A Research Evaluation of the School-Centred Community Hub Initiative

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REPORT
for
Stronger Families Alliance, Connect Child and Family Services Inc,
and the Sidney Myer Foundation

NOVEMBER 2010
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A Research Evaluation of the

School-Centred Community Hub Initiative

Michael Singh and Christine Woodrow

EXECUTIVE SUMMARY

The Blue Mountains School-Centred Community Hubs (SCCH) Project is an innovative initiative of the Blue Mountains Stronger Families Alliance (SFA). The SFA is a strategic collaboration among government, non-government and community organisations representing all possible interfaces Blue Mountains families are likely to have with agencies providing for the care and education of young children aged birth to 12 years. The SFA, with the support of the Sidney Myer Foundation, has developed three School-Centred Community Hubs (SCCH) in disadvantaged areas of the Blue Mountains in New South Wales. The goal of the Hubs is to contribute towards disadvantaged children, between the ages of 0-6 years meeting their age-appropriate milestones. The Blue Mountains SCCH Project proposed achieving this through three interrelated strategies, specifically:

1. improving the children’s home learning environment;
2. enhancing child centred referral networks and
3. enabling successful transition to school.

The SCCH is a locally developed initiative that responds to a broader national and international policy imperative to strengthen provisions for young children and their families. Such initiatives are informed by a growing research evidence base about the significance of the early childhood years and the alienation, marginalisation and social exclusion sustained by families experiencing financial and other forms of hardship and the impact of these on children’s school success, life chances and trajectories.

There are many complex issues of research methodology in the evaluation of integrated program delivery; many of these are the subject of significant debates. The Stronger Families Alliance decided to have this evaluation carried out with the aim of catching qualitative snapshots of how the Blue Mountains SCCH Project was creating outcomes for families and
their children based on interviews and a questionnaire. It was understood that this evaluation would provide a snapshot of the program. The specific research questions that the research evaluation team was asked to address about the Blue Mountains SCCH Project involved obtaining evidence from key stakeholders with regard to the following:

1. Have the School-Centred Community Hubs attracted disadvantaged children and their families?

2. Have the School-Centred Community Hubs contributed to disadvantaged children reaching their age-appropriate developmental milestones between 0-6 years?

3. Has the home learning environment of disadvantaged children been improved through participation in the School-Centred Community Hubs?

4. Have barriers to disadvantaged children’s development been addressed through successful referrals made through the School-Centred Community Hubs?

5. Has disadvantaged children’s participation in the School-Centred Community Hubs enabled them to meet recognised school readiness outcomes?

Before proceeding to an explanation of the research process and an overview of the key findings, it is important to provide an overview of the organisational context in which the School-Centred Community Hubs operate. To this end it is important to understand the Stronger Families Alliance and how it developed the model of the School-Centred Community Hub.

The Stronger Families Alliance

The Stronger Families Alliance was originally launched early in 2006 as the Blue Mountains Stronger Families Planning Group (SFPG) with a series of three facilitated workshops. It had its origins as a State Government, Local Government and Community Sector partnership. Collectively the Stronger Families Alliance represents all the possible inter-faces Blue Mountains families may have, either directly or indirectly, with government and community organisations supportive of the care and education of children aged birth to twelve years old. The Stronger Families Alliance mandate is the local implementation of international and national policies that will support excellent childhood development in the Blue Mountains. The purpose of the Stronger Families Alliance is to work collaboratively to:
Executive Summary

1. Identify a shared vision and outcomes for the support of children and families in the Blue Mountains and
2. Collectively plan a pro-active, shared strategy for meeting outcomes set by the group.

Increasingly, countries around the world, from Chile to Australia, are working to improve prevention and early intervention strategies that address risk and disadvantage facing vulnerable families and their children. Organisational refocussing is a key strategy of the Stronger Families Alliance for addressing this problem. Achieving the outcomes set by the Stronger Families Alliance involves member agencies making coordinated changes within their individual organisations and/or forming issue-based, time limited project teams in order to create a local environment more supportive of children and their families (see Figure 1) and responsive to the current conditions. Key refocussing strategies include: developing and using local evidence; designing, implementing and evaluating new services (alongside decommissioning); fiscal control; mainstreaming reforms and ensuring sustainability; and structural reorganisation. In considering the ‘how’ and ‘why’ of such refocussing activity, Axford and Little (2006) identify five benefits of such reforms: better inter-agency working; greater cost efficiency; improved practice; improved outcomes and outputs; and enhanced user and staff satisfaction.

Figure 1: Stronger Families Alliance Governance Model (2010)
The refocussing strategies of the Stronger Families Alliance allow programs to be developed with little new money and a high level of local discretion over program design, but the negative is that the small amount of funding available for such programs relative to the labour costs involve, require considerable largess on the part of the staff involved.

*Why was the Stronger Families Alliance established?* There is agreement across all areas of the human service and education fields that no one organisation can respond adequately to the increasingly complex needs of children and their families. Despite this, organisations working with children and their families have historically been funded to work in isolation from each other. The failure of this fragmented way of working is evidenced by adverse trends in the developmental health and well-being amongst Australian children and adolescents. The Stronger Families Alliance was formed as a local response to this problematic organisational situation. The Stronger Families Alliance was convened based on evidence showing that the most likely way to make a difference to the lives of children and their families is through organisational refocussing directed at development of comprehensive and coordinated service systems, with a local community focus. The Stronger Families Alliance works towards service integration. This effort at re-focussing entails creating coordinated, comprehensive and continuous service support to children and their families within a prevention and early intervention frame. In other words, this collaboration, involves linking all the services a family might need in order to enhance accessibility and ensure availability of different services as the child develops over time. Thus, an over-arching goal for the Stronger Families Alliance is to work towards collaborative service delivery amongst the many and varied organisations they collectively represent.

*Who belongs to the Stronger Families Alliance?* Central to the Stronger Families Alliance are representatives from diverse Federal, State and Local Government agencies and community organisations, who have the power to make decisions about planning and resource allocation in the Blue Mountains. The *Stronger Families Alliance* is convened and resourced by Blue Mountains City Council. Organisations or networks currently in the Stronger Families Alliance include:

1. Aboriginal Cultural Resource Centre;
2. Blue Mountains Children’s Services Forum;
3. Blue Mountains Child & Adolescent Protection Interest Group (CAPIG);
4. Blue Mountains City Council ~ Community Outcomes;
Who convenes the Stronger Families Alliance? The Blue Mountains City Council convenes the Stronger Families Alliance in partnership with Nepean Families First’s Service Network Project and Mountains Community Resource Network (MCRN)

The Blue Mountains City Council, through its Community Development Department has a specialist child and family portfolio responsible for service development in the Blue Mountains. The Nepean Families First’s Service Network Project is part of the New South Wales Government’s Families First strategy to increase the effectiveness of child and family prevention and early intervention. Families First has many innovative projects in the Blue Mountains within the Nepean Service Network Project, being a key partner within the Stronger Families Alliance. The Mountains Community Resource Network (MCRN) is a peak community organisation and community network in the Blue Mountains, integral to the resourcing and sustainability of the Stronger Families Alliance.

How does the Stronger Families Alliance operate? As noted above, the purpose of the Stronger Families Alliance is to collaboratively identify shared outcomes for children and families in the Blue Mountains and to collectively plan a pro-active, shared response to move towards achieving these outcomes. A distinctive feature of the Stronger Families Alliance is the collaborative working relationships members and their agencies establish with each other. This means that through the process of achieving the purpose of the Stronger Families Alliance, member agencies also develop stronger working relationships with each other. To date the Stronger Families Alliance has:
Executive Summary

1. participated in workshops designed to form the Stronger Families Alliance itself, network and explore how different agencies can to work together.

2. been exposed to leading international policy and practice concerning organisational refocussing so as to create coordinated and comprehensive child and family local level systems.

3. identified the ‘positive core’ of service system coordination and comprehensiveness in the Blue Mountains by establishing what is working in this locality and how the Stronger Families Alliance can build on this.

4. identified and developed a vision for action in the Blue Mountains in two key areas, namely raising awareness about the importance of parenting and improving early childhood education access.

5. formed two collaborative partnerships with other agencies outside the Stronger Families Alliance to under-take time-limited projects addressing these action areas. Collaborative working groups were formed around each project to give the leadership group first-hand experience in working in a trans-disciplinary, collaborative team and to create positive change in communities.

How did the Stronger Families Alliance develop the School-Centred Community Hub Model?

The School-Centred Community Hubs were developed by the Stronger Families Alliance in response to identified community need and new evidence from research in the field of early childhood about how to create positive early childhood outcomes. In 2006 the Stronger Families Alliance identified projects in the Blue Mountains which offered families continuous, coordinated and comprehensive services. These ‘high-points’ in the service system were analysed to determine common success factors. These success factors were used to understand how to grow integrated service delivery as a norm in the Blue Mountains. Further developments were built upon this grounded understanding of what supported continuous, coordinated and comprehensive service delivery could mean locally. Steering Committees established in each Hub contribute to program development and the development of the referral network. The Steering Committees give each Hub a basis for sustainability and advocacy as a result of the supportive network of services it forms.

Early in the Stronger Families Alliance’s development it familiarised itself with research-based knowledge of ways to develop local level Hubs to integrate services in the Australian
context. This work was highly relevant to the Stronger Families Alliance at the time the group was looking for a model enabling systematic implementation of its service integration mandate. In early 2007 the Stronger Families Alliance agreed to pursue ‘school centred’ community hubs as a core strategic direction following the recommendations in this report. The centre of the Hub was placed in schools for multiple reasons including that this type of model made sense in a large, geographically dispersed community. The Stronger Families Alliance accessed key international research about school hubs which was used to build its knowledge of different hub models and their benefits.

By 2007 the Stronger Families Alliance began synthesising ‘lessons learnt’ from these two collaboration projects, one of which had flourished while the other had collapsed. The flourishing collaboration had focussed on increasing early childhood education in the target community. The Stronger Families Alliance decided to evolve this project into a pilot School-Centred Community Hub using resources gained through service re-focussing and a Sidney Myer Fund grant. At this point the Stronger Families Alliance enunciated core principles for underpinning its trial implementation of the Hub model. These principles are that:

1. The centre for each Hub will be local primary schools as this is the first truly universal entrance-way into the child and family system after birth.
2. Hubs will be managed by local steering committees whose membership will work together collaboratively.
3. The Hubs’ overarching task is to reach children as young as possible and, therefore the development of relationships between the school and early childhood services is a key priority.
4. All Hubs will be linked to a Stronger Families Alliance executive group for governance.

In 2007 the Stronger Families Alliance selected collaborative outcomes planning as a suitable tool to create a shared strategic plan for the Hubs. Further, the Stronger Families Alliance experimented with the application of strengths-based organisational change management models to service sector re-focussing. This resulted in a model of service sector change in the Blue Mountains that combines ‘top down’ strategic planning developed using collaborative outcomes planning procedures, and ‘bottom up’ strengths-based change management processes. In 2008 the Stronger Families Alliance began developing a second School-Centred Community Hub entirely from re-focussed service funds. It also developed the necessary
Executive Summary

governance, replication, learning and development structures to manage multiple Hubs across the Blue Mountains. In 2009 the Stronger Families Alliance oversaw the development of a third SCCH and new development strategies continue to be piloted at that site. The Stronger Families Alliance continues to refine its model and its potential for replication by developing Hubs in other centres. These on-the-ground developments have been supported by governance structures created within the Stronger Families Alliance. These include the Stronger Families Alliance’s School-Centred Community Hub Executive which is responsible for sustainability, replication, learning and development. The Stronger Families Alliance’s Funding Committee is responsible for sourcing funds and expending money in ways that increase collaboration.

Data collection and analysis

This research explored the research questions with key stakeholders involved in each of the three Hubs. This included those responsible for the Project’s management and leadership, those professionals engaged in the Project’s day-to-day operations, school personnel and parents. Given that the Blue Mountains Stronger Families Alliance SCCH Project proposed to use an outcomes-based framework it was anticipated that the analysis of data documenting projected outcomes and predetermined measurements for analysis would give a picture of its effects over time, as well as being informed by retrospective accounts of its key stakeholders. The research process took into account the following key considerations:

1. An emerging body of research-based evidence claiming to indicate the effectiveness of community Hubs in creating better outcomes for disadvantaged children, families and communities, and

2. The significance of this evaluation of the project given the interests of the Blue Mountains SCCH Project’s Managers and the funding body, the Sidney Myer Foundation, in consolidating the existing Hubs and in exploring possibilities for upscaling its operations.

The research team collected evidence by travelling to the sites nominated by the Project Steering Committee, and worked to ensure the least amount of disruption to work schedules. Interviews were held at the offices of service providers and at Hub sites along with two teleconferences. Data collection occurred between March and June 2010. All interviews were transcribed either fully (11) or partially (4). Table 1 lists the stakeholder groups. In total, four visits were made to the Hubs during sessions, where parents/carers (37) of children in
attendance were invited to complete a questionnaire. The questionnaire was completed by parents/care givers who volunteered to participate at each of the three Hubs (see Appendix 1).

### Table 1: Data Collection

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<th>In–depth interviews</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>Principals</td>
<td>2</td>
<td>1 Current, 1 Previous Staff</td>
</tr>
<tr>
<td>Parents</td>
<td>3</td>
<td>Parents self-nominated to provide additional information on completion of their survey</td>
</tr>
<tr>
<td>Hub Facilitators</td>
<td>3</td>
<td>2 Current, 1 Previous Staff</td>
</tr>
<tr>
<td>Stronger Families Alliance</td>
<td>3</td>
<td>Current Executive Staff</td>
</tr>
<tr>
<td>SCCH Executive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DET NSW personnel</td>
<td>1</td>
<td>Current Regional Director for Penrith Blue Mountains</td>
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**Focus groups**

| Centre for Social Research Policy, UNSW | 1 | Consultative Focus Group (3 UNSW Staff)                                |
| Stronger Families Alliance Steering Committee | 2 | Consultative Focus Groups                                              |

**Hub data**

| Attendance records          | While incomplete the records showed number of new families enrolled over time |
| Referral notes              | Informal records indicate range of service referrals                        |

**Questionnaire**

| Parent questionnaire | 37 | provides insights into services used by parents, their need and usefulness |

The data analysis adopted measures established by Miles and Huberman (1994) for data reduction, display, verification, and the drawing of evidence-driven conclusions. The approach to data analysis used involved five measures:

1. open coding provided the basis for an evidence-driven approach of assigning labels to meaningful sections of information and to analyse the whole data set generated during the study.

2. data from the 37 parent questionnaires were tallied and tabulated with scores and percentages generated. Tables and bar graph representations of this data appear throughout Chapters 4-8.
3. axial categorisation was used to subdivide this mass of data segments according to their emergent patterns, relationships and themes. The transcribed interviews were analysed to identify the emergent themes in relation to the research questions. As themes emerged across the responses these were recorded and provided the framework for the analysis presented in Chapters 4-8.

4. interpretive summaries were produced focussing on the insights to be drawn from this analysis and

5. evidence-driven commentary units were created.

Emerson, Fretz and Shaw (1995) offer an approach to data analysis that includes: (i) a key analytical point; (ii) orienting information; (iii) the evidentiary excerpt; and (iv) interpretative commentary. However, through his work as a research educator Singh (the first named author of this report) has developed a more conceptually driven analytical approach using these ideas. His approach to “evidence-driven conceptual analysis” was used in this study and entailed selecting relevant evidentiary excerpts, and then explaining the key concept that relates to this excerpt. This was followed by providing an introductory statement before the evidentiary excerpt which identified the analytical concept, together with an accompanying statement explaining the relevance or value of the evidence being presented.

**Constraining factors**

A number of factors exist that constrained the research design, data collection and interpretation for this evaluation and must be taken into account in any reading of the study findings.

**Scale of the Research**

Research is almost always a complex, time consuming and expensive undertaking. However, whilst the resulting data itself is rich and provides convincing evidence of a successful, innovative, potentially transformative and much appreciated program, the findings are indicative rather than conclusive and rely heavily on interview data. Across the Hub sites, attendance and evaluation data is both incomplete and inconsistent, and a further evaluation project would require the systematisation of these, and possibly other instruments across the sites and a relatively sophisticated (and therefore resource intensive) integrated research plan. We learned for instance, that teachers in the schools were typically unaware of which of the
children in their Kindergarten class had attended activities of the SCCH. Tracking of these children raise important ethical and cross-institutional communication challenges that the SCCH may in time be able to address, but in the short term are somewhat problematic.

These factors are complicated by the challenge of establishing statistical significance due to the relatively small sample size across the SCCH initiative at this stage.

In addition, the SFA has established, as it should, high expectations for the impact of this program. However, given the philosophical underpinnings, the voluntary nature of participation, and the short duration (2 hours per week) of the core activities such as the supported playgroup, it may be unreasonable to expect that the program will deliver measurable outcomes on such factors as meeting children’s age-appropriate developmental milestones, improving the home learning environment and school readiness outcomes. Establishing cause and effect relationships in the Human services are notoriously difficult to achieve. Research design is further complicated by the potential challenges of in-house data collection on a regular basis by the Hub Facilitators, who, it seems are fully occupied with their engagement with Hub participants, and for whom extensive data collection on referrals, disadvantage, attendance, parental needs and developmental achievements may be an unreasonable burden, and unattainable goal.

