Supported playgroups for parents and children
The evidence for their benefits

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Supported playgroups are playgroups run by a paid facilitator that aim to support families with particular vulnerabilities or needs. Supported playgroups focus on supporting the development and wellbeing of both parents and children. Many also aim to help parents and children to transition to community (i.e., self-managed, unsupported) playgroups.

This paper defines the types of supported playgroups and varying models of implementation in operation in Australia, and assesses the evaluation evidence for their benefits to parents and children. It considers supported playgroup as a soft entry point to other services, and looks to research and evaluation studies that identify important components of supported playgroups.

**KEY MESSAGES**

- Supported playgroups are run by a paid, qualified facilitator, and target parents who may require additional support to participate in a playgroup.
- The role of the facilitator is critical to the success of supported playgroups.
- There are varying supported playgroup models in operation and no single set of guidelines or practice principles, making them difficult to research and leading to a lack of cohesion in their implementation.
- Research into playgroups is very limited; however, the limited evidence suggests that supported playgroups may improve parents’ social supports and increase parents’ ability to care for young children. Supported playgroups may also improve children’s sociability and create new opportunities for them to learn.
- Supported playgroups have potential to be soft entry points linking families to formal supports when needed and to deliver key messages promoting child health.
- Further research is needed to help transition parents out of supported playgroups, as current research indicates this is a problematic area for facilitators.

**Introduction**

Playgroups are local, community-based groups that bring together preschool-aged\(^1\) children and their parents or carers for the purpose of play and social activities (Dadich & Spooner, 2008). The delivery of playgroups throughout Australia has been an integral part of the landscape of early childhood programs for many decades; however, despite the prominence of playgroups in the lives of Australian families, there have been limited efforts to establish through formal evaluation processes whether they contribute to outcomes for children, parents and/or communities. While there is generally a lack of evaluation studies to support the effectiveness of playgroups, vastly different funding and operational models also contribute to a highly diverse group of programs being labelled as playgroups. This creates difficulties in establishing an understanding of “what works”.

\(^1\) Preschool-aged children is used in this paper to refer to children who are not yet of school age.
This paper begins by examining different types of playgroups, their funding models and related guidelines. The paper then focuses on the available evidence that relates to the similarities and differences between playgroups, and the evidence for their effectiveness in promoting positive outcomes for children and families and working as a soft entry point for other services.

The paper concludes by addressing issues related to the evaluation of supported playgroups.

Types of playgroups

Playgroups are generally broken into two categories: those that are self-managed (typically called community playgroups) and those that are supported. The characteristics of each are outlined below.

Community playgroups

Community playgroups are universal services that are initiated and self-managed by the parents and/or caregivers who attend them (FaHCSIA, 2011; ARTD Consultants, 2008a) with the assistance of State or Territory Playgroup Organisations. Community playgroups have been part of the Australian early childhood landscape for more than 40 years, with more than 200,000 families with preschool-aged infants and children attending a community playgroup each week (Playgroup Australia, 2013). Community playgroups aim to include all families and provide opportunities for children to learn and develop through play (FaHCSIA, 2011).

Playgroup Organisations help parents and carers start new playgroups or find an existing playgroup to join. They also provide general support such as information about training and support, insurance, events, fundraising, and assistance with accessing venues and resources (CCCH, 2011). Volunteer parents set up a range of play activities each week to advance early learning and meet the varying developmental needs of the children (FaHCSIA, 2011). Activities range from music and singing, imaginative outdoor play and free play, art and craft, outings and cultural activities (FaHCSIA, 2011).

Community playgroups aim to provide:

- broad, universal self-managed peer support;
- an opportunity for children to socialise and learn through play, and to develop their social, emotional and physical skills;
- an opportunity for parents and carers to develop social and support networks; and
- early intervention where children are disadvantaged (FaHCSIA, 2011).

Supported playgroups

The Australian supported playgroup model has a dual-focus on supporting the development and wellbeing of both children and their parents, together (Jackson, 2013). Supported playgroups are facilitated by a paid facilitator who is a trained early childhood educator, and aim to support families with particular needs or vulnerabilities by providing opportunities for parents to meet and share experiences, and for children to play, learn and socialise (Boddy & Cartmel, 2011; CCCH, 2011; Jackson, 2011, 2013). Supported playgroups target families who are:

- culturally and linguistically diverse (CALD; including migrant and humanitarian entrant families);
- Indigenous;
- young parent families;
- socially isolated;
- disadvantaged;
- experiencing mental health issues; or
- living with a disability (either the parent or child) (Plowman, 2008; La Rosa & Guilfoyle, 2013).
Families in these groups are often vulnerable, facing stressful life circumstances alongside low social support and economic pressures. Supported playgroups thus offer an option for families who may not be able to effectively engage with, feel included in, and benefit from parent-led community playgroups (Berthelsen et al., 2012; Warr et al., 2013; Mulcahy et al., 2010). Supported playgroups are often targeted at individual demographic groups, such as CALD families or young parent families, or they provide specially designed activities for families with a shared experience or concern, such as the federally funded PlayConnect playgroup, which is a supported playgroup for families with children with Autism Spectrum Disorder, or similar behaviours (Plowman, 2008; Playgroup Australia, 2012).

Jackson (2013) articulated the aims of supported playgroups as:

- stimulating children’s development through quality early-childhood experiences;
- increasing parental knowledge related to child development, early childhood learning and positive guidance skills;
- facilitating social networks;
- providing access to information and resources; and
- providing opportunities for the identification of developmental problems and referral to appropriate services.

Some supported playgroup models aim to transition families to community playgroups within a set period of time, usually over a period of nine to 12 months (McLean et al., 2014; Oke, Stanley & Theobald, 2007), while others are ongoing, depending on the model and funding. Some supported playgroups operate as mobile services to enhance the service’s ability to reach families who may be marginalised from mainstream services (Plowman, 2008) or to enter, for example, remote communities, caravan parks and correctional facilities.

