a continuing story.

This chapter examines how depth in the moment is achieved by focusing on three sites, sandpits (Section 8.2), kitchens (Section 8.3) and open office areas (Section 8.4), where the key practices identified in chapters 5–7 were enacted (see Table 8.2).

Table 8.2   Sites of practices within SPSs

Site	Practices	
Sandpits	Hanging out	Negotiating
Kitchens	Consuming	Hanging out
Open office areas	Negotiating	Consuming

Each section discusses the nature of the connection, who it is between, and which trajectories came together to give depth in the moment. Concluding each section is a vignette illustrating how these connections with depth happen simultaneously in SPSs. Following, Section 8.5 brings together all three vignettes and explains how these connections with depth are not end points. These brief connections are part of what Massey calls stories so far, as discussed in Section 3.3. These moments with depth continually shape the stories so far and can disrupt or extend future intersection of trajectories.

8.2   Depth in the moment emerging from intersecting trajectories

Connections with depth in the moment were produced through the intersection of trajectories created by the practices enacted at sandpit sites. Connections were made between parents and staff, and sometimes parents from different families, and resulted from intersections of typically spontaneous and unplanned trajectories.

Sandpits were sites of free play for children, and staff and parents had conversations as children played happily. Unsurprisingly, unexpected incidents that were observed and responded to could also lead to connections. There were behaviour patterns common to all sandpit sites in the three research locations. These included conflict between parents or between parents and children, inappropriate behaviours (e.g. throwing sand) or language, and distressed children (e.g. tantrums). Staff responding to and managing these behaviours generated trajectories which, when they intersected, produced depth, often in moments. Practices of hanging out (Section 8.2.2) and negotiating (Section 8.2.3) were significant in producing such intersections. A vignette is presented and discussed (Section 8.4) to illustrate how these practices unfold together in and around the sandpits.

8.2.1 Depth in the moment in sandpit sites

Underlying the intersections of trajectories produced through hanging out practices were activities as noticing, engaging in conversations, and offering practical support (Section 5.2). Physical trajectories enabled by staff shifts and having time to hang out intersected with family movement to the sandpit. These movements were often led by the child. In this way, families and staff came together in the sandpit. It was a comfortable environment for families to relax and for staff to hang out and notice things, leading to establishing connections with families. Noticing was further facilitated by sandpits being physically bounded areas; they were not sealed-off spaces, which enabled multi-sensory noticing.

At sandpits, staff noticed ongoing interactions, not just tricky situations. One staff member hanging out nearby would notice a staff member talking to a parent, so they would then move towards the sandpit (physical) to play with the children (social). This interaction between a member of staff and children enabled uninterrupted conversation between the parent and another staff member. This conversation could then generate chains of connections as the first staff member introduced the second staff member, or sometimes visiting professionals, to children and parents. Here staff

and family are getting to know each other (epistemic). A further (physical) trajectory brought additional staff into connection. The depth in this moment is the staff members' experience and knowledge about child development and the parent's knowledge of the child. The naturalistic environment enabled observable play that increased the staff members' understanding of a particular family. The additional staff member, who may have a different professional background or experience, became part of what produced the depth in this moment.

At times, noticing as part of hanging out practices led to conversations which led to chains of connections. There was a pattern of conversations coinciding with hanging out practices (Section 5.3), in which they started as casual and general ones and then developed into more prolonged and personal ones. The more personal conversations in sandpit sites could involve disclosing a problem or requesting further help. Often, families had come to the sandpit to play, yet conversations disrupted this simple intention. This represented an intersection of an obstructed trajectory and staff getting to know a family (epistemic). Significantly, conversations arising from noticing during hanging out practices would bring about new chains of connection that the parents controlled and could engage in at their own pace.

Parents would sometimes ask the staff member to whom they had disclosed a problem to talk to a new person on their behalf. The recurring pattern of a physical trajectory here was significant. The staff member would move away from the sandpit to follow up on the request and then move back to the sandpit to report to the parents, often with an additional staff member if it was acceptable to the parents. In practical terms, the parents stayed in the sandpit with their children, and the staff came to them. This simple movement (physical) mattered because it actively considered parents' needs. Parents may have previously engaged with services where they felt they were not treated with consideration (obstructive). This practical approach, as part of practices in the SPSs, helped alleviate that feeling. This approach extended the trajectory of addressing parent mistrust so that they could engage with services.

Furthermore, conversations that responded to unplanned events extended the obstructive trajectory on that occasion, and over time. Staff responses to unplanned

events could lead to depth in that moment because of previous connections with depth. Thus, although fleeting, these depth in moments around sandpit sites were significant. Adding to this significance was that during these conversations, parents could express concern about what mattered to them at that time. Staff could listen and gain an understanding before responding (epistemic). When additional staff were consulted, either directly or indirectly, they became part of what produced depth as they brought their expertise to a situation that had been explained to them. These new connections and relaying of information had started spontaneously in response to everyday incidents, then led to conversations as part of hanging-out practices, which in turn, led to chains of connections with depth that generated new, planned connections. Thus, intersections of obstructive and epistemic trajectories became pathways to practical responses to parent-identified problems.

Volunteers often provided practical support in the sandpit while hanging out. Practical support involved cleaning away sand or sourcing extra play materials. In doing so, volunteers spent time with and initiated conversations with children and parents (social). At times, this social trajectory sometimes extended the epistemic trajectory as general chatting moved to child-related topics. At other times, the trajectory remained social, and also had value. Spending time with parents and getting to know them socially, often over time, addressed parents' confidence and negative experiences (obstructive). Gradually removing the obstruction helped parents to become more willing to engage with services. The practical support that developed into a social trajectory and often sustained iterative engagement could lead to connections with depth as parents relaxed and enjoyed their time in the SPSs. Thus, the practical support provided by volunteers in the sandpit while they were hanging out was not mundane; it was a significant part of enabling depth in the moment.

8.2.2 Depth in the moment created by negotiating practices at sandpit sites

Negotiating practices were an essential part of producing a safe and comfortable space for families and enabled the other practices of hanging out and consuming to take place (Section 7.1). The negotiating practices were about staff negotiating behaviour with parents, and the negotiation was ongoing. However, as in other sites, negotiating was not simply a case of telling parents what to do – instead, negotiating practices set up trajectories that intersected with the trajectories of families and led to connections with depth. What was so distinctive about negotiating practices in the SPSs was that they could involve three-step support (see Section 7.2). This three-step support was like a sandwich. The meat in the middle was the incident, but it was encased with supportive connections on either side. At the heart of negotiating practices was the aim to "nip things in the bud." At times, this could be enacted through strategic ambivalence, noting something but ignoring it, so parents would not feel judged. This strategy was crucial because parents had identified not being judged as one of the most important aspects of being in the SPS. When unplanned incidents in the sandpit arose, central to negotiating practices were responses that scaffolded the negotiation in a connective way.

Negotiating practices in sandpit sites could generate physical trajectories in response to tense situations developing in the sandpit sites. For example, if it became clear that arguments between children and parents were escalating, staff would move towards the sandpit and connect with both children and parents in ways that might help. If the situation escalated, other staff could move in quickly, offer support, and produce further connections with depth as they brought their own experiences in similar situations. In these ways, the trajectory of deteriorating relations between parent and child could be disrupted. After the situation calmed down, staff often stayed to chat with the parents socially. Here, initial support developed into social chat, which often led to parents gaining confidence and generally feeling more comfortable. Thus, the coming together of addressing the confidence of parents (obstructed) and the social trajectory generated connections with depth.

Similarly, negotiating practices could produce physical trajectories that led to other sites, such as kitchens. In this way, the need to manage behaviour was transformed into an opportunity to connect. For example, children were not allowed to eat in the sandpits. Instead of being asked to stop their behaviour, staff would offer to go with a parent and child to an area near the kitchen. This strategy prompted a movement away from the sandpit and the intersection of movements that led to the sharing of food. In this way, what might have been a simple matter of reminding parents of rules instead produced moments of connection with depth.

8.2.3 Vignette: A child throws sand

This section presents a vignette that illustrates how sandpits were key sites where the practices of hanging out and negotiating led to interactions that, although typically spontaneous and often short, may be conceptualised as depth in the moment. For analytical purposes, they were previously discussed as separate practices in Chapters 5, 6 and 7. When enacted live, however, the practices and the trajectories they produced come together in a complex way. The vignette that follows describes this complexity as it unfolds. The boxed italic text tells the story of what happened, and the column on the right of each box provides a commentary to aid understanding of how complexity develops. The context is morning at the centre, and the Early Childhood Intervention and Support (ECIS) team are holding a playgroup. There is also a parenting program session. The children and staff attending the playgroup are in the outside area along with other centre staff and families.

Narrative	Commentary
Mother 1 has come to the centre for a parenting programme session and after picking up her two children from adjunct care, on the way out, they all stop at the sandpit. Another family arrive; they are waiting for the second ECISIS playgroup to start. Mother 1's two-year-old son Sam throws sand at the newly arrived children. She tries to stop him and picks Sam up, but he continues to cry. *A staff member hanging out nearby goes across to support mother 1. A volunteer standing near the kitchen also notices and comes across with extra buckets and spades so that they can all dig together and stays to chat. The child calms down, but the staff member stays to play with the children and chats with mother 1. Mother 2, the newly arrived mother, joins in the conversation.*	Here there is a typical intersecting trajectory of families physically moving around the centre and just hanging out in the sandpit after a parenting programme. Staff are also hanging out nearby moving towards the sandpit in response to an incident. As part of hanging out practices, one staff member starts a conversation with mother 1 and stays to provide post incident support as part of negotiating practices, and in doing so, generates the intersecting social trajectories of two parents. Bringing over the buckets is an example of volunteers providing practical support as part of hanging out and then staying to chat socially.

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The staff member leaves, and the mothers continue to chat while watching two of their children on the nearby climbing frame. Mother 1 expresses concern about her son Sam's climbing ability. Mother 2 says her son was like that when he was two, but he started the ECIS group and improved.

Mother 1: Can you just join that?

Mother 2 You need a referral, but you can get that done here.

Mother 2 calls over to another staff member in the nearby kitchen. She comes across. She explains the referral process and asks Mother 1 if she wants her to follow it up with the ECIS coordinator. Mother 1 says, "yes, I would like that". The staff member goes back inside and briefly chats to the coordinator about mother 1 and her interest in ECIS.

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Of interest here is that the physical trajectories of moving to the sandpit resulted in social connection, which then develops into an epistemic trajectory as one mother explains to another how she resolved a similar problem. Further depth comes from the fact that mother 2 already knows staff and the process needed, so she can set up chains of connection. Mother 1 gained confidence from talking to another parent with a similar problem (epistemic). The staff member talking to the ECIS coordinator is an example of a staff epistemic trajectory done in a secondary away through inter staff connection.

The ECIS coordinator goes to the sandpit, pausing on the way to say hello to Mother 1's children and ask them their names. Mother 1 chats to the ECIS coordinator about her children and then, more specifically, about her concerns around Sam. The ECIS coordinator leaves after agreeing to meet around the sandpit at the same time next week.

There is a typical pattern of physical movement trajectories here as the ECIS goes back to the family in the sandpit rather than asking the family to move elsewhere. The ECIS coordinator uses the children as a pathway to connection. The trajectories coming together here are a staff epistemic trajectory and a mothers problem solving trajectory (obstructive). The depth in the moment is the mother's knowledge of the child and the ECIS coordinator's professional expertise and experience. The ECIS worker observes the child in the softly bounded naturalistic play space environment, which adds further to the depth in the moment.

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Returning to her office, the coordinator then chats to the CL, who knows the family and agrees that ECIS support might be needed. As they are speaking, the nurse passes by and overhears the conversation. She notes that she needs to check if Sam has had his two-year check-up and send a reminder if necessary. The following week, Sam is formally referred to the ECIS team.

Here the CL is extending the family epistemic trajectory of the ECIs coordinator. The nurse passing by (physical) adds depth to the moment because of her experience of administrative processes around child health checks.

This vignette illustrates how responses as part of hanging out and negotiating practices to an everyday incident in the sandpit, such as a child throwing sand, generate trajectories that lead to connections with depth. In this situation, the connections with depth were between staff and parents, and also between parents. Connections between parents can address obstructed trajectories and begin to move

things forward. Staff can then extend the obstructed trajectories around parent-identified problems by bringing together staff with different professional knowledge and knowledge of the families (epistemic). In the vignette, as a centre staff member, a volunteer, an ECIS coordinator, a CL and a nurse become involved, integrated responses developed in a SPS. The outcome of this everyday incident was a warm referral, which means a child was referred to services as a result of previous involvement between parents and staff. An everyday incident, such as a child throwing sand, can therefore lead to something valuable.

The family in this situation encountered care and consideration. The pattern of physical trajectories enabled the family to remain in the sandpit and the staff to come to them. This pattern may seem minor, yet it matters because the practical realities of moving with young children in tow can be challenging. Helping to ameliorate this challenge contributes to parents feeling that staff are considering their needs, which are framed as a parent-identified problem. The significance of the vignette is that it demonstrates that matters to parents can receive attention in sites within SPSs in ways different to what happens in offices, that nonetheless, result in the effective integration of services.

8.3   Depth in the moment at kitchen sites

Practices in kitchen sites within SPSs set up trajectories that led to connection with depth in a temporal sense. Consuming and hanging out practices created trajectories that came together to produce connections with depth. Connections made in the kitchens were typically planned, in contrast to the spontaneous connections in the sandpit. These connections happened routinely in three ways: cooking classes, staff having breaks and lunch, and providing free food, often through a weekly Foodbank. These routines created physical trajectories, such as parents visiting at specific times and moving into the kitchen site, and social, as they chatted while hanging out each visit or over several visits. The connections made in the kitchen developed and changed; they had depth. Depth came about through the intersections of multiple

trajectories, often over time. Thus, within kitchen routines and planned activities, key practices set up trajectories that led to connection with depth in a temporal sense.

The following two sections focus on the intersection of trajectories created through consuming (Section 8.3.1) and hanging out practices (Section 8.3.2) in kitchen sites. Following will be a vignette, *The cooking class,* and commentary that identifies the trajectories and how they came together over several weeks to create depth in moments in a temporal sense.

8.3.1 Depth in the moment created by consuming practices

A key finding of this study previously described in Chapter 6 is that consuming practices, such as preparing and eating food in the kitchen, created the intersection of trajectories which led to connections with depth. Although accidents such as spills could create spontaneous connections, more often, consuming practices enacted in the kitchen created trajectories that were often planned by staff. The difference between connections generated through spontaneous and planned intersections of trajectories is grounded in the difference between routine activities and consuming practices in a people connection sense. Both staff and families knew centre routines, such as the timing of coffee and lunch breaks, and pre- and post-activity food preparation and consumption. Parents knew when a nurse might be sitting down having a coffee, and saw that as a chance to chat. Staff might arrange for the presence of visiting professionals in the SPS when regular activities were taking place. In one centre, staff intensified the coming together of trajectories around cooking lessons by scheduling sessions with visiting professionals to coincide with cooking classes. In this way, planning cooking lessons around visiting professionals' schedules led to recurring intersecting trajectories, which resulted in connections with depth. Staff moved towards the kitchen in response to lovely smells (physical), thus extending the social trajectory generated through cooking together. Conversations may initially be about cooking, and often led to chats about other things (social). Parents who had come to the centre for a cooking class would find themselves talking about their concerns

about their child or how they were feeling. The depth in these seemingly everyday conversational moments came from their interactions with others who were familiar with these types of problems and could gently begin to offer support pathways.

Similarly, it was common for staff to move into the kitchen (physical) to connect with families as they drank and ate (social). This could lead to depth in moments. For example, a child safety liaison officer (CSLO) described how he deliberately moved into the kitchen (physical) to sit and chat with parents drinking coffee around the bench (social) while they waited for the cooking class to start. The connections emerging from these intersecting trajectories enabled the CSLO to find out more about the families (epistemic), and also explain how the child safety team could offer them support. The CSLO saw these chats as informal education sessions, which he hoped would encourage families to be more willing to connect with the early intervention support side of child safety. In this way, physical, social and epistemic trajectories intersected to disrupt parents' obstructed trajectory.

The intersection of trajectories in this particular situation at the kitchen site, furthermore, extended both obstructed and epistemic trajectories of parents. As parents were learning about the supportive pathways available through child safety support services, depth in the moment occurred as they relaxed and chatted with each other (social) and gained confidence in discussing their problems (obstructed). The child safety officer engaged with these families both in groups and individually by listening closely and bringing into play his experience and knowledge of support options available. His approach generated depth in connection that disrupted obstructed trajectories inherent in parents' previous reluctance to engage with child safety services.

Consuming practices related to the Foodbank also created two types of trajectories that intersected and created connections with depth. The first is the physical trajectory of staff and parents going out to the van to bring in the food when it arrives. This movement enabled both social conversations and those about food. The arrival of the food signalled the movement of families towards the kitchen bench (physical), where strategically displayed recipes might trigger further conversations between

families and staff (social) that could develop into more prolonged and personal conversations, perhaps involving disclosure of a problem (obstructed) that would continue beyond the kitchen.

The second type of intersection of trajectories involved families who only came to the centre to collect food and then left. Even in these brief moments, staff were able to make a connection, even if it was nonverbal, such as eye contact and a smile. Over times, these connections would extend through conversations that might begin with discussing food, and sometimes extend to issues of concern. A Masseyan (2005) understanding of space highlights the temporalities in play. Here, trajectories created by consuming practices around the Foodbank during one visit could add depth to similar moments on another visit a week later. The presence of the Foodbank therefore became a point of connection that set up an intersection of trajectories sustained either by moving to another part of the SPS or in a temporal sense. The multiplicity of these intersecting trajectories generated depth in moments.

8.3.2 Depth in the moment created by hanging out practices at kitchen sites

Hanging out practices in the kitchen sites also led to depth in moments. One typical example was in the early mornings when centres were closed, and only staff were present. During this informal time before structured activities, staff often had coffee and talked. The kitchen was thus enacted as a site where connections could be created and strengthened through their insights and expertise. For example, a nurse might offer ways of interpreting what was happening for a family (epistemic) she had worked with recently. She might provide suggestions that her colleague could pass on or request the colleague to ask if the family would be happy to have an appointment with her. This situation produced both an intersection of trajectories from previous days and a coming together of new possibilities (epistemic, obstructed) as intersecting future trajectories became apparent. Although short-lived, staff practices of hanging out in the kitchen generated moments of significant depth, rather than banality or

mundanity. The conversations established chains of connection and opportunity to achieve ISD.

Waiting was also a part of hanging out (see Section 5.2) that often took place in the kitchens and led to depth in moments. The trajectories here involved families waiting for appointments with staff or for activities to begin, and staff waiting for families to arrive for appointments. During these times, families often sat with a hot drink while chatting. If a visiting professional was present, they would sometimes move towards the kitchen to join the family for a coffee before the appointment (social), particularly if it was a first appointment. The relaxed kitchen site would allow intersections between the trajectories of the waiting family, who went from feeling new and uncomfortable (obstructed) to feeling known and understood (epistemic), and the visiting professional, who wanted to strengthen their connection (social) before the appointment began. At other times, visiting professionals would hang out and sit beside families so they could introduce themselves. Waiting, therefore, was a significant part of hanging out practices enacted in the kitchen, which could contribute to both existing professional connections and possible future ones.

8.3.3 Vignette: The cooking class

This vignette demonstrates how consuming practices and hanging out in the kitchen sites of SPSs can set up trajectories that intersect and bring about connections with depth in the moment. These are not stand-alone practices; they combine in complex ways to produce constantly changing intersections of trajectories. Many of the activities taking place in the kitchen are routine, with the same people present simultaneously, such as before and after appointments, and at weekly cooking classes.

The situation described in the vignette is based on my observation of six weeks of a weekly cooking class. Kate is a mother attending the cooking class. The professionals involved are the CSFLO and the CIW.

Narrative	Commentary

Week 1. The mothers and the cooking teacher sit around the kitchen bench discussing what they want to make. The CSFLO is hanging out nearby and stops to join in. She stays standing and is only there for 5 minutes. The conversation turns to favourite foods, and everybody has something to say, including the CSFLO.

The trajectories coming together here: are the mothers and teacher coming from not knowing each other to being comfortable with each other (social); the teacher facilitating the conversation and the CSFLO who is in a hanging out rather than an office-based role also on a trajectory of getting to know the mothers (social, epistemic). This is a loose, general intersection, typical of initial professional and family interaction within the shared public spaces.

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Week 1. The CSFLO sees the mothers chopping up vegetables; she comes over and chats generally and gets to know their names and chats to mothers individually, including Kate. She introduces Kate to the CWI. They start talking about a car accident that delayed traffic near the centre but then Kate starts to disclose that she is struggling to cope with her new baby and her toddler.

Note here, the intersection becomes tighter and more targeted as the CSFLO uses this situation as an opportunity to connect one on one. The fact that the mothers are chopping simultaneously produces the right intensity level to keep it casual. The trajectories here are: Kate going from struggling with problems alone to feeling that she can talk to somebody (obstructed); and a CIW learning about Kate and her family (epistemic). The depth in the moment comes from the relaxed environment, and the ability of the CWI to listen in a way that does not make Kate feel judged.

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Week 3: Kate's baby, sleeping in the pram beside her, starts to cry. The CSFLO hanging out hears and goes over. She asks if she can hold the baby. Kate says, "I cannot cope when he cries like this, and Chloe starts to scream I am just a bad mother". They move away to a nearby table, and Kate discloses that she hasn't felt good since the birth and hasn't visited a nurse. The CSFLO takes the baby, and the CIW sits beside Kate.

Here we see the CSFL offering practical support, which enables uninterrupted adult conversation and extends trajectories of parents. The depth in the moment is the way the two staff members can work together to support Kate and the experience of the CIW.

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Week 4–5. In a chat before cooking class, while Kate is hanging out waiting, the CSFL suggests ways to access support and asks Kate to think about it. They chat not during cooking class, but before and after it, at the nearby kitchen table while staff members look after the baby and toddler. The CSFLO introduces Kate to the child health and parenting nurse. All three have a coffee together, and an appointment is made for the 6-week check-up (overdue).

The obstructed trajectory is extended further here as Kate goes from disclosing her problem to accepting help. The CSFLO brings depth to the moment by using her experience in child safety to make a judgment of risk and circumstances, which helps dictate the pace of her support and intervention. The practice of removing children temporarily enables adult conversation. Brokering the relationship with the nurse gives Kate a relaxed professional connection pre-appointment (warm referral).

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Week 6. The mothers cook lunch and invite staff. Kate and the CSFLO are sitting next to each other. They chat generally. Afterwards, as she was leaving, Kate says that she would like to access support. They arrange a time to do the referral together in the centre the next week.

The intersection of the social and epistemic trajectories of parents and staff over 6 weeks led to depth that resulted in extending the obstructed trajectory because of the previous depth in moments.