**Multilevel Ethics Approvals**

The revised research plan required the Department of Education and Training Research Approval Process (SERAP) to be instigated in addition to the University of Western Sydney ethics approval process. Whilst the UWS process was relatively straightforward and approval was readily obtained, there were considerable delays with the SERAP process, that were outside the researchers’ control, but did also include the requirement to redraft instruments that were seen as ‘sensitive’ particularly around the concept of disadvantage. This extended process resulted in there being an all-too small window of opportunity during which to undertake school-based data collection.

**Exigencies of Context**

In general, there was a high level of interest in participation in the data collection process. Representatives from the services and parents were generous with their time and contributions. However we were unable to access data sources from one site where we perceived a reluctance to participate in the research, at least in part due to extensive school
renovations. Changed staffing arrangements also contributed to some inconsistency in records in some sites.

Findings

The School-Centred Community Hubs that have been established by the Stronger Families Alliance provide a range of services including community engagement, parent programs, supported playgroups and transition to school activities, as well as Hub facilitation, professional development, and the formation and oversight of Hub steering committees (see Figure 2). Overall there is evidence that the quality of relationships between the parent and the service provider was high and characterised as positive, respectful and beneficial. Shared decision-making is evident in Stronger Families Alliance and Hub Executive Committees. The Hubs employ a model of universal service provision with ‘soft-entry’ support and non-stigmatising interventions and settings. In so far as the Hubs are located in primary schools they do much to minimise the practical or structural barriers to accessing their services. Through the provision for referrals to support agencies, the Hubs provide families with help in accessing other intervention services, but these are mostly not related to crises. The Hubs are open to immigrant families, with staff demonstrating considerable cultural awareness and sensitivity.
The role played by the community-based SFA in engaging with schools has been transformative for some of the schools. This has broadened school leadership’s understanding of the role and potential of schools in supporting early childhood development outside of compulsory schooling. Initiatives to engage schools and community agencies, including child health and women’s support services in the Hubs are at the cutting edge of the international move to:

a. increase the role of schools in early childhood development and family support (Hughes 2010) and

b. develop integrated service models through seamless support and referral services that overcome traditional institutional boundaries (Siraj-Blatchford, Clarke & Needham 2007).

1. **Have the School-Centred Community Hubs attracted disadvantaged children and their families?**

The concept of disadvantage proved to be somewhat problematic and diffuse in the SCCH. Low income, rent or mortgage stress and limited access to services may be indicators of disadvantage. A multi-dimensional conceptualisation of disadvantage along a continuum that may occur at particular junctures in life trajectories irrespective of family income and broader well-being indicators was described as being useful within the SCCH model. Parents self-identified as ‘isolated’ or ‘lonely’ (concepts that may indicate disadvantage) in the surveys when identifying the benefits of the SCCH. The SCCH is premised on a strongly shared understanding across the Hub sites that the local public school is a universal community entry point for all families and ideally positioned to attract families with young children. The idea of a universal non-stigmatising approach is central to the Hub as an intervention program. Playgroups and community engagement activities open to all young children and families are seen as more likely to draw all families, but especially disadvantaged families, and particularly activities of low cost. However, within funding and policy agendas, a tension emerges between this universal, soft-entry approach and addressing the needs of disadvantaged children and families, responding to the recognised importance of providing access to families with the services they need, and meeting the requirements, priorities and targets of the various funding agencies. It also creates challenges in determining whether the funding priorities are being met.
### Table 2: Disadvantaged Families

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<tr>
<th>Supporting disadvantaged families</th>
<th>families who are “more disadvantaged” have many fine qualities, resources and skills. I try to tap those skills - looking at what people are good at, what they’re strong at. <em>(Hub Facilitator)</em></th>
</tr>
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<tbody>
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<td>Engaging disadvantaged families – A universal strategy</td>
<td>.....makes engagement easy for people....people come there with the sole purpose of having somewhere for their child to play and maybe get a cup of coffee and talk to another parent. That’s all...there won’t be any other agenda.’ <em>(Senior Manager)</em></td>
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| Targeting disadvantaged families | ...by the nature of the events...there hasn’t been exclusiveness about making it just for the disadvantaged families. It’s about making things either cheap or free. It’s very important to have low cost or free food.... having activities that are fun and easy to enter into *(Hub Facilitator)*  
If you start to dig below that, then you start to see some of the other things that are happening. And in this case we’ve had one of the Facilitators, for arguments sake, has been a worker from the Women’s Refuge ... so her expertise being domestic violence *(Senior Manager)*. |
| Providing parents with the support they need (or didn’t know about) | There’s Health, Blue Mountains Family Support and Lower Mountains Family Support [now Gateway Family Services], “Wimlah” which is the Women’s Refuge; Women’s Health Centre, (we’ve recently had them come to Coffee Club to talk about what they offer), the Blackheath Area Neighbour Centre which now has a much greater child and family focus and they have a worker for that now, the Local Preschools and Early Childhood Health, and Blue Mountains Outreach Community Services. There is also Gunnedoo to which we can refer people. That’s for families with child protection issues. They offer counselling and parenting courses and other things and also the Child and Adolescent Development Unit at hospital. *(Hub Facilitator)* |

2. **Have the School-Centred Community Hubs contributed to disadvantaged children reaching their age-appropriate developmental milestones between 0-6 years?**

In terms of the expectation that the Hub may contribute to the achievement of disadvantaged children’s age-appropriate developmental milestones, parents indicated that participation in the SCCH activities was useful in facilitating their children’s development.
Table 3: Children's Development

| Language development | “Negotiating social situations; Speech improvements”.  
| “In terms of connecting and interacting with other children. Learning conversation and negotiating skills.” |
| Social skills | “Learning life skills in new environment”.  
| “Making new friends. Learning to share. Negotiating social situations”  
| “Sharing and interacting”.  
| “They have to learn to share and get on” |
| Fine motor skills | “Perhaps improving dexterity and spatial awareness”.  
| “Helping with hand eye coordination, playing skills improved”.  
| “exploring a wide range of toys and art and craft materials” |

3. Has the home learning environment of disadvantaged children been improved through participation in the School-Centred Community Hubs?

Parent data provided an indication that participation in the SCCH supports learning in the home and that things learned and activities experienced through participation in the SCCH are valued and sometimes influence other home or family-based activities. Opportunities are also available through the SCCH for families to participate in more formal parent-education programs. Data from the parent survey and interviews provided a stronger indication of the impact of participating in Hub activities on both parents own well-being and in what they provided for their own children at home. Whilst parents primarily saw the value for themselves in the SCCH, whether it be the community engagement strategies, parent programs, supported playgroups and transition to school activities, as being able to connect and socialise with others, most parents also reported learning from observing the use of different toys and crafts, as well as seeing the settings as a useful source of information, especially from other parents in a similar situation to themselves. Participating in the SCCH activities influenced parents to engage in craft, painting, drawing, playing, exploring and other fun activities with their children at home. Many parents indicated on their survey that they took some of the ideas home.

Participation also gave parents pleasure in watching their children learn and play with others, as well as providing insights into their own children and their strengths and interests. For some parents their observations suggested areas to strengthen and follow-up at home. The importance of the SCCH activities as a social space that provided emotional support for parents and ‘timeout’ for parenting cannot be underestimated. Parent highly valued the opportunities provided by the SCCH activities for ‘relaxing’, and to meet other parents. This
minimised stress, helped overcome loneliness and created a basis for forming friendships. Some of this carried over into other parts of their lives: For a number of parents, the regularity of the playgroup was welcomed as it gave a focus and point of interest to their lives. For others the opportunity to informally exchange perspectives on parenting and gain information was important.

A number of parents made reference to the low cost or inexpensive and informal nature of these SCCH experiences. Whilst there is little direct evidence that ‘disadvantaged’ families are utilising these services, there is a clear implication by frequent reference to cost and informality, that economic considerations are important for the participating families. In addition, the strength of response highlighting the importance of the social dimensions of friendships, overcoming isolation and self-reference to being a ‘single parent’ or ‘recently moved to the area’ imply that a number of families accessing these activities may well be experiencing life challenges related to social isolation and the need to balance family expenses. The parent data from this research provides evidence that families, both children and parents, are finding considerable value and support in participating in the SCCH. This is so much so that some parents have continued their involvement beyond their child’s school commencement.

**Table 4: Types of Continued Involvement**

| ‘We have a few more ideas up our sleeves re certain fun activities for the littlie.’ | ‘I have seen activities he likes and also seen areas of his social development that need to be worked on.’ | ‘More friends!’ |
| ‘We do more creative things, eg drawing, painting.’ | ‘Knowing my child better.’ | ‘Great networking for Mums/Dads, passing on clothes, help.’ |
| ‘... pick up different ideas for craft play.’ | ‘Satisfaction watching my son mix with large groups of children/learning new skills/ and enjoying himself.’ | ‘Regular social contact with other parents.’ |
| ‘It has helped me to learn about what toys and new activities my child is into.’ | ‘As a parent very happy to see child play and learn.’ | ‘Opportunity to talk, time-out with other parents.’ |
| ‘We do some of the craft ideas we see at the Hub.’ | ‘Being able to watch my child learn and grow.’ | ‘Wonderful new friendships.’ |
| ‘More singing – we sing the songs we learn together here.’ | | ‘Benefited socially.....we moved into the area permanently this year and it’s been a great way to get to know parents and children.’ |
| | | ‘I feel a sense of community, support and friendship. An increased sense of connectedness with other parents.’ |
| | | ‘A great resource of information and advice.’ |
| | | ‘Discuss issues with facilitator (behaviour etc.)’ |
| | | ‘A chance to swap stories /parenting challenges.’ |
| | | ‘Being able to ask questions and spend time with other parents.’ |
| | | ‘The routine of something to go to.’ |
4. **Have barriers to disadvantaged children’s development been addressed through successful referrals made through the School-Centred Community Hubs?**

Parents reported on the usefulness and appropriateness of referrals to other agencies and their participation in parent education programs. Parents accorded the playgroup experience ‘very satisfied’ rating (77%), and the rate of parent take-up of parent education programs (18%). A playgroup or parent-child group was accessed by 92% of the parents surveyed, whilst GP services were needed and used by 80%. The next most frequently accessed were the maternal and child health nurse (39%), hospital emergency departments (37%) and a paediatrician (30%). Far less parents/carers accessed dental (18%), psychiatric or behavioural services (5%) and hospital outpatients (17%). More families recorded either a ‘very satisfied’ or ‘quite satisfied’ rating compared to those who found the service ‘somewhat’, ‘a little’ or ‘not’ useful. All families who accessed speech therapy were ‘very satisfied’ although it was only two. Satisfaction levels were high for most families accessing services for their child attending the Hub. The most needed services for other family members were the parent support and education courses and specialist medical services both of which were accessed by 17% of parents surveyed. However the majority of services were not accessed. All services were valued by the families accessing them, the least being a Housing Service. Parenting support groups (78%) and other counselling services (75%) were rated highly.

5. **Has disadvantaged children’s participation in the School-Centred Community Hubs enabled them to meet recognised school readiness outcomes?**

The SCCH is undertaking significant initiatives in supporting successful school commencement, including transition to school play and learning groups. The evidence points to the success of these experiences. For many parents, a key benefit of their participation in the School-Centred Community Hub related to the opportunity it provided for the development of their children’s social and emotional skills needed for schooling. For example:

> learning turn-taking, learning to be around other children, learning important social skills, learning life skills, social interaction and independence, will be more ready to integrate with her peers. (Parent Survey Response)

Similarly, some parents felt that the school-based experience help their child develop a capacity to learn school like behaviours, such as…”learning to listen to other adults, take instructions from other adults concerning rules/activities, and how to mix with large groups
of children his own age – playing as a team”. Parents saw these as helping their children develop independence and dispositions required to make successful transitions to school. Parents valued aspects of the school-based playgroups, such as opportunities for children to get to know and form friendships with children with whom they would be attending school,

“she will know others that are starting with her, and knows the school too”.

“getting to know others, establishing friends pre-school, seeing others in a school setting”.

Parents indicated that making friends was especially important for developing their children’s sense of self-confidence and security. A number of parents also indicated participating in the school-based groups gave them a stronger sense of involvement with schooling and school activities, and for their children and themselves, familiarity with the physical environment of the school.

Contributions to knowledge

This research evaluation has generated five significant contributions to knowledge with respect to the School-Centred Community Hubs: a rich array of data; a raft of intellectual resources; a valuable set of instruments; a wealth of recommendations for action and a research plan for future undertakings.

Rich array of data

This project has generated a rich array of data which can be used to better inform continuing improvements to the School-Centred Community Hubs. This research evaluation provides an evidence base for arguing the case for locally embedded, educationally oriented, inter-agency child and family services such as the Hubs. Given that this decentralised model is built around the networking of child and family service agencies, there is a need for a fulsome appreciation that this data points to the variability in provision and monitoring that arises as a consequence. However, it is important to recognise that strategic decisions about the funding, program operations, professional learning and nature of family engagement in service provision are rooted in values rather than the analysis of data.
Raft of intellectual resources

A raft of intellectual resources has been identified by this research evaluation which can be deployed for professional learning, advocacy and campaigning in the field. Leaders in the field of children and family services are likely to find such intellectual resources important in forming, informing and transforming policy, programs, funding and organisational commitments. Such intellectual resources are important for leaders committed to cultivating a broad based constituency supportive of such interventions. Research based knowledge like this is especially important given the long lead time for benefits to accrue from such important interventions in and by communities. Perhaps, it is even more important given the relatively small proportion of the public budget invested in children before they go to school, and especially projects such as this.

Valuable set of instruments

A valuable set of instruments have been generated, and their refinement for use in the Hubs can provide important resources for professional learning, team building and further data collection. The following instruments for professional learning have been provided:

a. Attendance Records

b. Multiple Weeks Attendance Form

c. Family Information Survey

d. Term Summary Attendance Form

e. “My First Health Record” (Blue Book) (NSW Health, 2009)

f. Developmental Milestones 0-5 – South Australian Health

g. Parents’ Evaluation of Developmental Status (Peds)

h. Parents’ Evaluation of Developmental Status: Developmental Milestones (PEDSDM)

i. National Early Years Learning Framework (Australian Government DEETWR 2009)

j. Hub Play and Chat Group Evaluation Form

k. Parent Form – Referrals for the Child attending the Hub
Executive Summary

l. Parent Form – Referrals other Family Members

m. Summary Referral Form

n. Playgroup Inquiry and Referral Information

o. School Readiness Checklist (New South Wales Department of Education and Training)

Wealth of recommendations for action

This research project has generated a wealth of recommendations for action that could improve the quality of service provision and strategies for enhancing the opportunities that children and their families have for making a success of their lives. Key recommendations include that:

1. The instruments identified in this report be tested, further developed and refined through collaborative professional learning by staff and parents as a basis for generating evidence regarding the Hub outcomes.

2. Careful consideration be given to the preconditions for successful service delivery and the ‘threshold’ factors be used to tests the Hubs’ effective engagement of vulnerable parents.

3. The AEDI information be considered in relation to how communities are supported for the development of their children before school.

4. Further research be undertaken to produce an instrument for measuring young children’s age-appropriate development in contexts such as the SCCH.

5. Everyday records commonly used in the Hubs be used as data collection instruments, and digitalised if possible.

6. Data collection instruments be understood as providing early childhood and family services professionals with purposeful, accurate, valid information in a given domain on which they can draw to inform their value-based decision-making within the constraints and opportunities of their work.
7. Consideration be given to referrals to agencies that could help in up-skilling parents to secure higher levels of employment, such as vocational education and training.

8. Referrals and parent education might usefully be directed at information to assist families experiencing rent or mortgage stress.

9. Producing a document detailing the range of children and family services, financial advice and, education and training opportunities that could be of help of disadvantaged families should be prepared for distribution to parents on their first attendance at the Hubs.

Research plan for future undertakings

A research plan has been proposed for future undertakings to establish a strong research-based culture of quality at the operational level of the Hubs and the inter-agency Managerial level of the Stronger Families Alliance. This research plan emphasises the interrelationship among three key elements:

1. that future research adopts a strong collaborative model, reflecting the organisational arrangement of the Stronger Families Alliance, including the direct engagement of both parents and facilitators in refining the design of the research,

2. that future research focuses on the expected outcomes of the School-Centred Community Hubs, as much as the unanticipated outcomes, and

3. that such research documents the inter-agency Managerial and governance model which is the key to underpinning the school-based play and chat groups.

Citation details:

CHAPTER 1
INTRODUCTION

The Blue Mountains School-Centred Community Hubs (SCCH) Project is an innovative initiative of the Blue Mountains Stronger Families Alliance (SFA). The SFA is a strategic collaboration of government, non-government and community organisations representing all possible interfaces Blue Mountains families are likely to have with agencies providing for the care and education of young children aged birth to 12 years. The SFA with the support of the Sidney Myer Foundation, has developed three School-Centred Community Hubs (SCCH) in disadvantaged areas of the Blue Mountains in New South Wales. The goal of the Hubs is to contribute towards disadvantaged children, between the ages of 0-6 years meeting their age-appropriate milestones. The Blue Mountains SCCH Project proposed achieving this through three interrelated strategies, specifically:

1. improving the children’s home learning environment,

2. enhancing child centred referral networks, and

3. enabling successful transition to school.

The SCCH is a locally developed initiative that responds to a broader national and international policy imperative to strengthen provisions for young children and their families. Such policies and associated initiatives are informed by growing research evidence about the significance of the early childhood years. Of particular significance is evidence concerning the alienation, marginalisation and social exclusion sustained by families experiencing financial and other forms of hardship and the impact of these on children’s school success, life chances and trajectories.