**Locational supported playgroups**

Locational supported playgroups provide Indigenous families with a safe and supportive environment to come together in their communities, giving children the opportunity to engage in play-based early learning activities and giving parents and carers access to parenting support (Plowman, 2008). The model is used to provide vulnerable families with young children parenting and early childhood development support from a single, fixed location (AIFS, 2013).

An example is the locational supported playgroups delivered by Playgroup Queensland that focuses on consulting families and the wider community in the running of the playgroups and employs local Indigenous women as facilitators or coordinators (AIFS, 2013).

**Intensive supported playgroups**

Intensive supported playgroups target socially excluded vulnerable and marginalised families (Boddy & Cartmel, 2011) who may be also be experiencing disadvantage through insecure or transient living arrangements, and aim to build the “strengths, safety and wellbeing of families” (Dadich & Spooner, 2008, p. 96) whose circumstances are negatively impacting on their ability to parent effectively (ARTD Consultants, 2008a; Oke et al., 2007). Intensive supported playgroups are facilitated by at least two staff (usually an early childhood worker and a family support worker) who provide extensive support to families by “building linkages” between families and a wide range of other services in the community (Plowman, 2008). Groups may meet weekly or more regularly. (See Box 6 on page 15, for information on Save the Children’s Playscheme model of intensive supported playgroup.)

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2 PlayConnect is funded as part of the Helping Children with Autism (HCWA) package, which is in scope to transition to the National Disability Insurance Scheme (NDIS). This means that once the NDIS roll out has been completed, HCWA will close because the participants’ support needs will be funded through the NDIS.
Funding models and guidelines

There is no one model or established set of guidelines for the delivery of supported playgroups. This is largely due to differing guidelines for state, territory and federal funding, as well as different models of implementation within the host organisation. These issues have contributed to a lack of cohesion in establishing an evidence base for the supported playgroup model.

At a federal level, the Department of Social Services (DSS) provides funding for community playgroups directly to Playgroup Australia, and funding for supported playgroups through broader grants to the providers of Communities for Children Facilitating Partner, and Children and Parenting Support sub-activities. Through Communities for Children, Facilitating Partner grants, DSS funds ‘Facilitating Partners’ (the non-government organisations who manage and facilitate the initiative; DSS, 2014), who often include supported or intensive supported playgroups in activity work plans in response to community need.

Community partners, who are contracted by facilitating partners to run the playgroups, often develop the playgroup format and activities themselves. Children and Parenting Support providers are funded to deliver a range of early intervention and prevention services, and can include community or supported playgroups in their service offering.

At a state and territory level, governments also fund a variety of supported playgroup models (Hancock et al., 2012). For example, the NSW Government’s “Families NSW” prevention and early intervention strategy funds supported playgroups and Aboriginal supported playgroups (a critical component of this strategy) that are delivered by a variety of different community organisations (ARTD Consultants, 2008b; Berthelsen, 2012; Jackson, 2009). Another example is the supported playgroups that are funded by the Victorian Government Department of Education and Training through their Supported Playgroup and Parent Initiative, in partnership with local governments and Playgroup Victoria (DEECD, 2008; DET, 2015; Playgroup Victoria, 2015).

Each of these funding bodies has their own supported playgroup model and set of guidelines to follow. For example, the Victorian model is formalised in that it requires all supported playgroups to deliver smalltalk, an evidence-based parenting program, to all participating families with children aged from 12 months to 3 years (DET, 2015; see Box 1).

The Families NSW supported playgroup program has a broad and flexible delivery model that utilises a holistic family-focused and strengths-based approach (ARTD Consultants, 2008b; FACS, 2014). It emphasises supported playgroups as being a time-limited service for families rather than a long-term intervention, with a focus on transitioning families to other services such as community playgroups. Supported playgroups are also offered as part of the NSW Government Schools as Community Centre (SaCC) project, where additional supports are also provided, such as “Triple P” positive parenting programs for families with children aged 3–8 years, and transition to school and early literacy support (FACS, 2014).

Strengthening the evidence-base for supported playgroups may assist in the development of more cohesive playgroup models.

The differing models and limited coordination between federal and state governments in the delivery of playgroups is an issue raised in the 2008 evaluation by ARTD Consultants (2008a). The report recommended developing better strategic links to enhance cohesion in services at the local level because “new initiatives can threaten the sustainability of existing playgroups in the locality [while] poor coordination of programs at a local level has led to some providers working in competition with one another” (p. 53). The peak body for playgroups in Australia, Playgroup Australia (2013), further claim that community playgroups have lost nearly half of their members (or families) since 2005. There could be many possible reasons outside of the rise of supported playgroups for this decline though, including the numbers of families using other forms of early education.
Supported playgroups receiving funding from the Victorian Government are required to deliver smalltalk to all participating families (DET, 2015). Smalltalk is a community-based parenting group program designed, implemented and evaluated by the Parenting Research Centre. It is targeted at families experiencing vulnerable circumstances (Hackworth et al., 2013).

The smalltalk program addresses aspects of parenting and family functioning known to impact on the development of children’s early learning at home, such as enhancing quality everyday interactions; providing a stimulating environment; enhancing parental self-care; strengthening parenting confidence; and building parental connectedness to the community and service (Hackworth et al., 2013).

The smalltalk program was designed for delivery via the supported playgroup (a 10-week program for parents of children aged 12 months to 3 years) and Maternal Child Health platforms (a six-week program for parents of children aged 6 to 12 months; Hackworth et al., 2013). A randomised controlled trial of 2,228 parents (of which 1,226 parents received smalltalk through the supported playgroup platform) examined the efficacy of the program by comparing outcomes for participants attending a standard supported playgroup to those receiving smalltalk and smalltalk plus. Participants in smalltalk plus received an additional six home-based individual coaching sessions (Hackworth et al., 2013). Findings from this trial found smalltalk participants demonstrated significantly greater improvements in parent-child interactions and home learning environments than participants in the standard supported playgroup programs (Hackworth et al., 2013).

Supported playgroups – current research and evaluations

With these background issues in mind, it is useful to review what is known about the effectiveness of supported playgroups. This section describes the literature search methodology used to identify published evaluations of supported playgroups, and outlines commonalities and differences in program characteristics of the supported playgroups.

