

# Evaluation Report

## Breaking Cycles Building Futures

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Early Childhood Consortium, Faculty of Education  
and  
Project Evaluation Unit, School of Population Health  
University of Melbourne

## Abbreviations

BCBF	Breaking Cycles, Building Futures
BSL	Brotherhood of St Laurence
CALD	Culturally and Linguistically Diverse
DE&T	Department of Education & Training, Victoria
DHS	Department of Human Services, Victoria
LGA	Local Government Authority
M&CH	Maternal and Child Health

# Table of Contents

Abbreviations .....	2
Table of Contents .....	3
1. Executive Summary.....	5
1.1 Introduction .....	5
1.2 Evaluation methodology.....	5
1.3 Local sites and their programs.....	5
1.4 Evaluation findings.....	6
1.5 Project learnings .....	8
1.6 Transferability .....	8
1.7 Barriers .....	9
2. Introduction .....	10
2.1 Aims of BCBF.....	10
2.2 The BCBF inclusion framework .....	10
3. Methodology.....	12
4. Overview of Project Activities .....	13
4.1 Background on each of the sites .....	13
4.1.1 Maribyrnong .....	13
4.1.2 Shepparton .....	14
4.1.3 Whittlesea .....	14
4.2 Project Activities .....	14
4.2.1 Maribyrnong Activities .....	15
4.2.2 Shepparton Activities .....	16
4.2.3 Whittlesea Activities .....	17
5. Findings.....	18
5.1 Issues in project design and implementation.....	18
5.1.1 Project selection.....	18
5.1.2 Impact of established prior relationships on project implementation.....	19
5.1.2 Project ownership .....	20
5.1.3 Project design .....	21
5.1.4 Sustainability .....	22
5.1.5 Engagement of vulnerable families .....	22
5.2 Effective strategies for engaging vulnerable families .....	23
5.2.1 Making personal connections .....	23
5.2.2 Flexibility .....	24
5.2.3 Adding value .....	24
5.2.4 Service collaboration .....	26
5.2.5 Resourcing.....	26
5.3 Barriers to engaging vulnerable families.....	26
5.3.1 Ignorance, prejudice and patronising practices .....	27
5.3.2 Invisibility.....	27
5.3.3 Government regulations and inflexible service arrangements .....	28
5.3.4 Financial issues.....	28
5.3.5 Language and cultural barriers .....	29
5.3.6 Access to information.....	30
5.3.7 Transport.....	30
5.3.8 Personal factors .....	30
6. Project learnings .....	31
6.1 Issues in project design and implementation.....	31
6.2 Issues regarding transferability of learnings and practices to other sites .....	31

6.2.1	Staffing .....	32
6.2.2	Flexibility .....	32
6.2.3	Service collaboration .....	32
6.2.4	Adding value .....	33
6.2.5	Resourcing .....	33
6.3	Barriers .....	33
7.	References .....	34

# **1. Executive Summary**

## **1.1 Introduction**

The aim of this evaluation Report for the Breaking Cycles, Building Futures (BCBF) program is to examine its implementation - its achievements, learnings, and barriers in three local government areas with a particular focus on what is transferable to elsewhere. BCBF aimed to identify and implement strategies to promote more inclusive antenatal and universal early childhood services which better engage and assist vulnerable families. It was funded to add value to the Best Start program, a three year initiative that aimed to improve the health, development, learning and wellbeing of young children across Victoria from pregnancy through to eight years. Best Start was conducted in 11 local government areas and two Indigenous communities, characterised by above-average levels of disadvantage. BCBF was conducted in three of the 11 Best Start local government areas.

The Brotherhood of St Laurence (BSL) was contracted by the Department of Human Services for a 12 month period to undertake the BCBF project. Three planning stages (a literature review, consultation with stakeholders and identification of a number of principles - the 'inclusion framework' - as well as effective strategies) preceded its implementation. The BCBF inclusion framework included four overarching principles: overcoming practical and structural barriers; building positive relationships; cultural sensitivity and value for effort; and service co-ordination and linkages.

## **1.2 Evaluation methodology**

Separate interviews or focus groups were held with 37 people including the advisory groups, project workers, service providers and parents in both the Shepparton and Maribyrnong projects. In addition interviews were conducted with the Best Start facilitators and the BSL project manager. Other documentary sources such as relevant BSL and Best Start evaluation reports were consulted.

## **1.3 Local sites and their programs**

The three local government areas in which BCBF was mounted were Maribyrnong Whittlesea and Shepparton. The Maribyrnong project focused on increasing kindergarten enrolment, retention and parent participation in four kindergartens within two suburbs within the suburbs of Maidstone and Braybrook. The Shepparton project focused on promoting more inclusive M&CH services at the Patricia Smith Children's Centre within the Parkside estate in North Shepparton. The Whittlesea project focused on M&CH services to promote a more culturally sensitive and inclusive approach, in order to enable Indigenous families, particularly young Indigenous parents, to access and participate in these services.

BCBF projects were overseen by the BSL project manager, with each site having a part time BCBF project officer and a local advisory group which included the Best Start facilitator, regional and central DHS staff, and representatives of local organisations as considered appropriate.

## **1.4 Evaluation findings**

The findings articulated in this report are congruent with the principles espoused in the BSL Inclusion framework (BSL 2004) that underpinned the BCBF project design. That is, this Evaluation Report supports and confirms the Inclusion framework as a set of principles that facilitate engagement with universal services. Whilst the BCBF project focused on the engagement of vulnerable families, findings from this Evaluation Report suggest that transferring universal strategies and addressing barriers to engagement of vulnerable families could also result in improving services for all families. It should also be noted that the BCBF projects were small exploratory projects involving two universal services: maternal and child health services and kindergartens.

### *Project selection*

#### **Shepparton**

In Shepparton M&CH services are co-ordinated through Council. There had also been a range of other local organisations who had been working collaboratively around the Parkside estate. Thus prior to the commencement of the BCBF project, the M&CH nurses and other stakeholders had an existing working relationship which greatly facilitated the project's achievements. Many of the members of the Advisory Group already knew each other which assisted in getting the project going.

The BCBF project was based around the one M&CH service at the Patricia Smith centre, collaboration with other service providers was not as central to the project as was the case in both Maribyrnong and Whittlesea. Although the agreement of the Advisory Group was important, much of the implementation of the Shepparton project involved just the M&CH nurse at the Patricia Smith centre and the BCBF project worker.

#### **Maribyrnong**

Kindergarten programs are offered by a range of service providers as stand alone services, in childcare centres or linked to schools. Some services are operated through Councils, others are community operated as in Maribyrnong, and some are privately operated. Partly as a result of this, there had been little communication and collaborative activity between the kindergartens and Council (other than on operational matters), nor between the kindergartens, nor between kindergartens and primary schools, prior to the commencement of BCBF. This posed a considerable challenge for the BCBF project worker as broader collaboration was central to the project.

Kindergartens were also not involved in the selection of the project - programs, timetables, fees, and vacancies had been already set for the duration of the 12 month BCBF project. In addition, the four local kindergartens had full enrolments and were without waiting lists. This did not reflect the low kindergarten enrolments levels recorded in the statewide data base for Maribyrnong. There was considerable debate regarding the validity and significance of these statistics. The local kindergarten teachers did not also acknowledge that there was a problem with kindergarten enrolment or a necessity for programs to engage vulnerable children.

#### **Whittlesea**

The project involved not only the selection of a universal service (M&CH) but also the engagement of a particular vulnerable group – Indigenous families. Thus the central engagement and participation of Indigenous groups was a critical part of this project.

There was no previously established relationship between the City of Whittlesea and Indigenous organisations. A steering committee with local and relevant Indigenous organisations was first formed. Whilst Indigenous organisations were supportive of the general aim of the project to examine how M&CH services could be more inclusive to Indigenous families, gaining agreement on the specifics of what would be achieved and how the project would be implemented proved more problematic. As in Maribyrnong, though not Shepparton broader collaboration was central to the project.