This vignette is an example of how combining routine activities with consuming and hanging out practices in the SPS can generate trajectories that lead to depth in moments. This routine activity lasts six weeks, enabling sustained iterative engagement of parents and various staff members. The CFSLO here is in a hanging-out role as opposed to a consulting in-office role, and this is part of a broader commitment to reframing child safety as being about support, not just legal responses (see Section 7.3). The depth in connection here between the CFLSO and Kate is that the CFLSO is experienced in listening to parents talk about problems and can make informed judgments about relative risk. In this comfortable space, Kate is not rushed. She can take her time to disclose problems.

During this time, the consuming practices that led to the intersection of an epistemic trajectory of CSFLO with Kate's obstructive trajectory created depth in the moment, leading to further moments with depth. Gradually, a nurse and a CWI became involved. Interactions in the kitchen site already shaped the future interaction with the nurse. By the end of the six weeks, Kate's obstructed trajectory was to some extent addressed, and she was beginning to move forwards differently. Significantly, in this situation, the trajectories were temporal but equally crucial in the outcome as depth in moments arising from short-term trajectories.

8.4   Depth in the moment created in open office sites

Sections 8.2 and 8.3 demonstrated how depth in the moment was created through the intersection of trajectories generated by staff practices in the sandpit and kitchen sites. This section explores how negotiating and consuming practices at open office sites achieved the same thing. While connections in sandpits were typically spontaneous (Section 8.2) and those in kitchens were usually planned (Section 8.3), open office sites comprised a mix of both. Of primary significance here is that spontaneous and planned connections in these sites often involved movement through the SPS. The open offices sites were a spatial anchor and provided centrality within the SPS. They operated as sites that provided a departure point for connections with depth to be made in other

sites within the SPSs – connections that often returned to the open office sites. The pattern of movement through the SPSs that were anchored to the open office sites underpinned the negotiating and consuming practices that occurred in these sites. This will be demonstrated in the following sections.

Section 8.4.1 foregrounds negotiating practices, and Section 8.4.2 focuses on consuming practices. Section 8.4.3 presents a vignette that illustrates how negotiating and consuming practices generate connections which lead to moments of depth.

8.4.1 Produced by negotiating practices

Negotiating practices were the most significant practices enacted in the open office sites. These practices involved negotiating behaviour during interactions between families and staff (see Section 7.1). In contrast to negotiating practices in sandpit sites, those in office open sites were a constantly changing mix of forward planning and spontaneous responses that also originated in these sites. As previously noted, negotiating practices were needed to keep the SPSs safe and comfortable and to allow the practices of hanging out and consuming to occur (Section 7.1) and thus foster the chains of connections that accomplished ISD. Similarly to the sandpit sites, however, negotiating practices on their own also created connections and chains of connection. These connections happened through recurring patterns of action primarily organised in or coming from the open office sites.

Negotiating practices enacted in open offices were often in response to challenges arising from child protection visits, the formation of cliques and conflict between parents (see Figure 8.2). In these instances, negotiating practices extended some trajectories and disrupted others, and often involved movement to other sites within SPSs.

**Figure 8.2   Challenges: Responses, spontaneous and planned connection,
and movement**

Child safety visit	Welcome to family and support worker, invitation to support worker to have a coffee (planned and at the
	Staff offer support during events like a spilled drink (spontaneous and movement of staff from office to site of
	Family or support worker go to office to query (spontaneous

Cliques	Welcome on arrival (planned and at office).
	Talk to children playing (planned and movement to where the children are).
	Connecting with individual parents when they have moved away from the clique (planned and movement away from the office).
	Introduce playing children from clique and non-clique families to each other at a moment when they are physically close (spontaneous and movement away from the office).
	Encourage other parents to connect.

Conflict between parents	Meeting on the run between staff to produce a shared script for consistent responses (spontaneous and at the office or a close by private space).
	Members of staff talk to parents individually in different spaces (spontaneous and away from the office).

Figure 8.2 illustrates both planned and spontaneous connections in each challenge situation that were generated by negotiating practices and the movement between open office sites and other sites within the SPSs. For example, in the first challenge, the centres were merely hosting the child safety visits. They extended the social trajectory of the family, however, by welcoming and chatting with them. When something like a spilled drink happens, staying to support the family furthers the connection and may lead to addressing an obstructed trajectory, such as family distrust of engaging in services. Here, the depth in the moment that arises from the intersection of the social trajectories of parents and staff develops over several visits. In some cases, this connection with depth meant that when statutory visits ended, families often voluntarily returned to the centres.

In the formation of cliques challenge, negotiating practices disrupted trajectories of non-involvement with staff and non-clique families. An important staff strategy was to connect with children first, and then very gradually establish social trajectories with parents. At times, this involved a physical movement towards them, such as sitting close by, which could also act as a buffer if parents were not yet comfortable in engaging with staff (obstructive). At other times, staff would introduce parents to each other by focusing on what they knew the parents had in common, such as same age of children or interest in sport. The introduction could develop into the newly introduced parents spending time with each other (social). Staff could extend the trajectory by becoming involved in the conversation too (social). Sometimes, the intersection of social trajectories of parents and staff developed into epistemic trajectories as staff learned more about families and parents learned more about the services they could access.

The challenge of parental conflict involved staff having meetings on the run (see Section 7.2) in the open office sites. Staff managed physical trajectories by separating parents to disrupt the trajectory of increasing conflict and initiating trajectories of staff connecting with parents, with consideration for those having previous connections with those involved. These discussions were ongoing and the open office sites functioned as an anchor. as staff moved backwards and forwards.

Negotiating practices that were enacted in or arising from the open office sites were broad, and went beyond addressing behaviour in a static one-on-one directing and redirecting sense. Including a connective supportive element, such as conversation, could increase parent confidence (obstructed). At times, this supportive element might lead to a problem-solving pathway as staff at the open office sites planned how to bring about the intersection of families with a concern and the professional who could help them with that concern. It was common practice for centre staff to advertise the visits of professionals, so that when a family explicitly expressed the need to chat about a specific concern, staff would try to operationalise the connection through scheduling. Here, intersections of trajectories are planned as a result of epistemic trajectories of staff and parents coming together. The resulting connections had depth because of the alignment between the parent-identified problem and the professional. At other times, staff might notice signs of a problem, such as a child's delayed speech development, and while chatting at the open office sites, bring this to the attention of the SP, who might then chat with parents (social). The aim was to foster depth in possible future professional connections. Therefore, the broadness of negotiating practices led to extending social, obstructed, and epistemic trajectories and resulting moments of depth as these trajectories intersected.

8.4.2 Created by consuming practices

Consuming practices in open office sites differed from those that were enacted in kitchens and produced different intersections of trajectories. While these practices created depth in the moment, often relating to the diverse perspectives that various members of staff and visitors brought to bear, they tended to be short and spontaneous. Typically, consuming practices in open office sites resulted from trajectories of staff passing through with a coffee in their hand while on a break and stopping to chat with office staff or visiting professionals who were also on break. The intersection of these trajectories resulted in meetings on the run in relation to planning and responses, which had depth because they came from different experiences and observations at various times. Such meetings in open office sites

represented a relaxed atmosphere in which staff felt they could contribute in a way not possible at a formal office meeting.

There were two significant situations in which consuming practices in open office sites created intersecting trajectories that produced depth in moments. First, families' first visits to the centre, which were sometimes planned and sometimes unexpected. The pattern involved the nurse introducing to staff and other parents as they showed them around the centre before or after an appointment. This physical trajectory brought together the social trajectories of new families and staff getting to know families (epistemic). Frequently, consuming practices strengthened and extended these trajectories as staff either made a hot drink for families and suggested they go to the kitchen or accompanied them there. The relaxed atmosphere of having a drink together added depth to these moments and could mitigate the awkwardness that new parents might feel (obstructed).

Second, when a parent was distressed on arrival or during a visit, consuming practices often became part of the staff response. Physical movement trajectories in these instances, however, were to move to more private spaces, rather than the kitchen. Again, staff used the open office sites for meetings on the run, while organising hot drinks to set up trajectories of parents and staff coming together. The problem behind the distress (obstructed) could start to be addressed in connections formed through consuming practices as other staff members joined the chat during coffee. These interactions were initially social, however, if the problem was acute and speedy responses were needed, the connection became about staff learning about the problem (epistemic). If distress was related to a parent feeling low and not coping, a staff member would stay and listen, and other staff did not become involved. The one-on-one intersection of parent (obstructed) and staff (epistemic) trajectories here had depth because of the staff member's ability to listen and empathise. Depth in the moment could lead to further connections with depth as future coffee chats were arranged.

8.4.3 Vignette: Conflict between parents

The context of the vignette is lunchtime, when two parents started to argue in the outside area of the SPS.

Narrative   Commentary

It was a hot day. Staff member 1 sitting in the open office hears raised voices outside. She gets up and goes outside. Two mothers are heatedly arguing about something and are just starting to walk away from each other but continuing to shout. Mother 1 has a baby in her arms and a toddler beside her. Mother 2 has two toddlers beside her.

The porous boundaries of the open office sites enable the staff member to hear what is going on outside.

↓

Staff member 1 quickly tells staff member 2 what had happened and asks her to keep an eye on the outside area. Staff member 2 notices that mother 1 is looking upset.

Here we see the physical trajectories of staff so that the situation can be monitored and information shared between staff.

↓

Once separated, the staff realise that mother 1 is feeling low and upset. She says that she wants to go home but would like to talk to the psychologist soon. Staff member 1 and mother 1 go back to the office to arrange transport and make the appointment. While mother 1 packs up her belongings she holds her baby for her.

Physical trajectories bring the parents and staff back to the open office site. Responding in a supportive way led to more understanding of a parent's needs (epistemic). The planning for new connections may lead to mother 1's problems being addressed (obstructed).

↓

Staff member 1 goes to the open office to tell staff member 3. She signals to other staff to come in for a meeting. Four staff members have a meeting on the run and decide what to do.	Physical trajectories come together to enable a meeting on the run. Bringing together multiple staff led to connections with depth between staff because they had different levels of knowledge about the parents.

↓

At the open office site, they decide that staff member 1 who knows mother 1 will go and chat to her outside and encourage her to come in and have a coffee. Staff member 2 will go outside with water for mother 2 and her children and play with the children of mother 2. Staff member 2 discusses the incident with mother 1 and agreement is reached about future interactions.	Physical trajectories are used to keep the mothers apart and support them individually.

In this vignette, the open office site functions as a spatial anchor to manage potential escalation of conflict between the mothers. The openness of the office within the SPS is significant because it enables discreet multi-sensory monitoring by staff. Meetings on the run in the open office site represent negotiating practices that resulted in planning physical trajectories to disrupt conflict trajectories. What was happening here, however, was more than simply managing a conflict through separation strategies. What could well have been a case of merely separating the mothers to avoid further conflict became a chance to connect with one mother and perhaps begin to address her problems (obstructed). At this point, consuming practices were enacted to strengthen the staff member's supportive response and extended the epistemic trajectories of both staff and mother 1. In this way, responding to a spontaneous situation led to depth in the moment. The depth is in how staff enactment of negotiating and consuming practices created an environment where mother 1 was

comfortable in disclosing how she felt (obstructed) and staff were able to listen and help set up future supportive connections.

8.5   Characteristics of depth in the moment

The three practices of noticing, conversing and consuming generated trajectories which, when enacted in the sandpit, kitchen and open office sites, led to depth in the moment. Moments with depth have three characteristics that link directly to the broader accomplishment of ISD (see Table 8.3). First, depth in the moment has bite (Section 8.5.1), that enables movement forward. Second, achieving depth in the moment requires sustained and often iterative engagement, which contributes to changing stories so far (Section 8.5.2). Finally, the depth produced is in response to seemingly mundane acts, which suggests that these acts can be significant and used to create rich connections (Section 8.5.3). This section concludes by explaining how depth in the moment softens edges between services, creating fresh understandings of how integrated services can be achieved (Section 8.5.4). This soft-edged relationship between services can be described as soft-edged ISD (SE-ISD).

Table 8.3   Characteristics and value in accomplishing ISD

Characteristic	Example in situ	Value/outcome
Connection with bite	Conversations with people from diverse professional backgrounds	A warm referral to another service
Sustained iterative engagement	Interactions linked with regular activities	A family continuing to engage with services
	Non-linear contact but continuing depth in moments	
The significance of mundane acts	A child throwing sand	A warm referral to another service
		Connection between parents

8.5.1 Depth in the moment has bite

The bite in depth in the moment foregrounds how such moments can move things forward for families. Across all three vignettes, depth in the moment led to obstructive trajectories being extended and various problems addressed or on the pathway to being addressed. In the sandpit vignette, the depth in the moment produced by the intersection of epistemic trajectories of both the mother and staff and the obstructed trajectory of the mother, moved things forward. The coming together of staff from diverse professional backgrounds and some with knowledge of the family, in the context of relaxed conversations with a mother enabled enough understanding to start a pathway of new connections designed to help. Interestingly, this forward movement was achieved with minimal fuss. The mother concerned could talk about what mattered to her naturally, and she was not pressured to make phone calls or go somewhere else. In this way, depth in the moment has bite can move things forward simply and effectively.

Depth in the moment moved things forward in a variety of contexts. The sandpit situation was about a child development concern, whereas the cooking class vignette was about a mother struggling with caring for her newborn baby and toddler. The depth in the moment here was temporal, as one moment with depth led to another, but it still moved things forward, as the outcome was that the mother agreed to access support. This situation highlighted the importance of pace. Cooking classes as part of consuming practices enabled gentle but effective engagement. The involvement of the CSFLO was crucial in this. There were sensitive, potentially risky issues in play here, but the availability and experience of the CSFLO led to the mother engaging with support. This engagement is significant in the context of child safety organisations' difficulty in engaging families in the early stages of struggle (see Section 7.3). Therefore, the collective depth in moments which led to a self-referral is a notable achievement. In the conflict between the mother's situation, there could have been just an immediate self-contained response Instead, the broadness of negotiating practices created moments with depth which enabled one mother to have her concerns recognised and begin a pathway to addressing them. Thus, moving forward can be

achieved not by focusing on the problem itself but by enacting practices which are highly conducive to connections with depth.

8.5.2 Involves sustained iterative engagement

What matters here is to fully understand what sustained iterative engagement can mean as practices unfold within these SPSs. Sustained iterative engagement can be linked to routine activities such as the cooking classes as part of consuming practices. Here, one moment of depth in week 2 can build on and shape depth in the moment which happened the previous week. However, crucially, these connections between staff and families, between families and services and between families and other families are always part of something which remains under construction. This construction need not be continuous or unbroken. Trajectories of family engagement with centres might be disrupted, temporarily severed then repaired. Depth in the moment is not an endpoint. In these sites within the SPSs stories so far came together. These stories were never finished. This depth in the moment was shaped by and shaped the ongoing stories so far.

The story so far for all these families would develop and change over time as past moments of depth would shape future moments of depth. This way of thinking aligns with the notion that work with families is ongoing even if family engagement is nonlinear and trajectories of coming together are disrupted. This contrasts with more usual perceptions of building relationships in this kind of setting.

Foregrounding the moment does not suggest fleeting encounters in which problems are immediately addressed. Rather, the analysis highlights how depth in one moment often depends on connections made through prior intersections of trajectories. The acceptance of non-linear engagement is of particular relevance to the cohort of families who are sometimes described as "hard to reach". These families often present with a range of complexities, which if they become the main focus and leave families feeling judged, may result in non-engagement of services. Conversely, concentrating on connections with depth, encourages conditions that develop at a pace set by

parents. Instead of being driven by a professional agenda, families can talk about what matters to them. In this way, non-linear engagement can be accommodated and so families who have patterns of such engagement can receive timely, responsive support and perhaps begin pathways to service access.

8.5.3 The significance of small mundane acts

The spatial perspective adopted here reveals the significance of seemingly small, mundane acts. Eye contact when a parent picks up free food, sharing a cup of coffee, the response when a child throws sand – these and other acts are far from trivial when they produce SPSs as safe (non-judgmental) but also rich with connections. These rich connections generate depth that can be produced within and across moments, often in enacting practices that tend to be regarded as low value. Thinking this way, leads to attaching value to these practices and redirecting attention to SPSs rather than formal provisions behind closed doors. Accordingly, the value that accrues from informal practices (planned and spontaneous) and the depth in moments which they generate needs to be recognised. Seemingly small mundane acts can have big effects on the accomplishment of ISD.

8.5.4 Soft-edged Integrated Service Delivery

In these moments, when trajectories come together with all sorts of temporalities, small things, because they have depth and are on the way to something, lead to softening the edges between services. Thus, accomplishing depth in the moment contributes to understanding ISD as something which is not a jigsaw but as something which is about integrating services in a soft as opposed to a hard way through softening the edges. This softening of edges which can be described as Soft-Edged ISD has echoes in the current literature, and this will be discussed further in Chapter 9.

8.6 Chapter summary

This chapter focused on the three practices of hanging out, consuming and negotiating in SPSs. Three different combinations of practices at three sites were examined to understand how practices created trajectories. These trajectories intersected and led to depth in the moment. These moments were passing but not isolated. They were significant in both being attuned to the particular moment and underpinning the broader unfolding of ISD in responsive patient ways that met family needs. The chapter concluded by previewing the concept of SE-ISD. This concept will be expanded in the following chapters as it moves me closer to addressing the overarching research question by offering a different way of thinking about ISD.

Part C.   Discussion

Chapter 9.   Soft-edged Integrated Service Delivery

Chapter 9 is the only chapter in Part C. It responds to the overarching Research Question and engages the study's findings with discussions in the literature. Section 9.1 begins by briefly revisiting past chapters, and then explains how the idea of soft-edged ISD was developed from Masseyian concepts. Section 9.2 focuses on access and engagement, from the perspective of family-to-family connections in soft-edged ISD. Section 9.3 discusses relational approaches to soft-edged ISD, including that of family partnership. Parent needs and perspectives in the context of soft-edged ISD are considered in Section 9.4. Section 9.5 summarises the chapter.

9.1   Introduction

The purpose of this chapter is to introduce the idea of soft-edged ISD, which addresses the overarching Research Question: How is ISD accomplished within the shared public spaces of Tasmanian Child and Family Learning Centres? To do this, I first briefly revisit and connect key points from prior chapters and then explain how soft-edged ISD emerged from my data analysis (Section 9.1). In Section 9.2, I bring the concept of soft-edged ISD into dialogue with the existing literature on ISD.

9.1.1 Overview of previous chapters

Chapter 1 introduced the context and rationale for my research project, discussed ISD in the context of services for families, identified the Research Questions, study locations, theoretical and methodological approaches, and outlined the thesis structure.

The literature review in Chapter 2 showed that while ISD is not new (Harris et al., 2023), research studies about the topic are predominantly evaluative.

To move what is known about ISD beyond evaluation and generate new understandings about how ISD is achieved in practice, Chapter 3 introduced four concepts in Massey's (2005) spatial theorisation. Spatial theory pays close attention to the complexities within a topic in precise, targeted ways (Gulson & Symes, 2007) that enables fresh, more nuanced understandings about the topics. As introduced in Chapter 3, I use Schatzki's (2005) practice definition of space that both locates actions in space and time and sees that actions constitute space and time. Space, therefore, is not just a physical container for actions, but constitutes a part of actions. The first of Massey's (2005) four concepts is the way space is produced by the coming together of a multiplicity of trajectories. Trajectories may be physical, obstructed, epistemic or social changes and movements. The intersection of trajectories, furthermore, enables a more nuanced understanding of space as an ongoing production, rather than static and closed (p. 9). For example, one trajectory in my study was the physical movement of staff and families from one area to another. Tracing the various changes and movements as multiple trajectories came together in complex ways enabled an understanding of how the connections underpinning ISD were produced (see Chapter 8).

The second Masseyian concept is stories so far, an idea that sees space as an always open, unfinished phenomenon (p. 11). Participants in my study brought together their stories so far, such as that of a parent with a history of non-engagement with services and a staff member who had worked in diverse roles. The intersections of trajectories that built on their respective stories so far might be momentary, yet they had depth.

To explain what I mean by depth, I adapted the third Masseyian concept of depth in the moment, which rejects the notion of the universal, singular, instant moment that lacks depth (p. 77). Instead, depth in the moment proposes a moment as the simultaneity of many stories and histories. Identifying the depth in the moments at the intersections of trajectories within the SPSs was crucial in identifying the importance and impact of these connections contributing to ISD.

The fourth Masseyian (2005) idea is that space and time are not separate. For Massey, space is not a "static slice through time" (p. 23). Space and time are, instead, interrelated and constantly changing. The interrelation between space and time enrichens the notion of depth in the moment by proposing that one moment of depth shapes future moments of depth. Thinking this way generates fresh insights into the nature of connections over time. For example, when working with families, ISD may take time to develop and engagement may be non-linear (Centre for Community Child Health, 2018; Press et al., 2010). Thus, the concept of depth in the moment enriches understandings of how ISD is accomplished over time. All four Masseyian concepts underpinned my development of the notion of soft-edged ISD in the context of SPSs within CFLCs, which I will introduce and define in Section 9.1.2.

Chapter 4 provided a rationale for the methodological approach I took to generating and analysing data.

Chapters 5, 6, and 7 reported the findings emerging from my data analysis. Chapter 5 identified the overarching umbrella practice of hanging out that offers space for the sub-practices of noticing, conversing, and modelling to be enacted. Chapter 6 shed light on consuming practices around eating, preparing and sharing food and drinks. Chapter 7 focused on negotiating practices, elucidating how they are needed to produce the safe and comfortable spaces in which soft-edged ISD can be practiced, and how they went beyond management to facilitating connection.

Chapter 8 synthesised and theorised the empirical findings of Chapters 5, 6, and 7. It used spatial theorisation (Massey, 2005) to shed light on how ISD is accomplished within SPSs by providing a higher-level analysis of how these practices connect staff, families, and volunteers. The chapter also introduced the concept of soft-edged ISD.

The next section defines soft-edged ISD as it emerged as a key finding of my study.

9.1.2   Soft-edged ISD

Soft-edged ISD (SE-ISD) happens in the moments when trajectories intersect in the SPSs of the CFLCs. These moments represent a range of temporalities and small things that together, have depth. Depth in the moment occurs because trajectories are in motion, on the way from something to something else. Accomplishing depth in the moment, therefore, leads to a softening of the edges around and between services. This softening makes it possible for families to make connections with each other and with professionals that facilitate access and engagement in services that meet their needs. SE-ISD is accomplished by enacting certain practices, central to which is recognising how these practices can produce softness.

Although SE-ISD is not an established framework in discussions of ISD, the importance of *softness* has been recognised in service delivery settings as a counter to *hardness* or *sharpness*. Sharpness or hardness comes from formal structural agreements about how services interact, and from debates about whether services are universal or targeted (see Section 2.3). In these debates, ISD is seen as a static property of services and how they are arranged. For example, services that have hard or sharp edges fit together structurally, such as in a jigsaw. While practitioners may not phrase service delivery as hard- or sharp-edged, hardness can be seen in the boundaries between services, and the boundaries between groups of services. Prichard (2018; 2015) highlights the idea of service boundaries by distinguishing between sharp and soft edges in the context of child and family engagement with families. For Prichard (2015), *sharp edges* can be seen in practitioner and organisational behaviour, service structure and inflexibility, policies and processes, and service environment. Sharp edges are likely to cause families to disengage from services. In contrast, soft-edged services (Prichard, 2018) occur in welcoming places where families feel safe and comfortable enough to be able to disclose their need, such as in the idea of *soft entry* points for

parents (Higgins et al., 2019). Recognising softness between services and families is, therefore, crucial for access and engagement.