Methodology

We conducted a search for Australian literature over the period 2000–15 for the key terms “playgroups” or “play groups” and “supported” or “facilitated” and “evaluation”. Databases searched using these key terms included:

- Australian Family and Societies Abstracts;
- EBSCO host databases:
  - PsychArticles, PBSC – Psychology and Behavioural Sciences Collection
  - SocIndex

The initial search yielded 18 items. Snowballing techniques and discussions with program managers, directors and coordinators in the field yielded an additional seven items.

In order to review the effectiveness of supported playgroups, studies that were not program evaluations of supported playgroups and did not provide results on aspects of the effectiveness of supported playgroups, or were evaluations of community playgroups, were excluded. Program evaluations of supported playgroups were included when they examined the benefits or effectiveness of supported playgroups on facilitating access to services, or outcomes for parents, children and communities, or when they assessed the impact of staff practices or program characteristics.

Once the exclusion criteria were applied, a total of 12 evaluations were identified as examining the effectiveness of supported playgroups. Three of these evaluations include supported playgroups as one part of a wider strategy that included other activities or services, such as the evaluation of Communities for Children in Broadmeadows report.
Supported playgroup program characteristics

The literature review indicates that there are similarities between supported playgroup programs, but also some key differences. Similarities include:

- a facilitator is present to lead the playgroup;
- play-based activities are conducted for preschool-aged children;
- guest speakers are invited to address topics of interest to the group;
- groups meet regularly (usually for two hours per week during school term);
- parents attend and engage with their children in the activities;
- opportunities are provided for parents to socialise with each other; and
- the groups are aiming for similar participant outcomes.

For the purposes of this paper, the key differences in the characteristics of supported playgroup programs are conceptualised as follows:

- **The length of time the group runs for.** For example, some supported playgroups run with the same families for multiple years, others for less than 12 months.

- **Guidelines for transitioning families out of the supported playgroup.** Some supported playgroups run continuously, others transition the group into a community playgroup.

- **How structured the playgroup program is.** Some supported playgroup models may deliver a particular intervention or set of activities while others will be flexible.

- **The target group of participants.** Some supported playgroups are run especially for a specific age or cultural group while others do not specify, providing open access to any family experiencing disadvantage or complex needs.

The 12 evaluations included in this review are described in Table 1 (page 8) and were sorted based on the similarities and differences listed above. A brief description of each study, evaluation methods and outcomes are also included.

Do supported playgroups work?

This section aims to draw together findings from this limited evidence base of program evaluations to address the question of how effectively supported playgroups meet their objectives. Findings from research studies are also used in conjunction with program evaluations to illustrate key themes.

Quality of evidence

Although playgroups often have a strong theoretical foundation based in social science literature and research into early childhood development (see Box 2, page 10), there are few studies specifically investigating how effective playgroups are at achieving their objectives (Hancock et al., 2012).