1.1 Researching disadvantage, vulnerability, exclusion

Growing international research into family disadvantage and social exclusion has been accompanied by a growth in Australian programs targeting vulnerable families and their young children (Boyle, Georgiades, Racine & Mustard, 2007). Essential components of these programs and the preparation of staff to work in them include: helping constructing a positive image of inclusive practice, incorporating a family-centred, strengths-based approach, collaboration, and relationship building across different disciplinary agencies.
Duncan, Ziol-Guest and Kalil (2010) investigated the consequences of poverty for several adult achievement, health, and behaviour outcomes between a child’s prenatal year and 5th birthday, and measured as late as age 37. This study used data from the Panel Study of Income Dynamics (1,589) and controlled for economic conditions in middle childhood and adolescence, as well as demographic conditions at the time of the birth. The key findings from this study indicate statistically significant and quantitatively large detrimental effects of early poverty on a number of attainment-related outcomes.

Kohen, Leventhal, Dahinten and McIntosh (2008) used Canadian National Longitudinal data to investigate the mechanisms through which the effects of neighbourhood socioeconomic conditions impact young children’s verbal and behavioural outcomes. Using the concepts of social disorganisation and family stress this study suggests that both neighbourhood and family played an important role in the transmission of socioeconomic effects. Neighbourhood disadvantage manifested its effect via maternal depression and family dysfunction, including less consistent, less stimulating, and more punitive parenting behaviours.

Bracken and Fischel (2008) investigated the family reading behavior of 233 preschool children from low-income backgrounds who were attending Head Start, focusing on child reading, parent reading interest, and parent–child reading interaction. The children’s receptive vocabulary, story and print concepts, letter knowledge, and emergent literacy skills were assessed prior to them entering preschool. Not surprisingly, results indicated that parent–child reading interaction and child reading interest are significantly related to children’s early literacy skills. Early literacy education of children of low-income families is important.

Kiernan and Mensah (2010) used longitudinal data from the UK Millennium Cohort Study to investigate the extent to which episodic and persistent poverty in early childhood, including the lack of other family resources disadvantage children at the start of their schooling. Positive parenting was found to be an important contributor to children’s school achievement. Positive parenting was shown to be an important mediator in redressing the effects of family poverty and disadvantage.

Janus and Duku (2007) explored factors in 5 areas of risk in literacy development namely socioeconomic status, family structure, child health, parent health, and parent involvement. They demonstrated that these 5 variables contribute to the gap. Child’s sub-optimal health, male gender, and coming from a family with low income contributed strongly to the vulnerability at school entry.
Overcoming social disadvantage is prominent in Australian early childhood policy initiatives. However, Cheeseman (2007) critically examines and identifies a range of barriers that inhibit the involvement of early childhood teachers in Australia in the design and delivery of social policy initiatives for young children. The argument is that pedagogical perspectives that promote universal rights to comprehensive early childhood experiences can be silenced in this context. Appealing to the idea of democratic rights, Cheeseman (2007) calls for pedagogical leadership to overcome barriers to all children, and not just those who are disadvantaged, having high-quality and publicly supported early childhood education and care programs.

Notwithstanding the debate in the literature concerning the public funding of programs for disadvantaged families and their children, programs targeting vulnerable families have a sound research base. For instance, McGee, Williams, Howden-Chapman, Martin and Kawachi (2006) examined social participation in organised clubs and groups from childhood to adolescence in Dunedin (New Zealand). Their results indicate that high levels of participation in organised clubs and groups in childhood decline over the ensuing adolescent years, there are strong continuities in participation over time. Families with an active recreational and/or intellectual or cultural orientation had strong participation, although this was less so for disadvantaged families. Participation was significantly related to attachment to parents, friends, school or workplace, as well as self-perceived strengths. Issues of family disadvantage, social support, peer attachment and literacy made a difference. The effect of participation in organised groups was seen to widen and strengthen the social network available to support young people.

1.2 Researching the effects of early childhood education

Across the world, a diverse research effort is contributing evidence from across a range of disciplines to provide a compelling case for acknowledging the importance of the early childhood years. The positive effects of early childhood education are now becoming widely known. Community interest and government support of early childhood and family support programs draws on this very broad research to guide decision making and establish rationales for action. Initiatives such as the SCCH are informed by aspects of this growing field.

Reynolds and Temple (2008) reviewed evidence on the effects and cost-effectiveness of programs and services from ages 3 to 9. Participation of 3- and 4-year-olds in full-day kindergarten preschool, school-age programs involving reduced class sizes, and interventions programs in preschool through to third-grade has a large effect on their school achievement
and well-being. High-quality programs for children at risk produced strong economic returns of $4-10 per dollar invested. Interventions programs prior to school and at school for young children ‘at risk’ are linked to higher school performance through to adolescence.

Heckman (2006) summarised evidence on the effects of early environments on the achievement of children, adolescents and adults to argue that life cycle skill formation is a dynamic process in which early inputs strongly affect the productivity of later inputs. He observed that four key concepts for devising ECEC policy have emerged from research in developmental psychology, economics and neuroscience. First, the brain and skill formation are effected by interactions between an individual’s genetics and their experiences. Second, the formation of skills needed for economic success and the development of associated neural pathways apparently follow certain structured rules, such that attainments later in life arise from the foundations established in early life. Third, cognitive, linguistic, social, and emotional competencies that are central to education are interdependent, shaped by children’s life experiences and together contribute to their societal success. Fourth, it is claimed that while adaptation occurs throughout the life course, human abilities supposedly develop predictably, in a sequence and periodically. During these periods the neural circuits and the behaviours they affect are supposed to be highly ‘plastic’ and thus most receptive to education.

Data analyses by Kiernan and Huerta (2008) suggests that economic deprivation and maternal depression alone and in combination reduce the cognitive and emotional well-being of young children. This is said to be due in part to a lesser amount of nurturing and engaged parenting by those with fewer economic and emotional resources. Duncan, Ziol-Guest and Kalil (2010) assessed the negative consequences of childhood poverty, between the prenatal year and 5th birthday, for selected adult achievements, health, and behaviour outcomes, measured at age 37. They found statistically significant and, in some instances, quantitatively large detrimental effects of early poverty on attainment-related outcomes such as adult earnings and work hours.

Evidence from Pfeiffer and Reuß (2008) indicates the role early childhood plays in the shaping of ‘human capital’ formation, and contributing to addressing inequality and economic growth. They investigated the distribution of returns to investments in cognitive and self-regulatory skills over the life cycle. According to them the returns on quality education is a
result of the interface of neurobiological and socioeconomic aspects in shaping age-dependent skill formation.

Research in neuroscience claims to highlight the links between emotion, social functioning, and decision making that have the potential to affect education. Using neurobiological evidence, Immordino-Yang and Damasio (2007) suggest that the key cognitive aspects used most often in schooling, for example learning, attention, memory, decision making, and social functioning, are affected by and subsumed within the emotions. Their evidence suggests that the emotions are related to the transfer of school skills and knowledge, providing a guide to judgment and action. They claim that their evidence points to the neurobiological underpinnings of key dimensions of education, namely morality, creativity and culture, and thus a novel basis for learning innovations.

Educational neuroscience is an effort to incorporate methods of neuroimaging with learning. Varma, McCandliss and Schwartz (2008) explored some of the worries and potential opportunities involved in linking education with neuroscience.

Policies to ameliorate socioeconomic inequalities increasingly focus on investing in early childhood education and care, especially in the preschool years. These interventions are costly. Evidence about what is the best time to intervene to produce high socio-economic returns downstream is limited. However, Doyle, Harmon, Heckman and Tremblay (2009) show gains in cognitive skills, socio-emotional functioning and health are evident by age three, making intervention programs in early childhood especially effective. Drawing on research in developmental neuroscience they argue the need for early intervention by pointing to evidence of the impact of adverse risk factors during the antenatal and early childhood periods on outcomes later in life. They also provide an economic rationale for investing in early childhood programs.

However, there are challenges in connecting the different kinds of methodological, evidentiary, theoretical, and philosophical in these fields together that have yet to be unravelled. There are also pragmatic concerns about the costs, timing, authority, relevance and likely benefits of doing so.

Whilst family income and living in poverty are widely understood as the most significant contributor in creating contexts of disadvantage for families, there are many other factors that are important in this research based debate.
1.3 Researching the policy context

Early childhood education and care has shifted from being a marginalised Government concern to being located in policy and program rationales grounded in notions of contributing to school readiness, supporting women in balancing work and family, and alleviating or reducing the risks associated with poverty. The business case for investing in children to secure their prosperity that of their families and the nation is another significant contributor to policy developments in this field (Prentice 2009).

In this context, it is important to understand the 'evidence' actually used in the making of decisions about such policy programs and the uses of research-driven evidence in government policy making. Bowen, Zwi, Sainsbury and Whitehead (2009) analysed the relationship between research evidence and government policies with respect to early childhood interventions in two Australian States. This study claims to reveal what constitutes powerful evidence or the 'killer facts' for policy decision makers. The evidence used in policy making goes beyond research taking in a breadth of complex contextual knowledge and understandings of processes – to values and interests. Penn and Lloyd (2007) also address the issue of what constitutes useful evidence for Early Childhood Education and Care (ECEC) decision makers and what kinds of evidence are privileged in policy and/or program decisions. The findings from this study suggest a need for policy actors, including ECEC program Managers (Bown, Sumson & Press 2009) to develop a more detailed knowledge of values and interest based decision-making given the complex uses of evidence to inform these processes.

Supported Playgroups

Supported playgroups are taking on increased importance in the design of early intervention and family support programs in Australia. Supported Playgroups are informal gatherings for parents and caregivers with children under school age. They usually meet once a week for two hours during school terms and provide opportunities for children's social, emotional, physical and intellectual development while also providing opportunities for parents and caregivers to develop social and support networks. Playgroups offer a range of activities and opportunities that focus on interactive play. Individual playgroups can develop their own activities to suit the needs of their members including parents with babies or teenage mothers and their children. Playgroups have been operating in Australia since the 1960's. The Playgroup Program has received Australian Government funding since 1975 and focuses on providing
quality playgroups for families and their young children. There are currently three Commonwealth funded playgroup models targeting disadvantaged children and families that are of relevance to the Stronger Families Planning Alliance’s and its SCCH Project. The rationale for each of the following Programs provide insights into the concept of ‘disadvantage’:

1. Supported Playgroups
2. Locational Supported Playgroups
3. Intensive Support Playgroups

The families and children who are targeted for assistance by Supported, Intensive Support and Locational Supported Playgroups are disadvantaged in so far as they have multiple needs and face a range of social, economic and other challenges. These families are often harder to reach and require support for a longer time.

Supported Playgroups are facilitated by a paid coordinator and are targeted at culturally and linguistically diverse (CALD) families, Indigenous families, families with mental health and/or disability issues (either the parent or the child), teenage and young parent families, and families who are socially isolate.

Locational Supported Playgroups are facilitated by a paid coordinator and early childhood worker. They are targeted to provide Indigenous families, particularly those living in regional areas, with a safe and supportive environment for additional assistance and support in their communities. Children benefit from play-based early childhood development opportunities while their parents and caregivers have access to parenting support.

Intensive Support Playgroups promote positive early childhood development and contribute to increased child safety and well-being for disadvantaged families and children who are experiencing insecure or inadequate housing. Intensive Support Playgroups comprise skilled early childhood and family support workers delivering mobile playgroup services across a number of sites. Intensive Support Playgroups provide extensive support to assist isolated and disadvantaged families to stabilise their circumstances.

The SCCH developed by the SFA have adopted an inter-generational model supporting the development and well-being of children and their parents. The model offers parents
opportunities to meet and share their experiences, and offers children opportunities to play, learn and socialise. The Hubs’ community engagement, parent programs, supported playgroups and transition to school activities are facilitated by early childhood teachers, community workers or allied health professionals with the aims of:

1. stimulating children’s development through quality early childhood experiences,
2. increasing parental knowledge related to child development, early childhood learning and positive guidance skills,
3. facilitating social networks,
4. providing access to information and resources; and linkages to a wide range of community services, and
5. providing opportunities for the identification of developmental problems and referral to appropriate services. (Jackson 2008)

Targeted vs Universal

An ongoing debate surrounds the issues the provision of targeted versus universal services, particularly in the context of supporting disadvantaged and vulnerable families. Moore (2008) provides the following definitions: “Targeted services are those that are provided for certain groups or around certain issues. Universal services are those that are available to all children and their families”. Moore elaborates:

Targeted services are available to selected groups who are known to be at risk of developing a particular health or developmental problem, and are designed to reduce the incidence of the problem developing...

Universal services are available to the whole of the population and are designed to promote positive functioning and thereby decrease the likelihood of specific disorders developing.

The debates tend to focus on issues of maximising investment to achieve optimal impact, that is, issues of effectiveness and efficiency. Proponents of universal services argue that although successful universal interventions often have only small effects for the average participant “such effects can add up to large benefits for society” (Offord, Kraemer, Kazdin, Jensen &
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Harrington 1998). Universal services have been found to have important outcomes, including that: “Children are identified and receive services as soon as possible”.

*Developmental problems can be minimised or avoided and stigmas are avoided because of community perceptions that normalise the use of available services. (ACT Government Department of Child Health Services 2010)*

These findings are countered by concerns that those who are in most need of services may not be adequately supported through the broader focus of universal programs. The debate is complicated by issues of access, retention and dominance of ‘place-based’ interventions which locates service provision in areas of high need. This model often excludes potential participation from those who might benefit but live in areas deemed to have low incidence or need.

The issues are complex and further policy refinement is required in service delivery model development. There is definitely a need to consider better ways of engaging and retaining the most vulnerable families. Moore (2008) advocates a response-based approach rather than ‘risk-based’, suggesting the need to develop and adopt a ‘tiered system of universal, targeted and specialist services’ (p8).

The SCCH typically embraces a universal provision model in which targeted strategies are embedded. This and the goodwill of stakeholders enables priorities related to funding agency imperatives to be satisfied. In addition, this appears to have advantages accruing from heterogeneous mixed groups and contains potential for the development of more sustained social networks, as well as referrals to specialised services.

1.4 Meeting and measuring program outcomes

Community focussed, capacity-building Child and Family Services have continued to meet many challenges in generating convincing evidence of the impact of their programs. To this end, documenting the achievement of desired program outcomes and validating the relationship between stated goals and outcomes is seen as key. Not surprisingly, the language of ‘outcomes’ has become pervasive. Undoubtedly, this has led to organisations setting themselves overly ambitious targets to justify program expenditure and their existence to demanding funding regimes.
Consider for a moment the following instance: In a recent first-phase report on a 5 year project focussed on strengthening links between schools and early years programs, where the ultimate aim was claimed to be, ensuring that children commence school ‘ready to engage’. Australian program evaluators have made the following observation:

... the overall outcome is the hardest to measure... requires the longest time to reach, and has preconditions that are also hard to measure ... (valentine & Katz 2010, 3-4)

The point is that programs may be setting themselves overly ambitious and nigh impossible benchmarks and targets to achieve. valentine and Katz (2010), recommend instead the identification of more manageable and measurable targets. ‘Headline’ outcomes may be important for capturing the attention of funding bodies. However, the definition of more concrete outcomes and feasible indicators might make ongoing data collection and program evaluation a more sustainable process. In this way, it could be undertaken regularly and systematically as part of everyday practice.

In a similar vein, Meissels (2010), writing from a US perspective takes issues with the ‘obsession’ with school readiness. This obsession seems to have contributed to an ‘explosion’ of fragmented assessment scales. The micro-assessment of a multitude of skills and milestones is being done at the expense of holistic interpretations of children’s progress.

Recent experience in an international early childhood intervention program in which the authors of this report are involved has highlighted the problematic issues of individual assessments and scales. This is especially so when building trusting relationships is the first priority. In this research-based intervention program participants are located as collaborators rather than ‘objects’ of social policy. This project has opted for capacity-building approaches which deploy new visual and digital methodologies and engage stakeholders in activist data collection (Woodrow, 2009). This enables the continuation of relationships of trust, makes for greater transparency of purpose and builds local capacity to identify issues and develop strategies to address them. There is of course a place for the use of instruments that help establish baseline data and indicators of growth in children’s learning and achievements. Funding agencies have responded favourably to this approach. This research explored these issues with those responsible for the Project’s management, those professionals engaged in the Project’s day-to-day operations, school personnel and parents.
The Blue Mountains Stronger Families Alliance SCCH Project proposed to use an outcomes-based framework with projected outcomes and predetermined measurements. The team anticipated that there would be data provided by the measurements for analysis. It was expected that the analysis of this measurement data would give a picture of the Project’s effects over time. The research team also set about collecting retrospective accounts from its key stakeholders. The method proposed in this research took into account the following key considerations:

1. An emerging body of research-based evidence claiming to indicate the effectiveness of community Hubs in creating better outcomes for disadvantaged children, families and communities, and

2. The significance of this evaluation of the project given the interests of the Blue Mountains SCCH Project’s Managers and the funding body, the Sidney Myer Foundation, in consolidating the existing Hubs and in exploring possibilities for up-scaling its operations.
CHAPTER 2

METHODOLOGY

2.1 Research questions

The brief for the research evaluation team was to collect evidence from key stakeholders at each of three Hub sites nominated by the Stronger Families Alliance. Five specific questions to guide the evaluation, also generated by the Stronger Families Alliance, pertained to the work of the SCCHs in relation to benefits for disadvantaged children and families around the issues of attendance, developmental milestones for children between 0-6 years, the home learning environment, referrals and school readiness. The research questions were to be investigated by collecting data that could be subjected to qualitative and/or quantitative methods of analysis along with recommendations for data collection instruments for possible future use. The research evaluation brief included the following questions:

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the Hub attracted disadvantaged children and their families?</td>
</tr>
<tr>
<td>2. Has the Hub contributed to disadvantaged children reaching their age appropriate developmental milestones between 0-6 yrs?</td>
</tr>
<tr>
<td>3. Has the home learning environment of disadvantaged children been improved through participation in the Hub?</td>
</tr>
<tr>
<td>4. Have barriers to disadvantaged children’s development been addressed through successful referral?</td>
</tr>
<tr>
<td>5. Has disadvantaged children’s participation in the Hub enabled them to meet recognised school readiness outcomes?</td>
</tr>
</tbody>
</table>

Consequential to the data collection and analysis around these themes, instruments were developed to assist with future data collection.
2.2 Research process

The method for this research took into account the following key considerations:

An emerging body of research-based evidence claiming to indicate the effectiveness of community Hubs in creating better outcomes for disadvantaged children, families and communities,

The significance of this evaluation of the project given the interests of the Blue Mountains SCCH Project’s Managers and the funding body, the Sidney Myer Mountains Foundation, in consolidating the existing Hubs and in exploring possibilities for up-scaling its operations.