### *Project delivery*

#### **Shepparton**

Service coordination activities included a 'Welcome to our neighbourhood' activity with the Office of Housing. Professional development included immunisation training for M&CH nurses and informal parent lunches with a speaker and free child care. The development of a facilitated free playgroup co-located with an open M&CH session one morning per week, which included a free immunisation service. Practical barriers that might have excluded vulnerable families attending were addressed similar to in Maribyrnong. A free bus service was offered but discontinued due to poor utilisation. Project activities proceeded quickly. The playgroup was established at the Patricia Smith centre early in the project and was well received by parents. It exposed parents to M&CH services, encouraging their further participation. It is unclear what proportion of these parents could be regarded as 'vulnerable'. The playgroup will continue under the auspice of the City of Greater Shepparton.

#### **Maribyrnong**

Given the difficulties that were encountered in regard to enrolment of vulnerable groups to kindergarten, the focus of the project changed as follows. Program activities moved to promote the kindergartens and the BCBF facilitated playgroup included written material (multilingual information leaflets and flyers) as well as social activities (Braybrook Big Day Out). Service coordination activities included the project worker visiting key services promoting the BCBF project and kindergarten. Professional development activities included four sessions offered to kindergarten teachers focusing on issues relating to vulnerable families. The development of a facilitated playgroup at Dingerra primary school in Braybrook two mornings per week aimed to introduce kindergarten and school to parents and encourage participation. Practical barriers that might have excluded vulnerable families from attending were addressed - the playgroup was free, transport was offered, attendance times were flexible and cultural and linguistic support was offered where possible. In Maribyrnong where there is a large Somalian population, the short term employment of a Somalian playgroup facilitator had worked well.

Many of the project activities still took a considerable amount of time to be implemented. For example, there was a lengthy process for developing and gaining agreement on the promotional material. Consequently, the promotional activities and distribution of promotional material did not occur until two months prior to the completion of the project. Similarly, early efforts to establish a playgroup at one of the kindergartens were not successful. A playgroup was finally established and ran for 10 weeks until the end of the school year, which also coincided with the end of BCBF. The project worker had been able to offer assistance with kindergarten enrolment and discussion about the value of kindergarten. It is unclear what proportion of these parents

could be regarded as 'vulnerable'. The playgroup will however continue under the auspice of the City of Maribyrnong.

### **Whittlesea**

A seminar for M&CH nurses on current issues for Indigenous people was conducted. A facilitated playgroup attached to an open M&CH session one afternoon per week began in late November and operated for three weeks with a facilitator. Again with attention to practical barriers that might have excluded vulnerable families from attending. The resignation of the project worker in December resulted in the need to locate and recruit another appropriate worker. While the playgroup and open M&CH session are continuing, the lack of a project worker means that the playgroup is without a facilitator.

## **1.5 Project learnings**

The relative success of the three projects can be directly related to the success of their project selection process. The Shepparton project was successful and will continue. The Maribyrnong project was less successful in terms of its original aims and objectives. These were modified, the most important initiative only being implemented near the end of the project though it too will continue. The Whittlesea project was problematic due to gaining agreement on: the project focus, the specifics of what would be achieved, and how the project would be implemented.

The 12 month timeframe in which BCBF was implemented was a short period in which to complete the process of collaboration, design and implementation of initiatives. Vulnerable families are hard to reach and may seem invisible or not even to exist. To recruit these families to become users of a universal service takes time, effort and sensitivity in the way these families are approached by staff.

Designing and implementing new multi-service initiatives also takes time, and involves building partnerships and working collaboratively. Sites which had prior relationships between organisations (Shepparton) had a distinct advantage over those (Maribyrnong or Whittlesea) which did not. The extent of involvement of stakeholders in setting the direction and scope of the project is another factor that impacts upon the ease of implementation and success of the project.

In addition, the project in Shepparton was based around the activities of a single organisation and was much simpler and easier to design and implement.

It should be observed that collaborations (Maribyrnong), not favoured by a prior relationships and quick implementation can still have sustainable outcomes.

## **1.6 Transferability**

Findings from the BCBF project suggest that engaging vulnerable families is facilitated by practices which are flexible, add value, involve service co-operation and additional resources, and focus on making personal connections with families. While both the Maribyrnong and Shepparton projects demonstrated the effectiveness of these

strategies, it is important to acknowledge that the strategies arose, primarily, from individual service provider commitment and vision. Thus, without a more systematic approach to achieving an organisational approach to engaging vulnerable families, transferability is questionable as it relies on similarly committed and visionary individuals in other sites and services.

As a general principle, it may be that the BSL Inclusion principles and the strategies flowing from them are better embedded in mainstream service delivery (with benefits for both the vulnerable and the mainstream) than applied specifically and exclusively to vulnerable groups.

## **1.7 Barriers**

The engagement of vulnerable families in universal services is clearly facilitated by addressing the barriers that were identified in the two projects at Maribyrnong and Shepparton. While many of these barriers may be most effectively addressed at the local level, it would appear that changes to both policy and practice at the organisational level must precede local change. Some of the specific barriers to engaging vulnerable families that emerged from the BCBF projects were staff attitudes and ignorance, language and cultural barriers, cost, and the ‘invisibility’ of vulnerable families.

## **2. Introduction**

### **2.1 Aims of BCBF**

The Breaking Cycles, Building Futures (BCBF) project was part of the Victorian State Government's Best Start Strategy and was funded by the Premier's Drug Advisory Council. Best Start is a three year initiative being conducted in 13 sites which aims to improve the health, development, learning and wellbeing of all young children across Victoria from pregnancy through transition to school.

The Brotherhood of St Laurence was contracted by the Department of Human Services for a twelve month period to undertake the BCBF project. The key aim of BCBF was to identify, implement and evaluate strategies to promote more inclusive antenatal and universal early childhood services which better engage and assist vulnerable families.

The BCBF project was undertaken in four stages:

1. a literature review;
2. consultation with parents, service providers and peak bodies;
3. documenting possible strategies which Best Start partnerships can adopt to help them to provide more inclusive services; and
4. working with Best Start partnerships to implement and evaluate these strategies.

The first three stages were reported separately by the Brotherhood of St Laurence (2004). This Evaluation Report focuses on the fourth and final stage, that of trialling initiatives to engage vulnerable families in three Best Start sites.

The fourth stage of the BCBF project involved each of the three participating sites selecting a universal service for the focus of their activities to engage vulnerable families. Specifically, each site was to use the learnings from the first three stages to further engage vulnerable families in a particular universal service.

The aim of this BCBF Evaluation Report is to examine the achievements, learnings, and barriers experienced in the fourth stage of the BCBF project, with a particular focus on what is transferable to other sites in terms of making universal services more inclusive to vulnerable families. It should be noted, however, that the BCBF projects were small exploratory projects involving two universal services: maternal and child health services and kindergartens.

### **2.2 The BCBF inclusion framework**

One of the main aims of this fourth phase of the BCBF project was the implementation and assessment of strategies identified in the prior three phases. Following a process of community and stakeholder consultation and conducting a literature review, the BSL developed an inclusion framework outlining a set of principles to make universal services more inclusive. The inclusion framework outlines the following four principles to facilitate the engagement of universal services by vulnerable families (BSL 2005:3):

1. *Overcoming practical and structural barriers*  
e.g. reducing costs, providing transport or outreach services, flexible operating hours, promoting the existence and benefits of services.
2. *Building positive relationships*

e.g. addressing staff attitudes and behaviour, professional development

3. *Cultural sensitivity and value for effort*

e.g. flexibility and responsiveness, adding value for parents, services for specific groups

4. *Service co-ordination and linkages*

e.g. improvement of links with specialist and other universal services, promotion of good practice amongst service providers.

### 3. Methodology

The triangulation of data from a range of sources has been used in writing this report to gain a comprehensive understanding of the BCBF project. Data included:

- focus groups and interviews with workers and participants from each of the sites; interviews with the Brotherhood of St Laurence and Best Start staff and project workers;
- field notes from attendance at Advisory group meetings;
- local Council and Best Start surveys on kindergarten attendance;
- BSL (2004 and 2005) reports;
- BSL evaluation questionnaires;
- Statewide Evaluation Progress Report (University of Melbourne 2004);
- Examination of the Evaluation Profile completed by each of the BCBF projects.