Of the 12 program evaluations reviewed for this paper, more than half used a mixed-methods approach, employing both qualitative and quantitative research methods; five evaluations used only qualitative methods. Only two projects used pre- and post-survey methods. Five evaluations employed observation techniques to assess the supported playgroups; of these five, in three cases it was unclear how many families were observed (of these three cases, one visited one playgroup every week for a 10-week term; one visited eight caravan park sites; and another visited 12 sites). Observation, parent and facilitator interviews, surveys and focus groups with adults were the methods used to assess outcomes for children. None of the evaluations interviewed or included children themselves in the research.
<table>
<thead>
<tr>
<th>Author/s</th>
<th>Description</th>
<th>Type of study</th>
<th>Number of participants</th>
<th>Outcomes</th>
<th>Shorter term vs longer term</th>
<th>Flexible/structured intervention</th>
<th>Transition model or continuing</th>
<th>Target group</th>
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</thead>
<tbody>
<tr>
<td>ARTD Consultants, 2008a</td>
<td>Evaluation of the playgroup program including supported, intensive supported and community playgroups</td>
<td>National Evaluation. Case studies, focus groups, survey</td>
<td>12 case study playgroups. 85 parents in focus group, 78 parents completed survey</td>
<td>Parents, children, communities</td>
<td>Shorter term (for supported), longer term (for intensive supported)</td>
<td>Flexible</td>
<td>Transition (for supported)</td>
<td>Multiple target groups</td>
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<tr>
<td>ARTD Consultants, 2008b</td>
<td>Families NSW supported playgroups, includes supported, Aboriginal supported and schools as community centres’ supported playgroups</td>
<td>NSW Evaluation. Survey, focus groups, interviews</td>
<td>1,348 parents surveyed, 5 interviews with regional managers, 5 focus group playgroups, 5 interviews with facilitators</td>
<td>Children, families, community</td>
<td>Longer term</td>
<td>Flexible</td>
<td>Continuing</td>
<td>Multiple target groups</td>
</tr>
<tr>
<td>CCCH, Hume Early Years Partnership, &amp; Communities for Children in Broadmeadows, 2010</td>
<td>Supported playgroup is one of five strategies of the Broadmeadows Communities for Children project</td>
<td>Victorian Evaluation</td>
<td>41 playgroups in the Broadmeadows site are facilitated (supported)</td>
<td>Community collaboration and connection. Parents, children.</td>
<td>Not evident</td>
<td>Flexible</td>
<td>Not evident</td>
<td>Multiple target groups (some offered in local community language)</td>
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<tr>
<td>Cumming, Wong, 2008</td>
<td>Evaluation of PlayLinks, a mobile supported playgroup program provided by SDN Children’s Services for families with children with a diagnosed disability or concerns over children’s development</td>
<td>NSW Evaluation. Qualitative data gathered through participant observation, recording of reflective practice sessions, staff interviews</td>
<td>Observation over a 10-week term, 4 interviews with PlayLinks practitioners</td>
<td>PlayLinks staff development of relationships and factors impacting this process</td>
<td>Longer term</td>
<td>Flexible</td>
<td>Continuing</td>
<td>Families with children diagnosed disability or concerns over development</td>
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<tr>
<td>DEECD, 2012</td>
<td>Supported playgroup and parent group initiative (SPP) supports vulnerable parents in 29 Victorian municipalities</td>
<td>Victorian Evaluation. Parent interviews (time 1 and time 2), facilitator interviews, quantitative survey (time 1 and time 2)</td>
<td>61 parents</td>
<td>Parents social support, skills and confidence; use of early childhood services; parent-child relationships; activities in the home</td>
<td>Both</td>
<td>Flexible</td>
<td>Both (Transition for time limited supported playgroups; continuing for ongoing)</td>
<td>Disadvantaged families with complex needs</td>
</tr>
<tr>
<td>Eddy, 2003</td>
<td>Evaluation reports on 2-year pilot of caravan parks family crisis child care program</td>
<td>Evaluation. Participatory action research approach</td>
<td>4 pilot sites - 8 caravan parks visited</td>
<td>Families and children</td>
<td>Longer term</td>
<td>Flexible</td>
<td>Continuing</td>
<td>Families living in caravan parks</td>
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<tr>
<td>Gahan &amp; Broughton, 2010</td>
<td>Evaluation of Save the Children’s Queensland mobile Playscheme program. Visits prisons, caravan parks, community centres, Indigenous communities, parks, hostels</td>
<td>Queensland Evaluation. Site visits, focus groups with staff, staff questionnaire</td>
<td>4 staff focus groups, 12 sites visited</td>
<td>Children and families, effectiveness of staff procedures</td>
<td>Longer term</td>
<td>Flexible</td>
<td>Continuing</td>
<td>Multiple target groups</td>
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<td>Author/s</td>
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<td>Hopkins &amp; Barnett, 2013</td>
<td>Evaluation of Supporting Parents Developing Children Project. Supported playgroup is one of four programs in this strategy for CALD families</td>
<td>Evaluation. Survey (time 1 and time 2), focus groups, case study interviews, feedback workshops</td>
<td>Parent survey (63 time 1 and 27 time 2), focus group (14 participants), 3 parent case study interviews, 37 feedback workshops</td>
<td>Participation, social cohesion for CALD families</td>
<td>Not evident</td>
<td>Not evident</td>
<td>Not evident</td>
<td>CALD families (9 were language or culture specific, 4 were multicultural and open access)</td>
</tr>
<tr>
<td>Johnston &amp; Sullivan, 2004</td>
<td>Evaluation of Orana Supported Playgroup, auspiced by UnitingCare Burnside. Mobile service targeted at young Aboriginal families, however open access to all families. Additionally employs Aboriginal co-facilitator</td>
<td>NSW evaluation. Interviews (face-to-face and telephone), observations, focus group, review of written and statistical data</td>
<td>23 co-facilitators, service providers and program staff interviewed, 14 stakeholders, 5 site visits, 5 informal parent interviews, 6 clients surveyed</td>
<td>Families, children, communities, access to other services</td>
<td>Longer term</td>
<td>Flexible</td>
<td>Transition</td>
<td>Targeted at Aboriginal families; however, open access</td>
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<tr>
<td>MCRI, 2014</td>
<td>Evaluation of intensive supported playgroup for vulnerable parents (due to refugee or socio-geographical status) with children aged 0–3 years. Three-hour sessions</td>
<td>Consultation with staff, staff survey, parent interview/focus group, staff interview, analysis of records, observation</td>
<td>Data gathered from 4/5 play-and-learn groups were used to gather data: staff survey (8 time 1, 8 time 2), parent interviews/focus group (29 time 1, 44 time 2), staff interviews (8)</td>
<td>Child outcomes, parent outcomes</td>
<td>Long term (length of time in program dependent on individual family needs)</td>
<td>Flexible</td>
<td>Continuing</td>
<td>Refugee and vulnerable and disadvantaged communities (4 groups were culture specific)</td>
</tr>
<tr>
<td>Seibold, 2008</td>
<td>Evaluation of Hy Vong Moi (New Hope) program for mothers experiencing problems relating to drug use in their families.</td>
<td>Diaries, focus groups, questionnaires, case worker journal</td>
<td>6 women.</td>
<td>Parent support.</td>
<td>Longer term</td>
<td>Flexible</td>
<td>Not evident</td>
<td>Vietnamese mothers with family history of drug use</td>
</tr>
<tr>
<td>Targowska et al., 2011</td>
<td>Evaluation of the It Takes a Village Multicultural Early Learning Program for migrant and humanitarian entrants, of which intensive supported playgroups is one strategy</td>
<td>Western Australian evaluation. Focus groups, interviews</td>
<td>5 focus groups with mothers, 10 case study interviews with mothers, 6 interviews with 9 staff members, 1 stakeholder focus group, 1 stakeholder interview</td>
<td>Social support, links to services, knowledge of children’s development</td>
<td>Longer term</td>
<td>Flexible</td>
<td>Continuing</td>
<td>Recent migrant or humanitarian entrants</td>
</tr>
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Note: This table is based on information available in the above evaluation studies and may not be an accurate representation of the supported playgroup model. Where no detail was apparent, "Not evident" has been given.
Box 2. Theoretical underpinnings

The evidence base for supported playgroups is underpinned by knowledge derived from research into the early years of a child’s life. The supported playgroup model is based on the contention that supporting families “when their children’s development is most rapid, through the early years, will have a lasting influence on children” (Jackson, 2011, p. 29) throughout their lives.

Shared assumptions underpinning the evidence base for supported playgroup include ecological models of human development, the importance of play in the early years, and the group as a social support for parents.

Ecological models of human development

Many researchers draw on an ecological model of human development, derived from the work of Bronfenbrenner, in developing a conceptual framework to analyse supported playgroups (Jackson, 2009; McLean et al., 2014). Ecological models acknowledge that an individual’s health and development occurs within the context of the family, school and community environments, with each of these environments being influenced by broader social, structural, economic, political and cultural factors (Zubrick et al., 2008). The interaction between these settings is inter-related and interdependent (Zubrick et al., 2000, p. 10), meaning that changes in one setting can potentially influence changes in other settings (Zubrick et al., 2000).