2.3 Research ethics

Ethics approval for this research evaluation was obtained from the University of Western Sydney’s Human Research Ethics Committee (Approval Number H7604) along with approval from the Department of Education and Training (NSW) (SERAP Approval Number 2010008). The revised research plan required the Department of Education and Training Research Approval Process (SERAP) to be instigated in addition to the University of Western Sydney ethics approval process. Whilst the UWS process was relatively straightforward and approval was readily obtained, there were considerable delays with the SERAP process, that were outside the researchers’ control, but did also include the requirement to redraft instruments that were seen as ‘sensitive’ particularly around the concept of disadvantage. This extended process resulted in there being an all-too small window of opportunity during which to undertake school-based data collection.

2.4 Participants

2.4.1 Hub Stakeholders

Participants in the research included those responsible for the Project’s management and leadership, those professionals engaged in the Project’s day-to-day operations, school personnel and parents. Current and previous staff were involved. Key stakeholders were identified by the Stronger Families Alliance.
2.4.2 Consultative Process

The evaluation brief specified a consultative process involving both the Stronger Families Alliance’s Steering Committee and members from the Centre for Social Research Policy at the University of New South Wales. To this end, three focus groups were conducted.

2.5 Data collection and analysis

The research team collected evidence by travelling to the sites nominated by the Project Steering Committee, and worked to ensure the least amount of disruption to work schedules. Interviews were held at the Connect Child and Family Services office [Hazelbrook], Gateway Family Services [Blaxland], Winmalee and Blackheath Public Schools and Hubs along with two teleconferences. Data collection occurred between March and June 2010. All in-depth interviews (15) were transcribed either fully (11) or partially (4). Table 5 lists the stakeholder groups. In total four visits were made to the Hubs during sessions, where parents/carers of children in attendance were invited to complete a questionnaire. The questionnaire was completed by parents/caregivers (37) who volunteered to participate at each of the Hubs (see Appendix 1).

Table 5: Data Collection

<table>
<thead>
<tr>
<th>In–depth interviews</th>
<th>N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Principals &amp; Staff</strong></td>
<td>2</td>
<td>1 Current, 1 Previous Staff</td>
</tr>
<tr>
<td>Parents</td>
<td>3</td>
<td>Parents self-nominated to provide additional information regarding the survey questions after completing it (i.e when handing the survey to the researchers they clarified their answers)</td>
</tr>
<tr>
<td>Hub Facilitators</td>
<td>3</td>
<td>2 Current, 1 Previous Staff</td>
</tr>
<tr>
<td>Stronger Families Alliance SCCH Executive</td>
<td>3</td>
<td>Current Executive Staff</td>
</tr>
<tr>
<td>DET NSW personnel</td>
<td>1</td>
<td>Current Regional Director for Penrith Blue Mountains</td>
</tr>
<tr>
<td><strong>Focus groups</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre for Social Research Policy, UNSW</td>
<td>1</td>
<td>Consultative Focus Group (3 UNSW Staff)</td>
</tr>
<tr>
<td>Stronger Families Alliance Steering Committee</td>
<td>2</td>
<td>Consultative Focus Groups</td>
</tr>
<tr>
<td><strong>Hub data</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance records</td>
<td></td>
<td>While incomplete the records showed number of new families enrolled over time</td>
</tr>
<tr>
<td>Referral notes</td>
<td></td>
<td>Informal records indicate range of service referrals</td>
</tr>
<tr>
<td><strong>Questionnaire</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent questionnaire</td>
<td>37</td>
<td>provides insights into services used by parents, their need and usefulness</td>
</tr>
</tbody>
</table>
The analysis of data adopted measures established by Miles and Huberman (1994) for data reduction, display, verification, and the drawing of evidence-driven conclusions. In contrast to the work of Ezzy (2002) and (Hatch, 2002) which has little to do with these analytical procedures, the approach to data analysis implemented involved five measures:

1. Open coding was used to analyse the whole data set generated during the study. This provided the basis for an evidence-driven approach of assigning labels to meaningful sections of information.

2. Data from the 37 parent questionnaires were tallied and tabulated with scores and percentages generated. Tables and bar graph representations of this data appear throughout Chapters 4-8.

3. Axial categorisation was used to subdivide this mass of data segments according to their emergent patterns, relationships and themes. The transcribed interviews were analysed to identify the emergent themes in relation to the research questions. As themes emerged across the responses these were recorded and provided the framework for the analysis presented in Chapters 4-8.

4. Interpretive summaries were produced focussing on the insights to be drawn from this analysis; and

5. Evidence-driven commentary units were created.

Emerson, Fretz and Shaw (1995) offer an approach to data analysis that includes: (i) a key analytical point; (ii) orienting information; (iii) the evidentiary excerpt; and (iv) interpretative commentary. However, through his work as a research educator Singh (the first named author of this report) has developed a more conceptually driven analytical approach using these ideas. His approach to “evidence-driven conceptual analysis” was used in this study and entailed selecting relevant evidentiary excerpts, and then explaining the key concept that relates to this excerpt. This was followed by providing an introductory statement before the evidentiary excerpt which identified the analytical concept, together with an accompanying statement explaining the relevance or value of the evidence being presented.
Chapter 2: Methodology

Constraining factors

A number of factors exist that constrained the research design, data collection and interpretation for this evaluation and must be taken into account in any reading of the study findings.

Scale of the Research

Research is almost always a complex, time consuming and expensive undertaking. However, whilst the resulting data itself is rich, and provides convincing evidence of a successful, innovative, potentially transformative and much appreciated program, the findings are indicative rather than conclusive and rely heavily on interview data. Across the Hub sites, program attendance and evaluation data is both incomplete and inconsistent, and a further evaluation project would require the systematisation of these, and possibly other instruments across the sites and a relatively sophisticated (and therefore resource intensive) integrated research plan. We learned for instance, that teachers in the schools were typically unaware of which of the children in their Kindergarten class had attended activities of the SCCH. Tracking of these children raises important ethical and cross-institutional communication challenges that the SCCH may in time be able to address, but in the short term are somewhat problematic.

These factors are complicated by the challenge of establishing statistical significance due to the relatively small sample size across the SCCH initiative at this stage.

In addition, the SFA has established, as it should, high expectations for the impact of this program. However, given the philosophical underpinnings, the voluntary nature of participation, and the short duration (2 hours per week) of the core activities such as the supported playgroup, it may be unreasonable to expect that the program will deliver measurable outcomes on such factors as meeting children’s age-appropriate developmental milestones, improving the home learning environment and school readiness outcomes. Establishing cause and effect relationships in the Human services are notoriously difficult to achieve. Research design is further complicated by the potential challenges of in-house data collection on a regular basis by the Hub Facilitators, who, it seems are fully occupied with their engagement with Hub participants, and for whom extensive data collection on referrals, disadvantage, attendance, parental needs and developmental achievements may be an unreasonable burden and unattainable goal.
Exigencies of Context

In general, there was a high level of interest in participation in the data collection process. Representatives from the services and parents were generous with their time and contributions. However we were unable to access data sources from one site where we perceived a reluctance to participate in the research, at least in part due to extensive school renovations. Changed staffing arrangements also contributed to some inconsistency in records in some sites.
CHAPTER 3

THE BLUE MOUNTAINS
SCHOOL-CENTRED COMMUNITY HUBS

3.1 Introduction

The strategy adopted in the Stronger Families Alliance (SFA) School-Centred Community Hubs (SCCH) is an inter-generational model supporting the development and wellbeing of children and their parents. The model offers parents opportunities to meet and share their experiences, and offers children opportunities to play, learn and socialise. Community engagement, parent programs, supported playgroups and transition to school activities are facilitated by early childhood teachers, community workers or allied health professionals with the aim of:

1. Stimulating children’s development through quality early childhood experiences,

2. Increasing parental knowledge related to child development, early childhood learning and positive guidance skills,

3. Facilitating social networks,

4. Providing access to information and resources, and

5. Linkages to a wide range of community services. (Jackson 2008)

3.2 Operating model for Blue Mountains School-Centred Community Hubs

Outcomes-based framework and integrated service delivery

The Stronger Families Alliance, applicants for funding for the Blue Mountains SCCH Project, have consolidated an evidence-based approach to community program development (Siraj-Blatchford 2009; valentine et.al 2007; Moore 2008). From this position community program development engages an outcomes-based framework (i.e. predetermined outcomes) in association with program delivery in a holistic form where integrated service delivery moves beyond that offered in a ‘stand alone’ context. Community development programs
incorporating this framework have been touted as offering the best possible outcomes for children and families (CCC 2003; Oberklaid 2006, 2007).

The SFA has implemented this shared vision for community development into ‘on the ground’ collaborative child and family programs, an example of which is the Blue Mountains SCCH Project.

Although this model (predetermined outcomes-based framework with integrated service delivery) drives the SCCH program it is also acknowledged that on a day-to-day basis, programs respond to the specific needs of the clients and the local context within which it operates. Therefore unanticipated and unexpected outcomes will emerge. There needs to be space within the evaluation of the Hubs programs and activities where this aspect can be recognised and valued.

3.3 Management structure

The Blue Mountains SCCH Project has been conducted through the governance structure of the Blue Mountains Stronger Families Alliance (formerly the Stronger Families Planning Group). Figure 3 depicts the operating model of the Stronger Families Alliance’s, Blue Mountains SCCH Project.

Multiple services and diverse personnel are involved in the School-Centred Community Hubs at all levels. Each School-Centred Community Hub has a Steering Committee comprising the school principal and officials from community service agencies and representatives from the SCCH Executive. These Steering Committees in each Hub contribute to program development and the development of the referral network. These Committees which were collaboratively developed by leaders from relevant agencies give each Hub a basis for sustainability and advocacy as a result of the supportive network of services it forms.
Table 6: Differential Hub Constituencies

<table>
<thead>
<tr>
<th>Hub 1</th>
<th>Hub 2</th>
<th>Hub 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Model developed by SFA</td>
<td>1. Gateway Family Services convenes and facilitates steering committee</td>
<td>1. Supported playgroup managed and led by Connect</td>
</tr>
<tr>
<td>2. First Hub program implemented through focussing of Connect, MOCS,</td>
<td>2. Gateway Family Services initially mentored in its leadership role by SFA</td>
<td>Children and Family services</td>
</tr>
<tr>
<td>Family Dare Care and Wimlah available resources</td>
<td>3. 12-18 months of community engagement activities led by Gateway with contributions from many community agencies</td>
<td>2. SFA has lead engagement of school in Hub program</td>
</tr>
<tr>
<td>3. Steering group facilitated by SFA for first 2 years</td>
<td>4. Supported playgroup added to strategies</td>
<td></td>
</tr>
<tr>
<td>4. Major responsibility for program delivery transferred to Connect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>once Myer funding secured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Steering group then facilitated by Connect</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Multidisciplinary teams make up the SCCH executive and the Stronger Families Alliance. Communication within and between the stakeholders as shown on the diagram above is ‘both ways’ and much of the professional development and training has focussed on, and been informed by ‘appreciative inquiry’.

Figure 2: The Hubs' Operating Model

Source: Funding Application Document – Connect Child and Family Services Inc
3.4 Location of the Hubs

Locating the Hub within the local Public School environment has been integral to meeting some very important objectives for the Hubs namely: to attract and encourage families to the school early in their children’s lives; to have families and children feeling confident at, and a sharing a sense of identity with, the school; and for families to participate in other activities offered at the school. The SFA has been successful in this venture. Hub 1 is located within the school grounds in a demountable building. Hubs 2 and 3 operate within the School Hall, a venue offering more space. Visibility within the school is high.

3.5 The Hubs

3.5.1 School Principals

Having the Public School Principal positively supporting the SCCH philosophically and also by demonstrating a commitment to the Steering Committee and the Hub activities and programs, is central to the successful evolution of each Hub.

The Facilitators and Hub Executive members have endeavoured to enlist and maintain support from the School Principals at each site by providing copies of research reports, the evidence-based, philosophical information explaining the concept of SCCH. All three principals have supported the Hubs, however, the degree to which a purposeful understanding of the Hub concept from the perspective of the school and the development of constructive connections, has varied.

The influence of the School Principal is integral and Facilitators and Hub Executive continue to liaise with all School Principals.

3.5.2 Hub Facilitators

The Hub Facilitators are key agents in the SCCH structure. They are professional staff, typically with a background in education, services for disadvantaged children and/or training in community service work. They are employed by the SCCH Project agency responsible for facilitating the work of a particular Hub and their roles have:

1. enabled the operation of supported playgroup at each Hub,
2. established and maintained relationships with the school personnel and the families attending the playgroups, and
Chapter 3: The Blue Mountains School-Centred Community Hubs

3. ensured the overall management of each Hub.

Having a Facilitator visible within the school community has been integral:

*That’s how we started it. It’s actually been a person working on the ground…they’re the ones who have cups of coffee with people standing in the playground and chat with the Principal.* (SFA Executive)

The role of the Facilitator involves planning, implementation and assessments for the Hub participants. This may often include facilitating the involvement of other school personnel/groups or local child and family agencies in the weekly Playgroup activities.

**Vignette Hub 3**

With the support of the School’s Parent and Citizens’ Association, Hub 3 conducts a Coffee Club each Wednesday morning to encourage parents to attend and participate in a child-focussed learning activity or to listen to a presentation by a child and family service agency. For example, the Women’s Health Centre gave a talk to parents that mostly attracted younger mothers, thereby facilitating their involvement in the Hub. Through these activities the Hub makes it possible for parents to put a face to relevant and useful child and family services and the contact officer. The Facilitator also organised events at the school such as a film night and a family fun day to bolster a sense of community within the school. She explained:

“I am trying to get the families who are particularly isolated drawn into the local school and community. It’s [the film night] an informal way for them to get involved in the community of the school.’ (Hub Facilitator)

3.6 Hub activities

Hubs 1, 2 and 3, established in areas of the Blue Mountains identified as having significant numbers of disadvantaged/or vulnerable families have been operating for different lengths of time and are at different stages in their development.

By offering a raft of free, non-compulsory services within these targeted sites of the Blue Mountains, the SCCH Project has sought to assist disadvantaged children in meeting their age-appropriate milestones between the ages of 0-6 years. The Hub programs have been devised to achieve this goal through activities focussing on three key areas:
1. Improving the child’s home learning environment.

2. Enhancing child centred referral networks, and

3. Enabling successful transition to school.

Whilst specific activities undertaken within each Hub vary across the sites, and are responsive to the perceived need and appropriateness to the context, they are typically low cost activities directed at supporting parents and their children’s development.

3.6.1 Hub 1: Multi-disciplinary Team

The team delivering programs through Hub 1 included the local Public School, a Family Support worker and, Connect Child and Family Services. As part of efforts to re-focus community engagement activities in 2009 a larger team was assembled that included the Fire Service, the local Neighbourhood Centre, Rotary, Sydney West Area Health Service and the Police. There are plans to extend the team to include the local Pre-school, a children’s services agency and a community outreach service.