In the research literature, there is evidence that even in instances where a number of co-located professionals working together and holistically with a family, to parents the edges around services remained hard (Crozier & Davies, 2007; Winkworth et al., 2010). The term *soft-edged*, therefore, is a deliberate move away from hard-edged. Here, softness can be defined as *not* hard, but instead, malleable, flexible and dynamic. My understanding of soft-edged enables a new framing of ISD, as a practice in which the edges around services soften, rather than the edges between services and families, as Prichard et al. (2015) suggest. SE-ISD frames services from the perspective of how families experience them, rather than how providers deliver them. Making connections between families, and between families and professionals, therefore, is a key component of SE-ISD. Connections made through SE-ISD move service integration beyond both soft entry points and soft-edged services through the accomplishment of depth in the moment. Depth in the moment softens the edges between services, to better enable access and engagement according to families' needs and perspectives. SE-ISD enables the reparation of relationships and provides a buffer for families to cope with occasional sharpness in the local system.

SE-ISD, as I conceptualise it, points to three important aspects of ISD. The first is engagement and access; the second is relational approaches; and the third is parents' needs and perspectives. The discussion that follows brings SE-ISD into dialogue with the existing literature focusing on these aspects of ISD. It is organised into four sections. Section 9.2 focuses on the characteristics of SE-ISD as it is practised in SPSs. Section 9.3 locates SE-ISD within the literature on relational approaches and family partnerships. In Section 9.4, I turn my attention to understanding SE-ISD from the needs and perspectives of parents. Section 9.5 summarises the chapter.

9.2   Access and engagement

The key finding that emerged from my data analysis is that SPSs were where the coming together of services could start to happen through SE-ISD. In these spaces, families did not necessarily receive a service for the first time, or receive multiple services at the same time. Instead, SE-ISD involved practices that invited families into a welcoming space, which then enabled service integration to happen. While these spaces are produced in a soft-edged way, I argue that the concept of depth in the moment reveals the strength and bite of the softness in SE-ISD that enhances family access and engagement. Conceptualising SPSs as where trajectories come together to produce connection leads to an understanding of integrated services as being coproduced *with* families, rather than seeing services as something that is done for them or to them. This makes SE-ISD a valuable contribution to understanding service integration.

Service integration as a concept and practice is framed in multiple ways, particularly in relation to progressive targeting as families' needs are disclosed (Doyle et al., 2023). Prichard et al. (2015) applied softness to describe the interface between families and services in terms of access and engagement, whereas I take a spatial practice perspective to conceptualise softness in terms of family experience. In my study, access has an anchor in the SPSs of CFLCs. In coming to these spaces, families do not necessarily come to access services. Instead, access is literal in the sense that parents can come to the centre so their children can play and then go home without accessing any services. They do, however, engage in soft-edged ISD, as it is accomplished in the SPSs.

The two elements central to SE-ISD are the environment and practitioner behaviour. The following discussion applies a spatial theorisation to understand the environment as socially constructed, rather than a physical space. Section 9.2.1 addresses the socially constructed environment of the CFLCs as that which moves beyond the provision of soft entry points to the production of soft spaces. Section 9.2.2 discusses how practitioner behaviours are enacted in soft spaces that represent soft, safe and

welcoming practices. Section 9.2.3 examines the connections made in soft spaces and practices and how they contribute to the delivery of ISD.

9.2.1 From soft entry to soft spaces

Parents in my study often came to the CFLCs with no intention of accessing services, but instead, so their children could play (Section 7.2), or they could pick up food (Section 6.3.4). While they were there, however, the practices of hanging out, consuming and negotiating often enabled connections that led to services accessed. When access is understood as sustained engagement, rather than just the first visit, the importance of soft spaces is elevated. The idea of connection in my study moves SE-ISD beyond the provision of soft entry to the production of soft spaces.

Soft entry is a well-established idea that denotes the way families might access multiple services in a flexible, uncomplicated way through a single-entry point or portal (Barnett et al., 2017; Centre for Community Child Health, 2009; Fox et al., 2015; Moore, 2008a). SE-ISD is a novel idea in that it uses a spatial theoretical lens to move the idea of soft entry in the physical realm, to the idea of soft space in the conceptual realm. Soft space is defined from parents' perspectives as safe and welcoming. It is where connections are made as family and practitioner trajectories intersect through practices of hanging out, consuming and negotiating. Connections made are between families, between families and practitioners, and between practitioners. My study demonstrates that connections produced in the SPSs of CFLCs underpin ISD. Such connections are well placed to facilitate both universal and targeted ISD in practice. SE-ISD, therefore, is a new approach to ISD that contributes to contemporary debates about universal or targeted service provision (see Section 2.3.1). The contribution is in how softness enables service provision as a family's need appears and/or increases.

The intersection of multiple trajectories that soft spaces afford creates connection, in other words, depth in momentary interactions. Connections increase the likelihood that families feel comfortable enough to be able to disclose problems, and staff are well placed to respond. SE-ISD enables SPSs to become sites of significance beyond

soft entry. This is because their production as soft spaces make SPSs a valuable facet of access (Section 2.3). In current debates about risk and policy, access is considered a priority for families at risk of child safety intervention, and families with children at risk developmentally (Higgins et al., 2019; Moore, 2021b). In the Australian context, the notion of prevention by supportive intervention while problems are at an early stage (Harrison et al., 2014) led to the appointment of Child Safety Family Liaison Officers (CSFLOs) in Tasmanian CFLCs. The application of a spatial lens in my study showed that the softness of the space enabled the intersection of trajectories that generated strength. Intersecting trajectories resulted in depth in the moment, which provided families who had disclosed problems access to a timely, knowledgeable response, resonating with the notion of a quick win in family centred practice (Day et al., 2015). Enacted in this way, SE-ISD often meant that a relatively minor issue could be addressed, avoiding bureaucracy and lengthy waits, which are seen as barriers to engagement (Boag-Munroe & Evangelou, 2012; Dunst et al., 2014; Nooteboom, van den Driesschen, et al., 2020). I found that connections with depth in the moment that facilitated SE-ISD happened within the SPS, even in short interactions that nonetheless, shaped future connections.

In relation to families at risk of child safety intervention, CSFLOs practised hanging out on a weekly basis in the SPSs in two centres in my study. At the operational level within CFLCs, perhaps unsurprisingly, their presence was contested to some extent. In interviews, some staff members expressed concerned that CSFLOs would compromise the production of a safe and welcoming space, while others noted that all centres operated within conditions of mandatory reporting. Their engagement in soft practices was illustrated in the vignette in Section 8.2, in which families found the CSFLOs who hung out within the SPSs helpful. What the vignette illustrates is that even in service areas where siloing has persisted, such as child safety, soft spaces are more effective in engaging families than co-located formal offices. SE-ISD can alleviate the tension between providing welcoming environments for families and the presence of CSFLOs (Devaney et al., 2022).

In relation to families with children at risk developmentally, my study found that the characteristics of ISD are present in the softness of practices enacted in the SPSs.

Established thinking is that access to supportive services for such families should occur as early as possible to reduce negative impacts on future life chances (Marmot, Allen, Goldblatt, et al., 2020; Moore, 2021a; U.K. Government, 2021). ISD, however, has traditionally been seen as something that happened in co-located offices. Informal spaces such as SPSs were seen as irrelevant to ISD. My study shows that the softness in SPSs is demonstrated in their production as safe and welcoming spaces. Although being safe is commonly interpreted as being free from physical threat, in my study, safe points to parents feeling comfortable and not being judged. The importance to parents of a non-judgmental environment resonates with other studies about Tasmanian CFLCs (McDonald et al., 2015; Prichard et al., 2015; Taylor et al., 2015; Taylor et al., 2017) Similarly, other studies consistently note a strong relationship between spaces perceived as non-judgmental and the level of family engagement with services (Boag-Munroe & Evangelou, 2012; Eapen et al., 2017). Safe, non-judgemental spaces are achieved through aspects of ISD, such as warm referrals, a wraparound approach, considering the whole child and family and no wrong door.

My study takes the notion of safe spaces further by showing how they can be produced through SE-ISD. For example, negotiating practices (Chapter 7) can facilitate consuming practices that together, enable intersecting trajectories to generate connections. These are the soft practices that make SPSs safe and welcoming. My findings suggest that because families want to come to them, soft spaces have the capacity to facilitate sustained access and engagement. Understanding *how* this happens matters, because softness is necessary to produce the connections needed to accomplish SE-ISD.

9.2.2 Producing connections through soft practices

The production of connections is a key component of SE-ISD. This is because family-to-family and staff-to-family connections contextualise service access and engagement from the perspective of families. My study found that the SPSs are more than informal spaces of social interaction where nothing significant happens. Instead, they are

spaces where vital work gets done as services start to come together. This is because connections can be made with depth that soften the edges between services to enable integration. In other words, SPSs do valuable work in rendering access softly through depth of connection that encourages sustained, sometimes nonlinear, engagement. Parents' needs and perspectives are prioritised in SE-ISD because their softness enables practices to generate the intersection of multiple trajectories that create depth.

One of the most important connections in ISD is that made between families (The Southern Initiative (TSI) et al., 2016). Parents appreciate the chance to connect informally with other parents in the same situation and often share similar stories so far (Massey, 2005). Social connection is an essential feature of SE-ISD, yet its importance remains under-recognised (Moore, 2021b). Notable exceptions are the European initiatives that show how social connection can lead to professional connection (Balenzano, 2021; Barnes, 2019). For example, Balenzano (2021) found that informal, family-friendly places enabled families to build social networks and access connecting structures that provide services and interventions. The author argues that these centres serve a dual function; they simultaneously act as social hubs and multidisciplinary service hubs. In my study, the social hub aspect and the provision of ISD become productively entangled in the SPSs.

Intersecting trajectories created through SE-ISD generate connections with depth, giving them bite that moves things forward for families. Connections with bite come partly from structural arrangements that support the production of soft spaces, such as visits by SPs and CSFLOs. What is distinct about SE-ISD however, is their enactment of the practice of hanging out and providing drop-in services. European studies confirm the importance of the informal presence of professionals and the provision of drop-in spaces in facilitating service engagement (Balenzano, 2021; Bulling & Berg, 2018).

The presence of multiple families in SPSs had a flow on effect. Other parents could benefit by observing what was happening in these spaces, particularly in case of quick wins, or by other parents sharing information. There is a connection here with the low threshold model, which describes a situation in which each floor of a building provides

a different level of support, that is, universal, targeted, and crisis intervention (Bulling & Berg, 2018). I found that the SPSs in SE-ISD have the potential to move support from broad to targeted in one space. In this sense, service-service connections are central to SE-ISD. This is illustrated in the vignette in Section 8.2. It describes the deliberately scheduled visits by professionals that coincided with visits by families with particular problems who came for the social activities, such as playgroup. The co-presence of professionals and the families who needed their expertise represented a softening around the edges of the services they provided and could also lead to formal appointments at a later time. At times, families were accompanied to these appointments by staff who had gained an understanding of their situation through their presence in SPSs. In this sense, depth through connection becomes portable and transferable, ultimately contributing to the accomplishment of ISD.

9.3   Relational approaches

My study recognises the significance of relational approaches in SE-ISD. Its findings contribute to knowledge about this key aspect of ISD by showing how they can be operationalised in SPSs. Such spaces have previously been overlooked in the literature on relational approaches, so my study sheds important new light on the coproduction of ISD. Central to my conceptualisation of SE-ISD is the enactment of relational approaches to family partnerships in situ and in response to situations as they arise. Operating in a relational, rather than an expert-based, way enables softening of the edges around services. Relational approaches give ISD softness and also enable forms of integration to have softness, which shifts practitioners' focus from an exclusively professional agenda. For example, a casual conversation between a parent and a practitioner who is hanging may lead to a discussion about an issue of concern for the parent, in contrast to her being told that the child needs to have a hearing test today. SE-ISD is in tune with relational approaches and can also emerge from them. Being present in a safe, welcoming space provides practitioners a co-produced platform for working relationally with families, which in turn, enables access and engagement according to families' needs.

Section 9.3.1 focuses on the relational approaches observed in SPSs in my study and explains how they are family-led and co-produced. Section 9.3.2 discusses how family partnership is operationalised in the co-production of ISD. Section 9.3.3 argues that SE-ISD needs to be understood as something that takes time, particularly for families living in disadvantage.

9.3.1   Soft-edged ISD as coproduced practice

The SPSs in SE-ISD are not a given. Instead, they are spaces that are family-led and actively co-produced through soft practices. Similarly to family-centred models that offer an alternative to expert-led models (Davis & Day, 2010; Rouse, 2012), family-led practices involve recognising what parents know about their child's circumstances and listening to what matters to them (Kennedy, 2017). The importance of one-on-one, practitioner-parent relations is well established (Moore, 2017), yet there is a paucity of literature about relationship building in situ in informal spaces, such as the SPSs. In SPSs, relationships develop differently to those in offices in three ways.

First, from a parent's perspective, office appointments can lack flexibility. Parents interviewed in my study valued being able to spontaneously drop in at any time, if they were having a bad day, and at a time that suited them, which resonates with other studies (Moore, 2021a; Social Ventures Australia, 2023b). An exception is for child protection visits.

Second, relationships built in offices commonly involve one family and one practitioner, or occasionally, one family and several practitioners. In SPSs, relationship building is ongoing and fluid. Parents can control with whom they interact, unlike in an office setting. Furthermore, through chatting and sharing information in the SPSs, parents in my study assisted other parents in accessing integrated services. This finding contributes to understandings about ISD, which is primarily seen as occurring only between practitioners and families. In this sense, family-led coproduction SE-IED reflects a relational approach that enables parents' needs and perspectives to surface as they share information and their stories so far.

Third, the materiality of the play space and the practices of hanging out and consuming create trajectories that can produce less intense connections, such as over coffee or while watching children. By materiality, I mean concrete objects, such as seats around the sandpit, children's play equipment and the water cooler. Conversations with staff in these settings, while more natural and relaxed, are nonetheless significant. Crucially, such conversations ameliorate the power imbalance in parent-practitioner relations (Prichard, 2018). My findings point to a reduced power imbalance in SE-ISD, in which parents can initiate access to services according to their needs. SE-ISD can therefore be seen as parent-led, coproduced practice, in contrast to expert-led practices (Day et al., 2015).

The presence of other parents and volunteers in the SPSs, furthermore, acted as a buffer in relationships between parents and practitioners (Prichard, 2018; Prichard et al., 2015). Until they felt comfortable, families could postpone approaching professionals by connecting with each other and volunteers. Volunteers also helped in practical ways, which parents said in interviews, added to their feeling welcomed and valued. At times, families disclosed a problem to a volunteer, who would then, with parental permission, broker a relationship with a staff member. In this sense, volunteers provided a soft-edged pathway to ISD.

The provision of a soft space facilitates shared decision-making between parents and practitioners (Centre for Community Child Health, 2010; Kennedy, 2017) in a responsive, emergent way. This affords families a degree of power, because practitioners do things *with* them rather than *for* them (Davis & Day, 2010). In SE-ISD, families can start the process of service engagement when they are ready, which is more likely to begin with what matters to them in that moment. Thus, families are active participants in shaping the process of integration to determine which services they access and when, rather than passive recipients of services that are determined by somebody else (Satherley et al., 2021). In this way, SE-ISD is both a parent-led and coproduced practice.

The co-production of SE-ISD through relational approaches, however, can be complex. This is partly because collaboration between different services is recognised in the

literature as challenging to achieve (Prichard et al., 2010). The adoption of a spatial theory approach and noting the coming together of trajectories in my study reveals that soft-edged connections between families and practitioners, and sometimes volunteers, can occur. Such interactions have depth in the sense that they involve practitioners with various professional lenses in connections that build over time. Even brief, unplanned moments with depth can occur in SPSs. This is because such moments can generate chains of further connections with depth, as was illustrated in the vignette describing a child throwing sand (Section 8.2.3). Connections with depth in coproduced practice, however, can take time, particularly with families deemed hard to reach.

9.3.2   Coproduced practice takes time

My study found that relational approaches within SE-ISD contribute to the coproduction of soft spaces. Soft spaces can offer families with complex problems somewhere to relax, which over time, can be conducive to sustaining engagement. Sustained engagement can be achieved through the soft practices of hanging out, consuming and negotiating, that together, contribute to the intersection of trajectories. These intersections can generate connection with depth between families, and between families and practitioners.

My study, however, involved parents who were already engaged in and comfortable within the CFLC environment. This is not always the case for families living in disadvantaged circumstances. Engaging such families in services continues to be fraught (Section 2.5.2), even if such families come to a CFLC. This is because the fear of being stigmatised poses a barrier to engagement (Section 2.2.1). What matters most for these families is sustained engagement over time that makes it more likely they will access services (Bruner, 2019). My study found that relational approaches in the SPSs were underpinned by a culture of acceptance and respect for families, which was reflected in the practices of hanging out (Chapter 5) and negotiating (Chapter 7).

These practices were characterised by respectful listening and practical supportive intervention when needed.

A spatial perspective allows for sustained engagement to be understood differently. The recognition that space and time are interrelated (Section 3.2.1) enables engagement to be sustained in non-linear ways. For example, an interaction with depth may shape further connections, even though they may be months later. This way of thinking about sustained engagement reduces the time pressure on parents and practitioners to engage in services. Being able to engage with families through SE-ISD over time can generate successive moments of depth that together, increase the likelihood of sustained engagement.

Despite the potential for offering the most insight into barriers to sustained engagement, families living in disadvantaged circumstances did not participate in my study and also tend to be excluded from other studies about access and engagement (Section 2.2). The problem lies not in individual families, but in research approaches that exclude non-engaged parents (Reed et al., 2022). An exception is a study that found for parents who self-described as being not engaged in services, social networks were crucial in encouraging attendance and engagement (Winkworth et al., 2010). Social networks represent sustained social connection between families that foreground their needs and perspectives, rather than those of practitioners.

9.4 Parents needs and perspectives

The element of softness in SE-ISD enables flexibility in determining the purpose, setting, timing, duration, and sequence of forms of support in ways that foregrounds parents' needs and perspectives. This is in contrast to relational approaches to service delivery, such as in the family partnership model (Davis & Day, 2010), that begin with practitioners listening to parents' goals. The assumption here is that this process will meet their needs. My study found that identifying parents' needs requires going beyond practitioners listening to goals. Hanging out with families offers opportunities for their needs and perspectives to emerge. The softness in SE-ISD enables families

that may previously have had bad experiences with services to connect with other families, who can act as a flexible cushion or buffer. SE-ISD enables parents to begin to feel comfortable enough to honestly say what they need. SE-ISD is both a component and also an extension of coproduction. Softness affords families space to simply connect with each other, which may lead to access and engagement on their terms and (Nooteboom, van den Driesschen, et al., 2020; Winkworth et al., 2010).

My study found that SE-ISD enabled parents to foreground their own needs and perspectives by going at their own pace and having choices when engaging with services, such as when and how far they may need to travel. This finding aligns with the call to shift from service-based perspectives to parent needs and perspectives (Moore, 2021a, 2021b; Reed et al., 2022; The Benevolent Society, 2022). This shift is in contrast to family partnership practice, where families' engagement with services is primarily directed by practitioners.

Section 9.4.1 discusses my finding about starting with parent needs in the context of Moore's (2021a, 2021b) framework. Section 9.4.2 describes ways that SE-SID foregrounds parent perspectives to challenge the view that ISD means always having every problem in view.

9.4.1   Starting with parent needs

Taking into account the needs and perspectives of parents in SE-ISD is both part of and also extends the idea of coproduced practices. For example, families sometimes just want to meet other families and not be on their own. Their presence and that of soft practices in CFLCs, therefore, both construct and maintain SPSs as safe and welcoming environments. SE-ISD aligns with a number of features of the framework developed from Moore's (2021a, 2021b) study about Integrated Child and Family Centres (ICFCs). The first feature is flexibility around families' attendance. Families can drop in to CFLCs at any time during opening hours; and centres provide spaces for family activities and a communal dining area that facilitates the consuming practices of preparing, eating and sharing food (Chapter 6). The second feature is the coproduction of SPSs that

enable families to meet and connect. The practices of hanging out, consuming and negotiating within SPSs make space for parents' needs and perspectives to emerge, which then makes access to services possible. The coproduction of safe and comfortable spaces is equally dependent on relational practices underpinned by a non-judgmental approach and negotiating practices enacted in supportive ways that enabled connections with depth to be made while maintaining safety. Both are essential because of the nature of these spaces as real, messy, normal and imperfect environments.

9.4.2   Parent-centred soft-edged ISD

SE-ISD happened in a live, operational way in the SPS within CFLCs. Parents appreciated being able to casually chat to staff and visiting professionals. In interviews, parents said they felt much more comfortable speaking this way than at a formal meeting. The capacity of SPSs to foreground a parent's need to feel comfortable when speaking to a professional positions SE-ISD as parent-centred. My finding aligns with a Dutch study about parents' experience of integrated youth care (Nooteboom, van den Driesschen, et al., 2020). Participants in the Dutch study identified a holistic family-centred approach as a key component of effective integrated care. Yet while parents participated in and recognised the value of multidisciplinary meetings, they also found them burdensome. My interpretation of this finding is that the approach to ISD was hard-edged. The novel application of spatial and practice-based theory in my study made possible an understanding of SE-ISD as actively coproduced in SPSs, in which intersecting trajectories generated connections with depth. These connections, in turn, enabled timely, effective responses, that often led to service access. In other words, SE-ISD is a much more flexible approach to foregrounding parents' needs and perspectives in service provision without over burdening them. For parents, SE-ISD means not having to keep all of their problems in play, while accommodating self-paced, non-linear access to services on their own terms.

9.5   Chapter summary

This chapter has discussed how SE-ISD brings together and extends aspects of ISD in the context of CFLCs. My study adopted spatial theory and practice-based lens to approach ISD in two novel ways. First, ISD is seen as unfolding live operationally rather than as a static property of services. Second, multiple connections of various kinds are central to ISD. These findings point to how ISD can be accomplished in a soft-edged way. The softness of the SPSs, the flexibility of relational approaches, and the practices of hanging out, conversing and consuming that foreground parents' needs and perspectives generate connections with depth that enable ISD. SPSs within CFLCs are coproduced through such approaches and practices, to be more than just waiting rooms or social places. These spaces soften the edges between services by building connections between families and practitioners.