Bronfenbrenner further argued that experiences adults have in certain settings influences their children’s development (McLean et al., 2014). Viewing playgroup as a setting for such experiences that potentially influence children’s development is a useful concept for understanding the significance of playgroups (McLean et al., 2014).

Play and development

Understanding play, and the benefits derived from it, is a critical component of understanding the significance of the playgroup experience for families. Play is generally considered to be:

- freely chosen;
- personally directed;
- intrinsically motivated;
- spontaneous; and
- pleasurable (Brockman et al., 2011).

Play is considered “an essential part of human development and is recognised by the UN High Commission for Human Rights as a basic right of every child” (Brockman, Fox & Jago, 2011). The benefits of play for children have been widely documented, with play being associated with the development of language and literacy, sociability and mathematical ability (Hancock et al., 2012).

The group as a social support

Social science research recognises that children and their families need access to social supports (Jackson, 2011). Studies into parent groups (such as first-time parent groups for new parents) highlight their capacity to enhance social support by connecting parents with other families experiencing similar life transitions (Hanna et al., 2002). This can particularly be useful for those families who usually find it difficult to establish social networks (Hanna et al., 2002).

Research has identified social support as a factor that strengthens maternal adjustment and infant wellbeing (Carolan, 2004/5; Leahy Warren, 2005). At a structural level, social support can be conceptualised as a person’s social network, which may be formal (such as professionals) or informal (such as family) (Leahy Warren, 2005). At a functional level, social support can include the following types of support: informational, instrumental, emotional and appraisal (Leahy Warren, 2005). Such structural and functional supports are “inextricably linked” (Leahy Warren, 2005, p. 480). Social support can improve health outcomes by fulfilling basic social
Benefits of supported playgroups

Although the published evidence base for supported playgroups is limited, some research and evaluation studies have assessed the outcomes of supported playgroups against their objectives, particularly benefits for parents and children. This section provides a summary of these findings and should be interpreted with caution due to the limited number of evaluations available.

Benefits for parents

One of the main intended outcomes of supported playgroups is to encourage stronger parenting skills and levels of family support, particularly in relation to enhancing the parent–child relationship, increasing parents’ understanding, skill and confidence in supporting their children’s development, and providing opportunities to build social support networks (ARTD Consultants, 2008a).

Research and evaluation studies to date have indicated that supported playgroups can offer a positive social experience for parents. Parents commonly report improvements to their social lives through the development of new relationships and friendships between families, and said that supported and intensive supported playgroups had helped them to learn new things about caring for their young children (ARTD Consultants, 2008a; ARTD Consultants, 2008b; Berthelsen et al., 2012; DEECD, 2012). (See Box 2 for more information on the group as social support.)

Parenting skills and techniques that were developed within the playgroup led parents to become more confident in caring for their young children (ARTD Consultants, 2008a; AIFS, 2011). Improved levels of confidence, skills and knowledge manifested in the following ways: initiating activities and joining in with their children, socialising with other parents, modelling and applying what they learned at a supported playgroup at home, and socialising with other parents and children (AIFS, 2011). Social benefits often extended outside of the supported playgroup – in one study, 68% of families had contact with other playgroup families outside of the playgroup session (Berthelsen et al., 2012).

Benefits for parents attending supported playgroup were linked with levels of attendance and engagement. A 2012 research study of 18 supported playgroups in Queensland used parent interviews (conducted over the telephone at commencement of the study and again six months later), group record books completed by the facilitator, and a facilitator survey to describe patterns of attendance and engagement, and evaluate parental experiences. The study also examined how parents’ experiences of the program, individual and family characteristics, and program factors explained their attendance (Berthelsen et al., 2012).
The study found that parents who attended more regularly reported more benefits than parents who attended less often, particularly in relation to understanding their children’s development. There was a higher level of attendance by parents who were considered by facilitators to be more highly engaged with other parents, their own children and the facilitator. Barriers to attendance that were most commonly cited by parents were their children’s health or behaviour, transport difficulties, the ability to relate to other parents, and the health of the parent.

The types of strategies integral to the successful provision of these supports are outlined in Box 3 below. The role that supported playgroups play in helping CALD and refugee families settle into their new community is explored in Box 4 (page 13).

**Box 3. Parental support in supported playgroups**

Jackson’s (2011) analysis of data gathered in her 2009 PhD thesis that studied three supported playgroups found the groups facilitated a social environment that was supportive to parents in eight main ways:

- **Friendship and social network support** was evident in the supported playgroup’s emphasis on developing relationships and providing opportunities for parents to socialise. This helped to lessen social isolation experienced by families and contribute to parents’ feeling of wellbeing and confidence.
- **Relational support** was encouraged through techniques such as mediation when tensions between playgroup participants arose, which further supported the development of positive relationships.
- **Peer support**, where parents informally learnt from one another through observing other parents and children at similar stages of development.
- **Emotional support**, where a focus by facilitators on nurturing parents helped to promote positive outcomes for children.
- **Parenting role support** was identified by facilitators as a critical part of their role and was achieved by using a strengths-based approach. Taking care not to criticise parents, the playgroups provided a space for parents to feel supported in their parenting role.
- **Information and resource support** was provided to parents by facilitators at a time and place that best suited their needs.
- **“Circle of care” support** benefited parents in that professionals from other groups could discuss needs of parents with facilitators, and the knowledge gained from these discussions helped build the parents’ capacity to engage in the playgroup.
- **Multidisciplinary support** was facilitated by the attendance of other professionals at the playgroup at the request of parents and enabled parents to access services that may not have otherwise been available to them in a non-clinical environment.

Strategies employed by facilitators to generate parent support were founded in genuine relationships between parents and facilitators and other participants. Facilitators recognised that parents had tacit parenting knowledge “which demonstrated their willingness to work alongside parents to create an environment that maximised their strengths and abilities” (Jackson, 2011, p. 35). Support in these instances was found to be co-constructed between parents and facilitators rather than being delivered in a formal setting by experts (Jackson, 2011). These supportive strategies are reflective of a “scaffolding” process where the learner (in this case the parent) is viewed as active in their own learning and is supported by the facilitator in “self-regulating” (Verenikina, 2008) their own learning. This is apparent in supported playgroups when it is the parents who suggest topics or guest professionals to visit the playgroup.

