

Communities for Children Bendigo



Off to an Early Start Program

Project Summary, Impacts and Insights

2015-2020

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1. Introduction

1.1. Why was this project developed?

The Communities for Children (C4C) Bendigo consultations with partners during the review of 2014 have highlighted that access to universal services and early learning opportunities is a key issue to be addressed in our support of vulnerable children and families. It is well recognised that participation in universal services and early learning programs is a key protective factor for children and creates opportunities for early childhood development and parenting skill development. The C4C Bendigo forums and consultations also identified that more needs to be done to ensure greater numbers of vulnerable families are able to access universal services and early learning. It was also recognised that the Off to an Early Start (OTAES) program had been highly effective in promoting children's access to early learning opportunities. The OTAES program had been a C4C Bendigo program for 4 years at the point of review.

1.2. Why it sits with the City of Greater Bendigo?

The City of Greater Bendigo's Enhanced Maternal and Child Health team and the Universal Maternal and Child Health team were instrumental in the development of the Off to an Early Start (OTAES) program prior to 2014. Through their observations, it was identified that in many of the vulnerable families that they supported, the children were not connected with early education. This included playgroups, kindergarten and early years of school. It was identified that there were a range of barriers which prevented both initial engagement in these services, as well as maintaining ongoing connections for many families. The barriers included things like parent mental health, family violence, unstable housing, transport issues, financial hardship, and lack of knowledge and understanding of children's needs and services. Communities for Children (C4C) Bendigo acknowledged the positive impact of this program for families and went on to fund the program as part of the C4C Bendigo Strategic Action Plan 2015-2017.

1.3. The Project

OTAES is a mentor program supporting children and families' participation in playgroup and/or preschool to develop sustainable practice within families that supports children's participation at primary school. The OTAES model is based on practically supporting families through the practice of preparing and getting children to playgroup and preschool. The key focus is on providing direct assistance to families through active and intensive in home support that guides, educates and supports families through the practice of preparing and getting children to playgroup and preschool on time and on a regular daily basis.

1.3.1. Aims of the program

The Off To An Early Start (OTAES) program aims to support vulnerable families to access playgroup, preschool and school, encouraging ongoing and regular attendance, so the child is actively participating in early childhood educational opportunities. A key focus is on supporting parents to take action to support their child's learning, by providing direct assistance to families through active and intensive in-home support that guides, educates and supports families through the practice of preparing and getting children to playgroup, kindergarten and/or school. The program has a focus on supporting parents to build their skills, knowledge and confidence around parenting, so that they are empowered to support their child's education and development in an ongoing and sustainable way.

1.4. Who were the staff involved?

OTAES Support workers have included: Melanie Grant, Donna Reeves, Pam Mott, Linda Robertson, Lana Jackson, Adele Trollope, Emma Rainey.

Current: Pam Mott and Emma Rainey.

Supported by: Helen Lees, then Alana Copper and Jenny Tobin from the City of Greater Bendigo Early Years Team

2. Summary of activities

The program employs two part time staff who undertake home visits to assess the needs and resources required for each family. During these visits, and any subsequent visits, the OTAES staff support the family to identify any barriers for their family/child in accessing education, and then support them to develop a plan to address these barriers. Some of the actions undertaken by OTAES staff include:

- Educating parents on the importance of early years learning for preschool children.
- Providing information and/or model activities that will increase parental capacity to support their child's development
- Assisting families to attend orientation at preschool/school
- Establishing morning routines and preparing children to attend preschool and school on time
- Assist families to identify suitable modes of transport including traveling on the bus or walking with the family to the service until they are able to do this independently
- Provide practical support - accessing affordable uniforms/hats/lunch boxes etc.
- Providing parenting information and/or warm referrals to family and community support services.
- Provide information and/or model activities that support parent-child attachment

- Assisting families with school aged children, who have never or irregularly attend primary school, to do so on a regular basis.
- Working with families to break down real and perceived barriers to early learning programs and services.
- Building parental confidence to be involved in playgroups and preschool activities.
- Encouraging parents to become their 'child's first teacher', empowering them to support their child's cognitive, social and emotional development

The parent determines how long the services is involved with the family – some families only need a phone call, some families require intense short term support and other families require ongoing support for an extended period of time.