Separate interviews or focus groups were held with the advisory groups, project workers, service providers and parents in both the Shepparton and Maribyrnong projects. In addition, interviews were conducted with the BCBF project workers and the BCBF project manager. Several follow up telephone conversations also took place with the BCBF project manager for points of clarification and further information. Responses were gained from a total of 37 people through either interviews or focus groups which comprised:

- 1 BCBF project manager (employed by BSL);
- 2 BCBF project workers (employed by BSL);
- 3 Best Start facilitators;
- 2 other staff (i.e. 1 kindergarten teacher and 1 M&CH nurse);
- 14 parents;
- 15 advisory group members who included local staff, Best Start facilitators and project workers, DHS representatives, and other stakeholders.

Where possible, quotations from respondents have been used to illustrate the information being discussed. There, is however, some difficulty in maintaining confidentiality of respondents with such a small sample of two sites (i.e. most of the information gathered relates to the Maribyrnong and Shepparton BCBF projects).

This report also draws on the work of a number of BSL documents: the *Implementation and Review of the Breaking Cycles Building Futures project* (BSL 2005) and the *Report of the First Three Stages of the project* (BSL 2004).

Each of the BCBF projects completed an evaluation profile which was part of the Best Start statewide evaluation data collection tools. The evaluation profile requests information on partner agencies and uses a program logic framework to consider the project's anticipated implementation and achievements.

This Evaluation Report also draws on notes from attendance at the Advisory group meetings.

## **4. Overview of Project Activities**

This fourth stage of the BCBF project was overseen by the BSL project manager, with each site having a part time BCBF project officer and a local advisory group which included the Best Start facilitator, regional and central DHS staff, and representatives of local organisations as considered appropriate.

Three of the initial eleven Best Start sites were selected by DHS to participate in the BCBF project: Maribyrnong (inner city); Whittlesea (outer suburban growth corridor); and Shepparton (rural). Site selection was based on a range of factors: ensuring a mix of locations and demography; a mix of first and second round Best Start sites; the presence of other initiatives (e.g. Neighbourhood Renewal and Family Support Innovations projects), and sites that had a high number of families receiving the maximum family tax benefit which is a gauge of disadvantage (Brotherhood of St Laurence 2005).

The first stage in each of the BCBF projects involved the selection of a particular universal service and the design of activities to make the service more inclusive to vulnerable families. The BSL (2005) report notes that 'The final choices (of the universal service to be targeted at each site) were made following complex and sometimes lengthy negotiations between the local Best Start team, local government, and state and regional divisions of the DHS.' However, it appears that the choice of universal service to be targeted had more support amongst the stakeholders in some sites than others, which seems to have impacted on the extent of implementation that was achieved.

### **4.1 Background on each of the sites**

#### **4.1.1 Maribyrnong**

The universal service of kindergarten was selected in Maribyrnong focusing on the suburbs of Braybrook and Maidstone. These suburbs are 10 km from the City of Melbourne with a large multicultural population and extensive public housing. Maribyrnong is one of the second round Best Start sites. According to the BSL report (2005:8), kindergartens were selected due to their importance in a child's development and that there was a reported below average kindergarten enrolment with 'only 77% of children enrolled in Maribyrnong with a statewide average of 97%'

According to DHS statistics, participation rates in four year old kindergarten in Maribyrnong were significantly lower than in the comparison Victorian population over the three year period 2001, 2002, 2003 with 80%, 78% and 77% attendance respectively (University of Melbourne 2004).

However, there seemed to be considerable discussion and disagreement about the extent of the issue, and whether indeed there was a problem with kindergarten attendance in Maidstone and Braybrook. Surveys completed by the Maribyrnong Children's Service Planner in February 2002, and the Best Start partnership in 2004, show 89% and 91.5% kindergarten attendance respectively. These surveys indicate a much higher rate of kindergarten attendance than that suggested by the 2001-2003 DHS data and confirm

the anecdotal evidence of the four kindergarten teachers in Maribyrnong. One explanation for the apparent discrepancy in the statistics, forwarded by several stakeholders, was that there was a high level of transience in the population. However, the issue of transience was not discussed in the project design.

#### **4.1.2 Shepparton**

The North Shepparton site selected for the BCBF project is 2km from the City of Greater Shepparton. Shepparton is a regional centre with a population of 29,000 located 180 km north of Melbourne, and is a major fruit processing and dairy region. North Shepparton has a substantial proportion of public housing and is an area with high levels of unemployment. The Maternal and Child Health service (M&CH) at the Patricia Smith Children's Centre in Parkside, North Shepparton, was selected as the focus of the Shepparton BCBF project.

The BSL (2005:8) report noted that whilst attendance rates at the M&CH service at the Patricia Smith Children's centre reflected the usual pattern of high rates for the early ages and stages visits and decline for later visits, they were well below the state average with 66% of children attending the twelve month visit in comparison with the state average of 74%, and 36% of children attending the 3.5 year visit in comparison with the state average of 53%.

#### **4.1.3 Whittlesea**

Rather than a specific universal service, Whittlesea chose to focus their BCBF project on engaging young Indigenous parents with a range of universal services, particularly M&CH. Whittlesea has a small but growing Indigenous population (0.6% of the local population). As found elsewhere in Victoria, Indigenous people in Whittlesea experience above average levels of disadvantage (BSL 2005).

The Whittlesea project was committed to working in culturally appropriate ways and to linking into existing Indigenous networks and organisations and therefore commenced by forming a steering committee with local and relevant Indigenous organisations. Whilst Indigenous organisations were supportive of the general aim of the project to examine how M&CH services could be more inclusive to Indigenous families, gaining agreement on the specifics of what would be achieved and how the project would be implemented proved more problematic. This is further discussed in section 5.1.1 Prior Relationships.

In addition, the location and recruitment of an appropriate worker proved problematic which resulted in significant delays to the commencement of the project. As a consequence, there was only limited implementation of the project. Thus, there is only minor discussion of the Whittlesea BCBF project in this Evaluation Report.

## **4.2 Project Activities**

As the BSL (2005) report documented the activities and results of the three projects in some detail, this Evaluation Report focuses on the key issues of what has been learnt

and is transferable to other universal services in terms of being more inclusive of vulnerable families. The following section summarises the activities and achievements of the three projects.

#### 4.2.1 Maribyrnong Activities

The broad aim of the Maribyrnong project was to: identify, implement and evaluate strategies to increase kindergarten enrolment and retention and parent participation in the four kindergartens within Maidstone and Braybrook, with a particular emphasis on better engaging and assisting vulnerable families. Vulnerable families included those families on low incomes, who had health care cards and those from newly arrived and culturally and linguistically diverse backgrounds (BSL 2005:9).

Specific projected long term outcomes:

1. An increased number of enrolments of vulnerable children at the four kindergartens in Maidstone and Braybrook.
2. More consistent attendance of vulnerable children at the four kindergartens in Maidstone and Braybrook.
3. A decrease in the number of children starting school within Maidstone and Braybrook without having attended a kindergarten program.

Strategy	Action
1. Service promotion <ul style="list-style-type: none"> <li>• kindergarten in general</li> <li>• BCBF facilitated playgroup</li> </ul>	<u>written material</u> <ul style="list-style-type: none"> <li>• an information leaflet about kindergartens, written in five languages; encouraging families to make contact with their local kindergarten was disseminated through other community services.</li> <li>• general flyers for the facilitated playgroup were translated into key community languages and distributed to community organisations and services such as community health centres, the Salvation army and caravan parks. Dissemination began in October 2004.</li> </ul> <u>social activities</u> <ul style="list-style-type: none"> <li>• Braybrook Big Day Out – two kindergarten teachers participated and delivered information to families in a non-formal manner.</li> </ul>
2. Improving the links between services and staff	<ul style="list-style-type: none"> <li>• project worker visited key services promoting the BCBF project and kindergarten</li> <li>• increased communication between kindergarten teachers within Maribyrnong and across several municipalities</li> <li>• BCBF Advisory group became a forum for strengthening links</li> </ul>
3. Professional development <ul style="list-style-type: none"> <li>• kindergarten teachers</li> </ul>	<ul style="list-style-type: none"> <li>• four sessions offered to kindergarten teachers focusing on issues relating to vulnerable families</li> </ul>
4. Alternative model of	<ul style="list-style-type: none"> <li>• a facilitated playgroup at Dingerra primary school in</li> </ul>

service delivery • Facilitated Playgroup	Braybrook two mornings per week aimed to introduce kindergarten to parents and encourage participation. Practical barriers that might have excluded vulnerable families from attending were addressed: the playgroup was free, transport was offered, attendance times were flexible and cultural and linguistic support was offered where possible.
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#### 4.2.2 Shepparton Activities

The broad aim of the Shepparton project was to: identify, implement, and evaluate strategies to promote more inclusive M&CH services within the Parkside estate and especially at the Patricia Smith Children’s Centre. The aim was to better engage and assist vulnerable families, specifically those families on low incomes and health care cards (BSL 2005:10).