* While this level of intensive support may not be common to all playgroup models, other studies examining playgroups for vulnerable families confirm the universal relevance of many of these supports (Boddy & Cartmel, 2011).
† This study is limited by its small sample size of three supported playgroups and cannot be considered as representative of all supported playgroups.
A common intended outcome of supported playgroups is to improve the wellbeing of children (ARTD Consultants, 2008a). Studies assessing the outcomes for children are limited and rely on parent and facilitator reports. These limited findings from evaluation studies do, however, suggest supported and intensive supported playgroups generate positive benefits for children. Parents reported a positive change in their child’s social skills in a number of studies (ARTD Consultants, 2008a; 2008b; DEECD, 2012; AIFS, 2011), evident, for instance, in their improved capacity to get along with other children (ARTD Consultants, 2008b) and in learning to share (DEECD, 2012).
Parents also commonly reported that supported playgroups created new opportunities for their children to learn, and reported that they had noticed their children had become more actively engaged in play (ARTD Consultants, 2008a; ARTD Consultants, 2008b). (See Box 2 on page 10, for more information on play and development.) According to parents, their children had become more confident through their involvement in supported and intensive supported playgroups (ARTD Consultants, 2008a; 2008b). In particular, parents and facilitators noted improvements in children’s speech (DEECD, 2012; ARTD Consultants, 2008a) and the learning of new behaviours through the role modelling undertaken during the playgroup (ARTD Consultants, 2008a). Box 5 further explores the association between playgroup use (not just supported playgroups) by disadvantaged families and child outcomes.

Box 5. Disadvantaged families use of playgroups: Longitudinal findings

Hancock et al. (2012) used data from Growing up in Australia: The Longitudinal Study of Australian Children (LSAC) project to explore the association between participation in playgroup and outcomes for children aged 4 to 5 years. This study includes all types of playgroup models, including community and supported playgroups, as well as parent-child groups operating across Australia. The key outcomes measured were learning competence (assessing language, literacy, numeracy and approach to learning) and social and emotional functioning (relating to the child’s peer relationships, pro-social behaviour, internalising problems, externalising problems and hyperactivity).

Hancock et al. (2012) demonstrated that disadvantaged families were least likely to attend but most likely to benefit from attending playgroup. Both boys and girls from disadvantaged families who had attended playgroup scored 3–4% higher in learning competence than those who had not attended playgroup. Girls from disadvantaged families who attended playgroup scored 5% higher on social and emotional functioning than those who did not attend playgroup.

Some limitations of the study include a lack of information on the type of playgroup and how often families attended, and the possibility that parenting style or other parenting activities (rather than playgroup alone) could have led to the better outcomes for disadvantaged children (Hancock et al., 2012). The findings, however, do provide support for policies encouraging disadvantaged families to attend playgroups (Hancock et al., 2012).

The setting of supported playgroups may also impact on the outcomes for families. Co-locating supported playgroups in schools may hold additional value as an enabler in the establishment of social relationships that are important to a cohesive and smooth transition to school (McLean et al., 2014). This is particularly important for hard to reach or vulnerable families, because this co-location physically connects families with the educational environment their children will later attend (McLean et al., 2014). (See Box 2, “Ecological models of human development”, for more information on settings.)

Soft entry points

Supported and intensive supported playgroups can be considered unthreatening “soft entry” points that meet families’ needs for social support while also linking them to more formal supports when needed (see Box 6, page 15, for more information on how intensive supported playgroups link families to other services; ARTD Consultants, 2008a; Jackson, 2011; Turner & Bredhauer, 2005). They have the capacity to act as conduits for government and non-government services to access and provide support to families (Wilkop & Clothier, 2013). This may take the form of providing information to parents; visits from other community organisations; and visits from health professionals, including maternal and child health nurses, occupational therapists, speech pathologists and dieticians (McDonald et al., 2014).
Studies undertaken to date indicate supported and intensive supported playgroups have the potential to increase parents' knowledge of other available services (AIFS, 2011; ARTD Consultants, 2008a); however, one study found that supported playgroups did not actually lead to an increase in use of these services (DEECD, 2012). Utilising a mixed method approach, this Victorian study interviewed and surveyed 61 parents at the beginning of their involvement in the supported playgroup and again six to eight months later, and conducted qualitative interviews with 12 facilitators at the beginning of the project. Assessing whether the use of early-childhood services such as libraries, family support services, mental health services, specialist children services, doctors, kindergarten, childcare, and maternal and child health services increased after participating in supported playgroup, the evaluation study found there was no statistical difference between parents degree of use of services from when they first joined to six to eight months later (DEECD, 2012). Nevertheless qualitative data generated from the study indicated these services were considered important to many parents as a source of support and advice (DEECD, 2012). The authors suggested that the supported playgroup may have reduced families' needs for services through regular access to support and advice from other parents and visiting professionals (DEECD, 2012).

Supported playgroups may provide a platform or a setting for professionals to access highly disadvantaged and vulnerable families to promote health messages (Myers et al., 2015; Weber et al., 2014). Research investigating families living in highly disadvantaged areas attending supported

**Box 6. Intensive Supported Playgroups: Save the Children’s Playscheme model**

Intensive supported playgroups “provide a unique model of service delivery” (Boddy & Cartmel, 2011, p. 26) with early childhood workers operating in tandem with family support workers, simultaneously focusing on the educational needs of children as well as the wellbeing of children and families (Boddy & Cartmel, 2011; Gahan & Broughton, 2010). An example is the Save the Children mobile intensive supported Playscheme model. Playscheme operates from a mobile purpose-fit van equipped with toys, games, craft activities, and information and resources for parents (Gahan & Broughton, 2010). It runs in more than 100 sites across Australia, servicing highly disadvantaged communities in both urban and remote locations (Save the Children Australia, 2014).