➤ ***Home-based outreach***

After receiving a referral another service or from a preschool/school, OTAES workers make contact with the family and arrange a time to come into the home. They then spend time building rapport and trust with family whilst also working alongside the family to identify the areas in which the family would like to build their skills or knowledge. This is done using the COPM tool.

The worker may then (depending on what the family has said they need) undertake a range of activities such as:

- helping the family to establish a morning routine,
- supporting the family to fill in enrolment forms,
- support family to physically get to kinder or school using public transport,
- model interactions with the child that will support parent-child attachment,
- support parent to access material resources such as lunch boxes and uniforms,
- attend meetings with parent at school or preschool
- support parent to access any other services they may need via a warm referral.

This activity ensures that the family feels supported to address the barriers they identify as being most significant (in terms of their child accessing educational opportunities) with the provision of practical support in the home or community, information and knowledge. It enables the OTAES worker to support the parent to embed knowledge into practice and walk alongside the family while they learn new skills.

➤ ***Parenting education and provision of information***

The OTAES workers provide families with information (as required) on child development, the importance and value of early learning opportunities, information about early literacy (and how parents are their child's first and most important teacher), and parent-child attachment. This can be in form of kits, DVDs, verbal information, modelling of positive interactions with the child, solution-focussed conversations where parents are supported to consider different solutions to issues.

All parents want the best for their child but sometimes, they don't have the knowledge or skills to provide an environment that supports their child's development or learning. If information is provided in a respectful, inclusive and non-judgmental way, parents often feel empowered by having more knowledge, skills and strategies to support their child and to interact positively with their child. This builds parental confidence, which in turn, builds the parents future capacity to seek information and skills-building opportunities. Building parental confidence also ensures that parents are more likely to continue to support the child's engagement with education.

➤ ***Warm referrals to support services***

When a parent identifies that they need additional supports, the OTAES worker walks alongside the parent to access the service they need. Utilising a warm referral approach, the worker supports the parent until they have found the most appropriate service and they feel confident that they can interact with that service without the support of the OTAES worker.

Often the barriers identified by families (in relation to them supporting their child to access early educational opportunities) are complex and challenging. They may include family violence, mental health issues, drug and alcohol issues, poor general health, amongst other things. In order to support the family to access early educational opportunities for the child, these other issues must be addressed.

The service system is very complex and difficult to navigate. By walking alongside the parent until they receive the service they need, the parent is more likely to actively engage with the service. They are supported to develop an increased capacity to navigate the service system themselves, a skill they can use into the future.

➤ ***Support families to access early learning opportunities including preschool, playgroups and school.***

The OTAES team work alongside the family to identify the barriers to accessing preschool, school and playgroups. These may include (but are not limited to):

- Limited literacy and/or difficulty filling in forms (eg, enrolment or immunisation)
- A lack of understanding of the process
- Feeling overwhelmed due to no routine to enable them to get there on time
- Lack of transport options
- Lack of resources (eg. lunchboxes, food for lunches, money for fees or uniforms)
- Lack of confidence
- Negative personal experience with education
- Significant life challenges such as mental health issues, family violence, drug and alcohol issues, disability
- Child has learning or behavioural issues

In the steps outlined above, the OTAES team support the family to identify these barriers and then works alongside them to put in place appropriate supports. These supports may include warm referrals to other services or provision of information but can include very practical supports, such as supporting the family to fill in enrolment forms, accessing funds for uniforms or food, travel training, attending preschool, playgroup or school with the parent as a support person and/or supporting family to establish morning routines.

Sometimes the challenges faced by families (in supporting their child's development and in accessing early education opportunities) can be significant and need a range of supports, information and services. Sometimes, and often in addition to this, families need support around the practical aspects of accessing school, preschool and playgroups. By walking alongside families whilst they navigate the practical aspects of accessing early education opportunities, the OTAES program builds the capacity of the family to develop practical skills and knowledge that builds their confidence and ensures that it is more likely that the family will continue to support their child/ren to access education.