Chapter 10. Conclusion to the thesis

This is the second chapter in Part C and the final chapter of the thesis. Section 10.1 gives an overview of the study and restates the research questions. Section 10.2 responds to the research questions. Section 10.3 highlights the novel contributions of my study, distinguishing between those of a substantive and conceptual nature. Substantive contributions are considered in Section 10.3.1, looking first at studies of CFLCs specifically, the novelty being its focus on SPSs. I then consider its contributions to the wider field of research on ISD, particularly how ISD is accomplished (Section 10.3.2). Conceptual contributions are discussed in Section 10.3.3 and 10.3.4 and these highlight the value of my novel spatial theorisation and offer a new concept: *SE-ISD*. Section 10.4 outlines the study's limitations and critically reflects on the research process. Section 10.5 discusses the implications for practice and potential future research directions. Section 10.6 summarises this chapter and concludes the thesis.

10.1 Introduction

ISD is one of the most effective ways to support families, particularly those in disadvantaged circumstances. In contrast to the existing research literature on ISD, which is evaluative and focuses on structural issues (as seen in Chapter 2), this study asked the question: How is ISD accomplished live and operationally?

To address this question, I took a spatial practice approach to investigate the SPSs within Tasmanian CFLCs, where ISD underpins the work. While an established understanding of space is that it is something you pass through, or simply a fixed

container, a more theoretical view challenges those common assumptions (Massey, 2005) by considering space and time as not separate, but as entities that intertwine and constantly change. In such fluid social spaces, trajectories come together; there is no such thing as universal instantaneity. Even in short moments, there is depth because of the intersection of the multiple trajectories and stories involved. This conceptualisation of space enabled me to generate a fresh understanding of how connections are made in the SPSs within CFLC and how they are central to accomplishing ISD.

The overarching research question was:

> How is Integrated Service Delivery accomplished in the shared public spaces of Child and Family Learning Centres?

This study posed two sub-questions to explore *how* to do this in more detail:

a) What key practices are enacted in these shared public spaces?

b) How do these practices generate intersections of trajectories that enable connections between people that support the integration of services?

The remainder of this concluding chapter is organised into four sections. Section 10.2 responds to the research questions by summarising my findings. The first sub-question is dealt with in Section 10.2.1, and the second in Section 10.2.2, where I also show how I applied Masseyan ideas to demonstrate that the connections had *depth*. I then address the overarching research question in Section 10.2.3. I focus on SE-ISD, which was initially conceived as the opposite of hard-edged but also involves issues of access and engagement, relational approaches, and parents' needs and perspectives. In Section 10.3, I consider these findings in relation to the literature as I explore their contributions to existing knowledge. Next, I identify the limits of the study in Section 10.4 and its implications in Section 10.5. Section 10.6 summarises the chapter and concludes the thesis.

10.2 Response to the Research Questions

This section demonstrates how the study findings respond to the overarching Research Question and the two sub-research questions.

10.2.1 Sub-question a)

> What key practices are enacted in these shared public spaces?

I interpret practices broadly as patterns of recurring actions underpinned by materiality, understandings, and routines (Kemmis, 2012). As noted previously (Section 1.1), there has been a growing sense over several years that, in the context of ISD, there is an incomplete understanding of practices that aim to support families with young children. More specifically, little is known about what happens in informal spaces, rather than in offices, in relation to ISD because data has been challenging to capture. The purpose of identifying these practices was to gain a concrete understanding of what was taking place in the SPSs within CFLCs. As identified in Chapters 5, 6 and 7 respectively, the three key practices enacted in SPSs were hanging out, consuming, and negotiating.

Chapter 5 describes how both workers and families engaged in hanging out practices. Whilst hanging out was a casual activity, it was not without purpose and significance. Parents often hung out while waiting for a program or an appointment. Staff members would hang out in the SPS when engaged in the related sub-practices of casual observing, professional noticing, conversing, and modelling as they arose by talking to parents about what was important to them in that moment. The vignette in Section 5.5 illustrates how a SP hanging out during a morning session in the SPS became part of intersecting trajectories. These intersections enabled interactions between parents, herself, and other staff. Central to these activities was her aim to support and educate parents and sometimes staff so that they were better placed to encourage children's

speech development. However, this form of hanging out was enacted in flexible, casual ways, as opposed to the more formal activities associated with office consultations.

Chapter 6 recognises the value of consuming practices within these SPSs, such as the preparing, sharing, and eating of food and drink. These consuming practices created regular interactions and served multiple purposes, for example, as an icebreaker to trigger neutral conversations, to pave the way for more relaxed conversations, or when staff expected conversations to be difficult. They were also used strategically in combination with other activities, such as reading, to make them more appealing and to encourage attendance. The presence of Foodbank activities within the centre, for instance, was not just about the provision of food; there was a pattern of increased activity when the food arrived. As a result, conversations which began physically near the food, and were about food, often moved elsewhere and developed into broader discussions. Likewise, as the staff chatting before work vignette in Section 6.2.1 demonstrates, staff too engaged in consuming practices, which led to interactions between them, often in groups, that progressed from light conversations to conversations where knowledge was shared. Thus, consuming practices must be recognised for the important work that they do within SPSs.

Finally, as described in Chapter 7, negotiating practices were crucial to the accomplishment of SE-ISD. The safe and welcoming qualities of the SPSs within CFLCs were not to be presumed. Negotiating practices were needed to produce and maintain them as such. Negotiating practices could mean being aware of potential problems arising and offering support before a situation deteriorated. As described in the formation of cliques vignette in Section 7.3.2, if issues arose, negotiating practices enacted over several weeks could resolve them. Significantly, these practices did not just serve to resolve issues; they were enacted in ways that enabled connections between staff and parents. For instance, after an incident had been resolved, staff members would often stay and engage families in general neutral conversation. The negotiating practices within SPSs were characterised by the willingness of staff and volunteers to provide practical support when needed. This practical support was often in the form of small actions, such as holding a baby while the mother went to the toilet or occupying a toddler while a mother was feeding her baby. However, these small

actions were significant actions as they led to positive connections, helpful discussions, and sometimes the disclosure of a problem. Negotiating practices enacted in this broader more helpful way assisted in normalising situations which parents found stressful such as children having tantrums or difficulties with sleeping. Thus, the value of these negotiating practices moved beyond their contributions to managing and producing safe comfortable spaces; rather, they were instrumental in generating trajectories that enabled important connections.

In fact, all three key practices generated trajectories that intersected and then enabled connections. The vignettes in Chapters 5, 6, and 7 demonstrate the intersections of simple individual trajectories, including:

- people physically moving from one part of the space to another,

- a parent moving from one situation or feeling to another, and

- a staff member going from not knowing about a family to learning about it.

Furthermore, I noted the importance of individual stories so far in the context of interactions arising from the intersections of trajectories generated by practices. These connections were not stand-alone or static; they enabled situations to progress or problems to be solved.

As noted in Section 7.2, while these three key practices (hanging out, consuming, and negotiating) are described separately, they could be enacted simultaneously, develop from one another, and influence each other. For example, hanging out could develop into consuming. Noticing while engaged in the umbrella practice of hanging out could lead to negotiating . And negotiating practices were sometimes used in conjunction with consuming practices. Within these SPSs, the three key practices together made movements, individual and collective actions, and interactions possible. Additionally, they generated the coming together of trajectories, enabling connections between people with different *stories so far* (Massey, 2005). They also reflected diverse backgrounds and professional practices, so services were being integrated here. Applying a spatial perspective revealed that the coming together of

trajectories created by these key practices was significant for how ISD was accomplished. The SPSs were not just places to wait or pass through; much more than mere waiting rooms, they were spaces where significant things happened.

10.2.2 Sub-question b)

> How do these practices generate intersections of trajectories that enable connections between people that support the integration of services?

Chapters 5, 6 and 7 demonstrated that as staff enacted the practices of hanging out, consuming, and negotiating in the SPSs, the intersections of multiple trajectories associated with these practices created connections. Furthermore, within this theoretical construct, the significance of these multiple trajectories was that their starting points were individual stories so far. Building on this finding, I focused in Chapter 8 on identifying the trajectories involved, the connections that resulted from their intersections, and how they related to ISD. Table 8.1 presented the four trajectories identified: physical, social, epistemic, and obstructed. Parents, staff, volunteers and visiting professionals engaged in all four trajectories. I will now summarise each type of trajectory.

Physical trajectories refer to physical movements from one place to another. These were short and often occurred frequently within one family visit. Staff, parents, visiting professionals and volunteers moved to different sites within the SPSs. Parents often followed their children as they moved in play, such as to the sandpit or the kitchen when they needed to feed them. As discussed in Chapters 5, 6 and 7, there was a pattern of staff physical trajectories across all key three practices: movements from one place to where a family was in another place. Staff movements often happened when parents wanted more information or when they wanted to speak to another staff member. At other times, parents physically moved to access a staff member, often based at the open-office site, or to be nearer parents they knew. These were very fluid spaces, so physical trajectories were constantly changing.

Social trajectories involve people moving from being socially isolated to getting to know others. A social trajectory could be short, for example, a brief introductory social chat with a professional during one visit, or longer, such as when social contact happened slowly over several visits. The social contact could initially be non-verbal, such as eye contact or a smile, and then progress to chatting. Children were part of these social trajectories, as sometimes staff approached children as a way of establishing contact before they talked to parents. The social trajectories identified were broader than just the development of one-to-one relationships between staff and families, which also characterise staff-family relationships within formal office settings. They could involve parents in getting to know each other, which could develop into intermittent contact between groups of parents and staff. Thus, the social trajectories within the SPSs were many and varied.

Epistemic trajectories are about learning. People went from not knowing about something to gaining knowledge. An example of an epistemic trajectory was staff learning about a new family. Accessing this knowledge could happen directly by observing or chatting with the family, or as was often the case with visiting professionals, through information gained from other staff members (with parents' consent). Another example was parents learning about how to access a service. They could find out this information from staff members or, significantly, from other parents. Epistemic trajectories could be short and simple, perhaps a response to a quick question. Or they could be slow, time-consuming and complex, as in personal and sensitive situations where parents were guarded about how much information they should disclose. Epistemic trajectories, then, varied widely and were an important feature of interactions within the SPSs.

Obstructed trajectories were often the most complex and tended to be longer. They were most noticeable when parents moved from being obstructed by negative experiences and lack of confidence to overcoming these things and moving on. Obstructed trajectories were often characterised by involvement between parents, rather than between parents and staff. Interestingly, they often underpinned patterns of nonlinear but significant engagement – significant because it often involved families that were sometimes described as hard to reach. Indeed, one of the most common

obstructed trajectories was parents' reluctance to attend centres because of a history of negative experiences with services. This trajectory was often associated with families who initially attended the centre so that their children could play in the SPSs and who did not access any service or program offered. In this situation they sometimes progressed from not only accessing the play space to eventually accessing services. Staff were aware of the need to avoid sending families to services too soon. One CL described this cautious approach as follows, "we hold them until they are ready" (Section 4.5.1). Thus, identifying obstructed trajectories offered insights into ways of responding to families that were more complex and nuanced.

Crucial here is that all four trajectories intersected and resulted in connections. Furthermore, these connections supported the integration of services through the depth in the moment that was produced. Accordingly, Chapter 8 responds to research sub-question (b) by examining the nature of these connections in granular detail and identifying their effects and their importance in the context of integration. Significantly, the connections generated from this intersection of trajectories were produced differently in the sites within the SPS. A site in this context does not refer to a subspace of the main SPSs but to a particular intersection of practices and materialities (Kemmis et al., 2014).

The nature of each connection was different over three sites of connection: the sandpits, the kitchens, and the open offices. Connections could be planned or unplanned, spontaneous, public, and happen over short moments or over time. They could stay in a site (e.g. in a sandpit) or involve movement throughout the SPSs (e.g. from office to kitchen). Across the three sites, all types of connection occurred, but the most frequent ones differed in each site (see Table 8.2).

Using the Masseyan idea of space as the simultaneity of multiple intersecting trajectories, along with the idea that moments, even though instantaneous, have depth, led to the idea of depth in the moment. The depth came from the multiplicity of these intersecting trajectories, each with differing stories so far. Even in short moments, the connections between people generated by these trajectories were significant because they supported the integration of services and allowed things to

move forward. One moment of depth could lead to another moment of depth and thus shape and be shaped by interactions over time.

These intersecting trajectories created connections that have depth in the moment because they enabled timely, comprehensive responses when families disclosed problems or sought support, and these connections led to the integration of services. For example, the vignette in Section 8.1 demonstrates that through the practices of hanging out and negotiating, a spontaneous, mundane incident, such as a child throwing sand, led to connections that had depth and then to further connections and a warm referral to a supportive service. In the vignette in Section 8.2.3, the depth in the moment is anchored to the routine of cooking classes. Over several weeks, each moment of connection, though short, developed and increased in depth as it shaped and was shaped by the previous moments. Here, the depth was the routine connection over time and the experienced CSFLO continually learning about a family situation – an epistemic trajectory. Thus, the practices of hanging out, consuming, and negotiating created trajectories that, when intersected, led to connections with depth that supported the integration of services.

10.2.3 The overarching Research Question

Having responded to the two sub-research questions, I can now address to the overarching question of this research:

> How is Integrated Service Delivery accomplished in the shared public
> spaces of Child and Family Learning Centres?

In summary, the hanging out, consuming, and negotiating practices generated trajectories that intersected and enabled connections between people. The resulting interactions had *depth* and led to ISD, which was responsive and organic. ISD delivery was accomplished in the SPSs through these connections. SE-ISD is the focus of Chapter 9.

At the core of the SE-ISD idea is that it offers an alternative to one that is hard-edged. The phrase hard-edged might not be explicitly used to describe ISD, but it is an existing way of thinking about ISD. In this way of thinking, services have boundaries between them, and a group of services has hard boundaries around it. The hardness comes from formal structural agreements, for example, memorandums of understanding between departments such as health and education. Additionally, services positioning themselves in the universal or targeted debate (as discussed in Section 2.3.1) can also create hard edges around access and pathways to further services. Hence, there are ways of framing the problem of integration that give it a hard edge. For a family, an example of a hard edge might be an initial formal referral, as opposed to the softness of a warm referral. By warm referral, I mean a connection made with the family or another practitioner who knows the family before the first professional connection. Warm referrals are not new, yet the vignettes in Chapter 8 exemplify how they can happen easily and often in SPSs. Furthermore, even when a warm referral happens, the location and timing of an interaction with a professional can be hard edged. It might be an office-only interaction, with the timing convenient for the professional but inconvenient for the parents. Thus, being aware of hard-edged ISD suggests that providing an alternative is essential.

This alternative framing of ISD emerged by paying attention to how integration happens and gaining a more complete understanding of how it is practised in SPSs. Soft is a way of describing the difference. Soft here means malleable, flexible, and dynamic. Central to services coming together in a soft-edged way are the three issues discussed in Chapter 9: access and engagement, relational approaches, and parents' needs and perspectives.

First, in the context of SE-ISD, access is different than in ISD in co located offices because families are not necessarily accessing services by coming to the SPS. Sometimes, they may be literally accessing a place. Families can start their journey towards receiving integrated services by just coming, speaking to other parents, playing for a while, and then going home. Secondly, the weekly drop-in nurses' clinics at the CFLCs, for example, provided opportunities for a family to access a service

without a formal pre-arranged appointment. These two aspects are an extension of the idea of soft entry.

Access is not just about the first visit but also about sustaining engagement, even though it may sometimes be nonlinear. Sustaining engagement that might eventually result in the accomplishment of ISD depends on the ongoing production of safe and welcoming spaces. The production of safe and welcoming SPSs is crucial for families who are sometimes described as hard to reach and may have had negative experiences of services. These spaces can simultaneously be formal and informal, especially as the relational approaches adopted within them allow parents and staff to work together. Therefore, relational approaches are a significant part of SE-ISD.

Second, it is helpful to operate in a more relational rather than in an expert-based way when trying to integrate services. As explained in Section 2.4, SE-ISD aligns with family partnership practice and is regarded as best practice when working with families. The principle of co-production inherent in family partnership practice can soften the edges of services. In SPSs, integrating services is a living phenomenon. Significantly, ISD happens *with* families, rather than something done to them. One of the challenges in a family partnership is to move beyond being nice when challenging situations arise. This softening of the edge of the services and being with families informally in SPSs has the potential to assist in achieving this move. Thus, SE-ISD is a broad phenomenon characterised by conditions that favour families moving forward and engaging with services.

Third, in addition to access, engagement, and relational approaches, accommodating parents' needs and perspectives is a characteristic of SE-ISD. One essential need is for parents to connect with other parents. SE-ISD is not just about what is going on between parents and staff, it is also about connections between multiple parents and sometimes parents and volunteers. These social connections can create a buffer and a soft, gentle way into ISD, as described in the scenario in Section 6.3. This was a situation where a mother who had not visited for several weeks returned because she had a new concern. On her first return visit, she had a coffee with another parent, and a volunteer joined them briefly. During the next visit, she mostly interacted with

other parents, but during that visit, she made an appointment to see a visiting professional at the centre in the following week. Such buffers are crucial for enabling sustained but sometimes nonlinear engagement. Relational approaches in SPSs are more fluid and broader than those that characterise office engagements. Furthermore, central to the production of SE-ISD is that families can choose what they want to access, and they are in control of the pace of the integration of services. This often-slower pace sits well with parents' needs and perspectives.

SPSs are not just nice spaces. The connections resulting from the softness could remain soft. Often, however, they moved things forward because of their depth. The depth came from the mix of the informal and formal in the SPSs. Significantly, there appeared to be strength in these connections because of the informal presence of the visiting professionals hanging out or being present as part of drop-in sessions. It was possible to make social connections with these visitors before the professional connections. When more professional involvement was sought, connections had strength even though families were still in these informal spaces. This strength developed because of the intersection of workers with various professional lenses and stories so far. This variety of lenses, which was quickly and easily accessed, led to quicker resolutions and minimal bureaucracy, as noted by the CSLO in the interview noted in Section 5.5. Accordingly, this strength could move things forward.

Furthermore, adopting SE-ISD led to soft slippage between services, enabling the delivery of integrated services. This soft slippage often occurred in ways that were convenient for families. For example, staff would physically come to them, and the integration of services would happen as staff brought other staff members seamlessly into the conversation. Another example of soft slippage was when staff deliberately planned ahead so that more than one service could engage with families simultaneously in the SPS. On some occasions, softness involved support in attending outside services, as described in the interview example in Section 4.4.3, where a CL accompanied a family to a NDIS planning meeting. Soft slippage between services was thus a crucial part of SE-ISD.

The process of ISD is commonly understood as something dependent on having all the families' circumstances and problems in view simultaneously. In contrast, this study demonstrates that ISD can be a nonlinear, graduated or slow process, which nevertheless leads to the integration of services. Operationalising SE-ISD can enable effective responses that are organic, and family centred. As well, SPSs are often viewed as spaces that, at best, provide an opportunity for social connection. However, my study strongly suggests that within the SPSs of CFLCs, ISD can be accomplished through enacted practices that enable trajectories that, when intersected, lead to connections with depth and bring services together.

10.3 Contributions to research

This section highlights the four novel contributions of my study to research on CFLCs. Here I make the distinction between substantive and conceptual contributions. Accordingly, the two substantive contributions are discussed in Section 10.3.1 (in relation to Tasmanian CFLCs) and Section 10.3.2 (in relation to the field of ISD). The two conceptual contributions are discussed in Section 10.3.3 (bringing spatial theorisation to ISD research) and Section 10.3.4 (SE-ISD).

10.3.1 Contribution to knowledge about Tasmanian CFLCs

There is a growing body of research on CFLCs. My research contributes to this field through its close examination of what happens in these SPSs, highlighting their importance and their significance in the context of ISD. Previous studies have focused on components of what CFLCs deliver, including outreach (Jose et al., 2020), access and engagement (Taylor et al., 2015; Taylor et al., 2017), family partnerships (McDonald et al., 2015; Prichard et al., 2015), parenting skills (Jose et al., 2019), and the co-location of services in relation to service collaboration. My research has built on these studies but gone beyond them by looking at a central component of the CFLCs: SPSs. Using an ethnographic methodology, I paid close attention to everyday

small actions, which enabled new insights into aspects such as access, partnership, and parents' needs.

Other Australian researchers have also recognised the significance of CFLCs (e.g. Hopwood and Clerke (2018), Moore (2021b); Social Ventures Australia (2023b)). Their studies were about the best ways to support families, with the latter two also focusing on ISD. A report by Hopwood (2018) was an outcome of the Better Futures Project, which examined the relationships between parents and professionals in CFLC contexts. Hopwood found that the CFLCs were achieving positive outcomes for families and that the place-based and integrated approaches were key to their successes. Significantly for my study, whilst formal programs, structured playgroups, and appointments with nurses and others were seen as contributing to this success, there was also evidence that informal interactions – "high-value, multi-purpose, and above ordinary informal work" (p. 5) – played a significant role. Similarly, for McDonald et al. (2015), the spaces parents perceived as welcoming and safe were valuable. Thus, my study responded to the idea that informal interactions and spaces are important, but, as Hopwood (2018, 2020) observed, there needs to be a greater understanding of their value. Accordingly, my study explicitly focused on the importance of informal spaces and work. I did this by generating a large amount of new observational data.

Jose et al. (2021) also undertook observations as part of their research but used them to build rapport and as a prelude to other forms of data collection, rather than as its focus. In contrast, I analysed observational data specifically to shed new light on what was happening in the SPSs. Furthermore, theorisation underpinned my analysis, even though research about the CFLCs has not been greatly theorised. Jones's (2021) research did have a strong theoretical underpinning, but its focus was broader than CFLCs and included a particular pre-school program. Similarly, Hopwood and Mäkitalo (2019) and Hopwood (2020) applied Cultural Historical Activity Theory (CHAT) to data generated from CFLCs, but ISD was not his focus. Thus, my study adds another dimension to the nature of the research about ISD in CFLCs.

Key to the substantive contribution that my research makes are two pivotal Tasmanian studies conducted by Tim Moore (2021a, 2021b). What sets these studies apart is that

they approached ISD, not from a service perspective, but from a family needs perspective. The Tasmanian CFLCs were one of the models selected for exploring how family needs were being met. Enablers and barriers of integration were identified, with the aim of strengthening ISD in these settings. Social Ventures Australia (2023b) built on Moore's studies by using his needs-based framework to examine ISD models throughout Australia, the aim being to identify the features of the different models that could be considered for developing a national model. Again, the Tasmanian CFLC model was selected to study.

Both the Moore studies and the Social Ventures study elevate the importance of two components of CFLCs. First, Moore (2021b) noted that connection has been overlooked in the context of providing support for families. Second, he argued that there always needs to be a social space where families can meet each other and feel comfortable; accordingly, he listed a social space that includes a dining area as an essential feature. The Social Ventures study echoed this strongly, regarding such a space as crucial for engaging families and enabling connections, not only between staff and families but also between parents.