Specific projected long term outcomes:

1. Increased attendance at M&CH services at key age and stage visits by residents of the Parkside Estate.
2. Increased attendance of children outside the key ages and stage visits by residents of the Parkside Estate.
3. Increased attendance by residents of the Parkside Estate.
4. An increase in breastfeeding at the Parkside Estate.
5. And increase in early detection of developmental delay and referrals to early intervention services from residents of the Parkside Estate.

Strategy	Action
1. Service promotion	<p><u>written material</u></p> <ul style="list-style-type: none"> <li>• flyers advertising the playgroup distributed to local shops and specific families in M&amp;CH lists</li> <li>• articles in local paper promoting M&amp;CH activities</li> <li>• clear notice on M&amp;CH door re times of service and other events</li> </ul> <p><u>social activities</u></p> <ul style="list-style-type: none"> <li>• a community sport and BBQ evening ‘Boys, blokes, barbies and balls’ aimed to generate a more positive relationship between M&amp;CH and Parkside families.</li> </ul> <p><u>word of mouth</u></p> <ul style="list-style-type: none"> <li>• used to promote the playgroup and open M&amp;CH session.</li> </ul>
2. Improving the links between services and staff • Outreach service	<ul style="list-style-type: none"> <li>• collaborative activity with Office of Housing, ‘Welcome to our neighbourhood’ wherein families moving into public housing are given information packs about services and visited by M&amp;CH staff or the BCBF project worker. Commenced in October 2004.</li> </ul>
3. Professional development	<ul style="list-style-type: none"> <li>• immunisation training for M&amp;CH nurses</li> <li>• informal parent lunches with a speaker, and free child</li> </ul>

<ul style="list-style-type: none"> <li>• service providers</li> <li>• families</li> </ul>	care provided.
4. Alternative model of service delivery <ul style="list-style-type: none"> <li>• playgroup attached to an open M&amp;CH session</li> </ul>	<ul style="list-style-type: none"> <li>• a facilitated playgroup attached to an open M&amp;CH session one morning per week. Practical barriers that might have excluded vulnerable families from attending were addressed: the playgroup was free, transport was offered, food was provided and attendance times were flexible.</li> </ul>
5. Free Bus Service	<ul style="list-style-type: none"> <li>• a free bus service was offered but discontinued due to poor utilisation</li> </ul>

### 4.2.3 Whittlesea Activities

The broad aim of the Whittlesea project was to work with the local Indigenous community and M&CH services to promote a more culturally sensitive and inclusive approach, in order to enable Indigenous families, particularly young Indigenous parents, to access and participate in these services (BSL 2005:10).

Specified projected long term outcomes;

1. Increased attendance at M&CH services at the 10 age and stage visits by young Indigenous parents in the Whittlesea area.
2. Increased attendance by young Indigenous parents outside the key age and stage visits in the Whittlesea area.
3. Increased attendance by young Indigenous parents at parenting sessions in the Whittlesea area.
4. An increase in breastfeeding by young Indigenous parents in the Whittlesea area.
5. An increase in early detection of developmental delay and referrals to early intervention services in the Whittlesea area.

Strategy	Action
1. Professional development <ul style="list-style-type: none"> <li>• service providers</li> </ul>	<ul style="list-style-type: none"> <li>• seminar for M&amp;CH nurses on current issues faced by Indigenous people</li> </ul>
2. Alternative model of service delivery <ul style="list-style-type: none"> <li>• playgroup attached to an open M&amp;CH session</li> </ul>	<ul style="list-style-type: none"> <li>• a facilitated playgroup attached to an open M&amp;CH session one afternoon per week. Practical barriers that might have excluded vulnerable families from attending were addressed: the playgroup was free, food was provided, attendance times were flexible. This playgroup ran with a facilitator for 3 weeks but currently runs without a facilitator.</li> </ul>

## 5. Findings

The BCBF initiative presented a number of challenges to those participating in the projects. The first and most essential challenge was an acknowledgement by personnel working in the projects that vulnerable families did exist in the sites, and that these families were not currently accessing services. The BSL project manager reported that in one site *“They (workers in the sites) didn’t believe it was an issue...there was almost a disbelief about this”*.

The second challenge was finding these vulnerable families and establishing strategies for engaging them in universal services. Locating families relied on a commitment from service providers and project workers to the principle of universal service provision and as the BSL project manager commented *“If you’ve got a group of people doing a task...it takes an extra bit of effort to see who’s not there”*.

This section provides an examination of learnings generated from BCBF projects regarding both the effective strategies used, and the barriers faced by universal services in engaging vulnerable families. As this phase of the BCBF initiative was to be completed in twelve months, there were a number of issues in the design of the projects that had a significant impact on what could be achieved within the limited timeframe.

### 5.1 Issues in project design and implementation

Before discussing the learnings of the BCBF projects, it is pertinent to examine the role that prior relationships, project design and project ownership play in the successful implementation of projects. It is also important to explore the extent of the level of engagement of the target group, that is vulnerable families.

#### 5.1.1 Project selection

The twelve month timeframe in which the BCBF projects were implemented was a very short period in which to complete the process of design and implementation of initiatives. It was important that the selection of the project was ‘simple’ enough to allow implementation to be achieved. Projects which involved collaboration between service providers were much more complex, and perhaps less suited to a twelve month timeframe. For example, it seems that the design of the project in Shepparton was much better suited to the twelve month timeframe, resulting in a longer period in which strategies were implemented than was the case in either the Maribyrnong and Whittlesea projects.

As the Shepparton BCBF project was based around the one M&CH service at the Patricia Smith centre, collaboration with other service providers was not as central to the project as was the case in both Maribyrnong and Whittlesea. Although the agreement of the Advisory group was important, much of the implementation of the Shepparton project involved just the M&CH nurse at the Patricia Smith centre and the BCBF project worker. Alternately, broader collaboration was central to both the Maribyrnong and Whittlesea projects, which inevitably lead to delays in the project being implemented as there was considerable discussion and debate in the design phase of the project. The Maribyrnong BCBF project involved collaboration between four

kindergarten services; and the Whittlesea project involved collaboration between Indigenous organisations and M&CH services. A further difficulty in implementing both of the Maribyrnong and Whittlesea projects, was that there had been a limited history of prior collaboration between these organisations, which is discussed in the next section.

### ***5.1.2 Impact of established prior relationships on project implementation***

The issue of collaboration taking time in project development was a recurring theme among service providers in the BCBF project as a whole. It would appear that a lack of prior relationships among service providers resulted in long lead-in times for activity implementation. Thus whilst the BCBF project was a platform for collaborative activity in Maribyrnong and Whittlesea, it was more importantly a starting place for establishing relationships and working collaboratively to promote and improve kindergarten participation and services, and M&CH services being more inclusive to indigenous families. The Shepparton project had two advantages: firstly there was an established relationship between the key local stakeholders, and many of the Advisory group members knew each other prior to the commencement of the project; secondly as the project was based around the activities of a single organisation (the M&CH service at the Patricia Smith centre), it was easier to design and implement strategies. Although partnerships and collaboration between organisations are essential in the provision of early childhood services, it must be acknowledged that collaboration takes time and effort and can slow the development and implementation of activities.

#### *Kindergartens in Maribyrnong*

In Maribyrnong, collaboration between the BCBF project worker and the four kindergartens (and to a lesser extent with the local schools) was central to the success of the project. Unfortunately, not only was there not a strong relationship between these organisations at the beginning of the project, the kindergartens were not involved in the selection of the project and did not appear to support the project. Indeed, the kindergarten teachers disputed the necessity of extra efforts to engage vulnerable children as they did not believe there was a problem. These issues are further discussed in the next section of project design.