3. Project Impacts

3.1. Data

Data from the DSS Data Exchange over the last 5 years indicates the OTAES program has supported over 480 people, made up of approx. 200 adults and 280 children.

OTAES program has also supported many families to engage their children in early education opportunities, including:

- Playgroups: 133 children
- 3year old kinder: 5 children
- Early Start kinder: 37 children
- 4year old kinder: 114 children
- School: 26 children
- Child care: 11 children

3.2. Outcome Evaluation

In 2017 C4C Bendigo commissioned an independent evaluation as part of the application process for OTAES to be assessed as a 'promising program' by the Australian Institute of Family Studies (Aifs)- (part of the evidence base funding requirement set out by the Dept. of Social Services). The evaluation also contributes to the evaluation of the overarching C4C Bendigo program and as a tool for reflection and learning by program staff. This evaluation was undertaken by Leanganook Yarn, a small consultancy based in Central

Victoria specializing in program design evaluation, facilitation and participation.
(*Evaluation Report available on request.*)

The methodology for the evaluation took an outcomes and an evidence based approach. This included the development of a theory of change and the triangulation of data. Evidence was triangulated from different forms of data including qualitative, quantitative and narrative data.

The theory of change clearly mapped out the intended outcomes of the program. For this evaluation the following four key outcomes (indicators) were focussed on:

1. **Upper Level Outcome:** The Child is actively participating in early childhood educational opportunities
2. **Level C Outcome:** Parents take action to support their child's learning
3. **Level B Outcome:** Families access and engage with services to support the learning, health and wellbeing of all family members
4. **Level A Outcome:** Parents have increased skills, knowledge and confidence in their parenting

The evaluation established that the OTAES program delivered positive and significant outcomes for the target group.

The level of service intensity data combined with the presence of the specified vulnerability indicators supports the outcome that the service is reaching the target population of highly vulnerable families. The level of client engagement data supports the finding that the OTAES service model delivers very-good to excellent engagement of clients with the service.

There is good diversity of service providers referring into the OTAES program, demonstrating the service is well known in the sector. Maternal and child health (including Enhanced Maternal and Child Health) is the key pathway into the service, but even when there are 'enhanced maternal and child health services' available, there are still clients that need more in depth supports. The OTAES program provides supports to clients that are more marginal and need a tailored service that is more in-depth and tailored even than the enhanced MCH service.

The very strong improvement indicated by the quantitative measurement (data collection tool) combined with the alignment of the client-identified issues with the OTAES theory of change outcomes and the specific examples of parents taking action reflected in the MSC stories, provides strong triangulate evidence that the program is supporting parents to take action to support their child's learning and development and improvements in children's behaviour and wellbeing.

The number of referrals made overall and on an individual basis, and the range and type of services referred to, supports the finding that vulnerable and disadvantaged families are being supported by the program through referrals to access services to support the

learning, health and wellbeing of all family members. There is very strong evidence of families being supported through warm and relevant referrals.

The range, relevance and delivery of the referrals also supports a finding that the OTAES workers have appropriate relationships and knowledge of other relevant services. The evidence (above) of families engaging with the services also supports a finding that the workers have the knowledge and skills to make an effective warm referral.

A significant number of the participants' children, as a result of being involved in the program, were actively participating in early educational opportunities outside the home (playgroup/ kindergarten/ primary school). This strongly evidences the program is focussed on and acting towards its stated aim of *supporting vulnerable families to access playgroup, preschool and school*.