Gahan and Broughton’s (2010) evaluation of Save the Children Australia’s Queensland Playscheme program highlighted how the playgroup acted as a non-threatening first point of contact for families in need of immediate support for personal, welfare and parenting challenges that they have been dealing with over a long period. Regular contact with the families through the weekly playgroup allows parents time to build their skills gradually while allowing workers to monitor how parents are coping with challenges (Gahan & Broughton, 2010). With this dual focus on welfare and education by multiple workers, “the Playscheme program makes a considerable contribution to disrupting intergenerational cycles of disadvantage and marginalisation” (Gahan & Broughton, 2010, p. 75), with beneficial effects being more apparent for those families attending regularly over a long period (Gahan & Broughton, 2010).

Boddy and Cartmel’s (2011) review of evaluations of Save the Children’s playgroup programs (also inclusive of the It Takes a Village: Multicultural Early Learning Program that offers additional services to families) highlighted several potential benefits for parents and children:

- improved parental confidence and knowledge about parenting;
- enhanced parenting and life skills;
- increased informal and formal support networks for parents;
- improved school readiness among children;
- better understanding of healthy eating and positive parenting principles among parents;
- development of fine and gross motor skills, along with cognitive and listening skills among children; and
- increased social capital among families.
playgroups differ from those attending mainstream services. Supported playgroup families experienced more difficulties accessing, understanding and applying child health information, and children showed more concerning health practices (Myers et al., 2015). Similarly, parents’ knowledge of children’s physical activity requirements was low (Weber et al., 2014). Such findings indicate that families who have the greatest need for information may not be able to access it (Myers et al., 2015), and that supported playgroups may be a potential platform to deliver key messages promoting child health outcomes.

The role of the facilitator

The facilitator plays a critical role in the value parents and children derive from a supported playgroup by creating a setting that is accepting of and responsive to the needs of families (Jackson, 2013; DEECD, 2012; Targowska et al., 2015). The degree of job satisfaction and level of training of facilitators may be an important factor in supporting families’ rates of attendance, which in turn influences the benefit families receive from the playgroup. Facilitators who reported being highly satisfied in their work were more likely to have families in their groups with higher levels of attendance, and these families were more likely to report receiving more benefits (Berthelsen et al., 2012).

Further, if facilitators set up activities and create experiences for families that they value then this may also impact on attendance levels (DEECD, 2012). Parents value the range of activities facilitators

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**Box 7. Facilitation techniques in supported playgroups**

Jackson’s (2013) examination of qualitative data from her 2009 study of three Western Sydney supported playgroups identified four categories of successful facilitation that led to increased experiences of emotional support and confidence in parenting, and decreased feelings of isolation and inequality, for parents.

- **Family-centred practice.** Facilitators simultaneously focused on creating high-quality childhood learning environments (that promoted natural conversations with parents about their children) and interacting with parents. Interactions could range from simply offering hospitality to helping to mediate relationship issues between parents.

  Jackson found it was highly important for facilitators to have the interpersonal skills to interact well with families and to possess knowledge of child development, family work and the service system.

- **The care factor.** Developing trust with families was crucial to parents’ experiences of support and their level of engagement in the supported playgroup. Listening to parents and demonstrating an unconditional acceptance and respect, and showing genuine interest and care were found to be important factors.

- **Creating a space.** Facilitators were able to create a responsive and flexible space in the supported playgroup that met parents’ needs for social and other forms of support. Several features, such as the “drop-in” structure of the group and the provision of regular activities, such as craft and cooking, that provided opportunities for parents to interact socially over common interests, were identified as being vital to the engagement and participation of families.

- **Knowledge of the local service system.** A thorough knowledge of local services and referral pathways for families was integral to the role of the facilitator. Providing access to a toy library, for instance, was significant in helping to improve the children’s home learning environments.

* This study is limited by its small sample size of three supported playgroups and cannot be considered as representative of all supported playgroups.
provided during the sessions, particularly the exposure to new activities and experiences. They also value when some of these activities can be easily copied at home (DEECD, 2012). Activities that are particularly valued by parents include:

- free play with a large range of toys and good-quality equipment;
- sing-alongs;
- the bringing of live animals, wildlife carers or animal trainers, etc.; and
- guest professionals who give information or teach about a topic (e.g., a speech therapist) (DEECD, 2012, p. 30).

The facilitator’s knowledge of early childhood education is particularly important, considering that children do not always have equal access to, or utilisation of, preschool or preschool programs (Rosier & McDonald, 2011). Children living in geographical areas of greater relative disadvantage attend preschool (and preschool programs) in smaller numbers than children from areas with the lowest relative disadvantage (Rosier & McDonald, 2011). Exposure to developmentally appropriate activities is therefore particularly important for this cohort.

Transitioning out of supported playgroups

A main point of difference between supported playgroup models is whether, and how, they assist families to transition out of the playgroup.

There appear to be two main models:

- **Transition model.** In this model, the time-limited nature of the support is signalled to families early in the life of the group. The facilitator withdraws support gradually and encourages the groups to stay together, with families continuing to run the playgroup independently or moving to another community playgroup.

- **Continuing model.** The playgroup runs continuously and allows families to leave independently when they are ready, making way for new families to join (Playgroup SA, 2015).

A 2008 evaluation of the federally funded Playgroup Program, which followed the transition model, found that 70% of parents or carers had transitioned to community playgroup (or another form of community participation) within 12 months of being involved in a supported playgroup (ARTD Consultants, 2008a). The evaluation found that there is potential for this model to have additional community benefits because it builds on the capacity of local communities to “develop and sustain playgroups in response to local needs” (ARTD Consultants, 2008a, p. 39).

Although there is no research comparing supported playgroup models, some research and evaluation studies do indicate both main models can be problematic. In terms of the transition model, early research from 2003 found that for those playgroups with a funded playgroup worker, almost all parents intended to keep attending once the funding for facilitation had ceased (Sneddon & Haynes, 2003); however, a Victorian study found that while parents indicated they were confident that they could run the group themselves, once this transition occurred, parents reported they were “concerned about the sustainability of the groups and there were signs of discontent with the way the groups were being run” (Berthelsen, 2012, p. 24). Although facilitators felt they had adequately prepared parents for this transition, parents still reported feeling unprepared for the reality of running the playgroup themselves (ARTD Consultants, 2008a). The main challenges reported were the irregular attendance of families; parents not feeling confident or willing enough to take on extra responsibilities; and the increased costs associated with the transition (ARTD Consultants, 2008a).