It appears that many of the activities in the Maribyrnong project took a considerable amount of time to be implemented. For example, there was a lengthy process for developing and gaining agreement on the promotional material. Consequently, the distribution of promotional material did not occur until two months prior to the completion of the project. Similarly, early efforts to establish a playgroup at one of the kindergartens were not successful. A playgroup was finally established at one of the local primary schools in October and ran for 10 weeks until the end of the school year, which also coincided with the end of the BCBF project. One member of the Advisory group commenting on the decision making process said “*our very lengthy discussions were important in the process...but we had to say no, we need to move on now*”.

#### *M&CH Services in Shepparton*

In the City of Greater Shepparton M&CH services are co-ordinated through Council. There had also been a range of other local organisations who had been working

collaboratively around the Parkside estate, for example through the Neighbourhood Renewal and Family Support Innovations initiatives. Thus prior to the commencement of the BCBF project, the M&CH nurses and other stakeholders had an existing working relationship which greatly facilitated the project's achievements. Many of the members of the Advisory Group already knew each other which assisted in getting the project going.

#### *Indigenous M&CH services in Whittlesea*

The Whittlesea BCBF project involved not only the selection of a universal service (M&CH) but also the engagement of a particular vulnerable group – Indigenous families. The central engagement and participation of Indigenous groups was therefore a critical part of this project. There was no previously established relationship between the City of Whittlesea and Indigenous organisations, and whilst there was general overall support for the broad aim of the BCBF goal of making M&CH services more inclusive to Indigenous families, gaining agreement to the specifics of how the project would be designed and implemented proved problematic.

#### **5.1.2 Project ownership**

The extent of involvement of stakeholders in setting the direction and scope of the project is another factor that impacts upon the ease of implementation and success of the project. In addition to the low level of prior relationships in both the Maribyrnong and Whittlesea BCBF projects, there did not seem to be a strong agreement regarding the need and scope of the initiatives. It would appear that these factors had an impact on the level of engagement of key stakeholders and subsequently what was able to be achieved.

#### *Maribyrnong*

One of the difficulties for the Maribyrnong project was that as the four local kindergartens had full enrolments, there was little incentive for the kindergartens to change their practices. There was also an apparent mismatch between the local kindergartens being full and without waiting lists and the DHS statistics highlighting that over a three year period the area had low kindergarten participation rates. There seemed to have been considerable debate regarding the validity of these and other statistics, and what in fact the statistics demonstrated.

These issues lead to variable ownership and commitment to the Maribyrnong BCBF project, in particular the kindergarten teachers who did not acknowledge that there was a problem with kindergarten enrolment. One teacher, who had worked in the municipality for thirty years, cited that prior to December 2004 there had never been a kindergarten waiting list in Maribyrnong.

#### *Shepparton*

The Shepparton BCBF project of undertaking a range of activities in the M&CH service at the Patricia Smith Centre seemed to have the support of the key stakeholders which assisted in its implementation. Project ownership by the M&CH nurse, a key figure in this project, is clearly demonstrated by her statement that she had 'a passion of the battlers.'

### **5.1.3 Project design**

Assessing the effectiveness of particular strategies within a project involves examining the project design and the match between project aims and objectives, and the strategies used to achieve these. While the aims and objectives may be clearly stated, and the strategies implemented, these strategies may not always be appropriate for achieving the stated aims. An examination of the design of the projects in each site will therefore facilitate the evaluation process. Designing the BCBF projects involved a consideration of different factors within each site.

#### **Maribyrnong**

In Maribyrnong the focus for engaging vulnerable families was on increasing kindergarten enrolment and retention, and parent participation in the kindergartens. The fact that criteria such as kindergarten programs, timetables, fees, and vacancies are locked in for the duration of the calendar year, meant that making changes was difficult and that the central aim of increasing enrolment was not possible within the twelve month duration of the BCBF project. Thus, in exploring ways to more fully engage vulnerable families in kindergartens the project needed to work within quite restricted parameters. For example, increasing the usage of this service by vulnerable families involved promotional activities. As previously discussed, this understandably took a great deal of time to organise and could not effect engagement of vulnerable families in kindergarten attendance until the next kindergarten intake in 2005.

In addition, although kindergarten retention was one of the stated project aims, there does not seem to have been any monitoring of these records at the four kindergartens, nor exploration of any causes and possible strategies to redress the problem. There would also seem to be a range of issues which flowed from the project and could be further explored in the future, for example, given the centralised Council enrolments, greater analysis could be made of the enrolment in kindergarten of the defined vulnerable group in comparison to attendance at primary school to assess whether there has indeed been any changes or unmet need.

Although the local four kindergartens were full, and thus there was little capacity to respond to any increased interest in kindergarten that the project may have generated, there seemed to have been little exploration of whether there were also 'vulnerable' families who were missing out on places. Without an explicit focus on low income or ethnicity as a priority, there may be vulnerable families missing out as the kindergartens focus on ensuring that all vacancies are filled.

It seemed that the project served to bring a number of issues to the fore:

- Is there a need for flexible hours in kindergartens and longer day kindergarten?
- How is need demonstrated? For example, if a kindergarten were full would people bother to place their names on a waiting list? In addition, how do people demonstrate a need for a program that does not exist in the area, e.g. longer day kindergarten?
- Who is the appropriate organisation to follow up on these issues? It seems that the kindergartens themselves may not be the appropriate organisations to explore the potential introduction of other models of delivery. It may well be that local government, together with state and federal governments may be

better suited to examining models and funding formulas for providing a pre-school experience. There are currently a range of crèches and kindergartens that provide other models which could be explored further.

### **Shepparton**

In Shepparton the focus for engaging vulnerable families was to increase attendance by Parkside estate families with M&CH services at the Patricia Smith Children's Centre. A range of long term outcomes, contingent on increased engagement, were also specified. Strategies employed by the project were appropriate for increasing attendance by residents of the Parkside Estate, however the short time frame of the project means that it is not possible to comment on long term outcomes such as increase in breastfeeding or early detection of developmental delay. However, anecdotal evidence, from both the project worker and the M&CH nurse, indicates that there was an increase in engagement of vulnerable families at the M&CH centre.

#### **5.1.4 Sustainability**

There was a great deal of concern from service providers, Advisory groups and project workers about building up community expectations about a new service and then not being able to maintain that service once the short term project funding had ceased. One service provider commenting on the need to establish legitimacy and trusting relationships with families said that "*the community is sick of things coming in and going out*". This very real concern is currently being experienced in some Best Start sites where strategies have been effective in engaging new families with services, but the service does not have the capacity to cope with the client increase. As engaging new families with services often involves establishing trusting relationships between families and service providers, the issue of sustainability is clearly one that greatly concerns service providers.

The sustainability of activities was a critical consideration in the design of the BCBF projects, and was particularly noted by the Maribyrnong project as one of the contributing factors in delaying the commencement of the facilitated playgroup. The continuation of the facilitated playgroup in the school, beyond the BCBF funding, was an important consideration for the Maribyrnong advisory group.

#### **5.1.5 Engagement of vulnerable families**

A further issue for examination when reviewing a project's success is whether the target group has been engaged. Although participation in the BCBF projects was by people who lived locally, there was a question of whether attendance was by people who were vulnerable as defined by the respective projects. As a result of interviews with stakeholders and parents, it would appear that although projects in Maribyrnong and Shepparton had engaged a considerable number of families, only a small number of these were vulnerable families. However, this is not totally unexpected given the short timeframe of the implementation phase of the projects (10 weeks for the playgroup in Maribyrnong).

Nevertheless, the sorts of improvements recommended for engaging vulnerable families result in improved services for all, for example having more flexible hours, non-

judgemental workers and better promotion containing simpler information that was available in other languages.

## **5.2 Effective strategies for engaging vulnerable families**

While in the long term the activities implemented by each BCBF site may support the engagement of vulnerable families in universal services, the short timeframe of the project meant that it was not possible to measure the effectiveness of these activities. However, the implementation of these activities has revealed a range of strategies that appear to be effective in: reshaping services so that they are more user friendly for all families; promoting a positive relationship between service providers and the community, and engaging vulnerable families in universal services. The following discussion addresses the strategies employed within these activities in terms of their effectiveness.