4. Current Key Project Worker Insights – Pam Mott

4.1. Achievements

The OTAES workers and the program has:

- used families' understanding of their children to support shared decision-making about each child's learning and development
- created a welcoming and culturally inclusive environment where all families are encouraged to participate in and contribute to children's learning and development experiences
- actively engaged families and children in planning children's learning and development,
- provided information about how families can further advance children's learning and development at home and in the community
- been able to respond to referrals in a timely manner and in ways that meet the needs of individual families, including use of interpreters at all points of contact in the service delivery
- explored needs, wants, hopes and barriers with families, developing plans based on the goals identified
- provided support to parents/careers with understanding and navigating the early years service system, providing accessible information to families re playgroups, kindergarten and school to inform choices and decision making
- supported parents to build on their knowledge, skills, and both personal and external resources, with the hoped outcome of increased confidence in their parenting role, and as an educator to their children – this ranges from having a brief conversation about reading books with children to more structured sessions with parents and children, with a focus on modelling and engagement

- collaborate and work with other services involved with families (where relevant) aiming to provide the best outcomes for parents and children – this can range from phone conversations and emails to participating in case planning meetings
- been able to remain engaged with families for lengthy periods of time (when appropriate) – service involvement can fluctuate depending on needs of the family

4.2. Learnings

That all parents the OTAES program has had involvement with desire positive experiences and outcomes for their children. However, the experiences and circumstances of many get in the way of this happening.

OTAES, being a non-threatening service has provided a platform for parents to be supported to build on their knowledge and understanding of their children’s needs and the opportunities that they can access for them within the community. To observe parent confidence growing through their positive actions and experiences has been a wonderful thing, which I believe for many, may have been unlikely without the individual support that OTAES has been able to provide.

4.3. Challenges

As a worker walking along side families it has been hard sometimes to accept the choices and decisions that some parents might make. My understanding and appreciation of parent mental health issues has increased, and that the extremely complex needs and life situations of some mean that positive outcomes for their children may be thwarted or compromised, (though not at a level of concern requiring child protection involvement). Being able to accept this has been difficult at times.

4.4. Strengths

The non-specific time period that the OTAES program offers really does provide a sense of safety for some families, being able to build rapport over a long period of time. Particularly for families where there is no other service involvement, OTAES has been able to work with many to consider and be open to engaging with other services that could give support that was outside of the OTAES guidelines. This has sometimes been a lengthy process.

The warm referral process has led to many positive outcomes for families and children. OTAES has been able to attend initial appointments with some families in relation to supporting their children, where it was likely not to have happened without that support.

5. Summary

The OTAES program has been a key advocate for vulnerable families over the past 5 years. This early intervention program, which seeks to empower families who are experiencing vulnerabilities using an approach that is holistic, active, flexible and collaborative, has proven to be beneficial.

Families with complex needs (i.e. those that have experienced family violence or live with mental health issues), require a collaborative, wrap around approach from all workers involved, with an understanding of the impacts on children development. OTAES program model also provides opportunities to advocate for timely and efficient referrals to relevant services and supports. Families benefit most when they are supported by skilled workers with broad service knowledge of the sector - this also aids in successful warm referrals.

The OTAES program is an integral part of the existing suite of family support services in Bendigo and offers an approach that meets previously recognised gaps in existing services. Further work is required however to define the program's scope and create a suite of documents to support program delivery.

Case Studies: Supporting Local Families

Case study 1: *Sustaining change*

A young mother and father with a 4yr old and 6 mth old were referred by M&CH, with possible support to enrol in Early start kinder for that year, and for kinder the next year. Mother was reported to have mental health issues related to having had a baby die (second birth) and her older child removed from her care for over 6 months. Initially time was spent building rapport with the family and discussing the world of kinder and early education. A referral for a midyear entry to Early Start kinder was made and OTAES supported the orientation visit to kinder and the first day of attendance. OTAES used brokerage to provide a back pack and lunch box and spent time discussing healthy lunch box options. Also explored and developed some strategies related to routines. The mother seemed keen. Over the following 6 months, the child attended kinder only sporadically and the family were very difficult to engage with, not answering calls and cancelling appointments. On the occasions when there was engagement, the mother had many reasons why the child hadn't been attending, and although open to exploring the barriers, showed little commitment to addressing them.

The second year of kinder was similar and OTAES worked with the kinder teacher to support the family to attend. It seemed that even after exploring and working on the issues that were getting in the way of the child attending regularly and for periods longer than a few hours a time, the family were often unable to carry through with goals.