My research findings resonate with those of the Moore (2021a, 2021b) and Social Ventures Australia (2023b) studies, but I have demonstrated that the value of SPSs goes beyond just the social aspects they noted. My findings broadly align with those of studies conducted in Italy (Balenzano, 2021), the Netherlands (Bulling & Berg, 2018) and the U.K. (Reed et al., 2022), which identified the value of informal settings when seeking to integrate services. Importantly though, because I examined how the connections underpinning ISD happened, my findings go beyond just highlighting their importance. Instead, they offer new understandings that can inform practice and approaches to the design SPSs.

By elucidating how important connections with depth underpin ISD, my study represents a shift in how SPSs should be viewed: attention must be given to their value in bringing services together. Given their importance, SPSs and how they are produced should feature prominently in any list of the desirable features of family centre models

underpinned by ISD. Within CFLCs in particular, SPSs serve the purposes of social connection *and* the integration of services.

10.3.2 Contribution to the field of ISD

Much of the literature on ISD tends to be evaluative and structural, and therefore narrow in focus (Batty et al., 2018; Corter et al., 2012; U.K. Parliament, 2013). Many of the research questions addressed by Bruner et al. (2007) and Bruner (2019), for example, concerned the efficacy of ISD in improving child development outcomes and readiness for school. Other studies have looked at the enablers of, and barriers to, ISD, with structural issues and their implication for policy decisions featuring prominently, similar to the Moore (2021a, 2021b) and the Social Ventures Australia (2023b) studies. In contrast, I explored the everyday granular practices of SPSs. Taking this novel approach has led to a new concept of SE-ISD, which will be discussed in Section 10.4.

My thesis problematises the accepted notions of how ISD is done. ISD is often seen as a property of service, something underpinned by referrals and office interactions between families and professionals (Mihelic et al., 2017). Instead, I have identified ISD as a process underpinned by connections and an organic, responsive phenomenon that comes from enacting practices. While still upholding the importance of transactions to families (Arnold, 2017; Avis et al., 2007), I see ISD as also a matter of co-production, with parents as active contributors. The enactment of integration can happen through family interactions with professionals and volunteers and through interactions between parents. Crucial here is that parents can be the people doing some of the integrating.

Another commonly held assumption about ISD is that for services to be integrated, practitioners' responses should be formed by bringing the multiple aspects of the families' circumstances and challenges into view (Burchard et al., 2002; Newman et al., 2022; Winters & Metz, 2009). This is often talked about as a kind of wrap-around approach (Barnes, 2019; Wong & Press, 2012; Wong & Sumsion, 2013). Interestingly, I found that addressing families in context, including the multi-dimensional challenges

they face, can (and may need to at times) narrow the focus of ISD. Much of the depth in the moment came from what immediately mattered to a family in that brief moment. This realisation challenges the notion that every aspect of a family's problems must always be addressed, and it should contribute to the development of responses that are simpler to enact and require less administration and management.

10.3.3 Bringing spatial theorisation to ISD research

Whilst spatial theorisation has been used quite extensively in the field of education (Usher, 1996/2002) there is a paucity of research on its use in ISD. Using a spatial theorisation, I have demonstrated that ISD spaces are not a given; they are produced through practices such as hanging out, consuming, and negotiating. Importantly, viewing these SPSs as socially constructed, not just physical entities (Massey, 2005) has highlighted the need to consider carefully how practices are enacted and what are their potential effects.

Furthermore, I did not employ spatial theorisation simply as a metaphor, as noted in Section 3.2. Using it as a framework to inform my analysis resulted in new understandings about how connections occurred in the ISD spaces and how they brought services together. These connections came about from the intersection of the trajectories generated by practices. The four types of trajectories identified in chapter eight proved useful for understanding more fully the parents' and staff members' experiences and connections in the SPSs and how these underpinned ISD. The physical and social trajectories were easy to notice. More difficult to be aware of, but nevertheless key, were the epistemic and obstructed trajectories that drew attention to more complex and less understood situations and problems. The multiplicity of these trajectories and their intersections, sometimes in short moments and sometimes over time, created depth. This notion of depth is something that practitioners can be aware of and try to create.

Applying a spatial theorisation also led to a lively account of ISD, rather than to a dry, static description. This account was something staff and parents could relate to, and it

encouraged them to more openly discuss everyday things (Section 4.4) The importance of seemingly insignificant actions became elevated. Although spatial theorisation was the formal component of my conceptual framework, I combined it with a broad-based practice approach. Thus, the theoretical underpinning of my study led to useful and accessible insights for practitioners to consider in the context of ISD in SPSs.

10.3.4 Soft-edged ISD

Using a spatial theorisation enabled the development of a new concept I call *SE-ISD.* The idea of soft entry is well established (Moore, 2021b). However, the significance of SE-ISD is threefold. First, it encompasses aspects that are wider than access through soft entry. Even the notion of access itself is not confined to outreach or a first visit. Within the literature, there is recognition that it is not the first visit that matters; more challenging is achieving sustained engagement (Centre for Community Child Health, 2018). Additionally, even sustained engagement can be non-linear. The two other aspects of SE-ISD concern relational approaches and parents' needs and perspectives. Paying explicit attention to the softness that might be produced via these three aspects should be valuable. For example, simple, timely, practical support may be a parent's need (Section 7.4), and when it is offered as part of this softer approach to ISD, it is likely to bring about positive connections.

As noted in Section 1.3, in the realm of supporting families with young children, ISD has long been identified as best practice (Glass, 1999; Hines, 2017; Wong & Press, 2012). As D Hogan et al. (2018) and Moore and Fry (2011) explained, adopting ISD is likely to succeed in addressing the complex problems of families living in disadvantage. However, stark figures such as one-in-six children in Australia live in poverty and 22% of children starting school are developmentally vulnerable (Social Ventures Australia, 2023a) suggest the need to improve the ways services are delivered. Unsurprisingly then, there are increasingly urgent calls to find new and better ways to deliver integrated services (Harris et al., 2023). The concept of SE-ISD is not the only solution. Indeed, there are situations when SE-ISD would not be appropriate.

There are two problems that policy makers and practitioners have continually grappled with and SE-ISD has the potential to help solve. First, we know that families showing the most need for help are the least likely to access it (Boag-Munroe & Evangelou, 2012). These families are often framed as hard to reach, a term reflected in policies and practices driven by neo-liberal ideology (Flanagan, 2022). Writers such as Byron (2010) and Harris et al. (2023) have argued that, in fact, it is the services that are hard to reach, not the families. SE-ISD addresses this because central to it is the concept that connection is a crucial part of ISD (Young et al., 2025). Practising SE-ISD involves practitioners who recognise this and work hard to produce softness, not just on entry and not just for parents who find it easy to engage in ISD. Thus, implementing ISD in this way can serve to disrupt the unhelpful stigmatising notions of hard-to-reach families.

Second, the Tasmanian CFLC research sites are place-based. For decades, place-based centres have been viewed as the best way to deliver integrated Services (Moore, 2021b). However, a problem that has developed is the tension between implementing policies and procedures nationally whilst also considering local conditions and preferences (Social Ventures Australia, 2023a). This can be particularly concerning if there is a power balance between the community leaders and the users of the services (Harris et al., 2023). SE-ISD is grounded in the everyday experiences of local families, which means practitioners can be alert to the needs of the particular families using a centre, rather than to official directives. Thus, the notion of SE-ISD advances the understanding of the potential of place-based services to offer integrated services that align with community needs.

10.4 Limitations of the study and critical reflections

Like all research, this study was subject to limitations. One limitation is that only three centres were involved. When I conducted my field work, I had 12 potential CFLC sites to choose from, but I decided to work with just three. While small samples are problematic in some forms of research (Hoey, 2014), they are not uncommon in qualitative studies (Hansen, 2006). Focusing on a limited number of research locations

meant that I was able to take a fine-grained approach to generating the data. Limiting the study to three centres also enabled a good balance between spending sufficient time in each centre and having access to a variety of locations and communities. Time spent was important because I needed to build relationships with the communities in each centre. The rapport I built led to generating rich data.

The specific focus on ISD in Tasmanian CFLCs constitutes a second limitation. The three sites operate under the same organisational conditions and deploy a common approach to ISD. According to Social Ventures Australia (2023a), there are nine different models (including Tasmanian CFLCs) offering ISD to families with young children in Australia. This may be further understood as a limitation when considering that ISD or ISD-like approaches can be deployed by organisations with different foci, for example domestic violence (Bagshaw et al., 2000; Stewart, 2020). Although my study was undertaken in Tasmanian centres, it offers insights for other national and international organisations that have a remit for supporting children and families and specifically subscribe to ISD. In addition, given that ISD approaches (or similar approaches with different nomenclatures) can be found in organisations beyond the focus of children and families, broadening the focus to include other organisational sites would dilute the insights gained here.

A third limitation is that only three practices were identified, described, and analysed in detail: hanging out, consuming, and negotiating. While I accept that other practices likely remain unidentified, the detailed examination of these three key practices enabled a grounded account of what was happening in the SPSs I researched.

10.5 Implications and future research

This section first identifies the implications of my findings for practice, raising questions about what should be considered when planning the designs and material components of SPSs. It then discusses directions for future research.

10.5.1 Implications for practice

By pointing to the extraordinary value of ordinary things like kitchens and sandpits, my findings suggest that a broad design approach is needed. Whilst in other contexts such things may not rate as features, thought should be given to how the kinds of connections they generate could be useful in CFLCs. The key implication here is that it is not the feature itself that matters, but what it enables. A sandpit is where children can play but, just as importantly, the seating arrangement around it allows adults to observe the children, notice things, and have private conversations. Similarly, the kitchen is not just about making sure there is a fridge and a tap; it is a place of congregation and conversations, and so tables and chairs nearby are essential. Positioning open offices within view of the entrance enables staff to observe and assist during the entrance and exit of families. Thinking in this way about SPSs can encourage connections that accomplish ISD.

The three key practices identified point to ways in which the connections underpinning ISD can improve the delivery of services. For example, the umbrella practice of hanging out and the three sub-pratcices of noticing conversing and modelling can be part of a professional role..There is, however, a caveat. Although my study points to the value of formalising hanging out, making it part of a protocol could compromise the capacity of staff to respond organically and responsively. It needs to be implemented in a way which still enables flexibility. Similarly, consuming practices and the value they add suggest that when, for example, food or ingredients for cooking are donated, they can be used in ways that go far beyond just providing nutrition. Negotiating practices can help in the management of difficult situations by enabling positive connections between staff and families, not just compliance and acceptable behaviours.

The quality of conversations with families was reliant on the active listening skills of staff. When thinking about professional development, attention should be given to volunteers as well as staff. In this study, relational practices were seen as not just about building one-on-one relationships between families and staff but more

expansively as fluid collective entities which supported ISD. Thus, the potential of parents to help each other must also be recognised.

Thought should also be given to ways of producing softness and depth in interactions. Being aware of possible obstructed trajectories may help with this, particularly in situations where there is a history of communication difficulties, or when parents lack confidence. Additionally, facilitating a social trajectory as a prelude to professional connection could be useful in these situations.

These implications for practice do not require expensive structural changes. Rather, they tap into ways of improving practice, and only slight changes should positively impact parents' experiences of ISD. This study went into granular detail and identified the small things that happen in these produced SPSs. Consequently, an implication for practice is that seemingly *small* things can in fact be *big* things and thus merit careful consideration.

10.5.2 Future research directions

By using a spatial practice perspective to focus on SPSs in a particular type of setting – place-based CFLCs run by the Department of Education in Tasmania – this study has introduced novel ways of thinking about ISD and how it can be accomplished. It has also raised new questions. For example, could similar research be undertaken in larger-scale studies in other states and other jurisdictions, or with other age groups? This study also explored the notions of softness and depth in the moment and how these are produced. Could these qualities be produced differently in similar spaces?

Given the need to support families when they are at risk of judicial child protection intervention, studies examining the effects of the presence of child safety staff in those spaces would be appropriate. And since developments in the field of ISD include a national model for delivering integrated services to children and young families, the use of spatial theorisation to explore how connections, including social connections, contribute to accomplishing ISD would be valuable.

Approaching ISD from a spatial perspective could potentially generate new understandings about how to improve the quality of ISD in contexts other than family support, such as health, disability, human services, and domestic violence, where it may be called by names such as integrated care and joined-up services. For example, the notion of obstructed trajectories could be utilised to gain insights into the barriers faced by patients in rare, less understood, and stigmatised disease groups. Research could also lead to more nuanced understandings of how volunteers can contribute to softness in particular spaces. Existing organisational and social spaces would be fruitful locations for such studies.

Although spatial theorisation was the formal component of the conceptual framework of my study, it need not be conceptually isolated. The identification of epistemic and obstructed trajectories has the potential to sit alongside other theorisations, for example, learning theories and theories of agency. In combination, these theories could be used in research into not only ISD but also other fields such as informal learning situations and the prevention of domestic violence.

10.6 Thesis conclusion

This thesis contributes to the field of ISD. More specifically, it focuses on ISD in the context of SPSs of CFLCs supporting families with young children, particularly those in disadvantaged circumstances. This research approached ISD in a radically different way from most previous studies by seeing it as live and operational, rather than structural and static. Underpinned by a spatial theorisation, it has enabled a detailed examination of how connections were made in the SPSs and how these spaces were produced by the enactment of practices.

My analysis led to the identification of three practices – hanging out, consuming, and negotiating. These generated the intersection of trajectories, which then enabled meaningful connections that had depth in the moment. These connections underpinned ISD as it unfolded in the SPSs. I also introduced the concept of SE-ISD.

This thesis makes both substantive and conceptual contributions to knowledge in the field of ISD. It demonstrates that SPSs are not just waiting rooms; they need to be taken seriously as spaces where ISD is accomplished.

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Appendix Part I: Ethics application

Appendix 1. Letter to family Centre Leaders

Letter to Centre Leaders

Dear

In accordance with the ethics process, I am seeking permission to gather data for my research project in your centre. The study seeks to uncover new understandings about how integrated service delivery can be accomplished in the shared open spaces of centres. This study aligns with Tasmanian State Department of Education strategy elements, including that families, communities and service providers have the skills and knowledge they need to work together to support the early development of children.

It will involve four weeks in the centre; these weeks will not be consecutive. I will negotiate all session times with you and will always be flexible if circumstances change. I will not be in the centre on consecutive days, so that families know that there are researcher-free days. The methods of data collection will be observation and a small number of semi-structured interviews. The approach taken is designed to be as unobtrusive as possible, and to minimise the burden on any of the center's staff, volunteers, or community members. I have a background in teaching and child protection and worked in a CFC as a volunteer for two years. I believe that these experiences will help me attune and respond sensitively to what is happening in the open space of your centre. This study is not an evaluation, and so, staff and volunteer performance is not being assessed. I know that your centre is supported by community volunteers, so I am particularly keen to include them in the study. It is fair to say that currently in the literature there is very little reference to the contribution which volunteers make.

I believe that the study will further understanding about how families can be supported in an integrated way. I am keen to discuss my findings informally with centre users and deliver a presentation to your Advisory Board. I hope that you are comfortable with the idea of your centre being used for data collection for this study. If you would like further clarification or just to discuss things with me generally, I am happy to visit and discuss my proposal.

Yours sincerely

Yvonne Young

Appendix 2. UTS Ethics Office approval

From: Research.Ethics@uts.edu.au <Research.Ethics@uts.edu.au>
Sent: Tuesday, September 24, 2019 13:31
To: Nick Hopwood; Yvonne Young; Research Ethics
Subject: HREC Approval Granted - ETH19-3993

Dear Applicant

Thank you for your response to the Committee's comments for your project titled, "How Integrated Service Delivery Unfolds: A Spatial and Leaning Focused Perspective
Fieldwork title: Investigating Ways of Working Together to Support Families". The Committee agreed that this application now meets the requirements of the National Statement on Ethical Conduct in Human Research (2007) and has been approved on that basis. You are therefore authorised to commence activities as outlined in your application.

You are reminded that this letter constitutes ethics approval only. This research project must also be undertaken in accordance with all UTS policies and guidelines including the Research Management Policy (http://www.gsu.uts.edu.au/policies/research-management-policy.html).

Your approval number is UTS HREC REF NO. ETH19-3993.

Approval will be for a period of five (5) years from the date of this correspondence subject to the submission of annual progress reports.

The following standard conditions apply to your approval:

- Your approval number must be included in all participant material and advertisements. Any advertisements on Staff Connect without an approval number will be removed.

- The Principal Investigator will immediately report anything that might warrant review of ethical approval of the project to the Ethics Secretariat (Research.Ethics@uts.edu.au).

- The Principal Investigator will notify the UTS HREC of any event that requires a modification to the protocol or other project documents, and submit any required amendments prior to implementation. Instructions can be found at https://staff.uts.edu.au/topichub/Pages/Researching/Research%20Ethics%20and%20Integrity/Human%20research%20ethics/Post-approval/post-approval.aspx#tab2.

- The Principal Investigator will promptly report adverse events to the Ethics Secretariat (Research.Ethics@uts.edu.au). An adverse event is any event (anticipated or otherwise) that has a negative impact on participants, researchers or the reputation of the University. Adverse events can also include privacy breaches, loss of data and damage to property.

- The Principal Investigator will report to the UTS HREC annually and notify the HREC when the project is completed at all sites. The Principal Investigator will notify the UTS HREC of any plan to extend the duration of the project past the approval period listed above through the progress report.

- The Principal Investigator will obtain any additional approvals or authorisations as required (e.g. from other ethics committees, collaborating institutions, supporting organisations).

- The Principal Investigator will notify the UTS HREC of his or her inability to continue as Principal Investigator including the name of and contact information for a replacement.

I also refer you to the AVCC guidelines relating to the storage of data, which require that data be kept for a minimum of 5 years after publication of research. However, in NSW, longer retention requirements are required for research on human subjects with potential long-term effects, research with long-term environmental effects, or research considered of national or international significance, importance, or controversy. If the data from this research project falls into one of these categories, contact University Records for advice on long-term retention.

You should consider this your official letter of approval. If you require a hardcopy please contact Research.Ethics@uts.edu.au.

If you have any queries about your ethics approval, or require any amendments to your research in the future, please do not hesitate to contact Research.Ethics@uts.edu.au.

Yours sincerely,

A/Prof Beata Bajorek
Chairperson
UTS Human Research Ethics Committee
C/- Research Office
University of Technology Sydney
E: Research.Ethics@uts.edu.au

REF: E38

Appendix 3. Interviewing parents – Participant Information Sheet (P.I.S) (3 pages)

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PARTICIPANT INFORMATION SHEET

Investigating Ways of Working Together to Support Families

Activity: Interview

Type of participant: Parents/carers

WHO IS DOING THE RESEARCH?
My name is Yvonne Young and I am a PhD student at UTS. My supervisor is Dr Nick Hopwood.
Nick.Hopwood@uts.edu.au (02) 95144658.

WHAT IS THIS RESEARCH ABOUT?
This research is to find out about how volunteers and staff work together to support families who come to Child and Family Centres.

WHY HAVE I BEEN ASKED?
I am interested in exploring how volunteers and staff support families in the centres. I want to speak to parents who use the centre to better understand how these people work together *to support families like yours.* I am inviting you to take part in an interview because you come to [centre name] which is one of the centres where the study is taking place.

IF I SAY YES, WHAT WILL IT INVOLVE?
By saying yes, it means you agree to be interviewed for up to 40 minutes. The interview involves me asking you to talk about your experiences of the open area of the centre (what people usually call "the floor"). Interviews will focus on times you felt you had a really good experience visiting the centre. The interview will take place at the centre. You can have your children present if you want. Interviews will be scheduled at a time that suits you between September and December 2019. With your agreement the interview will also be audio-recorded, and I might also take some notes about what is said.

ARE THERE ANY RISKS/INCONVENIENCE?
Yes, there may be some risks. One possible risk might be that talking about your experience at the centre could make you feel uncomfortable. However, if you *do* feel uncomfortable at any time during the interview, you can let me know and we can stop the interview. You can also refuse to answer questions that make you feel uncomfortable. Keep in mind though, the main purpose of the research is to investigate *how staff and volunteers support you,* and *not about judging you and your family*.

The information you provide in the interview will not be seen by anyone other than me and my supervisors and will only be used for the purpose of the research study. The only exception is if you tell me something that I need to report under child protection laws. This is no different from what staff and volunteers have to do. If any of your exact words, or reference to you and your family, are used in any research publications, efforts will be made to deidentify you to minimise the risk of anyone recognising you (e.g. I will use an alias/fake name).

DO I HAVE TO SAY YES?
No, you do not have to agree to participate. It is your decision.

WHAT WILL HAPPEN IF I SAY NO?
If you decide not to be interviewed it will not affect your relationship with me or anybody at the centre. If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason, by contacting me on Yvonne.F.Young@student.uts.edu.au or (03) ▇▇▇▇▇▇. Even if the interview has started, you can withdraw your consent at any time by simply telling me to stop. If you stop the interview, I will turn the recorder off immediately and stop making notes. You will not need to give a reason why.

CONFIDENTIALITY

By signing the consent form, you consent to being interviewed by me. All the information collected during the interview will be treated confidentially. The only exception to this is when something is disclosed which I would have to report under child protection laws. That means that the centre leader would be told. If you start to tell me anything about activity which is potentially illegal, I will attempt to change the topic. If this fails, I will stop the recording and we will discuss how to manage this. The interview may be terminated.

In any written documents your real name will not be used: you will be given a different name (an alias). The real names and locations of centres will not be published. Any information that might lead to identification of the centre will be removed or modified.

I will do my best to maintain confidentiality in any published documents. However, because only a few centres will be involved, it is possible that someone familiar with your centre might be able to figure out who particular statements or quotes relate to. Using aliases and changing minor details will avoid this as much as possible.

The information will be stored on a University of Technology server for five years from the date of thesis completion. This server is password-protected and only accessible to the researcher of this study. Data will be destroyed at the end of the five years. Data may be published in journals or conference papers.

If you want to be told about the results of this study, please feel free to contact Yvonne via email at Yvonne.F.Young@tsudent.uts.edu.au

WHAT IF I HAVE CONCERNS OR A COMPLAINT?

If you are worried about anything to do with the study don't hesitate to contact me (Yvonne) via email Yvonne.F.Young@student.uts.edu.au or phone (03) ▓▓▓▓▓▓▓

If you have concerns or complaints about me, then you can contact my supervisor Nick Hopwood via email at Nick.Hopwood@uts.edu.au.

You will be given a copy of this form to keep.

NOTE:

This study has been approved by the University of Technology Sydney Human Research Ethics Committee [UTS HREC]. If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au], and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

CONSENT FORM

Investigating Ways of Working Together to Support Families

I _____ *[participant's name]* agree to participate in the research project:) Investigating Ways of Working Together to Support Families being conducted by Yvonne Young who can be contacted at: yvonne.f.young@tsudent.uts.edu.au , or (03) _____.

I have read the Participant Information Sheet, or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research as described in the Participant Information Sheet.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time without affecting my relationship with the researchers, the University of Technology Sydney or the centre I work/volunteer at or any services that I receive.

I understand that I will be given a signed copy of this document to keep.

I agree to be:
☐ Interviewed
☐ Audio recorded

I agree that the research data gathered from this project may be published in a form that:
☐ Does not identify me directly in any way

I am aware that I can contact Yvonne Young if I have any concerns about the research.