### **5.2.1 Making personal connections**

Making personal connections and establishing trusting relationships with families appears to be the most essential strategy in engaging vulnerable families: all service providers and parents interviewed commented on the importance of this relationship. While service providers felt that establishing trusting relationships involved genuine engagement with people that is not judgemental, and deliberately making time to just listen, they acknowledged that relationship building of this nature takes a great deal of time to develop. The importance of having time to establish relationships with vulnerable families was a continual theme in discussions with service providers and project workers. This sentiment is summarised in the following quote by one of the service providers who stated that *“Coming into contact with hard to reach families is very hard, it takes time”*.

Parents also focused on the importance of making personal connections with service providers and the role that service providers played in supporting them. This was particularly evident in Shepparton where all parents interviewed commented overwhelmingly on the very supportive and positive interactions they had experienced with the M&CH nurse. Every mother interviewed commented on the fact that the nurse was supportive of the mother’s wellbeing in addition to the baby’s development. The following quote, taken from an interview with Samantha, a ‘vulnerable’ mother, is representative of their experiences with the nurse *“It’s good when I go over to see (the nurse), we talk, we weigh her (the baby)...and then (the nurse) says how are you feeling...the baby’s looking good and how are you feeling?”* It is significant that the above comment was made by a mother who was previously disengaged from the M&CH service.

Another ‘vulnerable’ mother also praised the current nurse’s positive manner with parents and touched on the isolation that many mothers at home with young children appear to feel. She said *“you’ve got no one to talk to at home...too many people judge you and it’s too hard”*. It would appear that M&CH nurses play a critical role in supporting new mothers and that a positive and non judgemental approach is the most effective in engaging families with this particular service. It is also apparent that a sole

service provider who does not have the appropriate interpersonal skills can effectively result in families disengaging, from services.

### **5.2.2 Flexibility**

Data from both Shepparton and Maribyrnong clearly demonstrate the demand for flexibility in service delivery. In Shepparton the nurse commented on the importance of offering a flexible and wholistic approach to working with families. She talked about *“not being too rigid ...not so appointment based”* and not wanting to *“make it hard for them ... I try to be wholistic, there’s not much point just focussing on the baby if there’s no housing – you have to look at the big picture...I really try to deal with what the mothers want to talk about”*. The fact that vulnerable mothers felt very supported by this nurse would appear to confirm the effectiveness of flexible and wholistic practice.

The generally accepted M&CH procedure of clients making advance bookings for M&CH visits did not appear to be viable for families in Parkside. The M&CH nurse commented that many families were living *“hour to hour or day to day and that they cannot plan ahead”*. Families made appointments for very short times ahead and often just turned up at the centre. In cases where the nurse makes contact with a client she has not seen for a while she must ensure that she can see them that day or the next if they wish to see her. An effective, and occasionally used, strategy for contacting disengaged families was to *“tap into the unofficial grapevine”* by passing a message through one mother to another. A message as simple as *“Just let her know I’d love to see her”* would most often result in the second mother arriving, without appointment, the following day. In terms of structuring her work commitments this lack of ability for families to book ahead meant keeping some appointment times free and not having a full diary weeks ahead, as is mostly the case with many other M&CH nurses. The open M&CH session that ran concurrently with a playgroup was a key strategy in providing a flexible service.

It is worth noting that in the 1990s a mix of fixed and open appointment sessions was the usual practice in most M&CH services. However, the practice of open appointments has generally been phased out, in favour of appointments which are based on the ages and stages visits.

The playgroup at Maribyrnong was also run on flexible lines, as families did not need to book and could come on days and at times that suited them. There was also flexibility about the children who attended the group with one family bringing two boys, one of whom was already attending kindergarten. Once families arrived at the playgroup, they were free to join an activity that they felt interested in, or comfortable with.

### **5.2.3 Adding value**

Adding value was a central principle underlying the design of all activities in the BCBF project and was seen as an effective means of engaging vulnerable families by both service providers and families.

One service provider expressed this principle in the following way *“If you’re trying to engage vulnerable families you’ve got to have a few cards up your sleeve”*. In Shepparton the principle of adding value was apparent in a range of initiatives: offering a playgroup during an open M&CH session; the proximity of an M&CH centre to the

kindergarten; and most recently the availability of immunisation. At the time of this report there had been one opportunity to offer immunisation and ten families had brought their children to the centre for this service. Of the ten children vaccinated in this session, two were behind with their vaccinations and were subsequently 'caught up'. The nurse felt that these families had come to the centre for immunisations because it was accessible, they knew her and it was less daunting than going to the hospital. The fact that full immunisation also carries a government payment for families makes the availability of immunisation at the M&CH centre particularly attractive to families, especially those who are in most need of financial assistance.

In Shepparton a significant value for all parents interviewed was that they used the services of the M&CH nurse because they could not afford to go to a doctor. It would appear that the reliance on M&CH nurses, instead of doctors, is a result of the lack of bulk billing medical practices in North Shepparton and the low incidence of bulk billing in Shepparton generally. Bulk billing rates in Murray (in which North Shepparton is located) were 29.7% in 2003 and 39.6% in 2004, in comparison to the Victorian average of rates 65.2% and 67.9% respectively (Department of Health and Aging, 2005).

It is worth noting that one 'vulnerable mother re-engaged with the M&CH service primarily because she had a sick baby and needed advice. As a result of this consultation with the nurse she further engaged with M&CH services by attending a social function with her children. A common theme in attitudes to the M&CH centre was that it was a 'hidden service' and that the nurse offered a wide range of support, with one mother saying "*I don't see her as a nurse, she's more like welfare*".

In Maribyrnong giving value meant providing a free, flexible, playgroup with transport available. In general the playgroups in both projects appeared to be 'value rich' as they provided social connectedness, for both parents and children, and opportunities for learning about English, particularly in Maribyrnong. Parents in both groups commented on the growth and development of their children as a result of them having playgroup experience. A recurring theme in discussions with parents was that the social aspect of the playgroup was important in preparing their child for school, a typical comment being "*it's been good for her, she's getting a bit more better, she was always with me...it will help her with prep*". For parents the playgroups offered a forum for discussing issues of concern and asking for support from staff. In Maribyrnong the project worker had been able to offer assistance with kindergarten enrolment and discussion about the value of kindergarten had taken place.

Co-location of services also provided significant value for both service providers and families. In the Shepparton project the M&CH centre and the kindergarten were co-located. This allowed a greater degree of service co-operation as the kindergarten teacher and nurse could more effectively monitor the attendance and welfare of particular families and provide collaborative support for families in need. The M&CH nurse reported that mothers collecting their children from kindergarten would often drop into her centre to ask a question.

In Maribyrnong the fact that the playgroup was held at a primary school was a bonus for parents who commented that "*it gets the kids familiar so they don't freeze up when they get to school*".

#### **5.2.4 Service collaboration**

Service providers and parents commented on the importance of service collaboration for supporting families. However, collaborative action demanded a shared understanding of each service's practices, a shared vision of effective strategies for engaging families and most importantly a great deal of time. In the Maribyrnong project a shared vision of the importance of kindergarten experience for all children resulted in Dingerra primary school finding ways to support the BCBF playgroup on their site. The time taken to establish effective working relationships that support collaborative action can also be seen in the Maribyrnong project. Although the Maribyrnong project was involved in activities to engage vulnerable families all through the twelve month period of the project, it was not until the last two months that the major strategy of the facilitated playgroup became a reality (see 5.1.2 for further discussion of this issue).

Parents at the Shepparton playgroup commented on the fact that the playgroup provided an excellent opportunity to link families in with other services. This linking was seen as an intentional action of service providers but also a result of families connecting with each other. One mother, new to the area, had been introduced to the playgroup through centre link. Another playgroup mother also reported that she had learnt about kindergarten enrolment through the playgroup.