The Playgroup at Hub 1 is located in a demountable building at the school. The location is valued in this community as the shopping centre, a preschool, a long day-care centre, a youth centre, neighbourhood centre, and a doctor’s surgery are all in close proximity to the public primary school,

...because it’s right in the middle of the place where people have to go, between the doctors surgery, the shopping centre and the long day-care. We have a really good relationship with the long day-care centre in particular. The preschool is undergoing some changes that have constrained them, but they’re keen to be involved. (Senior Executive)

3.6.2 Hub 2: Multi-disciplinary Team

The team delivering programs through Hub 2 included Connect Child and Family Services, the local Children’s Cottage and an Occasional Child Care Centre. At SCCH 2, there is forward planning to extend the Hub team to include a Family Support agency and the Women’s Health Centre.
3.6.3 A Point of Divergence – Hub 3

The strategy used at Hubs 1 and 2 could not be replicated at Hub 3. All schools are different, however the complexities in this particular school created a different circumstance. The SCCH Project management team learned why this was so and identified alternatives points for intervention. The Facilitator’s work in this Hub differs from that of the other two Hubs:

*I’m not actually there on the ground. I meet with the woman who runs the supported playgroup. I’ve been less involved in the transition-to-school playgroup. The Project Managers organise parent courses but there is only funding for seven hours there so there’s not as much time to organise things (Hub Facilitator)*

3.7 Hub outputs

An overview of the SCCH Projects outputs at the three Hub sites appears in Table 7.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 x Supported Playgroups</td>
<td>40 weeks</td>
<td>15-25 participants per week x 3 sites</td>
</tr>
<tr>
<td>3 x Parenting Programs</td>
<td>1 per term</td>
<td>10 – 12 participants per group x 3 sites</td>
</tr>
<tr>
<td>3 x Community Engagement Activities Program</td>
<td>1 per term</td>
<td>150 participants x 3 sites</td>
</tr>
<tr>
<td>3 x Transition to School Program</td>
<td>8 weeks (Term 4)</td>
<td>20-30 children plus parents x 3 sites</td>
</tr>
<tr>
<td>Trans-disciplinary practice training</td>
<td>3 days</td>
<td>30 participants x 3 sites</td>
</tr>
<tr>
<td>for steering committees and school staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trans-disciplinary leadership training</td>
<td>2 days</td>
<td>20 participants</td>
</tr>
</tbody>
</table>

Source: Application for Funding Document: (Connect Child and Family Services Inc)
CHAPTER 4

THE HUBS

DISADVANTAGED CHILDREN AND THEIR FAMILIES

Has the Hub attracted disadvantaged children and their families?

VIGNETTE

Lachlan is a lively 3 year old boy. During the playgroup session he moves quickly from one activity to another, dragging or insistently beckoning Brian to follow him to the next activity. Doggedly, Brian follows. Brian hadn’t expected to be attending playgroups at this point in his life. Three years into his retirement from a professional position and in his late sixties, Brian, together with his also retired partner are unexpectedly providing full time care for their grandchild, and playing a significant role in maintaining a family small business. Brian’s wife helps their daughter-in-law in the business and Brian takes primary responsibility for the daily care of Lachlan. Brian talks openly about the challenges this presents for them both at a physical and emotional level and the tragic circumstances that contributed to this unexpected situation. For Brian, the supported playgroup offers him welcome respite from the constant demands of his caring role and an event outside the home to look forward to break up the day. The location at the school makes access easy for him. He admits to feeling a little bit uncomfortable in the setting, with all the younger families and mostly women, but the playgroup is a highly valued activity for him. Attending the playgroup is something for both he and Lachlan to look forward to, and attending usually ensures that the rest of the day is calm and manageable. He also thinks that mixing with others is good for Lachlan. Brian has now also found out about and attending a second playgroup that takes place later in the week.

4.1 Defining ‘Disadvantage’

The vignette described above provides a valuable entry node into a discussion of disadvantage and how it is understood and operationalised in the School-Centred Community Hubs, illustrating as it does a family who by most commonly held understandings might not initially
be considered disadvantaged and yet through a new set of unexpected circumstances find themselves and the child they are caring for, ‘vulnerable’.

The application from the Stronger Families Alliance, for funding for the Blue Mountains School-Centred Community Hubs Project contained no explicit definition of ‘disadvantage.’ However, it identified the following ‘issue, need or opportunity’ as providing its focus:

[Hub 1] and [Hub 2] are both communities with significantly disadvantaged populations. 25.1% of [Hub 1] families live on under $500 gross per week and 52.1% are experiencing rent or mortgage stress (i.e. a third or more of household income expended on rent or mortgage per week). Likewise in [Hub 3] 28.9% of households live on under $500 gross per week and 55.1% are experiencing rent or mortgage stress. [Hub 2] has significant numbers of disadvantaged residents within the village, whilst also having the second highest population of 0-4 year olds in the Blue Mountains. When combined with its neighbouring suburb Springwood, 25% of all Blue Mountains 0-4 year olds live in this area. All three suburbs are characterised by an uncoordinated service system that leaves children and families with limited access to supports that could address their needs.

In effect the SFA project proposal defined ‘communities with significantly disadvantaged populations’ as:

1. Families living on under $500 gross per week,

2. Experiencing rent or mortgage stress, and

3. Living in suburbs where children and family services are un-coordinated and families have limited access to them.

In selecting sites where the Hubs might be situated, population level signifiers of disadvantage were, specifically the index of relative social economic disadvantage. Early in the development of the first Hub it was decided to use NSW Department of Community Services definition of ‘disadvantage,’ as expressed in its Brighter Futures Program. This Program provides targeted support to vulnerable families to prevent them from entering or escalating into the child protection system. Specifically, the Brighter Futures Program is designed for families who have children aged eight years or younger or are expecting a child
Elements of disadvantage addressed by this Program include:

1. domestic violence,
2. parental drug and alcohol misuse,
3. parental mental health issues,
4. lack of extended family or social support,
5. parents with significant learning difficulties and/or intellectual disabilities,
6. child behaviour management problems, and
7. lack of parenting skills/adequate supervision.

The NSW Government’s Brighter Futures Program aims to:

1. Reduce child abuse and neglect through reducing the likelihood of family problems escalating into crisis within the child protection systems
2. Achieve long term benefits for children through improving intellectual development, educational outcomes and employment chances.
3. Improve parent-child relationships and the capacity of parents to build positive relationships and raise stronger, healthier children.
5. reduce demand for services that otherwise might be needed down the track such as child protection, corrective or mental health services.

When key stakeholders in the SCCH Project were asked to explain their conceptualisation of ‘disadvantage’ and its link to their work, the responses revealed a significant breadth of understanding and diversity of meanings attached to the concept of disadvantage for children and families, and its association with ‘vulnerability’. These differed to those explicitly expressed in the project submission and, other program and service system documentation. In
particular, interviewees identified explicitly and implicitly geographical isolation, lack of public transport, single parenthood, limited access to support services, parents being at home in communities where they do not have extended family connections (irrespective of income) transience, and homelessness as some of the dimensions of disadvantage. There was a widespread conception of disadvantage as a relative and fluid concept that contributes to a state of ‘vulnerability’ for families and children that may or not be persistent over time. One Senior Manager expressed a useful conceptualisation within the SCCH as:

...thinking about families in terms of sitting somewhere on a continuum of some sort of vulnerability at any point in their life, no matter where they may come from.

(Senior Manager)

This kind of conceptualisation supports a rationale for both a ‘strengths-based’ discourse and the adoption of a universal strategy. This approach was a recurring theme in the research.

This more open-ended understanding of vulnerability and disadvantage is supported by the various policy contexts in which the SCCH operates, where a broad range of definitions of disadvantaged families exists but typically which include families who face one or more of the following conditions:

- issues related to poverty and isolation,
- children at risk of abuse and neglect,
- significant numbers of people who are Indigenous and/or from a culturally and linguistically diverse (CALD) background,
- families not accessing community services and activities, and
- rural and remote areas. (Commonwealth Child Care Links Project)

However, a review of Australian literature demonstrates that in many instances, family disadvantage emanates from financial disadvantage, seen as a key factor in family capacities to provide environments optimal for children’s development and learning (Brotherhood of St Laurence 2010a). Social and geographical isolation are also consistently seen as significant in this literature. Participants in this study were keenly aware of the complexity of interaction of
these factors, how financial disadvantage might not be easily discerned and how disadvantage and ‘vulnerability’ might occur in unexpected family contexts:

It is particularly financial disadvantage in [Hub 3] but also in [Hub 1] but it may be more hidden in the latter. (Hub Facilitator)

In the [Hub 2] area, we’re looking at single parent families. You’ve got diversity in that community. In the mountains, most of the housing development happens along the train line and along the ridge there are fewer developments like Mount Riverview. Winmalee is probably the most isolated community. We chose [Hub 2] because according to the data it has the highest number of ‘nought to five’ children in the Mountains. That was the primary reason that we chose that area which is growing, whereas in other areas of the Mountains these numbers are not growing. One of the reasons is that the land is cheaper out there. It’s cheaper to build a house out there. Consequently, rental accommodation is also cheaper but it’s not on the train line so tends to be more isolated. If you don’t have a car, the only transport into Springwood to get the train is buses that go in the morning in the afternoon around school time. There’s no regular bus service during the day to [Hub 2], Yellow Rock and Hawkesbury Heights. They are relatively isolated. (Senior Manager)

We’ve had many comments from many people, like, “This playgroup saved my life”. And they’re not joking. It really has stopped them from going around the twist - being at home by themselves in communities where they don’t have family. It might be quite well to do in places, but they still don’t have family.

And some of the people that have been quite vulnerable in this group have not been the people that we would have walked down the street and said, “There’s a vulnerable person”.

They’re quite middle class, educated, but at some point in time they’ve become very vulnerable as a family. So that’s where the universal access picks that up really well. (Senior Manager)

However, despite this typically broad understanding of disadvantage, Managers and facilitators were also keenly aware of disadvantaged parents and families whose circumstances put them particularly at risk. These included young parents who have gone
through the *Brighter Futures Program*, a state-based prevention and early intervention program aimed at supporting families considered at risk from child-protection related challenges.

Thus, it is concluded that the disadvantages children and families experience in these communities might primarily be defined in terms of financial disadvantage or forms of exclusion, although it is well recognised that a number of factors contribute to families experiencing disadvantage.

### 4.2 Supporting disadvantaged families

*Every parent wants to give their child the best start in life, but for those experiencing social or financial difficulties, family life can be challenging. For isolated, newly arrived or economically disadvantaged families, accessing services such as child care or supporting their child’s development can be a struggle. Sometimes parents need additional support to help deal with problems.* (Brotherhood of St Laurence 2010b)

Disadvantaged families need the basic capabilities to achieve social inclusion, family well-being, and the outcomes they desire for their children. There is a need to ensure that all families are assisted to engage in the services available to support them. (Department for Education and Skills 2005)

Whilst the concept of disadvantage is a recurring theme, a primary objective and a fluid concept within the SCCH, project participants demonstrated strong, evidence-based and philosophically informed ideas about working with disadvantaged families. These included working on existing strengths, building strengths, using ‘soft-entry’ approaches and encouraging connections across different social groups. One interviewee offered a concept that enabled her to build disadvantaged families’ strengths:

*There’s a need to use a broad definition...families who are “more disadvantaged” have many fine qualities, resources and skills. I try to tap those skills - looking at what people are good at. What they’re strong at.* (Hub Facilitator)

Another participant understood that enabling disadvantaged families specifically to participate in community services, access agencies and use relevant programs was a key aim and an anticipated outcome of the SCCH that was best achieved in heterogeneous groups:
Chapter 4: Attracting Disadvantaged Families

I like to see a cross-section of people involved. That’s what you need to get something to work. If you get only the disadvantaged people all together then that doesn’t work. It’s about creating connections between families and breaking barriers between the wealthy and the less-wealthy. (Hub Facilitator)

...what we’re providing is something that actually looks after the well-being of children and families just for the sake of looking after the well-being of children and families at that point in time. That it’s an attractive thing for them, and it does actually help with a whole lot of other outcomes. These may not necessarily be embedded in, “oh, well this person’s got a mental illness, or this person’s got domestic violence, or that person’s got this or that. (Senior Manager).

They are about breaking down those barriers...that brings about social change...that ensures a cross-section of people will come. (Hub Facilitator)

4.3 Engaging disadvantaged families - A universal strategy

The SCCH is premised on a strongly shared understanding across the Hub sites that the local public school is a universal community entry point for all families and ideally positioned to attract families with young children. This is complemented by a strong commitment to a broad-based, ‘every-one in’ universal approach in which the language of ‘soft-entry’ dominates. In part, this reflects an understanding of the contemporary literature on the efficacy of a non-stigmatised approach to family support, together with the importance of safe non-threatening, non-judgmental environments that:

...makes engagement easy for people...people come there with the sole purpose of having somewhere for their child to play and maybe get a cup of coffee and talk to another parent. That’s all...there won’t be any other agenda. (Senior Manager)

Not being required to make a commitment to regular attendance at playgroups is also seen as important to creating an inviting and non-threatening environment that will attract families and particularly people feeling vulnerable:

...So this whole idea of providing something that is comfortable is important. The whole drop-in nature is actually attractive...the more vulnerable you are, the more attractive that drop-in idea is, to the point where I know there’s been one family in this group who would come along...I think she had one child at school and another
Chapter 4: Attracting Disadvantaged Families

little one...sometimes she would come and just poke her head around the corner and look for 10 minutes to see if she actually wanted to stay that day. And sometimes she’d go away. (Hub Facilitator)

The idea of a universal non-stigmatising approach is central to the Hub as an intervention program. However, within funding and policy agendas, a tension emerges between this universal, soft-entry approach and addressing the needs of disadvantaged children and families, responding to the recognised importance of providing access to families with the services they need, and meeting the requirements, priorities and targets of the various funding agencies. It also creates challenges in determining whether the funding priorities are being met:

...we know that we’re working within these communities. We are actually often, not just in this circumstance, but often we are driven to target vulnerability because of our funding. The type of funding that we get. So if we’re refocussing our service provision into a school location, we still have to be able to show that if our outcome is to work with five Aboriginal kids in a year, or you know whatever the outcome is, you’ve still got to be able to deliver it there. So that’s a complication but it hasn’t proved to be a negative one in this circumstance. But I guess in terms of the universal and targeted we would say that we use a universal approach but we have embedded in it, targeted strategies. (Senior Manager).

4.4 Targeting disadvantaged families

Reconciling the inherent tension between universal, ‘soft-entry’ approaches and the imperatives to meet the needs of disadvantaged families creates a complex operating environment that calls on quite nuanced strategies to encourage participation of those people most likely to benefit from the experiences and services that are being provided. Playgroups and community engagement activities open to all young children and families are seen as more likely to draw all families, but especially disadvantaged families, and particularly activities of low cost:

We’ve run Family Fun Days here in [local village] for a few years now, with one of the other projects. We make up three big hampers that we source from wherever, and people get a ticket for these prizes when they fill out a little form with questions. We get information such as: where they come from, how many children, what age their
children are, have they met anyone that they didn’t know before. It’s very quick tick-the-box sheet. It’s very crude but it doesn’t ruin people’s day by having them fill in a three page evaluation. It’s not enough just to count people who walk through the gate. We have to rely on what this evidence tells us about how to engage people even though it is a ‘universal approach’ with a ‘soft-entry’. We always have story reading; it’s always a big feature. We make sure we have very age-appropriate play and modelling that play. We bring together all these bits of evidence that tell us that this is engaging families broadly and is of interest to them. (Senior Manager)

...by the nature of the events...there hasn’t been exclusiveness about making it just for the disadvantaged families, it’s about making things either cheap or free, it’s very important to have low cost or free food...having activities that are fun and easy to enter into. (Hub Facilitator)

It’s a very ‘soft-entry approach’ that is universal; it makes it very easy for people to come in to play with their children, do activities such as reading, have a nice day out. It’s something that’s free they can bring their kids to. They’ll have all their information and talking or just chat to people. (Senior Manager)

...I think this model with supported playgroup facilitators that are quite skilled at working with families and who have quite a bit of early childhood knowledge, but can work in a very, very informal way, actually is very attractive to families because I think they don’t even know that anything’s happening apart from the fact that they come in and their purpose has been to come because they want to give their child something to do, or they want to have social contact themselves.

So they come and talk to other parents, and for the kids to play, and have a cup of coffee. Essentially that is what they gain from it. But if you start to dig below that, then you start to see some of the other things that are happening. And in this case we’ve had one of the Facilitators, for arguments sake, has been a worker from the Women’s Refuge...so her expertise being domestic violence.

And so, just as the facilitators have developed relationships with different people in the group over the years, they start to have this trusting relationship develop where they start to talk about things that they may never have talked about. Or they
certainly wouldn’t have come to a group that was for people who are experiencing domestic violence. They just would shy away from that altogether.

