Supported playgroups for parents and children
The evidence for their benefits

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Playgroups are local, community-based groups that bring together preschool-aged 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”.

This paper focuses on the available evidence for the effectiveness of supported playgroups in promoting positive outcomes for children and families, and identifies factors important to their operation.

Types of playgroups

Playgroups are generally broken into two categories: those that are self-managed (typically called community playgroups) and those that are supported. This paper focuses on 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 usually 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; Centre for Community Child Health [CCCH], 2011; Jackson, 2011, 2013). Supported playgroups target families who 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, Williams, Abad, Vogel, & Nicholson, 2012; Warr, Mann, & Forbes, 2013; Mulcahy, Parry, & Glover, 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.

Intensive supported playgroups target socially excluded vulnerable and marginalised families who may also be experiencing insecure or transient living arrangements (Dadich & Spooner, 2008). They are facilitated by at least two staff, usually an early childhood worker and a family support worker who provide extensive support to families (Plowman, 2008).

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, Edwards, Colliver, & Schaper, 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.

**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.

**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”. Snowballing techniques and discussions with program managers, directors and coordinators in the field yielded an additional seven items.

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.

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.

**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.

The key differences in the characteristics of supported playgroup programs are conceptualised as follows:
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.

Benefits of supported playgroups

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.

Quality of evidence

Although playgroups have a strong theoretical foundation based in social science literature and research into early childhood development, 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

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 the development of new relationships and friendships between families, and said that 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; Department of Education and Early Childhood Development [DEECD], 2012).

Parenting skills developed within the playgroup led parents to become more confident in caring for their young children (ARTD Consultants, 2008a; Australian Institute of Family Studies [AIFS], 2011). This then manifested in them initiating activities and joining in with their children, socialising with other parents, and modelling what they learned at a supported playgroup at home (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

Box 1: Parental support in supported playgroups

Jackson’s (2011) analysis of qualitative data from her 2009 study of three supported playgroups found the groups were supportive to parents in eight main ways:

Friendship and social network support—emphasis on developing relationships and providing opportunities for parents to socialise.

Relational support—such as mediation when tensions between playgroup participants arose, which further supported the development of positive relationships.

Peer support—parents informally learnt from one another through observing other parents and children at similar stages of development.

Emotional support—a focus by facilitators on nurturing parents helped to promote positive outcomes for children.

Parenting role support—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—provided at a time and place that best suited parents’ needs.

“Circle of care” support—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—the attendance of other professionals at the playgroup at the request of parents enabled parents to access services that may not have otherwise been available to them in a non-clinical environment.

Box 2: Playgroups for refugee and migrant CALD families

Families from culturally diverse backgrounds may be hesitant to attend a mainstream community playgroup because of concerns over their limited proficiency in English, or because they feel they will be not be welcome there (McDonald et al., 2014). Supported playgroups specifically targeting CALD groups provide a culturally safe environment in which to develop social supports, children’s social and physical development and links to other services (Warr et al., 2013) that CALD and refugee parents otherwise might not have.

Supported playgroups can help CALD parents by:

■ providing a buffer against feelings of isolation and loneliness (New et al., 2015; Mclaughlin & Guilfoyle, 2013; Warr et al., 2013; La Rosa & Guilfoyle, 2013; Targowska, Teather, & Guilfoyle, 2015);

■ providing a source of social support for refugee and migrant mothers (La Rosa & Guilfoyle, 2013; Warr et al., 2013; Targowska et al., 2015; New et al, 2015; Mclaughlin & Guilfoyle, 2013; McDonald et al., 2014; Hopkins & Barnett, 2013);

■ providing a source of friendship (La Rosa & Guilfoyle, 2013);

■ acting as a protective factor to help enhance positive outcomes for the mothers (La Rosa & Guilfoyle, 2013);

■ promoting children’s socialisation (Mclaughlin & Guilfoyle, 2013; Warr et al., 2013; McDonald et al., 2014); and

■ helping to improve children’s readiness to transition to school (Targowska et al., 2015).
Parents who attended more regularly reported more benefits than parents who attended less often, particularly in relation to understanding their children’s development.

**Benefits for children**

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; ARTD Consultants, 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). According to parents, their children had become more confident through their involvement in the playgroup (ARTD Consultants, 2008a; ARTD Consultants, 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).

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).

**Soft entry points**

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 (ARTD Consultants, 2008a; Jackson, 2011; Turner & Bredhauer, 2005). They have 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.

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**Box 3: 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 (inclusive of all types of playgroups and parent–child groups) and outcomes for children aged 4 to 5 years.

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.
Families who have the greatest need for information may not be able to access it (Myers et al., 2015), and 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).

**Box 4: 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.

**Family-centred practice:** Facilitators simultaneously focused on creating high-quality childhood learning environments and interacting with parents.

**The care factor:** Developing trust with families and showing genuine interest and care were crucial to parents’ experiences of support and levels of engagement.

**Creating a space** that met parents’ needs for social and other forms of support. Several successful features, included a “drop-in” structure and the provision of regular activities, such as craft and cooking.

**Knowledge of the local service system:** A thorough knowledge of local services and referral pathways for families.

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; DEECD, 2012); however, one study found that supported playgroups did not actually lead to an increase in use of these services (DEECD, 2012). Using 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, Gibbons, Arnup, Volders, & Naughton, 2015; Weber, Rissel, Hector, & Wen, 2014). Research investigating families living in highly disadvantaged areas attending supported 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 supported playgroups may be a potential platform to deliver key messages promoting child health outcomes.
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

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 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; for example, a speech therapist (DEECD, 2012).
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 about joining a mainstream community playgroup. It is possible some groups, such as CALD and young parent families, may be reluctant to attend community playgroups because they either experience exclusion, or believe that they will not be welcomed (Gibson, Harman, & Guifoyle, 2015; Mulcahy et al., 2010; McDonald et al., 2014).

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. 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.

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.

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

- visual methods—for example, drawing, cartoons, collective drawings, photography;
- performance methods—for example, drama, puppetry, songs;
- verbal methods (used cautiously with children under 5)—for example, 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). 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.
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.

Endnotes
1 Preschool-aged children is used in this paper to refer to children who are not yet of school age.
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.
3 Intensive supported playgroups were also included in this search criteria.
4 While the below 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).
5 This study is limited by its small sample size of three supported playgroups and cannot be considered as representative of all supported playgroups.
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References


This is an abridged version of the Child Family Community Australia (CFCA) paper Supported playgroups for parents and children: The evidence for their benefits. The full version is available on the CFCA website <www.aifs.gov.au/cfca/>.

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