#### **5.2.5 Resourcing**

Several resourcing issues supported the engagement of vulnerable families; the main ones being the provision of a paid project worker for each site and the availability of a place to run activities where families felt comfortable. All interviewees commented on the essential role that the project worker played and in the words of one service provider felt that *"it's only worked as well as it did because we had a paid project worker"*. Service providers and project workers were of the strong opinion that having a project worker who is appropriately trained and culturally sensitive is absolutely pivotal in successfully engaging vulnerable families. It would appear that in order to support families once they engaged with a service, staff needed to have a range of knowledge of local services, specific cultural knowledge and excellent interpersonal skills. One project worker felt that these requirements were *"the bottom line...my sense is that with our target group you need someone who can pick up on some of these issues"*. In Maribyrnong where there is a large Somalian population, the short term employment of a Somalian playgroup facilitator had worked very well.

The projects in both Maribyrnong and Shepparton were also supported by the availability of space in which to operate the playgroups. In Maribyrnong a local primary school offered space at no cost to the project and Shepparton was fortunate in having a space co-located with the M&CH service. However, in Shepparton the space was shared with another service which restricted the scheduling and flexibility of the M&CH activities.

### **5.3 Barriers to engaging vulnerable families**

Engaging vulnerable families in universal services presents a range of challenges, the first and foremost relating to their identification and location:

*“How do you find people who don’t want to be found?”* (BSL project manager)  
*“Where are our families...who are they”* (project worker).

The learnings provided by the BCBF project highlighted a range of barriers that universal services need to overcome before engaging vulnerable families in a systematic way.

### **5.3.1 Ignorance, prejudice and patronising practices**

A recurrent theme in discussions with all stakeholders was the ignorance and prejudice surrounding the issue of vulnerability ranging from parents viewing people who do not use the M&CH service as ‘lazy’, to service providers denying the existence of vulnerable families in their locality. As cited in the BSL (2005:17) report ‘entrenched prejudice takes time to overcome as changing entrenched discriminatory attitudes is a long and challenging process’. This ignorance and prejudice results in a lack of connection between the general community and vulnerable families, and leads to marginalisation.

Both service providers and parents noted that a significant barrier to engagement of parents, not just vulnerable families, are service providers who are judgemental and do not have good interpersonal skills. Care needs to be taken in how professionals provide advice to parents, as judgemental and patronising comments were shown to be a cause of disengaging with a service. One mother spoke at length about her view of the judgemental treatment offered by many M&CH nurses, in particular the previous one in her locality. This mother believes that parenting is a lonely and difficult job for new mothers, and that nurses need to be supportive and positive in their interactions with new mothers. She offered this advice to new mothers attending an M&CH centre; *“Don’t tell them what you do (with children) because they’ll criticise you ...whatever you do don’t tell your health centre because they’ll criticise you. They (M&CH nurses) should say if it works for you, try it, see how you go ... We’re all scared in case we’re crucified...you’ve got to trust them (M&CH nurses), they’ve got to talk to you ...some people are scared”*.

Although both the Shepparton and Maribyrnong BCBF projects involved some form of workforce development, the recruitment, training, and retention of staff is an area that requires further effort, as there is considerable staff and management turnover in the early childhood services workforce (University of Melbourne 2004).

### **5.3.2 Invisibility**

When services are very busy, have reached capacity or have met their service targets, there may be little incentive for reviewing practices in terms of engaging vulnerable families. However, the question remains as to whether services are engaging vulnerable families, or just the ‘usual suspects’. Without a concerted effort vulnerable families can be ‘invisible’. Engaging vulnerable families often requires that additional strategies be undertaken, which at the very least requires additional staff time and may not occur if the service is busy, full, or has waiting lists.

### **5.3.3 Government regulations and inflexible service arrangements**

Government requirements often work against engaging vulnerable families as they can limit flexibility in service delivery and can work against innovative practice that engage of vulnerable families. There are a range of different departments in all three levels of government with an interest in early childhood services. This complexity of accountability and funding can lead to difficulties in making changes to service provision and in making changes to fee structures. Engaging vulnerable families requires some different models of engagement which have additional associated costs, for example additional staff time. This can be problematic for a service which is already stretched and may have waiting lists.

For example, the common model for the delivery of kindergarten services involves three sessions of approximately three hours and may not suit families for a variety of reasons such as: limited transport, location and hours of employment, or there may be a number of young children in the family. A smaller number of kindergartens and crèches provide longer kindergarten programs which are available from 8am until 6pm. These longer kindergarten programs receive kindergarten funding from the state government, which is supplemented by childcare funding from the federal government for the extended hours of their program.

A further example is the mandated M&CH age and stage visits. One nurse commented that these visits are not appropriate for 'higher needs' families as visits need to be more 'opportunistic' and available when families are in need. Although funding exists for home visits to these families through the Enhanced Home Visiting Service, this nurse believed that going into people's homes is most often not appropriate due to the issues around their vulnerability, such as drug abuse. A related issue in engaging vulnerable families is the M&CH procedure of making bookings for appointments, especially a long way ahead. This was seen as an ineffective strategy as many vulnerable families are unable to plan far enough ahead. As one service provider commented *"I'll tell you what doesn't work...you can't book 6 months in advance...the here and now is important...you can't do it too far in advance"*

Another layer of complexity is the wide range of governance arrangements for early childhood services. For example following outsourcing of a range of government services in the 1990s, some M&CH services are no longer managed directly by local government. The extent of local government participation and direction can have an influence on the level of support for collaboration between services. However, the main issue is the history, track record, and extent of commitment to vulnerable families and flexibility in service delivery by the governing authority.

### **5.3.4 Financial issues**

All stakeholders in the BCBF projects discussed the issue of financial hardship for families in the target group. In particular, the cost of kindergarten in the Maribyrnong project was seen as a key factor in lack of attendance. The percentage of families attending the Maribyrnong kindergartens and accessing the fee concession confirms that cost is a significant issue for many families in this site (see table 5.3.4).

**Table 5.3.4 2004 Kindergarten fees in Maribyrnong**

<b>Kindergarten</b>	<b>Full fee for term</b>	<b>Concession</b>	<b>% of families accessing concession</b>
Cherry Cres.	\$115	\$52	71% approx.
Maidstone North	\$125	\$62	75% approx.
Dobson	\$147.50 (10 hours) \$167.50 (12 hours)	\$ 83.50 (10 hours) \$103.50(12 hours)	50% approx.
Scots	\$110 + \$20 maintenance levy	\$47.50 + \$20 maintenance levy	50% approx.

However, one kindergarten teacher discussed the fact that although staggered payment options had been offered she did not believe that families find this a workable option, *“most likely they don’t like to pay weekly...they’re proud, they’ve got a right to pay straight out”*. There was also discussion in one Advisory Group about the ‘fringe poor’ where every cent is allocated and the family is not eligible for financial support.

As cost was acknowledged as a major barrier to engaging vulnerable families (BSL 2005), the BCBF projects tried to address this by organising playgroups in Maribyrnong and Shepparton that were both free.

Although the issue of kindergarten fees was raised in interviews with parents, there was little feedback about parents’ ability to pay and what sort of financial assistance was needed. One Maribyrnong father said that he did not feel that cost was a barrier to non-attendance at kindergarten as it only cost \$55 per year if the family had a health card, and the option of paying in instalments was *“comfortable for (him)”*.

As noted in section 5.2.3, a number of Shepparton mothers commented that they visited the M&CH nurse, in some cases, instead of attending their doctor as they did not have to pay *“It’s free too – that’s a real bonus. It saves bucks because the nurse can diagnose things”*.

While it seems that financial support is needed for vulnerable families to engage in universal services it is also apparent that this support needs to be approached with sensitivity.

### **5.3.5 Language and cultural barriers**

Although language and culture are not necessarily indicators of vulnerability, organisations need to be aware and make provisions to be more inclusive to a range of languages and cultures. It is particularly important in areas where there is a high CALD community that information is provided in other languages, and that staff and programs are culturally inclusive.

Similarly, the BCBF projects found a high level of complexity in the forms and information provided to parents, even for parents whose first language was English. There seems considerable scope to simplify the language and nature of the information provided to parents.