_____   ____/____/____
Name and Signature [participant]   Date

_____   ____/____/____
Name and Signature [researcher or delegate witness]   Date

UTS UNIVERSITY OF TECHNOLOGY SYDNEY

PARTICIPANT INFORMATION SHEET

Investigating Ways of Working Together to Support Families.

Activity: Interview
Type of participant: Staff/Volunteers

WHO IS DOING THE RESEARCH?
My name is Yvonne Young and I am a PhD student at UTS. My supervisor is Dr Nick Hopwood.
Nick.Hopwood@uts.edu.au (02) 95144658.

WHAT IS THIS RESEARCH ABOUT?
This research is to find out about how volunteers and staff from different professional areas work together to support families who come to Child and Family Centres.

WHY HAVE I BEEN ASKED?
I am interested in exploring how volunteers and staff support families in the centres. I want to speak to staff and volunteers who use the centre to better understand how they can work together to support families. I am inviting you to take part in an interview because you work/volunteer at [centre name] which is one of the centres where the study is taking place.

IF I SAY YES, WHAT WILL IT INVOLVE?
By saying yes, it means you agree to be interviewed for up to 40 minutes. The interview involves me asking you to talk about your experiences of the open area of the centre (what people usually call "the floor"). Interviews will focus on instances where you felt a really good service was provided for families, involving you and your colleagues, or others who work through the Centre. The interview will take place at the centre. Interviews will be scheduled at a time that suits you between September and December 2019. With your agreement the interview will also be audio-recorded, and I might also take some notes about what is said.

ARE THERE ANY RISKS/INCONVENIENCE?
Yes, there may be some risks. One possible risk might be that talking about your experience at the centre could make you feel uncomfortable. However, if you *do* feel uncomfortable at any time during the interview, you can let me know and we can stop the interview. You can also refuse to answer questions that make you feel uncomfortable. Keep in mind though, the main purpose of the research is to investigate how staff from different professional areas and volunteers can work together to support families. It is not about judging individual performance. The research is not an evaluation.

The information you provide in the interview will not be seen by anyone other than me and my supervisors and will only be used for the purpose of the research study. The only exception is if you disclose information that comes under mandatory reporting guidelines. If any of your exact words, or reference to you are used in any research publications, efforts will be made to deidentify you to minimise the risk of anyone recognising you (e.g. I will use an alias/fake name).

DO I HAVE TO SAY YES?
No, you do not have to agree to participate. It is your decision.

WHAT WILL HAPPEN IF I SAY NO?
If you decide not to be interviewed it will not affect your relationship with me or anybody at the centre. If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason, by contacting me on Yvonne.F.Young@student.uts.edu.au or (03) _____. Even if the interview has started, you can withdraw your consent at any time by simply telling me to stop. If you stop the interview, I will turn the recorder off immediately and stop making notes. You will not need to give a reason why.

UTS | UNIVERSITY OF TECHNOLOGY SYDNEY

CONFIDENTIALITY

By signing the consent form, you consent to being interviewed by me. All the information collected during the interview will be treated confidentially. The only exception to this is when something is disclosed which I would have to report under child protection laws. In any written documents your real name will not be used: you will be given a different name (an alias). The real names and locations of centres will not be published. Any information that might lead to identification of the centre will be removed or modified.

I will do my best to maintain confidentiality in any published documents. However, because only a few centres will be involved, it is possible that someone familiar with your centre might be able to figure out who particular statements or quotes relate to. Using aliases and changing minor details will avoid this as much as possible The information will be stored on a University of Technology server for five years from the date of thesis completion. This server is password-protected and only accessible to the researcher of this study. Data will be destroyed at the end of the five years. The data may be published in journals and conference papers.

If you want to be told about the results of this study, please feel free to contact Yvonne via email at Yvonne.F.Young@tsudent.uts.edu.au

WHAT IF I HAVE CONCERNS OR A COMPLAINT?

If you are worried about anything to do with the study don't hesitate to contact me (Yvonne) via email Yvonne.F.Young@student.uts.edu.au or phone (03) ▭▭▭▭▭▭

If you have concerns or complaints about me, then you can contact my supervisor Nick Hopwood via email at Nick.Hopwood@uts.edu.au.

You will be given a copy of this form to keep.

NOTE:
This study has been approved by the University of Technology Sydney Human Research Ethics Committee [UTS HREC]. If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au], and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

CONSENT FORM

Investigating Ways of Working Together to Support Families

I _____ *[participant's name]* agree to participate in the research project:) Investigating Ways of Working Together to Support Families being conducted by Yvonne Young who can be contacted at: yvonne.f.young@tsudent.uts.edu.au , or (03) ▮▮▮▮▮▮▮.

I have read the Participant Information Sheet, or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research as described in the Participant Information Sheet.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time without affecting my relationship with the researchers, the University of Technology Sydney or the centre I work/volunteer at or any services that I receive.

I understand that I will be given a signed copy of this document to keep.

I agree to be:
☐ Interviewed
☐ Audio recorded

I agree that the research data gathered from this project may be published in a form that:
☐ Does not identify me directly in any way

I am aware that I can contact Yvonne Young if I have any concerns about the research.

_____   ____/____/____
Name and Signature [participant]   Date

_____   ____/____/____
Name and Signature [researcher or delegate witness]   Date

Appendix 5. Observation of parents – Participant Information Sheet (P.I.S) (3 pages)

UTS UNIVERSITY OF TECHNOLOGY SYDNEY

PARTICIPANT INFORMATION SHEET

Investigating Ways of Working Together to Support Families

Activity: Observation
Type of Participant: Parent/carer

WHO IS DOING THE RESEARCH?
My name is Yvonne Young and I am a PhD student at the University of Technology Sydney and I will be doing the research as part of my doctoral study. My supervisor is Dr Nick Hopwood. Nick.Hopwood@uts.edu.au (02) 95144658.

WHAT IS THIS RESEARCH ABOUT?
To find out about how volunteers and staff work together to support families who come to Child and Family Centres.

WHY HAVE I BEEN ASKED?
Because I am interested in how volunteers and staff support families in the centres, I want to observe them supporting families and parents. This means observing *them actually working with families like yours*. You have been invited to take part because you come to one of the centres where I will be doing my research.

IF I SAY YES, WHAT WILL IT INVOLVE?
If you say yes, it will involve me observing staff and volunteers at the centre supporting you and your family in the open area of the centre (what people usually call 'the floor'). It is important to point out that my focus will not be on you and your family but on the staff and their interactions with you and your family. I will not observe on more than one day back to back. There will be days when I will not be there. You do not have to do anything different from what you normally do when you come to the centre. There will be no interaction with accompanying children Observations will take place between September and December 2019.

During the observations I will be writing notes about things I notice. I might write notes about conversations I hear between you, centre staff and/or volunteers. Any notes taken will not include your name or personal details and will *never* be shared with staff or volunteers at the centre.

You might also be invited to take part in an interview. If this is the case, you will receive a separate information sheet and consent form.

ARE THERE ANY RISKS/INCONVENIENCE?
Yes, there may be some risks. One is that you might feel embarrassed about being observed while you and your children are in the centre. Keep in mind though that the primary purpose of the research is to investigate *how staff and volunteers support you*, and *not about judging you and your family*. But if you feel uncomfortable at all at any time, please let me, a volunteer or a staff member know. Taking part will not affect any help that you get from the centre.

It is also possible, although unlikely, that someone may recognise you in any research publications that some out of the study. To minimise this risk any reference to you and your family will involve deidentification (e.g. using fake names).

DO I HAVE TO SAY YES?
No, you do not have to agree to participate. It is your decision.

WHAT WILL HAPPEN IF I SAY NO?
If you decide not to take part, it will not affect your relationship with me or anybody at the centre. If you give your consent at first, but then change your mind, you can withdraw your consent at any time without having to give a reason. You withdraw your consent by contacting me on Yvonne.F.Young@student.uts.edu.au or (03) ▆▆▆▆▆▆, or by telling a centre volunteer or staff member. If you withdraw your consent, I will stop observing you and your family immediately. However, it may not be possible to withdraw data already collected if this has already had your identifying details removed.

CONFIDENTIALITY
By signing the consent form, you agree to being observed by the research team. All the information collected during the observation will be treated confidentially. The only exception is when something happens or is disclosed which falls under my obligation to report any possible child protection issue. In any written documents your real name will not be used - you

will be given a different name (an alias). The real names and locations of centres will not be published. Any information that might lead to identification of the centre will be removed or modified.

I will do my best to maintain confidentiality in any published documents. However, because only a few centres will be involved, it is possible that someone familiar with your centre might be able to figure out who particular statements or quotes relate to. Using aliases and changing minor details will avoid this as much as possible. The information will be stored on a University of Technology server for five years from the date of thesis completion. This server is password-protected and only accessible to the researcher of this study. In accordance with UTS procedures, all information collected throughout this study will be destroyed at the end of the five years .Data will be published in journals or conference papers

If you want to be told about the results of this study, please feel free to contact Yvonne via email at Yvonne.F.Young@student.uts.edu.au.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?
If you are worried about anything to do with the study please don't hesitate to contact Yvonne via email at Yvonne.F.Young@student.uts.edu.au or phone (03) ▆▆▆▆▆▆▆.

If you have concerns or complaints about me, then you can contact my supervisor Nick Hopwood via email at Nick.Hopwood@uts.edu.au

You will be given a copy of this form to keep.

NOTE:
This study has been approved by the University of Technology Sydney Human Research Ethics Committee [UTS HREC]. If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au], and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

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UTS UNIVERSITY
OF TECHNOLOGY
SYDNEY

CONSENT FORM

Investigating Ways of Working Together to Support Families

I _____ *[participant's name]* agree to take part in the research project:) Investigating Ways of Working Together to Support Families, being conducted by Yvonne Young who can be contacted at: yvonne.f.young@tsudent.uts.edu.au, or by calling (03) �.

I have read the Participant Information Sheet, or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research as described in the Participant Information Sheet.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time without affecting my relationship with the researchers or the University of Technology Sydney or the centre I attend.

I understand that I will be given a signed copy of this document to keep.

I agree for me and my children to be observed ft
☐ Observed

I agree that the research data gathered from this project may be published in a form that:
☐ Does not identify me directly in any way

I am aware that I can contact Yvonne Young or her supervisor (Nick Hopwood) if I have any concerns about the research.

_____   ____/____/____
Name and Signature [participant]   Date

_____   ____/____/____
Name and Signature [researcher or delegate witness]   Date

Appendix 6. Observation of staff/volunteers – Participant Information Sheet (P.I.S)

(3 pages)

PARTICIPANT INFORMATION SHEET

Investigating Ways of Working Together to Support families

Participant Type: Staff/ Volunteers
Activity: Observation

WHO IS DOING THE RESEARCH?
My name is Yvonne Young and I am a PhD student at UTS. My supervisor is Dr Nick Hopwood.
Nick.Hopwood@uts.edu.au (02) 95144658.

WHAT IS THIS RESEARCH ABOUT?
To find out about how volunteers and staff from different professional areas work together to support families who come to Child and Family centres.

WHY HAVE I BEEN ASKED?
You have been invited to participate in this study because you work/volunteer at the centre where I will be undertaking the research. Your contact details were obtained from the centre office. This study will use research methods of observation and interviews with staff, volunteers and parents/carers. Observing staff /volunteers on the floor at Child and Family Centres during their daily work will help to understand what is happening and what interactions are taking place. As a member of staff /volunteer at [centre name], you may be rostered on while I am conducting observations. Interviews will be used to understand the personal experiences, professional practice and opinions about how people can work together to support families.

IF I SAY YES, WHAT WILL IT INVOLVE?
If you say yes, It will involve me observing you and your colleague as you work over a period of 3 hours a day for a total of 12 days. These will not be consecutive days. The observation will take place in the open area of the centre (what people usually call "the floor") as you interact with colleagues and families. You do not have to do anything different from what you normally do when you work/volunteer in the centre. Observations will be scheduled between September and December 2019
During the observations I will be writing notes about things I notice. I might write notes about conversations I hear between you, families, and other staff/volunteers. Any notes taken will not include your name or personal details and will *never* be shared with anybody else at the centre.

You might also be invited to take part in an interview. If this is the case, you will receive a separate information sheet and consent form.

ARE THERE ANY RISKS/INCONVENIENCE?
Yes, there are some risks. One is that you might feel embarrassed about being observed while you work/volunteer. Notes regarding the observations will not be shared with anyone outside of the research team and will only be used for the purpose of the research study and not as part of an evaluation. I will not be making any judgments about what you are doing. Observation notes will not be identifiable in any way. If you feel uncomfortable at any time during the observation periods, please let me know.

You may also have concerns for your privacy and job security/future volunteer opportunities. All of your information and participation will be treated confidentially, and I will use pseudonyms instead of your name. Your information will not be shared with your employer/centre. You can take time to consider this information sheet and consent form and I will answer any questions you have.

DO I HAVE TO SAY YES?
No, you do not have to agree to participate. It is your decision.

WHAT WILL HAPPEN IF I SAY NO?
If you decide not to participate it will not affect your relationship with me or anybody at the centre or the University of Technology Sydney. If you give your consent at first, but then change your mind , you can do so at any time without having to give a reason, by contacting me on Yvonne.F.Young@student.uts.edu.au or (03) ▭▭▭▭ or by telling the centre leader.

If you withdraw consent, I will stop observing you immediately. However, it may not be possible to withdraw the data already collected if this has already had your identifying details removed.

CONFIDENTIALITY

By signing the consent form, you consent to being observed by the research team. All the information collected during the observation will be treated confidentially The only exception to that is when I see or hear something which falls under my obligation to report any possible child protection issue.. In any written documents your real name will not be used -you will be given a different name (an alias). The real names and location of centres will not be published. Any information which could lead to identification of the centre will be removed or modified.

Data will be non-identifiable. It will be stored on a University of Technology server for five years from the date of thesis completion. This server is password-protected and only accessible to the researcher of this study. Data will be destroyed at the end of the five years.

We plan to publish the results as a thesis at UTS, articles in journal papers and as conference proceedings. In any publication, information will be provided in such a way that aims for you not to be identified. For example, real names will be taken out and any details that could make it easy for readers to identify particular people. However, while every attempt will be made to de-identify data, given the small number of settings involved in this study, it is possible that some readers familiar with the research settings might be able to associate a quotation or description with particular individuals.. If you wish to be notified on the results of this study, please feel free to contact us.

WHAT IF I HAVE CONCERNS OR A COMPLAINT?

If you have concerns about the research that you think I or my supervisor can help you with, please feel free to contact me at Yvonne.F.Young@student.uts.edu.au or phone (03) _____.

If you have any concerns or complaints about me, then you can contact my supervisor Nick Hopwood via email at Nick.Hopwood@uts.edu.au

You will be given a copy of this form to keep.

NOTE:

This study has been approved by the University of Technology Sydney Human Research Ethics Committee [UTS HREC]. If you have any concerns or complaints about any aspect of the conduct of this research, please contact the Ethics Secretariat on ph.: +61 2 9514 2478 or email: Research.Ethics@uts.edu.au], and quote the UTS HREC reference number. Any matter raised will be treated confidentially, investigated and you will be informed of the outcome.

CONSENT FORM

Investigating Ways of Working Together to Support Families

I _____ *[participant's name]* agree to participate in the research project:) Investigating Ways of Working Together Working to Support Families being conducted by Yvonne Young who can be contacted at: yvonne.f.young@tsudent.uts.edu.au (03) ▬▬▬▬▬.

I have read the Participant Information Sheet, or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research as described in the Participant Information Sheet.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time without affecting my relationship with the researchers or the University of Technology Sydney or the centre I work/volunteer at.

I understand that I will be given a signed copy of this document to keep.

I agree to be:
☐ observed

I agree that the research data gathered from this project may be published in a form that:
☐ Does not identify me directly in any way

I am aware that I can contact Yvonne Young or her supervisor (Nick Hopwood) if I have any concerns about the research.

_____   ____/____/____
Name and Signature [participant]   Date

_____   ____/____/____
Name and Signature [researcher or delegate witness]   Date

Interview Guide 1

For parents/carers

Opening/warm up questions:

1. When did you first come to the Centre?
2. In general, how many times would you come to the Centre in a week or month?
3. Why do you come? Follow-up Are there other reasons?
4. How old are your children?

Broad Areas/Topics for exploration:

1. Artefact: depending on the chosen artefact

    a. Here is a picture of the kind of thing you'd often see happening on the floor. How does this relate to your experience of the Centre?
    b. There are some cards on the table with different things I'd love to know your thoughts about (e.g. volunteers, being with other parents, staff who help me, my best memory from a visit to a Centre). Is there one of those you'd like to start off telling me about?
    c. I see you've brought a picture along – what would you like to tell me about it?

2. Help-seeking: One thing I've seen a lot is parents asking for help when they are on the floor – it can be for lots of things [give examples]. Can you tell me about a time when you felt someone else really helped or made a difference to you when you were on the floor?

    a. What were you doing at the time?
    b. Who did you ask? Why did you ask them?
    c. What happened next?
    d. Why was this important to you?
    e. Are there other times when you felt someone really helped you on the floor?

3. Volunteers: Think of a time when a volunteer made a positive difference to a visit to the Centre.

    a. Who was it?
    b. What did they do?
    c. Why was that important?
    d. If a new parent arrived at the Centre, how would you explain to them what volunteers here do? What advice would you give them in terms of how to get the most out of volunteers being here?

4. Staff: Think of times when you've had a really good experience in the Centre, particularly days when you've spent quite a bit of time on the floor. What made it good?

    a. Which members of staff did you talk to?
    b. How did those conversations start – did you start them or did the staff come to you? What did you talk about or do together?
    c. Why did that matter to you?
    d. Have there been times when you wished there were more staff, or you weren't able to find someone? What did you want at the time? What happened?

5. Working together: I'm really interested in how lots of different people come together on the floor. Can you think of a time when you came to the Centre and spoke with lots of different people, and it really worked well, left you feeling good, or that you'd got the help you needed? I'm thinking about staff, volunteers, and other parents too.

   a. What happened?

   b. Who was involved? How did they become involved? What did they do?

   c. Would you say that was typical or very unusual or someway in between?

6. Future visions: If you had a magic wand and could change anything about what happens on the floor, what would it be?

   a. Why would you change that?

   b. If we came back to the Centre a few after the magic wand had done its work, and it had gone really well, what would be different?

Interview Guide 2

For staff

Opening/warm up questions:

1. How long have you been working at the centre?
2. What was your previous position?
3. Do you work at other centres too?
4. Are you fulltime or part time?

Broad Areas/Topics for exploration:

1. Artefact: depending on the chosen artefact
    c. Here is a picture of the kind of thing you'd often see happening on the floor. How does this relate to your experience of the centre?
    d. There are some cards on the table with different things I'd love to know your thoughts about (e.g. my best memory from a workday at the centre, moments when you enjoy being on the floor)).
    e. I see you've brought a picture along – what would you like to tell me about it?

2. Working together: I'm really interested in how lots of different people come together on the floor. Can you think of a time when you worked together with another member of staff to help a family on the floor?

    a. What were you doing at the time?

    b. What did the family want help with?

    c. Who did you approach for help? Or did they approach you?

    d. Who did you work with and how did you help?

    e. What did you discuss with them?

    f. Are there other times when you felt you worked together to help a family?

3. Professional training /work experience: I am interested in how workers think they have been helped by any training or particular experience. Can you think of a training session or something that happened at work which helped you feel confident about working on the floor?

    a. What happened at the training session or the experience at work?

    b. Who helped you and how did they help?

    c. What situation did it help with?

    d. What did it help you understand or do better?

4. Future Visions: If you had a magic wand and could change anything about what happens on the floor, what would it be?

    a. Why would you change that?

    b. If we came back to the centre a few days after the magic wand had done its work, and it had gone well, what would be different?

Interview Guide 3

For volunteers

Opening/warm up questions:

1. How long have you been volunteering at the centre?
2. How many hours do you do a week?
3. Did you volunteer somewhere else before this? Did you work anywhere else before this?

Broad Areas/Topics for exploration:

1. Artefact: depending on the chosen artefact
   a. Here is a picture of the kind of thing you'd often see happening on the floor. How does this relate to your experience of the centre?
   b. There are some cards on the table with different things I'd love to know your thoughts about (e.g. my best memory from a workday at the centre, moments when you enjoy being on the floor)).
   c. I see you've brought a picture along – what would you like to tell me about it?

2. Volunteer Contribution: I am interested in what volunteers do when they are on the floor. Can you think of a time when you did something on the floor that helped a family?
   a. What was the situation?
   b. Did they ask you for help or did you offer to help?
   c. Did anybody else become involved in helping?
   d. If that was the case, who was it?

3. Volunteer Training: I am interested in what training you received before or during your volunteer work. Can you think of a particular part of your training that helped you work on the floor?
   a. What was the training?
   b. What situation did it help with?
   c. In what way did it help?
   d. Can you think of anything that you could have been told or had practice with which you think would have helped

4. Future Visions: If you had a magic wand and could change anything about what happens on the floor, what would it be?
   a. Why would you change that?
   b. If we came back to the centre a few days after the magic wand had done its work, and it had gone well, what would be different?

Appendix 8. Approval letter – Department of Education, Tasmania

Department of Education
EDUCATION PERFORMANCE AND REVIEW

3/75 Campbell Street, Hobart
GPO Box 169, Hobart, TAS 7001 Australia

Tasmania

File: 2019-31

17 July 2019

Nick Hopwood and Donna Rooney
University of Technology Sydney – School of International Studies and Education
Nick.Hopwood@uts.edu.au
Donna.Rooney@uts.edu.au
Yvonne.F.Young@stduent.uts.edu.au

Dear Nick and Donna

How integrated Service Delivery Unfolds: a spatial and learning –focused perspective

I have been advised by the Educational Performance Research Committee that the above research study adheres to the guidelines established and that there is no objection to the study proceeding upon fulfilment of the following:

Conditions:
That a copy of the UTS HREC Ethics Approval be provided to the committee.

Please note that you have been given permission to proceed at a general level, and not at individual school level. You will still need to seek permission from the principal of the school to be involved in the study. Please provide them with the File number or a copy of this letter when approaching them for assistance.

A list of the schools where the principal has agreed to participate in the research needs to be forwarded to EPR, prior to, or soon after the commencement of the proposed activity.

A copy of your final report should be forwarded to Education Performance and Review, Department of Education, GPO Box 169, Hobart, 7001 at your earliest convenience and within six months of the completion of the research phase.

If you have further questions or concerns please contact John Kural on (03) 6165 5506.

Yours sincerely

Production Note:
Signature removed prior to publication.

Jason Szczerbanik
Director, Education Performance and Review

Appendix Part II: Fieldwork

Appendix 9. Poster on the front door identifying me as a researcher in the Centre

I am Yvonne Young. In October I will be doing research at ▓▓▓▓▓ What I am trying to find out is how people can work together to support families. I really enjoy being around children and families. I have been a volunteer at a CFC.