But the issue has come up in a quite casual conversation and the Facilitator could go and have some conversations with her in the group. Quite often it’s a very good referral pathway. (Senior Manager)

4.5 Providing parents with the support they need (or didn’t know about)

Notwithstanding the acknowledged importance of the universal strategy, Managers and facilitators are also mindful of developing strategies that ensure that a range of relevant supports and services are available to the disadvantaged families through the Hubs. These include informal, formal and embedded strategies. A key embedded strategy has been to integrate the presence of personnel into the community engagement strategies, parent programs, supported playgroups and transition to school activities, as indicated above, so that a range of agencies and expertise is available in the informal environment, to which parents can self-refer or gain information:

Playgroups have been around a long time. The difference with our playgroups is that we have people from different agencies there and workers there to create different opportunities. (Hub Facilitator)

There’s Health, Blue Mountains Family Support and Lower Mountains Family Support [now Gateway Family Services], “Wimlah” which is the Women’s Refuge, Women’s Health Centre, (we’ve recently had them come to Coffee Club to talk about what they offer), the Blackheath Area Neighbour Centre which now has a much greater child and family focus and they have a worker for that now, the Local Preschools and Early Childhood Health, and Blue Mountains Outreach Community Services. There is also Gunnedoo to which we can refer people. That’s for families with child protection issues. They offer counselling and parenting courses and other things and also the Child and Adolescent Development Unit at hospital. (Hub Facilitator)

Examples of other agencies present in the community engagement strategies, parent programs, supported playgroups and transition to school activities of the Hubs that were encountered in the research included government based Area Health. Guest speakers from community agencies such as women’s health have also been incorporated into Hub activities.
Another complementary strategy is the more ‘targeted’ activities advertised within the playgroups, but run as a discreet activity. The behaviour management program for parents, ‘One Two Three Magic’, is an example of one of these as well as a powerful illustration of how various funding sources can be combined to maximise impact and utilisation:

*Our Family Links Project is a parenting group program funded by the federal government. We allocate one group per school term to the Winmalee Hub so that they work out and decide together what parenting group they will operate there. Again that’s broadly advertised and we’ve been running “One, Two, Three Magic” for a really long time. That’s been a really good soft-entry point for lots of parents. “One, Two, Three Magic” is a behaviour management program. Parents that would not have come to anything else will go to that group.* (Senior Manager)

*I wouldn’t say to someone “You should go to this parenting course”. We would just run one and offer it. We’d advertise it and we might...sometimes parents might come to us and say, “I’m worried about my child. He doesn’t do anything I tell him”. And that’s when we might say, “Would you like to talk to someone about it?” and then tell them what’s coming up?* (Hub Facilitator)

Here it is important to note, that unlike disadvantaged families, ‘marginalised and vulnerable families’ have been defined as “those who are receiving little support in their family and parenting roles either from personal support networks or from community-based support services” (Centre for Community Child Health, 2010: 1). The concept of “policy adversity” (Singh & Han, 2006: 63) refers to sub-optimal circumstances where families suffer due to failures in, or the lack of will, capability or functionality in policies or services. This results in:

- lack of publicity about services,
- cost of services,
- limited availability,
- failure to provide services that meet parents’ felt needs,
- inability of services to respond promptly to requests for help,
- rigid eligibility criteria,
- inaccessible locations,
• lack of public transport,
• limited hours of operation,
• inflexible appointment systems,
• lack of affordable childcare,
• poor coordination between services, and
• the absence of an outreach capacity. (Centre for Community Child Health, 2010: 2)

4.6 Benefiting disadvantaged children and families

*Is Anyone Better Off?* This is a key question promoted within the Result Based Accountability Framework (Friedman 2005), an international evaluation framework increasingly adopted in human services in Australia, and an issue of significance for this research, in understanding the effectiveness of the SCCH in meeting the needs of disadvantaged families. Whilst the dominance of the soft-entry, universal strategy responds to the international literature on successful engagement of disadvantaged children and families (Siraj-Blatchford et al 2007; Jackson 2009), the model and its emphasis on all-in and drop-in provides challenges for documenting the participation and outcomes.

Within the SCCH, there is a strong discourse about the benefits of referral pathways embedded in the design and operation of the Hub and the way this facilitates access to services both before a crisis and when such a need becomes obvious:

...critical for these facilitators is a knowledge of the local service system and the referral pathways and their relationships with other colleagues. So we’ve had quite a few examples where children with autism have been picked up far earlier than they would have before....Family support have been able to offer other services to families that would never have sought it and the families have said that they would never have sought the service because they didn’t even know that it existed. (Senior Manager)

Accounting for the number of disadvantaged families utilising the services is problematic in this context:

*But how do you know whether you’ve got all the ones who are out there? I don’t know. I guess the aim is that volume’s a big thing, isn’t it? The more people you get,
Chapter 4: Attracting Disadvantaged Families

the more likely you are to get families that are across the whole range. (Senior Manager)

Parental interviews and surveys indicated that the informal nature of the supported playgroup and its low cost was highly regarded, with a high take-up and significant proportion of families attending regularly. Almost all parents surveyed rated the playgroup as a ‘needed’ or ‘very needed’ service, indicating that it is fulfilling an important role for families with young children.

4.7 Hub attendances

The base line attendance pattern at each of the Hub Supported Playgroups was between 15 and 25 in any week of the 40 week yearly program (see section 3.7 Hub Outputs). The attendance records available for Hub 3, Play and Chat Group for 2009 have been analysed, tabulated and graphed below to provide data on attendance frequency. Information from the existing attendance records did not include reference to any family’s status as disadvantaged or not. In this case, the Hub attracted 32 families throughout the year, 5 of whom attended with more than one child. The records indicated that the children from these families attended 425 times in total throughout the year (Table 8).

<table>
<thead>
<tr>
<th>Term</th>
<th>Attendances</th>
<th>Attendance Patterns</th>
</tr>
</thead>
</table>
| Term 1: 10 weeks 5th Feb – 9th April | 108 | 18 families enrolled  
• 8 (45%) continued all year  
• 4 (22%) continued for 3 terms  
• 2 (11%) continued for 2 terms  
• 4 (22%) did not return after Term 1. |
| Term 2: 11 week 30th April – 9th July | 106 | 6 new families enrolled  
4 (66%) continued for the remainder of the year  
2 (34%) continued during Term 2 and 3 |
| Term 3: 10 weeks 30th July – 1st Oct | 111 | 4 new families enrolled  
2 (50%) continued all year  
2 (50%) attended only Term 3 |
| Term 4: 8 weeks: 22nd Oct – 10th Dec | 100 | 4 new families enrolled  
2 (50%) made multiple visits  
2 (50%) attended only once |
| TOTAL | 425 | 32 families – 5 with more than one child |
Templates for attendance records were not consistent across the Hubs and were incomplete.

As the Hubs offer a non-compulsory ‘soft-entry’ service to local families, the continuity pattern across the year provides one insight into its perceived value by parents. At Hub 3, 50% of families continued from their enrolment until the end of the year but in various attendance configurations; 23% continued their attendance but with significantly less regularity, 12% attended twice and did not return and 15% attended once and never returned. These results are graphed below in Figure 4.

**Figure 3: % Attendance Patterns - Hub 3- Play & Chat Group**

The number of times each family attended Hub 3 throughout the year provided the data for Figure 5 below. The maximum number of attendances was 36 for two families, followed by another two families who attended 33 times throughout the year. The least number were those five families who attended only once and did not return. Other configurations of attendances were chosen by the other 21 families.

**Figure 4: Attendance Pattern Hub 3 - 2009**

Note: This graph does not take into account when families enrolled throughout the year.
4.8 Discussion

Interview and survey data provide a clear picture of the SCCH as a high functioning service system providing informal, universal ‘soft-entry’ approaches to engaging with families with the aim of providing informal information and support to families with young children, drawing in disadvantaged families and putting in place referral pathways and opportunities for families to access more targeted services. Consistent with the current research evidence the supported playgroup provides the dominant ‘soft-entry’ point (Jackson 2009). The evidence consistently points to the critical role of the personnel staffing the playgroups and other ‘soft-entry’ activities and their role in developing relationships with families, providing information about other relevant services and agencies and making referrals. Here one of the Managers describes one of the playgroups:

*It’s a large group. It has about twenty-five to thirty people in it at any one time, like parents and children. It’s big and it’s in a school hall, and it’s quite chaotic sounding and looking when you go in there.*

*But it had three Facilitators who were experienced at working with families in that sort of a setting. Within Connect service provision, it’s been quite obvious over the years that some people are quite uncomfortable, out of their clinical service provision setting to work with families in that way. However I think this model with supported playgroup Facilitators that are quite skilled at working with families and who have quite a bit of early childhood knowledge, but can work in a very, very informal way, actually is very attractive to families because I think they don’t even know that anything’s happening apart from the fact that they come in and their purpose has been to come because they want to give their child something to do, or they want to have social contact themselves. (Senior Manager)*

A principal also sees the relationships formed and the skills of the facilitator as critical.

*In the main at [Hub 1] people did come back because of the skill of those people that were in the playgroups as an example. They were very good at engaging people in a very easy relaxed way and gaining trust and confidence very quickly. They were very good at doing that. The ones that perhaps didn’t, I don’t know why. I am not familiar. The only thing is, again that feeling of being judged. I remember one or two over the
years that you know really were quite defensive and saw any attempt at having a conversation with them as an affront almost. So there was a bit of that. (Principal)

However, a significant challenge remains in identifying to what extent disadvantaged families are taking up the universally available opportunities:

*I think it’s really early days. We know that it’s been a good place to link in clients that we have in our other services or families that we come across through other avenues. The playgroup’s been a really safe place and people tend to stay. So the kinship carers are kinship carers because their grandchildren have been removed from their parents care…. I think it is quite early days and I think in terms of how we evaluate that. I don’t think we’ve got a clear enough handle on how we do that, except to say that our underpinning is using as many universal strategies as we can.* (Senior Manager)

While trying to implement a universal strategy, the School-Centred Community Hub also needs to collect data about whether disadvantaged – vulnerable – families and children are benefiting from this intervention. How can this be done? There is a problem with a universal strategy in collecting data about benefits to disadvantaged families.

There are several blind-spots concerning the Hubs’ attraction of disadvantaged children and their families.

1. The Stronger Families Planning Alliance’s SCCH Project claimed to be founded on an outcomes based collaborative strategic plan using predetermined measures. There is no evidence of what outcomes were predetermined or that ways of measuring these were established or that these were measured from the beginning of this project to attest to the Hub attracting disadvantaged children and their families.

2. ‘Disadvantage’ is implicitly equated with a relatively low income, rent or mortgage stress, and limited access to uncoordinated services for children and families. It is not clear as to whether these characteristics are identified separately or in combination. Project participants consistently claim to be engaging disadvantaged children and families through a universal approach. However, this ‘universal approach’ is taken as an end in itself, in effect being used to justify not collecting information about how this Project is meeting the needs of disadvantaged children and their families.
3. While the Stronger Families Alliance’s SCCH Project claimed to be based on an outcomes based collaborative strategic plan, no age-appropriate developmental milestones were established at the beginning of the Project.

4.9 Recommendations

1. Given research in early childhood education development pointing to the importance of working from an outcomes based framework to drive children’s learning and development (Siraj-Blatchford 2009), it is recommended that the instruments discussed below be used as a basis for generating evidence regarding the Hub attracting disadvantaged children and their families. These instruments could be tested and refined to enable facilitators to report to the Project’s leaders the number of disadvantaged children and families they are working with each quarter. Facilitators could then maintain a weekly record of disadvantaged children’s participation, and that of their families, during various Terms of the school year.

2. Through refocussing service system provision the Stronger Families Alliance has worked to increase its collective capacity to respond promptly to the needs of vulnerable families. The Stronger Families Alliance has worked to build and sustain strong links between service providers, developed a systematic outreach capacity through the SCCH to provide a range of ‘soft’ entry points to the service system to suit the needs of vulnerable, isolated and transient families. Valuable professional learning and organisational focus might be gained from debating and engaging various strategies for working with vulnerable and marginalised families to access and make worthwhile use of the SCCH – and ensuring they can access services that address their needs. Significant professional learning for the Stronger Families Alliance, its constituent agencies and staff could be gained through careful consideration and testing of what are claimed to be the preconditions for successful service delivery or ‘threshold’ factors essential for effective engagement of vulnerable parents (Centre for Community Child Health, 2010) which include:

   a. the quality of relationship between the parent and the service provider,
   b. establishing shared decision-making,
   c. cultural awareness and sensitivity,
   d. non-stigmatising interventions and settings,
   e. minimising the practical or structural barriers to accessing services, and
f. providing crisis help prior to other intervention aims.

3. These ‘threshold’ factors are abstractions and would need to be operationalised. There are, of course various ways for addressing this issue, and ascertaining whether goals of the Stronger Families Alliance are being realised. For example:

   a. building the capacity of service providers to reach and engage vulnerable children and parents so they become actual rather than just potential clients,
   b. providing the professional learning to build the capacity of staff to engage families,
   c. minimising barriers that prevent vulnerable and marginalised families from easily accessing services,
   d. building trust, confidence and personal resources that overcome barriers to vulnerable and marginalised families seeking help and obtaining support, and
t. giving families greater control over their lives by establishing partnerships that involve shared decision making, responding to family priorities and building on family strengths.

4. It is recommended that the SFA consider the AEDI which provides information about how communities have supported the development of their children before school. Between May and July 2009, the AEDI was completed for 261,203 Australian children in their first year of full-time school from every state and territory. The AEDI results provide communities with a snapshot of the development of their children across five key areas of early childhood development. The currently available results are presented as AEDI Maps (released December 2009 available at http://maps.aedi.org.au/lga/nsw/10900). The Blue Mountains residential population is 74,068 with 5,708 children aged 0 to 5 years of age, as of Census 2006 (http://maps.aedi.org.au/lga/nsw/10900). Overall, in the Blue Mountains 14.1% of children are developmentally vulnerable on one or more domains of the AEDI and 5.3% are developmentally vulnerable on two or more domains (see Table 9).
Table 9: Summary of AEDI Results - Children Developmentally Vulnerable
(Below the 10th Percentile) New South Wales, Blue Mountains and the Hubs’ Communities

<table>
<thead>
<tr>
<th></th>
<th>New South Wales % Children at Risk</th>
<th>Blue Mountains % Children at Risk</th>
<th>Hub 1 Community N=82 Children at Risk</th>
<th>Hub 2 Community N=48 Children at Risk</th>
<th>Community N=82 Children at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health and wellbeing</td>
<td>9.1%</td>
<td>5.5%</td>
<td>3.7%</td>
<td>10.4%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Social competence</td>
<td>8.8%</td>
<td>4.7%</td>
<td>4.9%</td>
<td>4.2%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Emotional maturity</td>
<td>7.4%</td>
<td>6.1%</td>
<td>9.8%</td>
<td>10.4%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Language and cognitive skills (school-based)</td>
<td>5.9%</td>
<td>3.5%</td>
<td>6.1%</td>
<td>6.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Communication skills and general knowledge</td>
<td>9.1%</td>
<td>3.6%</td>
<td>2.4%</td>
<td>12.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Developmentally Vulnerable on 1 or more and 2 or more AEDI Domains</td>
<td>21.3%</td>
<td>14.1%</td>
<td>15.9%</td>
<td>20.9%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Participation in pre-school in year before entering school</td>
<td>76.9%</td>
<td>85%</td>
<td>96.3%</td>
<td>90%</td>
<td>85.7%</td>
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4.10 Instruments for professional learning and measuring outcomes

The Attendance Records that were made available to the research team across the Hub sites were inconsistent and incomplete. Having a standardised set of data collection tools would make collecting and analysing data more viable.

Note: The following instruments are offered as discussion starters. Acknowledgements have been made when existing instruments have been used.
Recording the attendance of children from ‘disadvantaged’ families

1. Collecting valid and reliable evidence that a family is ‘disadvantaged’ is problematic, as families should not and would not be asked to self-identify,

2. Weekly Attendance Records (Form 1A or 1B) in conjunction with a Family Information Survey (Form 2) could provide evidence of several indicators of disadvantage, and

3. Facilitators would be advised to collate and record this evidence each quarter (Form 3), in order that quantitative data are available to verify this program objective.

**Forms 1A and 1B: Attendance Records**

1A – One Week Attendance Form:

[NAME OF PLAYGROUP]
Today’s date:............................ Today is Week .......of Term........, 2010
Playgroup Routine:
8.45-9.00am Arrive
Today’s craft activity is:_________________________________
10am  Parents to prepare morning tea are:
_____________________and ____________________ (thank you)
10.30am  Song/dance/music group activity with parents and children
10.45am Playgroup ends – parents help with pack up
Parents to wash up are:___________________ and _____________ (thank you)

<table>
<thead>
<tr>
<th>Name of Carer</th>
<th>Child/ren’s name/s</th>
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Source: Adapted from existing form at Hub 2 Supported Playgroup

**Advantages:**

- Families are **not** able to view the attendance pattern of other families.
• The weekly program can be viewed by parents/carers.

Disadvantages:

• Families have to write their name each week and it will be in a different order each week which complicates the collation (more time consuming to cross match each families entries over the term),

• More forms need to be managed [i.e. one per week for the term].

IB – Multiple Weeks Attendance Form:

[Name of Playgroup] - Term 1, [date]

<table>
<thead>
<tr>
<th>Parent/Carer</th>
<th>Child/ren</th>
<th>Wk 1</th>
<th>Wk 2</th>
<th>Wk 3</th>
<th>Wk 4</th>
<th>Wk 5</th>
<th>Wk 6</th>
<th>Wk 7</th>
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<tr>
<td></td>
<td></td>
<td>29/1</td>
<td>5/2</td>
<td>12/2</td>
<td>19/2</td>
<td>26/2</td>
<td>5/3</td>
<td>12/3</td>
<td>19/3</td>
<td>26/3</td>
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<tr>
<td></td>
<td>no</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Play group</td>
<td>no</td>
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<td></td>
<td></td>
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Source: Adapted from existing form at Hub 3 Play and Chat Group

Advantages:

• Parents/Carers do not need to write their name each week.
• New families add their names to the bottom of the sheet, so their start date is clear,
• Families can see at a glance the holidays or other days the Playgroup will not operate over the term and how the Playgroup term fits in with the School term (if they have older children, this is useful),
• Families and Facilitator can gauge very quickly the overall attendance pattern,
• Less paperwork to manage, file and collate.

Disadvantages:

• The attendance pattern of all families over a term can be viewed by other families,
• If the form is misplaced, then all attendance data collection for the term is compromised.
Form 3: Family Information Survey

1. Family Information Survey: This instrument could be used to identify families experiencing some of the indicators of disadvantage. It does not give a clear understanding of the extent to which a family may be experiencing poverty, deprivation and/or social exclusion. (Saunders, 2007)

2. This form is offered as a resource and discussion starter. It includes examples of indicators of disadvantage across the areas of income, housing and isolation (physical and social). Refining and reducing this list to suit the Hub clients and the working definition of ‘disadvantage’ used across the Hub stakeholders would be paramount.