An example of language and cultural barriers resulting in families disengaging from services was demonstrated in one mother's story of her son beginning kindergarten. The child was from a Latin American background and mixed English and Spanish in his speech. The family felt that the kindergarten did not handle this very well. *"They did not make much of an effort..."* Sam had started kindergarten but there was a problem and he wet his pants. *"I don't know how it started, whether he couldn't explain that he wanted to go to the toilet or what. But they were horrible. Sam started crying and did not want to go to kindergarten. And then the teacher suggested that it was best if he did not come to kindergarten – so we stopped going. Look at him here (the facilitated playgroup) – it is a totally different experience..."*

### **5.3.6 Access to information**

A common theme amongst parents in both sites was the difficulty encountered by newcomers in accessing universal services. One father commented on the fact that he did not know where the closest kindergarten was when he arrived in the suburb *"you don't have any idea where things are when you first move"*.

### **5.3.7 Transport**

Public transport may be available but difficult for some families to manage, particularly if there are a number of small children, as reflected by this parent: *"Transport is a problem. If parents don't have a car it's a problem. If they have a car then it is OK. Wherever the kinders are there is no public transport. You have to walk 5 or 6 blocks. So getting there is a struggle, especially if you have a couple of kids"*

In Shepparton, following debate and disagreement among the Advisory group about the need for transport, a trial bus service was offered. After a four week trial and minimal use the service was discontinued. It is worth noting that most playgroup participants commented on the accessibility of the centre for them in that it was close by and there were footpaths.

### **5.3.8 Personal factors**

*"It's where they're at"*

There was general consensus among service providers, project workers and parents that whether or not a family engaged with universal services was a personal thing and depended on where a family was 'at' in terms of a number of issues. These issues include; domestic violence, drugs, crime, mental health issues, or having recently arrived in Australia and needing to find accommodation and employment. For example one service provider said *"if a family is in crisis they are very secretive and don't want anyone to see what's happening to them"*.

One M&CH nurse also felt that maturity played a role in whether or not young mothers used the M&CH centre and said that *"sometimes as the girls get a little older they're easier to engage with"*.

While service providers may acknowledge that the personal circumstances of vulnerable families are significant factors in engaging with services, it is important that some action should be taken to engage vulnerable families in a systematic way.

## **6. Project learnings**

The aim of this Evaluation Report was the examination of the achievements and learnings from the fourth stage of the BCBF twelve month project undertaken by the BSL on behalf of the DHS. In particular, this Evaluation Report has focused on the identification and articulation of what is transferable to other sites in terms of making universal services more inclusive to vulnerable families. However, it should be noted that the BCBF projects were small exploratory projects involving two universal services: maternal and child health services and kindergartens. Furthermore, designing and implementing new multi-service initiatives takes time, and involves building partnerships and working collaboratively. The twelve month timeframe in which the BCBF projects were implemented was a very short period in which to complete the process of collaboration, design and implementation of initiatives.

The findings articulated in this report are congruent with the principles espoused in the BSL Inclusion framework (BSL 2004) that underpinned the BCBF project design. That is, this Evaluation Report supports and confirms the Inclusion framework as a set of principles that facilitate engagement with universal services. Whilst the BCBF project focused on the engagement of vulnerable families, findings from this Evaluation Report suggest that transferring universal strategies and addressing barriers to engagement of vulnerable families could also result in improving services for all families.

The challenge for governments is how to bring about changes, such as those raised by the BCBF project, so that organisations are more inclusive in a systematic way rather than an ad hoc way which depends on the outlook of a particular staff member or manager. Whilst the principles outlined in the BSL Inclusion framework are important for service providers and government departments to note, a more strategic approach is required to operationalise these principles to ensure that universal services are actively trying to engage vulnerable families in a systematic way.

### ***6.1 Issues in project design and implementation***

The design and implementation of the BCBF projects have raised a number of factors that have implications for the transferability of similar projects to other sites. These factors include the need for project aims to be fully realisable within the project timeframe, the necessity of stakeholder ownership for successful program implementation and the acknowledgement that collaboration takes time, is facilitated by prior relationships, and requires commitment from all stakeholders.

### ***6.2 Issues regarding transferability of learnings and practices to other sites***

Findings from the BCBF project suggest that engaging vulnerable families is facilitated by practices which are flexible, add value, involve service co-operation and additional resources, and focus on making personal connections with families. While both the Maribyrnong and Shepparton projects demonstrated the effectiveness of these strategies, it is important to acknowledge that the strategies arose, primarily, from

individual service provider commitment and vision. Thus without similarly committed and visionary individuals in other sites and services, transferability is questionable. Transferability to other sites would necessitate a systems commitment to incorporation of these strategies into existing service models. This would in turn require alternative models of service delivery. These issues are discussed below in more detail. It is also worth noting that while the notions of flexibility, making personal connections, service cooperation are sustainable without additional funding, the strategies of adding value, resourcing and financial assistance all require additional funding for sustainability. Furthermore, although service co-operation does not generate a direct financial outlay, it can be quite costly in terms of staff time.

### **6.2.1 Staffing**

It appears that there are two factors that are critical to effectively implementing strategies to engage vulnerable families, both of which relate to staffing. Firstly, staff working with vulnerable families need appropriate personal qualities. That is, staff need to be able to work flexibly and to interact with families in sensitive, positive and non judgemental ways; in essence they need to be able to make personal connections with families and establish trusting relationships. Secondly, staff must have a genuine commitment to supporting vulnerable families. While it may be assumed that service providers automatically have these characteristics, the BCBF project has shown that this is not the case, and that a lack of attention to personal qualities actively works against engagement with services.

Findings from the BCBF project raise the issue of staffing selection procedures and the provision of professional development. While many of the decisions about staffing and professional development are local responsibilities, a statewide policy would support and guide local practice so that appropriately trained service providers with appropriate personal qualities were appointed. Professional development would need to occur at pre and post-initial training periods and focus on supporting staff in broadening their understanding of the target group, identifying and locating vulnerable families and designing appropriate strategies for engaging this group.

### **6.2.2 Flexibility**

Findings from the BCBF project also suggest that flexibility in service delivery is essential to effective engagement of vulnerable families. It is also apparent that this flexibility is dependent on systemic change. Flexible work practices involve a systemic commitment to supporting vulnerable families so that alternative ways of working are approved, facilitated and supported. Flexible practice also involves changes to service reporting and funding arrangements that work towards, rather than against, innovation. An example of this would be allowing more and differently timed M&CH age and stage visits for vulnerable families.

### **6.2.3 Service collaboration**

While service collaboration appears at face value to be a low cost strategy in reality this is far from the case. Where services have not traditionally worked collaboratively, such as primary schools and kindergartens, services must find ways of sharing understandings about their practices and beliefs, and historical barriers must be

overcome. In some instances, a history of overt antagonism may lie beneath attempts to work collaboratively. In initiating projects that call for collaborative practice, it is important that the amount of time and energy needed to establish these practices is explicitly acknowledged and valued by all stakeholders. Once again the personal qualities of project participants are a key factor in establishing effective collaborative practice.

#### **6.2.4 Adding value**

Adding value occurred in the BCBF projects through activities such as a playgroup attached to an open M&CH service, immunisation offered at an M&CH service, playgroups which were cost free with food and transport provided and the co-location of services. Adding value was a very successful strategy in engaging vulnerable families and is obviously transferable. However, the majority of these activities were contingent upon flexible service delivery, a genuine commitment to vulnerable families by service providers and organisations involved in the projects, and additional resourcing.

#### **6.2.5 Resourcing**

Two resource issues appear to be critical components in engaging vulnerable families: staffing and accommodation for activities. Both of these issues have considerable implications for transferability to other sites. While accommodation may be available, the inability to provide a paid project worker may prohibit projects of this nature.

### **6.3 Barriers**

The engagement of vulnerable families in universal services is clearly facilitated by addressing the following barriers that were identified in the two projects at Maribyrnong and Shepparton: ignorance and prejudice, invisibility, language and cultural barriers and cost. While many of these barriers may be most effectively addressed at the local level, it would appear that changes to both policy and practice at the organisational level must precede local change.

Finally, while the findings of this report, and the principles outlined in the BSL Inclusion framework, are important for service providers and government departments to note, a more strategic approach is required to operationalise these principles to ensure that universal services are actively trying to engage vulnerable families in a systematic way. Without a strategic and organisational approach, the engagement (and disengagement) of vulnerable families will continue to occur in an ad hoc way that is dependent on the attitudes and skills of particular workers and managers.

## 7. References

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