I am easy to spot. I am always in red and you will probably see me sitting down scribbling into my notebook. I will also be taking some photos, but they won't be used as photos. I will just be printing them out and then tracing the outlines. Nobody will be recognisable. If you want to know more about what I am doing, please ask me or Katie.

Outside work, I enjoy being a granny to Grace who is 13 months. I also love knitting!

Appendix 10. Poster on the kitchen table identifying me as a researcher in the Centre

Appendix 11. Sample interview with parent (S)

S: I used to talk to her all the time. We'd talk a lot about, you know, development of babies and sort of what they'd need at what stages. I remember my child once, he was still in the newborn phase and then heading out of newborn, um, he just had so much colic, and so much crying and stomach pain. And I just was baffled. Why, why … because he was exclusively breastfed, I thought, you know, I was doing everything, quote unquote, 'right', or ideally, you know .. and why he would still be having so much pain and struggle? Like why are we engineered that way? [LAUGHS] Like, is there a big flaw in the system? And, um, X gave me some insights, like, you know, some newborns and infants, they can't be cuddled or paid attention to enough. It all helps build that bond and connection and attachment. Um, and … of course an immature digestive system might be a trade-off for something else that's more important to develop, um, in the womb or early on, and your body only has so many resources but we also think that maybe a colicky baby has the benefit of crying and being answered by a parent or caregiver and it's an opportunity as much as anything else to help strengthen and form that bond.

Y: Mm. With these conversations about colic, did you begin them or did X approach you? Which way around was it?

S: Oh, usually she'd say, 'How're you going?' and I'd go, 'Oh, it's been rough'.

Y: [LAUGHS]

S: So, I think usually I was the one who brought the topic up.

Y: Mmmm

S: Because these are just things that I wonder.

Y: Yes, yes.

S: And you know, they're sort of troubling, and I don't ever really expect an answer but … I wouldn't … I guess when you're a first-time mum … I don't know how it is for mothers who have multiple children but it's sort of like being that parent and adjusting to it takes up all your space so there's nothing else that you can really think of to talk about. If you were going to be social – and I was trying very hard to reach out and make connections since I tend to be very isolated – and I want to do better for my child.

Y: So, how did … when you're … you talked about the lobby in the space, what helped you when you were there in the lobby in the space, how did that help you reach out and make connections? What happened that helped you with that?

S: Usually because there's no pressure to talk about a specific topic, um, so … and there's no time limit. Nobody's going to kick you out of the lobby, unless you're there past you know, 5pm or whatever. But if you've come in for baby group at 9.15 and finished up at 11 – I can't even remember the times – if you wanted to chat with a mum, you could just stay in the lobby, sit on one of the comfortable chairs. Your kids … I mean, they're babies they don't go very far … [CHUCKLES] … especially if they're not growing, but there's plenty of things to occupy them while you two sit down. I remember I was talking to a really young mum, after baby group I think, my kid was 6 months and hers was 5. And we had similar style houses, dishwashers. We'd both quit our jobs to be full time moms which we found it was like the most demanding occupation we'd ever had [LAUGHS]. And our partners had similar interests and so we were, yeah, sharing stories, um, I think by the … I guess admin office where those 2 chairs are …

Y: Yes, I know where you mean, there's two chairs right beside the desk, yeah.

S: Yeah, about just um…

Y: That was a good place to hang out, was it? [CHUCKLES]

S: Yeah, yeah, and the centre wasn't too busy, so it wasn't like a lot of people were um, coming by and listening to what we were saying.

Y: Mmm.

S: Although often, um, I'll be maybe early for a class or waiting for another, another group to start. Like I'll come in for … these days it's Tuesday and I'll come in for counselling and then there's a half hour between the end of counselling and the start of playgroup and someone will be chatting about whatever's on their mind and it's easy to join in and everyone's really welcoming in the lobby.

Y: Mmm.

S: Like, you know, the respectful rules, simple language, all that stuff, really helps facilitate friendly conversation and if you don't feel like you can maintain that, um, then … I haven't ever had a problem with 'you don't belong in this conversation' and I really don't fit in here, so I have really expected that [CHUCKLES]

D: So, this is a … I'm seeing a photo of a busy space with families. So when I look here, I can already see a family that I identify as a family that unfortunately over the six years have never committed to us at the centre or any program, so again, I'd be trying to stay close to her, make sure that um … without over doing it of course. So, there's that fine line. But, um, I would certainly be again just making sure that she felt comfortable. I know that she's got multiple children, so I'd be, um, again just, yeah, just, um … be sitting the kids that yeah, and build a relationship around using the kids and playfulness and fun um, you know, offering those cups of tea and coffee again. Yeah, introducing her, if she was sitting at a table with another mum. I try and always not only introduce the kids but also introduce mums to each other … Yeah, that's, ah, I think really important as well, yeah, absolutely all the time. So, another really nice area that we can do that is in the sandpit. You tend to see a lot of mums that are a bit nervous, um, because you know how the sandpit works. Everyone knows how a sandpit works, so I believe that a lot of our mums, and dads, that may be feeling … because we are a big centre as well?? so I always think it takes courage to come into our centre. But um, you know to have just the simple sandpit bites, some chairs and things available for our families that might be a little bit nervy and not understand again how this whole big space works, to offer them somewhere that they can feel confident and interact with their kids and then that brings other families into the sandpit.

Y: Yeah, a lot of people have talked about the sandpit.

D: Yeah.

Y: So, what do you think…? You just told me little bit. Can you tell me more about the importance of the sandpit there?

D: Yeah, absolutely. Again, I think it's around um … parents' own experiences. Um, so, again, it's around confidence. I know how this works. They can stay close to their child um, so that they can not only … because their child is their support here, at the centre, as well you know, you can … I've certainly been to playgroups myself where I've been the new kid on the block and I've used Tom as a little bit of a shield as well, you know, so I can certainly see parents wanting

to stay close to their kids here at the centre. And again, it's about, yes, so you can interact but you're also doing something and sometimes that's the easiest way to have those light conversations or the opposite, to have heavy conversations, when you're doing things and you can … you know, that balance.

Y: Mmm. That's really interesting.

Yeah, ok, so, um, I'm particularly interested in how people come together to work in their sort of informal space like the floor of the play space, um, and how maybe, how something they notice there then gets … not escalated, but gets noticed, and there's a response. Can you think of a time like that, when you've just walked through? You know I often see you in the morning and you've walked through the play space. What are you doing when you're walking through that space, you know, first thing in the morning and there's people there … families there?

D: Sure

So, there's families, so when they first come into the centre again, there's a real … I'm glad of it … X puts an importance on us again … so it's about being available. So, it really is, just, just acknowledging our community, so whoever's here at the centre with their kids, it's saying hello. It's greeting them. Again, you're trying to remember last conversations. It's small things as well. It's asking them what they had for breakfast that morning. It's asking, you know, towards the end of the day, I certainly … you know, before actually one of the things I do when everyone's leaving the centre, I always ask them what they're cooking for dinner tonight because I need some ideas. So, there's big things that you obviously want to discuss and check in with the families, but I think it's also important to do the smaller … just that everyday conversation is how I would talk to my colleague, how I would talk to a friend. How would I talk to another mum? So, I think when you have that balance of tricky, but also, you know, you can keep things at that … you know, because, sometimes as well, I think, when our families, when they're in that tricky spot, I think sometimes you can actually escalate a problem by going straight in. So, it might not need that kind of attention. So, you can start at a lower, always start at a lower base, and build on that, so when you can see the parent's not responding to the simple nice questions, then you can kind of go in and say, 'You know, um, I can see in actual fact that you're struggling a bit with this conversation', or, um, you know, yeah

… it's about that body language and, so yeah, so I guess, during the morning, I really do try and keep things simple. Unless it's very noticeable, then I'm going in with all the … just the pleasant, nice things …

Y: Mmmm.

D: What are they here for the day? What are they looking forward to? Weather, anything, just the smaller .. there's a lot of it again, I think, heavy things in our community, so you just try and make this space as fun as you can, so I find by doing that in that really small conversation, that's where you???? Does that make sense?

Y: [Yeah, yeah, yes] It makes a lot of sense. It makes brilliant sense.

Appendix 13. Structured observation log of movement example
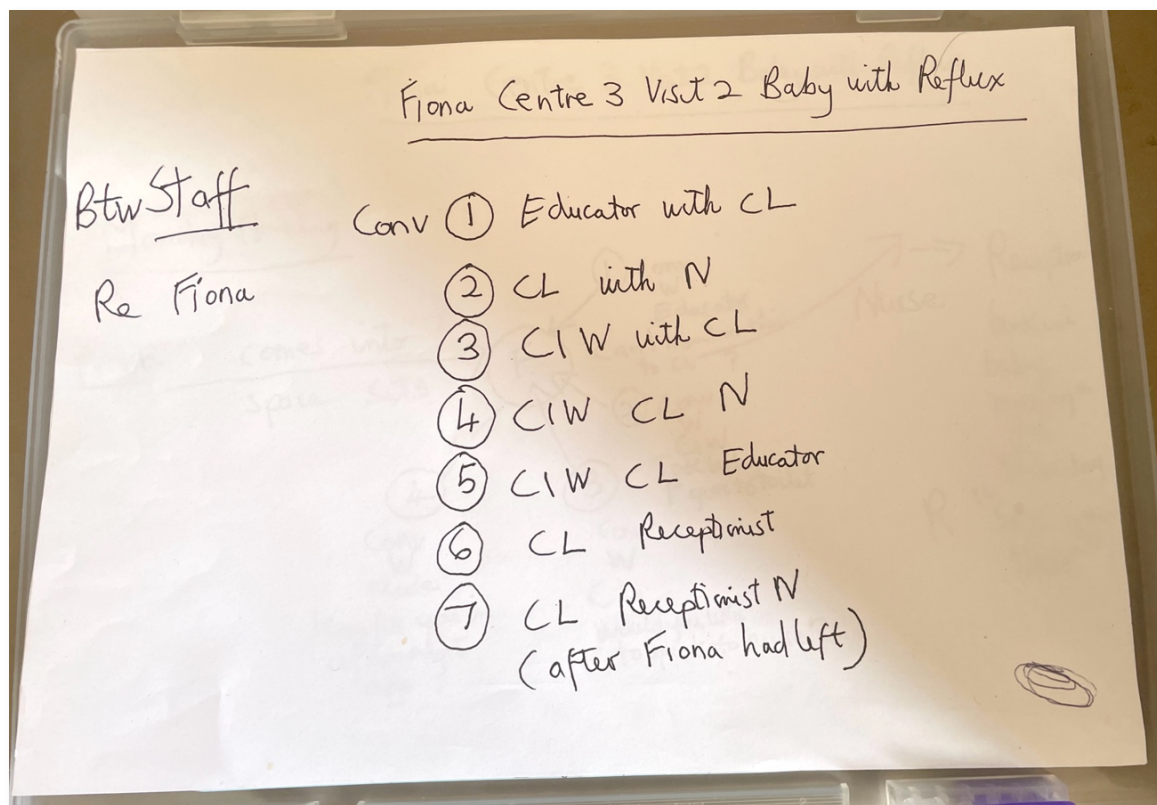
Handwritten note:

Fiona Centre 3 Visit 2 Baby with Reflux

Btw Staff

Re Fiona

Conv ① Educator with CL
② CL with N
③ CIW with CL
④ CIW CL N
⑤ CIW CL Educator
⑥ CL Receptionist
⑦ CL Receptionist N
(after Fiona had left)

Appendix Part III: Data analysis

Appendix 14. Beginning to sort themes during supervision

Flow – smooth/not
Movement
Change
Connections
Interruption/interruptability
Formal/informal
Δ'g Boundaries
Peopled (O w/o people)
Contested
Managed
Policed
Shared.
ownership
/responsibility

Effort, protection, maintenance
enactment
accomplishment
"negotiation"
not fixed set of rules
emergent
Tensions, values,
interpretations
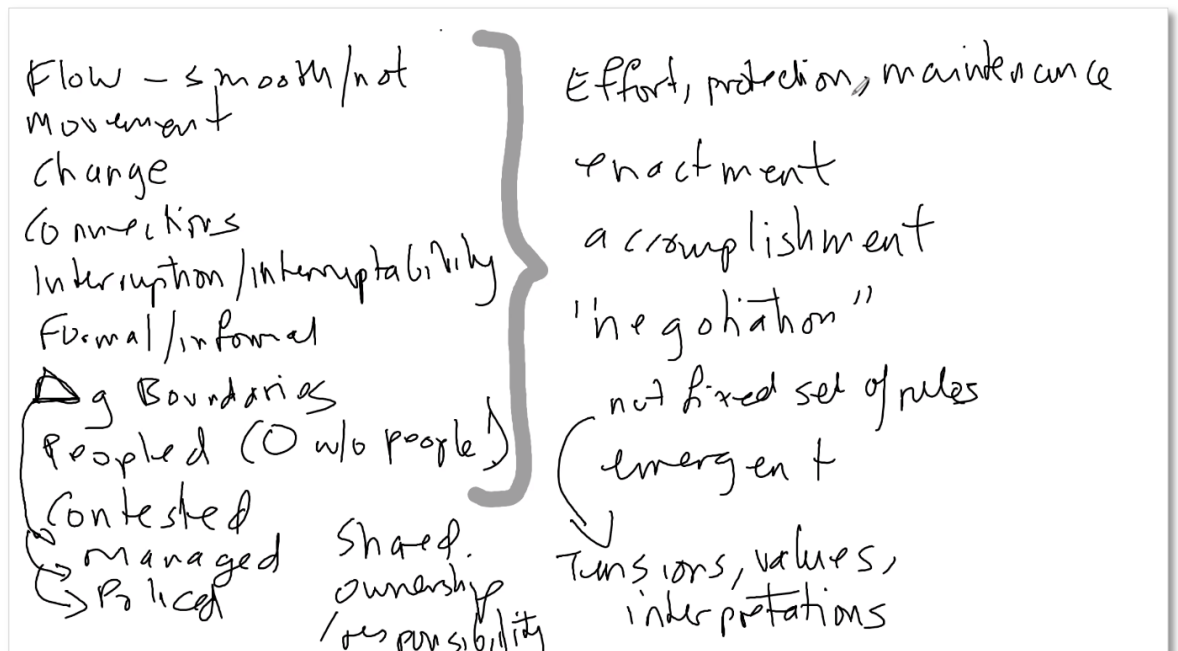
Appendix 15. Sorting into concrete theme and group themes during supervision
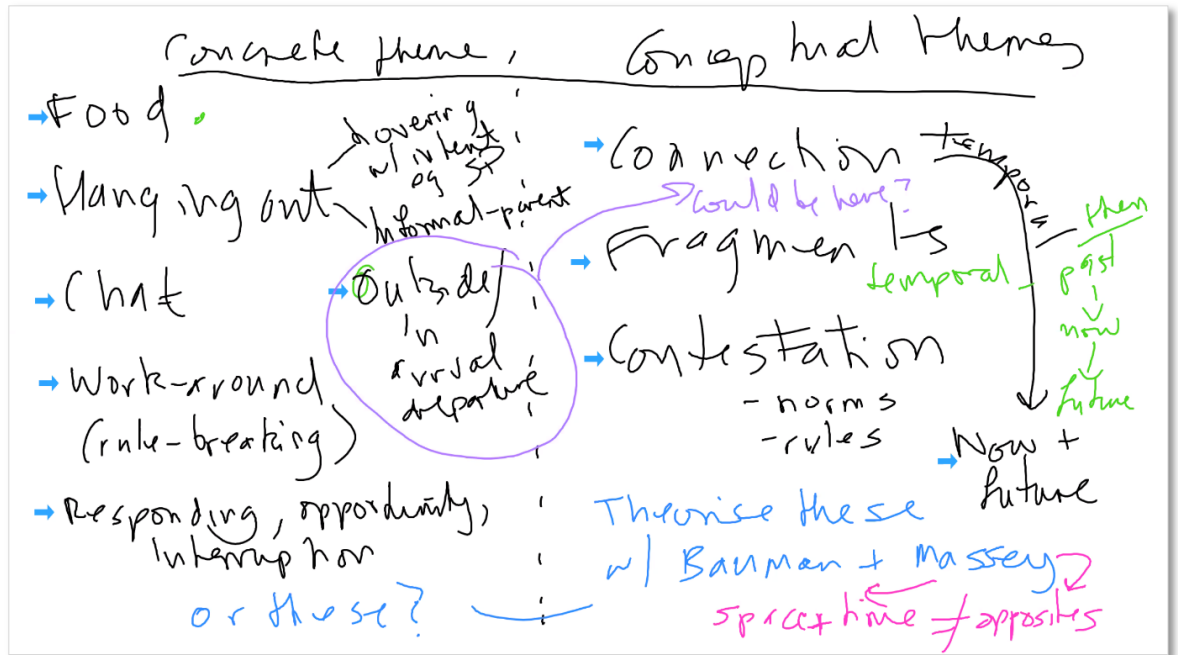
Appendix Part IIII: Publication

Appendix 16. (Young et al., 2025)

Introduction

According to the World Health Organization (WHO, 2008), early childhood experiences are a key social determinant of health. These can impact child's development and are compounded for children in families experiencing socioeconomic disadvantage (Hertzman 2010., Moore et al., 2015). A nurturing family environment and social connection are crucial for these families. So, taking these determinants into account is essential for services that support families with young children affected by socioeconomic disadvantage. This chapter focuses on social connections: between families and services, families and children, families and communities and between families themselves. Such connections have been identified as important for services seeking to improve the social determinants of health of young children in families affected by disadvantage (Moore, 2021b).

Currently, Australian children living in socioeconomically disadvantaged areas have a higher representation among children who are behind developmentally in more than one domain when starting school (Australian Early Development Census, 2021). This serves to hinder their future life chances (Marmot, 2010). Goldfield et al. (2018) argue that understanding child disadvantage from a social determinants perspective enables a better understanding of the "complex and multifaceted ways in which disadvantage can manifest" (p223). Developmental, health, education and social issues need to be identified early and responded to. Siloed solutions are inadequate given the

nature of the disadvantage experienced by these families (Logan et al., 2018; Moore & Fry, 2011). Therefore, delivering services in an integrated, place-based way has come to be considered best practice for some time in Australia (Press et al., 2010), Europe (Glass, 1999), and the U.S. (Hines, 2017). ISD is characterized by a holistic approach to responding to the multiple needs of families. Although long established as a desirable approach, the question of how integrated service delivery (ISD) can reshape social determinants of health (SDHs) for families with young children remains a key priority in addressing social disadvantage in the early years around the world (H. M. Government, 2021; Marmot, 2020; Moore, 2021a). The emphasis of this chapter are the social connections as a contributing factor to social determinants of health (Moore, 2021b) and this addresses a lacuna in the practices of ISD.

This chapter draws from the doctoral study of author 1. Her overarching question was concerned with how ISD is accomplished. The study focused on informal spaces within place-based CFLCs that operate with explicit ethos of ISD. CFLCs offer a variety of services for families in some of Tasmania's most disadvantaged communities: early education, health, legal, play and other support. CFLCs vary in design, but all have an informal public space. Everybody visiting a centre either passes through them or spends time within them. The spaces that can be accessed by parents with or without an appointment. Within these spaces are features designed for children's play (e.g. sandpits), adult social interaction, open offices, and kitchens. Staff call these spaces *the floor,* and parents often called them *play spaces;* however, in this chapter, we refer to them as *shared public spaces*.

The study applies spatial theory to conceptualize the way the spaces enable connections that become the beginnings of ISD. Spaces that produce connections in services for families hold the potential to shed light on how social-spatial determinants

of health can be reshaped where children's health and development are at risk due to socioeconomic disadvantage in their community. In this way, the chapter goes beyond understanding shared public spaces merely as containers or stages for certain things to happen (play, waiting, making coffee) but as important contributors to improved childhoods and life chances. Accordingly, the chapter takes a spatial perspective informed by Massey (2005), who views space as dynamic, socially constructed, ongoing, and a coming together of trajectories or stories thus far. The focus is not on formal aspects of services that happen behind closed doors but in the shared public spaces, where crucial connections were being produced. This perspective reveals how ISD is accomplished, enriching the idea of place-based services with insights at a granular level pertaining to three key practices that created intersections between multiple trajectories, charging connections with what we term *depth in the moment* (see Figure X.1.)

Figure X.1 *Conceptualizing practices, space and connection*

We argue that a spatial reading of these shared public spaces and the deformalized services delivered helps understand how spatial social determinants of health are established, operate and can be reshaped, by linking key considerations that are particularly important for families living in disadvantaged circumstances. These considerations include access to safe comfortable family spaces bursting with opportunities for social connections and pathways to multiple services. We identify the significant practices that produce shared public spaces as places where these imperatives are addressed holistically, as part of ISD, and in so doing, reshape the social-spatial determinants of health at a local, often family-specific level.

The chapter begins with a discussion of current literature on ISD (X.2). Next the study and the sites of the study are described in detail (X.3). Following this, three key practices of hanging out, consuming food and negotiating are outlined (X.4) before looking at how these produce connections with depth in the moment in three different parts of the shared public spaces (sandpits, kitchens, and open office areas (X.5). The importance of such depth in reshaping social determinants of health is considered (X.6) before drawing conclusions of the value of spatial perspectives (X.7).

Integrated Service Delivery in literature

Integrated Service Delivery is not a new concept. It has been referred to by many different names, including wrap around, place-based, one stop shop, and joined up services (OECD, 2012), and most recently, family hubs (National Child and Family Hubs Network, 2023). However, these different terms refer to approaches with key principles in common. The idea is that families can access more than one service and there is some kind of connection between these services. There is an extensive body of research literature alongside policy documents focusing on ISD. However, within this work, there is little diversity in approach, which is overwhelmingly evaluative in nature and mostly uses quantitative analysis (Roberts et al., 2014). Such evaluation is typically concerned with formal structural factors such as colocation and outcomes such as school readiness (Byron, 2010; H. M. Government, 2021; Melhuish, 2016; UK Government, 2013). While important, these overlook unfolding, localized features and outcomes of ISD that are accomplished in the moment, and often in less formal aspects of practice.

Although place-based initiatives have been around for a long time and there is a large body of literature to draw on there is still much to learn about how to make them

work for families (Harris et al., 2023). A new line of work has emerged that takes a broader view of what ISD can mean, and its value. The idea of social connection, social cohesion and its relationship to wellbeing has come into play (Balenzano, 2020; Moore, 2021b). In one Australian study based on interviews and focus groups in eight communities identified as disadvantaged across six states, participants identified the opportunity to connect within their community as a priority (Tanton et al., 2021). A participant in their research expressed it in this way:

> I think we need some sort of family and community services here, a connecting space,
> whether it's events or activities, but also helping the family that needs to be networked

with

> something else. A linking place, a bump-in place. (Tanton et al., 2021, p. 194)

What this participant is valuing, that is social connection, is also recognized in research which shows that social connectedness can lead to longer life better health and improved well-being (Holt-Lunstad et al., 2022; House et al., 2022; Martino et al., 2015). Holt-Lundstad & Steptoe (2015) argue that social connection is an underappreciated determinant of physical health and that preventing social isolation can improve health. This participant is also identifying a link between providing social connection and providing services which is what place based integrated child and family services aim to do.