3. It is suggested this survey be presented to families after they have attended the Playgroup at least two times in order that some rapport would have been established with the Facilitator.

   [Name ] School Supported Playgroup

ID No:......................

Thank you for taking the time to fill out this form.

The body funding the Playgroup wants us to collect this information from you. Your name will not appear with any of the details you have provided. The information will be used to improve services.

Parent/carer

Family Name............................................ Given name..................................................

Address........................................................................................................................................

Gender...........................................Date of Birth.................. Country of Birth..................

Are you of Aboriginal or Torres Strait Islander descent?.........................................................

Is English the main language spoken at home? Yes or No

   If NO, which language is? ........................................................................................................

Do you work outside the home? Yes/Full Time....Yes/Part time.....No.................
Chapter 4: Attracting Disadvantaged Families

What is your main source of income? (e.g. wages, pension, allowance) .................

What is your income per week? ..............................................................................

Do you live in rental accommodation? [please circle] Yes No

If YES, please circle which type.........Department of Housing / private rental

What type of housing do you live in? [please circle]

 house / flat / granny flat / unit or townhouse / caravan /

Do you share accommodation with another family? ..................................................

Are you a single parent? ............................................................................................

Can you easily walk with your children to a public transport stop, either bus or train?

 [please circle] Yes No

Is public transport reliable and is the service regular throughout the day

 [please circle] Yes No

Child/Children

Child 1 Child 2

Family name:................................. Family name:.................................

Given name:................................. Given name:.................................

Gender: ..........Date of Birth........... Gender.........Date of Birth..............

Country of Birth........................... Country of Birth...........................

Does he/she have a disability? ........ Does he/she have a disability? ..........

If yes, please list........................... if yes, please list...........................

Is he/she of Aboriginal or Torres Strait Islander decent?.................... Is he/she of Aboriginal or Torres Strait Islander decent?....................
Chapter 4: Attracting Disadvantaged Families

Does he/she attend any childcare?........ Does he/she attend any childcare?........
If yes, which type? [please circle] If yes, which type? [please circle]
occasional, pre-school, long day, family day occasional, pre-school, long day, family day

How did you hear about the Playgroup?

.............................................................................................................................

Signed: .................................................................Date...........................................

Adapted from the existing form at Hub 2

Advantages:

• Some identifiers of disadvantage are included (which may enable Facilitators to make an informed albeit subjective decision as to the family’s ‘disadvantage’).

Disadvantages:

• There is no score attached to survey responses and therefore no numerical indicator of disadvantage.

• Some information may be sensitive to families and therefore the Facilitator may need to establish a rapport with the parent/carer before asking them to complete this survey. A further statement (disclaimer) could be included alerting families that they have the right to choose not to answer any questions they feel are too sensitive.

Form 3: Term Summary Attendance Form

Form 3 is offered as a discussion starter for Hub stakeholders to refine to suit their contexts and their clients.

<table>
<thead>
<tr>
<th>ID No</th>
<th>Disadvantaged Family No. of visits</th>
<th>Non-Disadvantaged Family No. of visits</th>
<th>If ‘New’ Family, Date of First visit</th>
<th>Comment re: Attendance</th>
</tr>
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[NAME OF PLAYGROUP] Attendance - Term Summary Sheet

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Advantages

- Tallies from this form will supply data for the project outcome which relates to the Playgroup’s objective to attract children from ‘disadvantaged’ families.

Disadvantages:

- This is a confidential form as families are being labelled ‘disadvantaged’ or ‘non-disadvantaged’, therefore the Family ID should be used in preference to family name.

- Categories ‘Disadvantaged Family’ or ‘Non-disadvantaged Family’ are problematic as using family responses to Form 3 does not take account of a broader view of disadvantage as proposed by Saunders 2007 and/or Government Child Care Links.
CHAPTER 5

DISADVANTAGED CHILDREN REACHING THEIR AGE-APPROPRIATE DEVELOPMENTAL MILESTONES

Has the Stronger Families Planning Alliance’s SCCH Project contributed to disadvantaged children between 0-6 years reaching their age-appropriate developmental milestones?

Nationally and internationally, there is growing recognition of the role that quality early childhood experiences play in contributing to children’s trajectory of successful educational achievement. However, it is also clear that the learning that occurs prior to school is not the sole factor affecting subsequent school learning and achievement. The Blue Mountains Stronger Families Alliance has expressed a commitment to “provide quality early childhood learning environments” through their Hubs’ programs, in order to facilitate and optimise the growth and development of young children. This is strengthened by the employment of Facilitators with professional education backgrounds. Until relatively recently, assessment of age-appropriate development of young children has not been a strong focus for many early childhood service providers (Clements & Sarama 2007). This has been due in part to the lack of availability of suitable instruments for use in non-formal contexts. It is also due to the recognition that not all professionals working with young children necessarily have conceptual tools to monitor and explain children’s age-appropriate development, or to justify educational interventions they might propose based on sophisticated outcome measures (Cross, Woods & Schweingrubber 2009).

Accounting for children’s achievement across ‘age-appropriate developmental milestones’ in the context of the Stronger Families Alliance’s SCCH has emerged as problematic. On the one hand, the SCCH Project is located within an ‘outcome–based’ strategic plan, and this outcomes–based framework is intended to drive the learning and development of young children. However, no instruments have yet been designed nor have staff and parents been trained to implement these as a means of generating evidence regarding children’s developmentally age-appropriate milestones in areas of learning within and across the SCCH Project. This report includes instruments that provide a focus for professional learning and that might yield meaningful aggregated or trend data.
Overall there was little evidence that the SCCH Project used an outcomes-based framework to establish either predetermined projected outcomes or a means of measuring its contributions with respect to its contributions to children’s age-appropriate developmental milestones. Interviewees were asked what is meant by the term ‘age-appropriate developmental milestones,’ what outcomes of the SCCH Project would reflect this development, and how has the SCCH Project attempted the measures? One interviewee provided a substantive response to this question:

“It means: when is it normal to be doing ‘this’ and when is it normal to be doing ‘that.’” The Community Nurse shared knowledge of children’s age-appropriate health development when she came to playgroup. (Hub Facilitator)

That is useful knowledge parents can have especially if they are struggling. It’s just normalising things for them. Telling them, “That’s okay”. I would often do that by talking about my own children. One of the most helpful things I do is to provide them with the knowledge that what their children are doing is within those boundaries of normalcy. (Hub Facilitator)

Some parents indicated that participation in the SCCH activities was useful. It enabled them to see their children’s development in relation to other children’s development, with one parent indicating that it highlighted for her some areas they could work on at home. A number of parents also cited the role of the playgroup in facilitating their children’s development with such comments such as:

“Negotiating social situations. Speech improvements”.

“Learning life skills in new environment”.

“In terms of connecting and interacting with other children. Learning conversation and negotiating skills”.

“Perhaps improving dexterity and spatial awareness”.

“Making new friends. Learning to share. Negotiating social situations”.

“Sharing and interacting”.

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“He loves meeting with other kids and having a trial and explore with a wide range of toys and art and craft materials”.

“They have to learn to share and get on”.

“As an only child she needs to be around other children. Also helping with hand eye coordination, playing skills improved”.

Historically, the prevailing philosophy in early childhood contexts has been built on the understanding that children develop at their own rate (Bredekamp 2004) and that age-related goals were not appropriate. However, increasing expectations by government and other funding agencies for evidence about program impact have undermined this position. Instruments for measuring developmental milestones currently available typically are complex, require substantial investment in training of administrators, extended time for implementation, expertise in analysis and facilities for secure storage. Should such instruments be available and implemented, a key issue arises as to the extent that this might compromise the ‘soft-entry, universal strategy’ that is claimed to be a key to engaging disadvantaged families in the SCCH. This view was evident in the data gathered through interviews with key stakeholders in the SCCH Project. Further, there is a ‘strengthening position’ within the early childhood research literature that accounts of young children’s age-appropriate development that cannot be usefully ascertained from criterion based data, but requires more sophisticated socio-cultural evidence (Anning, Cullen & Fleer 2007; Fleer & Richardson 2004). This view holds that children develop holistically. This is a core child development principle. Children’s social, emotional, cognitive and physical development is optimally nurtured when they are responded to in ways that mirror this holism. Further, there is a need for caution in taking for granted claims that early interventions in the lives of young children can be guaranteed to prevent them from having future difficulties in school and experiencing other social ills (Heckman & Masterov 2007; Heckman 2006; Vargas, Bustos, Diaz, Amigo & Rona 2008).

5.1 Recommendations

1. If it is accepted that an outcomes-based framework should drive the learning and development of young children (Siraj-Blatchford 2009), then it is recommended that the instruments below be tested and further developed through collaborative professional learning by staff and parents. These could provide a basis for generating
evidence regarding children’s developmentally age-appropriate milestones. These instruments could enable Facilitators and the Hub’s Managers in particular to establish base-line data and track changes in the development of knowledge and skills among disadvantaged children aged between 0 to 6 years. For instance, Facilitators could maintain a weekly record of children’s progress during each Term of the school year, including records of critical incidents based on the child development scale. Here it is important to be mindful that attendance is not compulsory at the Hub’s supported playgroups or transition playgroups and is thus irregular. It should also be noted that families are likely to move over this period of 6 years.

2. Further research is needed to produce an instrument for measuring young children’s age-appropriate development in contexts such as the SCCH. A holistic instrument, scale or matrix that could be applied across children’s learning and development is preferred to one that focussed in-depth on a single domain. Thus, for instance such an instrument could provide age-appropriate measures of young children’s learning across the areas of arts, environmental awareness, health, literacy, numeracy, science and the uses of information and communication technologies. The development and testing of such an instrument could only be done with substantial research funding. The collection and analysis of evidence is important for evaluating innovative programs such as the SCCH. However, there is a tendency for the scope of such evaluation projects to expand beyond the allocated resources. To ensure effective, professional evaluations it is necessary that appropriate funding is provided. This would enable professionals working in the field of services of young children and families to:

a. establish young children’s conception, perception and experiences of a task. This could include having them engage with structured ‘assessment through learning’ tasks along with observations by professionals in the playgroup and parents’ observations at home,

b. provide visual, holistic reporting of results in preference to using numerical scores or scales, so as to locate each young child’s current performance relative to past and future development, thereby giving professionals and parents a sense of a child’s trajectory,
Chapter 5: Developmental Milestones

c. provide descriptions of what ‘typical’ achievements might be for a child at a given age, as well as place each child on an age-appropriate developmental continuum. Here professionals would need to be mindful that there is no ‘typical’ or ‘linear’ development of children because it is not biologically pre-determined. Likewise, they would need to understand that contextual changes, such as the adversity resulting from inaccessible support services and/or financial stresses on families have a bearing on children’s age-appropriate development,

d. plan more explicit, intentional and successful learning experiences in areas relating to Belonging, Being & Becoming: The Early Years Learning Framework for Australia (Commonwealth of Australia, 2009),

e. inform Managers of the Hubs about resource needs and their effective uses, including professional learning needs of personnel and the sharing of resources and knowledge between Hubs. Here the idea of refocussing is especially relevant, given the intention of the SCCH Project to the sharing of resource materials and expertise across the Hubs,

f. inform Managers of the SCCH Project of factors effecting the learning outcomes for the sub-groups of children targeted by this particular Project. Specifically, these were children and families experiencing rental or mortgage stress, those on low incomes (less than $500 per week) and those poorly supported by child and family service agencies,

g. developing a shared language across the SCCH Project, and between Facilitators and Managers for communicating information about disadvantaged young children’s age-appropriate development, and strategies for contributing to this by involving agency colleagues, parents and school teachers, and

h. provide a foundation for the professional learning of the Managers and Facilitators that is specially related to the SCCH Project’s focus on the age-appropriate development of the knowledge and skills of disadvantaged young children.
5.2 Instruments for professional learning and measuring outcomes

Option 1: Continuing to match children to developmental milestones

Option 1A: – The Blue Book

A resource available to all New South Wales families, the “My First Health Record” (Blue Book) (NSW Health, 2009) includes sections into which a record can be made as children reach certain age-appropriate developmental milestones. The Blue Book is available free of charge through the Public Health System, Community Health Centres, the NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres. With such wide distribution ready access is possible. Most importantly, the Blue Book is given to all families by maternity hospitals when a child is born.

The Blue Book is intended to be used in consultation with Health Professionals. Hub Facilitators could, however, encourage families to bring the Blue Book to Playgroup and as a partnership activity, discussing topic therein at relevant points. Facilitators could make a copy of the records and file.

Option 1B: Developmental Milestones 0-5 – South Australian Health

Hub stakeholders may wish to generate context specific checklists of age-appropriate developmental milestones for the Hub participants by referring to the Government of South Australia’s, SA Health website “Child, Youth and Women’s Health”. A comprehensive list of child development milestones from ages 0 to 5 years is listed at (http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1906).

These include milestones listed for: 0-3 months, 3-6 months, 6-9 months, 9-12 months, 1-2 years, 2-3 years, 3-4 years, 4-5 years.

Option 1C – PEDS


PEDS is claimed to be:

...the only evidence-based screen that elicits and addresses parents concerns: PEDS tells you when parents' concerns suggest problems requiring referral and which
concerns are best responded to with advice or reassurance. (Centre for Community Child Health 2000)

Hub Facilitators would need access to the PEDS Score Form and Interpretation Form to be able to collect and analyse the data generated. The Australian version of the PEDS is below. (Please note copyright is held by the Centre for Community Child Health).

<table>
<thead>
<tr>
<th>PEDS RESPONSE FORM – AUTHORISED AUSTRALIAN VERSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name ________________________________ Parent’s Name __________________________</td>
</tr>
<tr>
<td>Child’s Birthday __________________ Child’s Age ______ Today’s Date ______</td>
</tr>
</tbody>
</table>

1. Please list any concerns about your child’s learning, development, and behaviour.

2. Do you have any concerns about how your child talks and makes speech sounds?
   Circle One: No Yes A little COMMENTS:

3. Do you have any concerns about how your child understands what you say?
   Circle One: No Yes A little COMMENTS:

4. Do you have any concerns about how your child uses his or her hands and fingers to do things?
   Circle One: No Yes A little COMMENTS:

5. Do you have any concerns about how your child uses his or her arms and legs?
   Circle One: No Yes A little COMMENTS:

6. Do you have any concerns about how your child behaves?
   Circle One: No Yes A little COMMENTS:

7. Do you have any concerns about how your child gets along with others?
   Circle One: No Yes A little COMMENTS:

8. Do you have any concerns about how your child is learning to do things for himself/herself?
   Circle One: No Yes A little COMMENTS:

9. Do you have any concerns about how your child is learning preschool or school skills?
   Circle One: No Yes A little COMMENTS:

10. Please list any other concerns.
Option 1D: Parents’ Evaluation of Developmental Status: Developmental Milestones (PEDS:DM)

A second option to have parents’ generate data is to use the Parents’ Evaluation of Developmental Status: Developmental Milestones [PEDS:DM]. Information relating to the PEDS:DM is located at (http://www.pedstest.com/LearnAboutPEDSDM.aspx).

The excerpt below lists the questions for parents with children 29-33 months (2-3 years).

**Instructions to parent or caregiver:**

Please tell us what your child can do. If you aren’t sure, try it! Use the pictures to help you.

If you need help, ask us!

If you try some of these things with your child, please say, “good trying” or “way to go”, even if they don’t get something right.

Please use the markers we gave you to fill the boxes (not pens or pencils). Your child can use our markers too.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can your child scribble with a crayon or marker without going off the page much?</td>
<td>No</td>
<td>A little</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>If you ask your child to point to parts of his or her body, how many of these can he or she show you? “head”, “legs”, “arms”, “fingers”, “teeth”, “thumbs”, “toes”</td>
<td>No</td>
<td>1 - 2</td>
<td>3 or more</td>
<td></td>
</tr>
<tr>
<td>When your child talks, how many words does he or she usually use at a time?</td>
<td>None</td>
<td>1</td>
<td>2 or more</td>
<td></td>
</tr>
<tr>
<td>Can your child walk backward two steps?</td>
<td>No</td>
<td>Yes, shuffles or steps</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Can your child take off loose clothes such as pull-down pants or a coat?</td>
<td>No</td>
<td>Sometimes</td>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>Does your child pretend to do grown-up things like washing dishes, taking care of a baby, sweeping, scrubbing, or cooking?</td>
<td>No</td>
<td>Sometimes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Chapter 5: Developmental Milestones

Advantages

- The psychometric properties of PEDS are claimed to include standardisation, reliability, validity and accuracy (www.PEDSTest.com)

Disadvantages

- Parents/carers may become distressed if they feel their child is falling short of baseline achievements.

- Within the age range of children attending the Hub Playgroups (0-5), there are 8 separate age specific points where milestones for child development have been generated. The number of checklists makes it prohibitive to track each child at all the points suggested. Attendance is non-compulsory at the Hubs and therefore keeping records may become unmanageable in terms of available resources, moreover, turning Hubs into “data generating mines” might alienate parents.

- The Hubs offer the Playgroup one day per week between the hours of 9am and 11.30am. For the Facilitator to keep ongoing records of each child’s development as the instruments above suggest, their time commitment would need to be considered and appropriately remunerated.