The by mid-year of the second year of kinder, it was clear that the child was experiencing developmental delays, OTAES supported a referral to Early intervention, and family support but the family didn't carry through with them. They were open to their child attending a third year of kinder and the kinder and OTAES continued to have discussions around the importance of regular and timely attendance at kinder and connection to early intervention.

By the third year of kinder, the mother was building a greater rapport with OTAES and the teacher, and attendance was improving. The mother started sharing some of her personal experiences re the death of her baby and the removal of her son and how this had been impacting on her trust in others and fear of services, and her mental health. She also shared an issue to do with her physical health which was getting in the way of her being able to use public transport when the father was working. Taxi vouchers were provided which she used. Around this time, continued discussions led to another referral to Early Intervention. It took some time to get to the stage where they were actually engaging with them as there were many unanswered phone calls and missed appointments, but the child was regularly attending kinder and showing improvements in language and other areas of development. OTAES supported the family with the next stage, being school enrolment and arranged for a family meeting with the principal, prior to the orientation process. The Early Intervention worker also engaged with the school and plans were being developed for the support of the child in the school setting.

Alongside this, an early start referral was made for the 2 ½ year old for kinder for 2020 and there was greater enthusiasm shown by the family for this to occur.

By the time school started there was a new baby in the family, but in spite of this the mother was showing commitment to both children attending their early education settings. She was attending most appointments, and asking for support with paperwork and following up with most things in a timely manner. She has since been engaging well with the school teachers and welfare teacher, and accepting support from them and the Early Intervention worker, accepting their advice and taking action to meet the needs of her children.

When I reflect on the journey with this family, I believe that the ability of OTAES to be involved with the family for the long time period, enabled a trusting relationship to be formed and for the mother to be able to also build relationships with other services. Even though there was always an acknowledgment of the baby who had died, and information provided to her re counselling at several points, it has only been recently that she has said that she is ready to do so. I observe her now to be more confident to engage with services and advocate for her children. She has expressed that she feels more able now to meet her children's needs outside the family, and has stated that the OTAES program's long involvement has helped her to develop trust in services, and her own capacity as an active parent.

Case study 2: *Creating connections*

A mother was referred by Maternal and Child Health with her 6 month old baby. Originally from Cambodia and experiencing some language barriers, she was very isolated, her husband working shift work and living in a share house they were basically living in one room. Mother was very open and keen for information about parenting and supporting her baby's development.

A referral was made to the Imagination Library and mother has given ongoing feedback about the delight in reading with the baby that she and her husband got and observing her related pleasure and development. OTAES also provided other information about play ideas, building on the existing skills and knowledge of the family and working within the limitations of the environment.

Mother was keen to join a playgroup for her baby to have more room to move around, have new experiences and for them both to make social connections. She only had access to the car on some occasions. She expressed a lack of confidence to be able to go anywhere new initially, needing support with the physical process of getting there, introductions, and navigating the new environments and peoples. She decided on a playgroup that was walking distance and OTAES was able to walk with her the first day and stay with mother and child.

On that first day, the mother expressed delight in the way that her baby engaged with the environment and when she clapped hands for the first time during the singing. The mother interacted with some of the other mothers, exchanging anecdotes with another mother with a similar aged baby, and commented later on the friendliness of the people. She said that she felt confident to attend alone next week.

Later, after moving house, the mother requested support to join another 2 playgroups that she could get to by car when she had access to it which would mean that she and baby could get to at least one a week, if not more. Also at the mother's request, OTAES provided the same level of support initially, (still lacking confidence to go anywhere unknown) and they followed in their own care to the new playgroups and stayed with them initially.

In follow ups with the family, the mother spoke about three friendships she had made that were now extending beyond the playgroup setting. She spoke very highly of the playgroup experiences for herself and the baby. OTAES also supported mother and baby with information about local environments like parks, pools and events. She expressed a growing confidence in attending new situations unsupported. Her husband expressed gratitude to OTAES for helping his wife to get out and meet others and for the benefits for the baby. The mother regularly thanked OTAES for the support and for the difference it has made in their lives.