Recent studies, while still evaluative, are now focusing on different things, such as the mental health of children and families (Honisett et al., 2022). Positive childhood experiences are now recognized as a counter to the risk of adverse childhood experiences leading to adult mental health issues (Bethell et al., 2019). At the heart of early childhood experiences are connections made in warm caring environments. Understanding how parents experience service delivery by considering not just the services but how they are delivered is crucial (Bulling & Berg, 2018; Butler et al.,

2020). This study builds on this by taking connection as a starting point. Traditionally, integrated service delivery (ISD) has been seen as something that is formally delivered in offices, where colocation is regarded as the spatial key. In contrast, this study focuses on how shared public spaces and practices within them generate connections that can underpin ISD. The ISD created in this way reshapes the social determinants of health for these families.

Positioning the study

In Australia, and elsewhere, there have been moves toward developing integrated services in place-based centres to address the needs of familes with young children that are impacted through socioeconomic disadvantage (H. M. Government, 2021; National Child and Family Hubs Network, 2023). A prior Australian study of persistent and multi layered disadvantage across Australian states found that disadvantage in Tasmania is concentrated in a small number of geographic locations (Tanton et.al.,2021). Six of these account for 36% of the most disadvantaged positions across all indicators. There are 37 indicators grouped into domains such as social distress, health, community safety, housing, education, lifetime disadvantage and the environment. Significantly, there is evidence of multilayered disadvantage, as two of the six locations have 19 indicators in the top 5% of disadvantage. Tasmania's CFLCs are in locations characterized by such multilayered disadvantages.

This study was conducted in three Tasmanian CFLCs, each in locations identified as highly disadvantaged. Tasmanian CFLCs exemplify a widespread approach, offering integrated services for families with children under 5 years of age. From the onset CFLCs committed to an ethos of ISD (DoE, 2009). Services available include child health nurses, early education teachers, psychologists, and speech

pathologists etc. However, three factors set these centres apart and make them distinctive.

1. Investment in establishing community support prior to opening. Typically, this involved not just an enabling group drawn from the local community to make decisions about the building but also 12 months of staff involvement with community activities and running playgroups in existing places. (Moore, 2021b; Pritchard et al., 2015).

2. Innovative practices that encourage needs-based situational responses rather than the usual known approaches are encouraged (Hopwood, 2018).

3. Ongoing investment is a high level of investment from successive governments. The centres began in 2009 when 12 were built and another 6 will have opened by 2023.

Research methods

This study sought to create new, finely detailed understandings of how ISD is accomplished in the shared publics spaces within these centres. Thus, design decisions prioritized the generation of granular data linked to specific instances, for which an ethnographic approach was appropriate. Data were generated through 120 hours of participant observations in shared public spaces and 40 semi structured interviews with staff, volunteers, and parents. All participation was subject to informed consent. In some instances, specific details cannot be reported to protect participants' confidentiality, hence a focus here on key patterns that were found across the three CFLC studies.

Conceptualizing the study

A spatial theorization upheld a granular, as-it-happens approach, drawing specifically on Massey (2005). Massey (2005) argues that space is an "intersection of a multiplicity

of trajectories" (p. 113). This notion underpins the examination of how connections were made and extends to the analysis of their importance and relevance to ISD. Massey refers to space as a coming together of stories thus far, meaning that space is always open-ended and never finished but also that connections have histories and backgrounds in their movement from what was to what is coming to be. This is highly relevant to the ongoing, never-finished work of supporting young children affected by disadvantage and disrupts dominant ways of thinking about ISD, focusing less on formal structures and outcomes and more on sometimes fleeting but nonetheless significant interactions that emerge in the vagaries and contingencies of day-to-day practice.

Shared public spaces as produced

A spatial practice perspective understands any space, including shared public spaces in integrated service centres, as produced rather than given. Their spatial-social characteristics reflect what people do rather than being fixed by the container in which practices happen. Prior research has identified that these public shared spaces are perceived as safe and comfortable by parents (Jose et al., 2019; Pritchard et al., 2015). In interviews, parents expressed their willingness to come to these spaces because they felt comfortable in them. Parents were enthusiastic about being able to "drop in" to these spaces. As one parent explained:

> we can be having a bad day, it doesn't matter what state we are in, I don't have to change my   clothes, I can just rock up with tired grumpy kids. The kids can play and I can take breath, sit down and have a cup of coffee.

This was a typical comment from parents who valued the drop-in nature of the informal space and felt that they could turn up at their worst. Some parents whose children had

specific needs and who were nervous about how their children's behaviour would be perceived appreciated the relaxed nature of the space. One mother, who came with three young children, spent several hours three times a week in the shared informal space expressed her appreciation for the space by responding in this way to a question about what she would like to improve:

> … there's nothing different that I need to change for me, and that's why I continue to come. If I go somewhere and I struggle with the kids because there might be something that's going to set them off, I don't continue to go because I can't cope in that situation cause I struggle myself with anxiety. However, here I am just 100% comfortable with knowing that everything 's safe and everything's fun for my kids and they love coming and there's not a thing I would change not a thing.

Another parent disclosed that she had mental health issues that rendered her dysfunctional and so her house messy and so she enjoyed coming to a clean, comfortable space. Other parents mentioned that they were living in unsuitable for children temporary accommodation and wanted their children to be able to play freely. These findings align with increasing recognition that for many families, housing conditions, which have long been recognized as a major social determinant of health, have become more problematic. In inadequate housing conditions, access to attractive, free spaces within the community are crucial for family well-being (Joseph et al., 2023).

In these comments from parents, what matters is to recognize that the qualities they refer to are not innate but are produced through staff engaging in practices that have effects. This invites questions about the professional practices involved in these spaces, what is distinctive about them, how they become entangled and how their enactment unfolds.

Three Key Practices

Three key practices were identified as commonly enacted in shared public spaces in the CFLCs to produce them as safe spaces of warm connection: hanging out, consuming, and negotiating. Each is considered in turn below, followed by an explanation of how these practices led to *depth in the moment.*

Hanging out practices in CFLCs

Hanging out was a casual presence with purpose. Noticing, conversations, and modeling (especially interactions with children) were all part of the hanging out practices. Skillful approaches to conversation produced space as safe and rich with connection. Usually, staff members began chatting informally with families about neutral things such as the weather and traffic. Sometimes the conversation did not progress beyond that, but at other times, it developed into more personal conversations about family matters. These were spontaneous, informal interactions, but they had a purpose.

In the extract below, a staff member, explains her approach to chatting as part of hanging out practices in these spaces. She points to the importance of acknowledging the presence of families:

> Therefore, it's about being available. Therefore, it truly is, just, just acknowledging our community, so whoever's here at the centre with their kids, it's saying hello. It's greeting them. Again, you're trying to remember last conversations.

She then describes the strategy of engaging families in neutral conversations:

> It's asking them what they had for breakfast that morning. Therefore, there are big things that you obviously want to discuss and check in with the families, but I think it's *also* important to do the smaller… just that everyday conversation is how I would talk to my colleague, how I would talk to a friend. How would I talk to another mum?

Then explains the importance of not broaching tricky topics too soon:

Therefore, I think when you have that balance of tricky but also, you know, you can keep things at that… you know, because, sometimes as well, I think, when our families, when they're in that tricky spot, I think sometimes you can actually escalate a problem by going straight in. Therefore, it might not need that kind of attention. Therefore, you can start at a lower, always start at a lower base, and build on that, I truly do try and keep things simple.

The kind of conversations and resulting connections resulting from hanging out in the shared public spaces were different from those that might happen in an office setting. Hanging out had a distinctive purpose and value in the production of shared public spaces as key sites at which ISD was accomplished.

Consuming practices in CFLCs

Consuming practices refer not just to the physical act of eating but more broadly to the preparation, consumption and sharing of food and drink. Furthermore, practices around food were often combined with other practices, such as story reading sessions. One CL described consuming practices as "a hook" to encourage families to come to the centre. Observations and interviews confirmed this, as well as other significant contributions consuming practices made to the production of shared public spaces and to ISD as accomplished in the CFLCs. For example, routine weekly foodbank deliveries enabled the development of connections over time. In one centre, a family's involvement with the centre began with the father visiting weekly to pick up bread. Initially, only eye contact was made with staff. Gradually, over weeks and months, conversations started around the food bank but then moved elsewhere, developing from neutral ones to discussion of more personal matters and eventually disclosure of problems that the family wanted help with. Ultimately, the rest of the family came too and spent time in space. In another centre staff noticed that a father who only ever came to pick up food and did not engage with staff was looking for fresh bread. There was no fresh bread left

and so the CL told the centre assistant to get bread from the freezer and give it to him. The CL explained that "we need to take the opportunity whenever we can to do something which will give us a connection, a way into a family. "These are two of the many examples that show how consuming practices were pivotal in engaging families gently and effectively into the wider suite of more formal services offered through the CFLCs. The operation of the food bank through the shared public space provided a soft, gradual entry into the more formal aspects, an entry that could happen at a pace determined by the family.

Negotiating practices in CFLCs

Negotiating practices refer to the fact that expectations of appropriate behavior were not simply enforced according to a fixed set of rules. There were rules and norms around the use of language, physical force and throwing of objects, and the consumption of food in certain places (such as sandpits). However, moments where behavior broke away from these triggered nuanced, emergent practices that negotiated the contingencies of situations and circumstances. This might involve anticipating things that could become problematic, making judgments to ignore minor things in order to avoid parents feeling overly watched or judged, or working with families to find ways out of challenging situations (for example, when parents might use foul language in front of children, or a child might aggressively rip a toy out of another child's hands, or when conflict arose between parents).

Managing the shared public space in this way enabled the other two practices of hanging out and consuming to take place in a safe environment. *Safety* here refers not just to physical comfort or avoiding risk. In line with prior research, the safety produced by negotiating practices was about ensuring families did not feel judged, something that they can feel very acutely in shared, public spaces, especially if their children behave in

challenging ways (Boag-Munroe & Evangelou, 2012; The Southern initiative and the Co-Design Lab, 2016). One mother expressed her appreciation in this way:

> Um, and I love coming here and not feeling judged in the slightest for anything. You know, I'm breast feeding my baby right now and I never feel judged for that. Even from the girls and from all the parents, so yeah.

A three-step process transformed what might be experienced as judgmental correction or 'telling off' into an opportunity to connect and support families while also producing the wider safety that was so crucial to what made the space so comfortable and valuable for families. The first step involved efforts to notice possible issues early before a problem developed; the second involved offering practical help in the moment (such as assisting to calm a frustrated child or modeling calm assertive behavior management); the third involved staff staying with parents after an incident so that their attention was not defined only by an immediate problem but rather endured into calmer, positive moments where a different connection could be established.

Practices in sandpits, kitchens, and open offices

Following the fine-grained ethnographic, spatial practice approach, we now look in detail at practices in each of the three sites within the shared public space. In each of these, two of the three key practices were enacted:

- Sandpits: Hanging out and negotiating
- Kitchens: consuming and hanging out
- Open offices: negotiating and consuming.

Sandpit Sites

In the sandpit sites, connections resulted from intersections of trajectories that were typically spontaneous and unplanned. Connections arose between parents and workers and sometimes between parents from different families. These were sites of free play for

children, and unsurprisingly, unexpected incidents could occur, which were observed and responded to through hanging out and negotiating practices. There were repeating triggers from which trajectories came together, namely, a child throwing sand, conflict between children, and a child distressed or having a tantrum.

These triggers were common across sandpit sites in all three research locations. Although the resulting connections were unplanned and spontaneous, they had depth. Hanging out practices led to triggers being noticed and often informal conversations being initiated. When needed, negotiating practices (following the three steps discussed above) ensured that connections with parents were supportive and not just corrective in nature.

Negotiating practices sometimes involved strategic ambivalence, that is, when staff noticed something but chose to monitor rather than actively intervene. If the situation developed into an incident that needed a response, staff were already able to move in quickly and offer support. Sometimes physical trajectories of moving toward the sandpit to model something or speak to parents came into play. When a child threw sand, the physical trajectory of staff moving within the space would intersect with parents going from a position of struggling with a child's behavior to (supported by and connected with staff) feeling in control of the situation. Depth in the moment here depended on the experience and skill of the staff, who disrupted a trajectory of deteriorating relations between parent and child. After the situation had calmed down, they would stay and chat with their parents. It was through precisely such practices that trajectories of parents not knowing staff to knowing staff and perhaps moving toward a position of trust were accomplished.

Negotiating practices could produce trajectories that led to other sites such as kitchens, transforming a need to manage behaviors into an opportunity to connect. For

example, children were not allowed to eat in the sandpits. Instead of just being asked or told to stop, staff would offer to go with a parent and child to somewhere near the kitchen. This prompted not just a movement away from the sandpit but led to the sharing of food together. In this way, what might have been a simple matter of reminding parents of rules produced moments of connection with depth.

Kitchen Sites

In the kitchen sites, it was the combination of hanging out and consuming practices that created intersections of trajectories, which in turn produced connections with depth. In contrast to the spontaneous connections made in the sandpit, connections made in the kitchens typically were planned and occurred routinely in three ways: cooking classes; staff taking breaks and lunch; and the routine provision of free food (Foodbank). For example, the routine of staff having coffee just before the centre opened created connections with depth. Permanent staff chatted with visiting staff. This was part of a staff epistemic trajectory (Table 1), which came about not from primary contact with families but from what other staff had noticed, perhaps while hanging out. This was particularly relevant when there was a new family with a child who was showing signs of delayed development in speech or movement. Here, the depth stems from the knowledge of the permanent staff gained from observing play in a naturalistic environment or chatting to parents and the professional expertise of the visiting staff member. These trajectories and the resulting depth could occur over several visits.

It is important to note how a Masseyan approach to understanding space also brings temporality into focus. In her perspective, space is not what is left if we freeze time but is rather charged with temporality. This temporality is tied not to duration but rather to movement in the stories thus far that are extended as trajectories intersect. Momentary connections around kitchens in shared public spaces involved intersections

of both immediate trajectories of movements through or changing activities in a centre but also longer-term ones, of changing relationships, building trust, and professionals' deeper understanding of what mattered to families and the support they needed. Thus, consuming practices around the food bank one week could add depth to similar moments a week later.

Open Office Sites

In the open offices, consuming and negotiating practices were predominant. The consumption practices here were different from those in kitchens and produced different intersections of trajectories. These still created depth in the moment, often relating to the diverse perspectives that different members of staff and visitors brought to bear. In one centre, staff intensified the coming together of trajectories around cooking lessons by scheduling visiting professionals' sessions to coincide with cooking classes. Visiting staff from diverse services could come into the kitchen space, leading to chats about cooking, which often led to chats about other things. Parents who had come to the centre for a cooking class would find themselves talking about things such as a concern about their child or how they were feeling stressed. The depth in these incidental conversational moments came from the fact that they were talking to people who often were familiar with these types of problems and could begin to offer pathways to help. Therefore, a parent obstructed trajectory (Table 1) could intersect with a staff epistemic trajectory, as parents started to find ways to address problems and staff learned more about the families situation. Thus, planning cooking lessons around visiting professionals' schedules led to moments with depth as staff and families chatted.

Negotiating practices in the open offices often involved staff coming together to share information about incidents as they unfolded. When situations needed a quick response,

these intersections created depth, enabling decisions to be made that considered first-

hand observation and diverse professional expertise.

Intersecting trajectories and depth in the moment

Hanging out, consuming, and negotiating practices created trajectories that intersected,

producing moments that, although ephemeral, had significance and depth. Trajectories

here refer not only to concrete movements but also, in a Masseyian spirit, to complex

movements such as those presented in Table 1.

Table 1
Examples of trajectories in shared public spaces of CFLCs

Kind of trajectory	From	To	Example
Physical	A site	Another site	Moving from kitchen to sandpit
Social	People on their own	People spending time with other people	People chatting together
Epistemic	Unknowing	New ways of knowing	People coming to know about X
Obstructed	Being obstructed by a problem confidence or negative experience	Problems confidence or experience addressed	People can move on or move on differently

The trajectories shown above operated on different temporalities. Longer-term

trajectories, on which movement was slower and often iterative, included children's

behavior, sleep and health, or families' struggles with finances or navigating

government organizations such as Centrelink (Australian government organization

responsible for welfare payments). Others were more acute situations requiring rapid response, such as family conflict. Some combined both immediate and longer-term movements, such as responses to reported domestic violence.

Intersections of different kinds of trajectories produced meaningful connections. Staff moving physically into the shared space for a break might intersect with a social trajectory with a family. Some intersections depended on others, such as when parents were hesitant to connect with staff but became comfortable doing so once trajectories connecting them with other parents had been established. This was particularly important for parents who mistrusted services and were reluctant to engage with staff (Prichard, 2018). The staff epistemic trajectory could involve staff connecting with parents themselves, or it could come from interaction with other staff who had gained an understanding of a family.

The analysis found patterns of intersection of trajectories at different sites within the shared public spaces. Focusing on sandpits, kitchens and open office areas highlights important features of these patterns, where trajectories came together to produce connections with depth. These moments with depth were not an endpoint but were part of a continuing story; advancing the work of supporting parents; brokering access across the suite of services delivered; and, enabling staff to offer the holistic support that ISD seeks to accomplish. While some connections were planned and others spontaneous the combination of planned and emergent connections were crucial to realizing the potential of the shared public space.

Social determinants of health reshaped through connections and depth

Given the current high levels of interest in place-based centres offering ISD, it is appropriate to offer fresh ways of understanding how integrated services can be

provided. Several studies and policy documents have expressed concern about how COVID-19 has exposed a sharper failure to address the social determinants of health (Marmot et al., 2020) and the resulting inequity (Marmot, 2020; Marmot et al., 2021; National Child and Family Hubs Network, 2023). Early childhood features prominently in these concerns, and place-based approaches feature strongly in responses, including proposed Family Hubs in Australia and the U.K. The present study offers important new understandings of how place-based approaches might address social determinants of health, specifically revealing how shared public spaces can be produced through informal practices (hanging out, consuming, negotiating) as spaces of connection that underpin families' access support from more formal services.

Understanding ISD from a spatial practice perspective offers an alternative to the more common structural focus. This study suggests that informal spaces need to be taken seriously as places where significant work is done. These are not merely waiting spaces but can be produced as spaces where connections with depth abound, contributing to the wider accomplishment of ISD.

Moments with depth have three characteristics that link directly to addressing social determinants of health, especially social connection, and timely access to services that provide support for both the child and the family. These are:

1. Sustained and iterative engagement

2. A redirection of attention from problems to be fixed to production of spaces rich with intersecting trajectories that create depth in the moment

3. Significance in small, mundane acts.

These moments with depth arise from the intersection of trajectories, the coming together of stories thus far. Such an understanding links more general ideas of place-

based services and colocation with a more fine-grained account of how spaces are produced in particular ways.

First, achieving depth in the moment requires sustained and often iterative engagement. Foregrounding the moment does not suggest isolated fleeting encounters in which problems are solved. Rather, the analysis highlights how depth in one moment often depends on connections made through prior intersections of trajectories. This is of relevance for families who are "hard to reach". With these families, outreach can help to encourage a first visit, but the real challenge lies in sustaining engagement (Boag-Munroe & Evangelou, 2012). Depth in one moment influences subsequent connections and creates conditions for future moments of depth. Massey (2005) explains it this way:

> That tree which blows now in the wind out there beyond the train window was once an acorn on another tree, will one day hence be gone. That field of yellow oil-seed flower, product of fertilizer and European subsidy, is a moment – significant but passing – in a chain of industrialized agricultural production. Massey (2005, p. 119).

In the context of place-based services and their role in addressing social determinants of health, the 'chains' are those of connection between professionals and families, between families and services, and between families and others in their community. These connections are always part of something that remains under construction. This construction need not be continuous, nor unbroken. Trajectories of family engagement with centres might be disrupted, temporarily severed, and then repaired. They may deepen at different paces and along different fronts. The spatial practice perspective accommodates this complexity in the reshaping of social determinants of health in a way that is much more difficult if the focus is on more formal structures or bound provisions such as interventions with fixed beginnings and ends.

Second, one of the inherent problems in addressing the social determinants of health is the tension between the desire to improve things but wariness of

disempowering people by solving problems on their behalf or driving people away from services when they feel judged or that professional agendas determine what is done rather than what matters to families. The moments of depth documented here happen through the intersection of trajectories that arise in the production of informal, shared public spaces. Practices of consuming, hanging out and negotiating provide a healthy balance between the planned (cooking classes, play activities) and the spontaneous, highly conducive to connections that develop at a pace set by parents but can equally respond to the immediacy of the moment. The tension between the urge to fix the problem and the need to avoid taking over might be alleviated by redirection of 'professionals' attention from problems needing fixing to finding ways to produce spaces in a way that promotes connections with depth in the moment.

Third, building on the prior points, the spatial perspective adopted here reveals the significance of seemingly small, mundane acts. Eye contact when a parent picks up free food, sharing a cup of coffee, the response when a child throws sand – these and other acts are far from trivial when they produce shared, public spaces as safe (nonjudgmental) but also rich with connections. This redirects our attention from measurables such as attendance at formal programs, frequency, and duration of visits, and instead toward the depth that can be produced within and across moments, often in the enactment of practices that might otherwise be regarded as low value, incidental, or even (especially in the case of hanging out), dead time that should be filled with formal appointments. Shifting from thinking about the social determinants of health to the social-*spatial* determinants of health offers a granular, in-the-moment view of how to move the needle on children's health and development outcomes: small things are revealed to have large effects on the unfolding, never-finished accomplishment of ISD. Collectively, these key points suggest ways to sharpen practices and strengthen access

to and links between services without the need for expensive structural redesign but rather by recognizing the value of producing shared, public spaces in particular ways.

Conclusion

This study offers a fresh understanding of the social-spatial determinants of health by investigating how ISD can be accomplished in shared public spaces in place-based or co-located services. It identifies three practices that can produce spaces that are safe and rich in intersecting trajectories that produce connections with depth in the moment. These moments were passing but not isolated and were significant in both being attuned to the moment and underpinning the broader unfolding of ISD in responsive, patient ways that met family needs. Identifying these moments with depth can play a part in learning how to reshape the social-spatial determinants of health for families with young children.

This study illustrates that adopting a spatial approach offers new ways of thinking that can contribute to effective ISD. The focus here has been on services supporting families with young children, but the principles of foregrounding practices in shared spaces, rather than on formal provisions behind closed doors, and being ready and able to recognize the value that accrues from informal practices (planned and spontaneous) in creating relevant connections with depth could be taken up in diverse contexts. These include disability services and aged care provision where social connection is also an important social determinant of health. The Masseyan foundation, viewing space as the intersection of trajectories and tracing the coming together of stories thus far, brings us up close to practices that reshape the social-spatial determinants of health.

Acknowledgments

1.1.19 References

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