In some cases, an unplanned transition may occur due to an abrupt cessation of the group. In this instance, the facilitator may not have been able to plan appropriately for the transition.

The continuing model, where each family transitions independently, can also be problematic, particularly in regards to how supported parents feel in being able to join a mainstream community
playgroup. While community playgroups aim to meet the needs of all families in the community, and there is no evidence that community playgroups are exclusionary or unwelcoming, it is possible some groups, such as CALD and young parent families, may be reluctant to attend community playgroups due to either experiences of feeling excluded or isolated, or a belief that they will not be welcomed (Gibson et al., 2015; Mulcahy et al., 2010; McDonald et al., 2014).

A qualitative study of social capital in community playgroups indicated vulnerable, socially disadvantaged and young parent families may feel isolated or excluded in such a way that it affects the level of support derived from a community playgroup.

Culture, gender, class and other individual differences influenced how individuals were positioned relative to their groups and this impacts on how they view and are viewed by their group, and subsequently their relationship. (Gibson et al., 2015, p. 10)

Jackson (2009) studied a supported playgroup for young mothers who were only eligible to attend the group while under the age of 25. The prospect of losing the social support parents had found through the playgroup for many years caused distress to the parents. Based on previous experiences, they felt they would be marginalised if they joined a mainstream community playgroup. Jackson recommended strategies such as debriefing sessions between the transitioning parent and facilitator, and arranging to accompany parents on their first visit to new groups to assist in this transition.

These findings raise several questions for both models about how these decisions to move out of the supported model are made. For instance, who makes the decision to transition families out of the supported playgroup, and when? Given the vulnerability of families, could they benefit from a playgroup that transitions later or is run over the longer term? How many families experiencing disadvantage or vulnerability attend community playgroups or transition into one? How do factors such as funding influence the decision to transition, and how much guidance is available to assist facilitators to better support transition?

Evaluation of playgroups

By their nature, playgroups are challenging to evaluate. Playgroups are constructed to meet variable needs at variable times for different target groups. As opposed to a manualised, week-by-week program, the type and frequency of activities may change according to the needs of the group, and parents and children may be receptive to the purposes of the activities or not. As outlined in this paper, the skill of the playgroup facilitator and the set of principles that guide the work of the playgroup will also have an impact on outcomes.

While this complexity needs to be acknowledged, it does not mean that evaluation is impossible. Boddy and Cartmel (2011) outlined a number of different approaches that may be used to contribute to understanding the effectiveness of playgroups. These include:

- development indices;
- photovoice;
- most significant change;
- focused conversations;
- pre- and post-testing of specific variables; and
- observation.

These approaches will have different levels of rigour in establishing whether outcomes are met, and as a result the extent to which the playgroup can be defined as evidence-based. The choice of an evaluation method will also be influenced by considerations such as the target group for the evaluation (e.g., facilitators, parents and/or children) and literacy levels.
Supported playgroups for parents and children

Boddy and Cartmel (2011) further outlined some techniques that can be used to encourage children’s participation in evaluations, including:

- visual methods – e.g., drawing, cartoons, collective drawings, photography;
- performance methods – e.g., drama, puppetry, songs;
- verbal methods (used cautiously with children under 5) – e.g., individual or group interviews, answering questionnaires.

It is important that outcomes for playgroups are realistic. For example, playgroups are more likely to have an impact in terms of increasing social support and understanding of child development than improving child and family wellbeing overall (unless they are a component of a broader intervention). This will help evaluations to be focused on what can realistically be impacted by the playgroup model. The need to minimise the burden of data collection can also be offset by utilising existing data already collected by facilitators (Dadich & Spooner, 2008).

Conclusion

Supported playgroups have been operating for many years in Australia, despite the absence of strong empirical evidence for their effectiveness in supporting vulnerable families (Berthelsen et al., 2012). Although there is limited research into community playgroups and who attends them, recent evidence suggests some families may be hesitant to attend, indicating that there may be a particular need for supported playgroups to support those families. While supported playgroups have been shown to deliver some benefits to parents and children, particularly in relation to social support and learning, the evidence base is limited, particularly in relation to how supported playgroup contributes to early childhood development. This makes it difficult to draw many conclusions regarding their effectiveness.

Supported playgroups are funded and administered through multiple levels of government and community organisations, leading to a lack of cohesion in their implementation. The varied funding arrangements also complicate the research base seeking to understand and evaluate them.

Some aspects of supported playgroups appear problematic and warrant further research, in particular the model for transitioning parents out of supported playgroups once the funding for the family or playgroup ceases; the ways in which facilitators can better support families in transitioning out of a supported playgroup; and the effectiveness of supported playgroups in connecting families with other services in the community.

This paper has identified factors important to the operation of supported playgroups. Key among them is that the facilitator has a critical impact on the value parents derive from supported playgroup, and in creating a supportive social environment for the group.

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Research released since the writing of this paper

Since the writing of this paper, several pieces of research have become available. Researchers at Queensland University of Technology produced the Systematic literature review: Research on supported playgroups (2015). This systematic review was prepared for the Queensland Department of Education and Training, and synthesises Australian and international research on the effectiveness of supported playgroups in improving key outcomes for children, parents and communities.

Playgroup Australia engaged The Telethon Kids Institute to evaluate the community playgroup model using qualitative and quantitative research methods. It takes a village to raise a child: The influence and impact of playgroups across Australia (2016) utilises a national dataset (the Australian Early Development Census) to report on the numbers and types of families attending community playgroups and the impact this attendance has upon children’s early development.

The Benevolent Society released the evidence brief Supported playgroups for children from birth to five years (2016), which provides an overview of the most recent research on supported playgroups. The brief combines evidence from systematic reviews of playgroups and several recent single studies investigating the impact of supported playgroups on child outcomes.

Something for everyone – diverse playgroups in growth corridors of Melbourne (2015) is an article by Judith Gray that considers supported playgroups as a platform for proportionate universalism.

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