- PEDS is a copyrighted instrument and would need to be purchased, or permission to use it would need to be sought, adding to Hub operational costs and administration.

Option 2: The National “Early Years Learning Framework”

A second option could be to refocus future data collection to align with the National Early Years Learning Framework. (Australian Government DEETWR 2009) which states:

_Different theories about early childhood inform approaches to children’s learning and development. Early childhood educators draw upon a range of perspectives in their work which may include:_

1. _developmental theories that focus on describing and understanding the processes of change in children’s learning and development over time,_
2. *socio-cultural theories* that emphasise the central role that families and cultural groups play in children’s learning and the importance of respectful relationships and provide insight into social and cultural contexts of learning and development,

3. *socio-behaviourist theories* that focus on the role of experiences in shaping children’s behaviour,

4. *critical theories* that invite early childhood educators to challenge assumptions about curriculum, and consider how their decisions may affect children differently, and


Thus, the *National Early Years Learning Framework* challenges the use of instruments that reduce young children’s learning and development to a one dimensional psychometric measurement.

It is suggested that mapping the Hubs’ program activities against the 5 learning outcomes specified in the *National Early Years Learning Framework* would provide additional evidence that quality learning and development programs are being offered to all children attending the Hubs.

The five Learning Outcomes specified in the Early Years Learning Framework are designed to capture the integrated and complex learning and development of all children across the birth to eight age range. The outcomes are:

1. Children have a strong sense of identity.
2. Children are connected with and contribute to their world.
3. Children have a strong sense of wellbeing.
4. Children are confident and involved learners.
5. Children are effective communicators. *(Australian Government DEETWR 2009, 19-44)*
5.3 Recommendations

If data collection needs to be comprehensive and ongoing it is recommended that:

1. The Hubs operate 2.5 hours once a week and the Facilitators are employed an additional 2 hours. In order to keep accurate and progressive records and to ensure rigorous and ethical data management over the five research questions, the Facilitators’ work load would need to be commensurate with their hours.

2. Files are established for each family after their second visit and on completion of the Form 2: Family Information Sheet.

3. Families are encouraged to bring their Personal Health Record (Blue Book) to Playgroup so that the Facilitator could encourage and assist with record keeping therein and that a copy of the sections relating to the child’s age-appropriate development be made and kept in the child’s file.
CHAPTER 6

THE HUBS’ CONTRIBUTIONS TO IMPROVING THE HOME LEARNING ENVIRONMENT OF DISADVANTAGED CHILDREN

Has the home learning environment of disadvantaged children been improved through participation in the SCCH Project?

Parent support is a complex and debated notion. The type of social, semi-formal support that these playgroups offered parents reflected what the literature reports is most wanted by and protective for parents, and what is most lacking in many formal parenting programs (Garbarino, 1992; Ghate & Hazel, 2002; Gray & Sims, 2007; Nepean Families First, 2002; Quinton, 2004; Rullo & Musatti, 2005; Vandenbroeck et al., 2009).

An examination of the supportive actions that occurred within trusting, reciprocal relationships amongst participants showed that support was co-constructed and not something that was ‘delivered by an expert’. Further, the supported playgroups utilised what could be referred to as a facilitated partnership approach where parents could ‘be’ and where any new understandings about parenting were socially constructed amongst parents and facilitators.

....a growing number of authors argue that programs that aim to ‘support’ parents of young children, often ‘pedagogicalise’ parenting by implementing strategies that aim to teach parents how to parent (Gewirtz, 2001; Gillies, 2005a, 2005b, 2006; Popkewitz, 2003; Vandenbroeck, 2007; Vandenbroeck et al., 2009). These researchers view the increasing worldwide trend to implement formal parenting programs as an attempt to inculcate middle-class values at the family level. They criticise the enforcing of middle-class constructs of parenting as a means of shifting blame to parents rather than addressing systemic social problems such as poverty and its associated effects on family health and well-being (Clarke, 2006; De Mey et al., 2009; Flett, 2007; Vandenbroeck et al., 2009). Further, these authors suggest that policies that focus on universalising an ‘expert’ view of parenting perpetuate the
assumption that parents who do not ‘parent’ in particular ways provide inadequate support for their children’s learning and development.

In contrast, the types of interactions that occurred in the playgroups between parents and with facilitators reflected the Vygotskyian notion of socially constructed learning (Ashton et al., 2008; Vygotsky, 1978). The playgroup environment encouraged parents to share their experiences of parenting with one another and enabled them to be ‘scaffolded’ by facilitators if needed. What was important in these interactions was that the search for new knowledge was instigated by parents, rather than directed by facilitators within a predetermined curriculum framework, or on the basis of an ‘expert’ belief about what parents need. The playgroups demonstrated ways to work in partnership with parents to co-construct ways of being a parent within contextual circumstances, rather than constructing ways to teach parenting and it was clear that parents responded positively and found this worthwhile.


Introduction

Recent overseas research has illuminated some powerful effects of the home learning environment (HLE) on early school achievement (Melhuish, Phan, Sylva, Sammons, Siraj-Blatchford, Taggart 2008). However, the studies’ findings indicate that other factors interact with the HLE in ‘effect,’ for example maternal qualifications. Moreover, gathering evidence about the impact of experiences and interventions on HLE poses considerable methodological and ethical challenges, particularly when interventions may be of short duration or intermittent.

6.1 Evidence

Has the home learning environment of disadvantaged children been improved through family participation in the SCCH Project?

6.1.1 A SCCH Perspective

The SCCH Hubs were seen as offering indirect, implicit models of the type of learning that might go on in the homes of disadvantaged families. The supported playgroups are located as the core activity in which this might occur:
Part of the purpose of the playgroup is to model activities that parents could do in their homes, or would do in their homes. There’s also been quite a bit of feedback in that group and no doubt in others if we asked them a question about this – parents like coming here because they can do a whole lot of activities where the children make a mess, rather than make the mess at home. (Senior Manager)

Whilst there was an expectation of transference of what parent’s observed at the playgroup and what they might do at home, there was little evidence of the intention or effort directed to presenting parents with ideas that would make this expected transference explicit. This reflects the project’s philosophy and commitment to working to develop trusting relationships as a priority. The supported playgroup was conceived primarily as a social space in which a range of relationships might be supported, including those amongst parents, and between parents/families and children. Thus, no means of measuring these contributions could be made with respect to how the interventions through the SCCH project improved the home learning environment of disadvantaged children:

So it’s not just about the activities but it’s thinking about what your child’s learning at home. That’s what the transfer is. We haven’t done any specific evaluation on what goes from the playgroup back to the home, but certainly lots of parents will say, “Oh, I never thought of doing that,” or, “Oh, I never knew that I could sing a song like that”, where it’s informal. It’s those little bits and pieces that the parents pick up. Part of the skill set of the facilitators is to be able to model those activities in a way that it doesn’t make parents feel, “I could never do that because I’m not a teacher”. It’s things like, anybody could get down on the floor and play and feel comfortable doing that. I think that’s part of what transfers into the home learning environment, even though parents may not actually articulate that. (Senior Manager)

That’s our hope. At (another Hub) we’ve got people who come to that space every day and at (Hub 2) there are some that come at least 2 days as a get together. It gives them a break even though they are there with their children, it’s not as intense. They are meeting other people they can connect with. We see a lot of that but it’s hard to know. Most of that evidence would be from seeing what happens. [Staff name] did a survey and asked parents if they had made new friends since they started and that definitely happens a lot. That’s very important. The playgroup provides a context for that to happen. (Hub Facilitator)
With respect to all that happens in the playgroup and indications that an important strategy is to facilitate parents informal observations of these activities, the question was asked, “Does any of this transfer to learning in the home and could examples be provided where a parent from a disadvantaged background has taken ideas from the playgroup home to help in their child’s learning there?”

I hope it does. I guess because we do get positive feedback. Comments about the playgroup. I guess that would indicate that that would happen...

...I can and often it’s to do with simple things. A child might be grumpy here at playground and what they need is something to eat. Other little things like “Give children attention before they ask for it and they will leave you alone for a couple of hours”. I can see that people take that sort of thing on board. I’m not good at giving direct advice I’m more a ‘alongside’ kind of person. So I guess when I talk to people it’s more telling them stories about my own experiences. (Hub Facilitator)

6.1.2 A parent perspective

Data from the parent survey and interviews provided a stronger indication of the impact of participating in Hub activities on both parents own well-being and in what they provided for their own children at home. Whilst parents primarily saw the value for themselves in the SCCH, whether it be the community engagement strategies, parent programs, supported playgroups and transition to school activities, as opportunities to connect and socialise with others, most parents also reported learning from observing the use of different toys and crafts. Seeing the settings as a useful source of information, especially from other parents in a similar situation to themselves was also highlighted. Participating in the SCCH activities influenced parents to engage in craft, painting, drawing, playing, exploring and other fun activities with their children at home. Many parents indicated on their survey that they took some of the ideas home.

‘We have a few more ideas up our sleeves re certain fun activities for the littlie.’

‘We do more creative things, eg drawing, painting.’

‘... pick up different ideas for craft play.’

‘It has helped me to learn about what toys and new activities my child is into.’
'We do some of the craft ideas we see at the Hub.'

'More singing – we sing the songs we learn together here.'

Participation also gave parents pleasure in watching their children learn and play with others, as well as providing insights into their own children and their strengths and interests. For some parents their observations suggested areas to strengthen and follow-up at home.

'I have seen activities he likes and also seen areas of his social development that need to be worked on.'

'Knowing my child better.'

'Satisfaction watching my son mix with large groups of children/learning new skills/and enjoying himself.'

'As a parent very happy to see my child play and learn.'

'Being able to watch my child learn and grow.'

However the importance of the SCCH activities as a social space that provided emotional support for parents and ‘timeout’ for parenting cannot be underestimated. This was a strong theme to emerge from the parent surveys and interviews:

... social engagement with parents that have now developed into friendships through regular meetings. Tremendous emotional support from others, sense of being nurtured for a change (rather than looking after someone all the time).

Parents highly valued the opportunities provided by the SCCH activities for ‘relaxing’ and to meet other parents. This minimised stress, helped overcome loneliness and created a basis for forming friendships. Some of this carried over into other parts of their lives:

'More friends!'

'Great networking for Mums/Dads, passing on clothes, help.'

'Regular social contact with other parents.'

'Opportunity to talk, time-out with other parents.'
'Wonderful new friendships.'

'Benefited socially.....we moved into the area permanently this year and it’s been a great way to get to know parents and children.'

'I feel a sense of community, support and friendship. An increased sense of connectedness with other parents.'

'Less stress for me...a venue to take her I can afford.'

'Made many friends and also been able to feel that I am not alone.'

'Time for me to talk to and make new friends.'

'My friendships have spilled over into other areas eg. regular craft group/walking group.'

For a number of parents, the regularity of the playgroup was welcomed as it gave a focus and point of interest to their lives. For others the opportunity to informally exchange perspectives on parenting and gain information was important:

'A great resource of information and advice.'

'Discuss issues with facilitator (behaviour etc.)'

'A chance to swap stories /parenting challenges.'

'Being able to ask questions and spend time with other parents.'

'The routine of something to go to.'

In addition, a number of parents made reference to the low cost or inexpensive and informal nature of these SCCH experiences. Whilst there is little direct evidence that ‘disadvantaged’ families are utilising these services, there is a clear implication by frequent reference to cost and informality, that economic considerations are important for the participating families. In addition, the strength of response highlighting the importance of the social dimensions of friendships, overcoming isolation and self-reference to being a ‘single parent’ or ‘recently moved to the area’ imply that a number of families accessing these activities may well be
experiencing life challenges related to social isolation and the need to balance family expenses.

The parent data from this research provides evidence that families, both children and parents, are finding considerable value and support in participating in the SCCH. This is so much so that some parents have continued their involvement beyond their child’s school commencement:

‘I feel very much a part of the school, community and school which is why I still come even though both children are at school.’

6.2 Research informing practice

Research-based knowledge from other interventions and locations designed to support and engage disadvantaged families, such as Home Visiting has been important in strengthening the rationale for the approach adopted in the SCCH model. This has informed the Hub’s family engagement strategies:

Neil Guterman (Guterman 2000) has done a meta-analysis of home visiting so which is also our core business. His meta-analysis of research on home visiting services found that other things need to be in place. He looked at many services across the US to try and find out what were the critical factors in home visiting. One thing he discovered was that home visiting could achieve a certain amount for families and that universal home visiting was critical but there were other things that you needed to do to get them beyond that. He looked at broad based parent groups and activities and the value of moving people out into the community. We’re primarily a family support service, even though we have many other programs as well. Our core business is ‘strength-based’ home visiting services, one-to-one work with families. A long time ago we recognised our need to offer more, which is why we run parent groups. We also needed to have some rationale about “why bring parents together?” Even though his research is primarily about home visiting, it also speaks to why we need to bring parents together. (Senior Manager)

We’ve also had some input from Professor Marion Berry from the US. I’ve heard her speak about engaging families. She primarily was speaking at conferences about family support. One of her lessons is, “do something to meet the immediate need at the first engagement”. Whether it is a home visiting scenario with a family or the
community context, the same principle applies, “scratch where people are itching”. Provide those things that the families most immediately need. Parents need spaces where they can go with their children to link in with their community. The motto is, “don’t use one word, where you can use ten!” (Senior Manager)

An important consideration is how to engage families who will not easily come into social spaces and support services. Hub staff are now interested in research into what was commonly referred to as ‘hard-to-reach’ families:

In terms of community engagement I’ve looked at research on ‘hard-to-reach’ families for what do I do, especially the DOCS and FACTSA discussion papers on this issue. These two reports have been part of what we’ve been looking at. We’ve also been running parent groups over a long time, and we realised that bringing people together is a really important step beyond individual work and counselling. You need both things in place. You need to have a suite of things that you can offer families, children and families. (Senior Manager)

Disadvantaged parents may have funds of knowledge that might contribute to playgroup activities. Have you ever had any parents from within the group make the presentations on craft or other things?

This week we are having one of the women who owns a local gym. I struggled with that because this is a commercial venture...should I get her to come? She’s going to talk about how to keep fit when you’ve got young children.

...Yes she is (a mother in the playgroup). So I try to do that and I’ve done that in the past, where I’d try to get someone who might know how to make jewellery to come along and run a session. I try to do that whenever possible. (Hub Facilitator)

6.3 Context

What learning might be expected to occur in the homes of disadvantaged children participating in the SCCH Project? Given the non-compulsory nature of playgroups, their limited duration and that an official curriculum in this field of early childhood education has only recently been released (Commonwealth of Australia 2009), there are a range of possibilities. This is especially the case if the drive for the explicit, intentional teaching of young children in accordance with their age-appropriate development is accepted (Bredekamp
Chapter 6: Home Learning Environment


Recent international research conducted through complex multilevel analyses indicate powerful effects for the home learning environment (HLE) and important effects of specific preschool centres at school entry, particularly in mathematics and literacy (Melhuish, Phan, Sylva, Sammons, Siraj-Blatchford, Taggart 2008). Although reduced over time, such effects remain several years later. The study reports that the most important predictors of mathematics and literacy achievement were maternal education and the quality of the preschoolers’ HLE. The study isolated the following significant features of the HLE:

- **Being read to**
- **Going to the library**
- **Playing with numbers**
- **Painting and drawing**
- **Being taught letters and numbers**
- **Being taught songs /poems /rhymes**

The study authors argued that these elements are effective because children having these experiences are ‘learning how to learn’ as well as learning specific facts and skills (Melhuish et al 2008b).

The analysis of this study’s findings indicated that maternal education and qualifications were a statistically significant influence on early school achievement. However, it is important to note that less educated parents who were able to provide strong HLEs were able to overcome the statistically significant predictor of parental education.
Whilst the findings from the above study cannot be directly transferred from one context to another, they are both instructive and provocative. The evidence gathered in this current study of SCCH suggest a positive effect from the Hub experiences based on parents reported adoption and adaption of Hub activities to the HLE. However, this is not the only factor at work here. As the researchers from a related UK study conclude:

*The EPPE research confirms the importance of early experiences and the powerful combination of home, pre-school and primary school in improving children's learning,* said Professor Pam Sammons, one of the principal investigators of the project. (IOE, University of London 2008)

The findings from international research can be read in the context of the SCCH initiative and the quotation at the beginning of this chapter. This highlights the increasing trend to ‘pedagogicalise’ parent support which illuminates a growing tension in the conceptualisation of parent support versus early childhood education programs.

In particular, tensions arise between the strong relationship focus of the ‘two-generational model’ of the supported playgroup that has been adopted by the SCCH, and the growing imperatives for strong HLE. This might imply more direct/or intentional teaching of both children and families and on the part of parents – possibly increasing pressure on parents not to fail in this area. The findings from Jackson’s 2009 study and the literature that informed her analysis suggests a more complex and richer web of relationships whereby learning might be occurring in the context of the SCCH that is not immediately obvious.

The implications of the importance attached to the social benefits of the SCCH by the parents suggest that parents might not be ‘transferring’ knowledges and learning activities from the SCCH. However, the benefits accruing to them and their children through the sense of community connectedness that the Hub reportedly generates, may in itself be more beneficial to parents in their parenting role. Jackson (2009) refers to this as the development of “these friendships and connections as evidence of developing ‘bonding capital.’” It is certainly a seemingly effective engagement strategy which invites further investigation. Clearly there is scope for greater research into the role of the SCCH in the strengthening of parenting practices and the HLE.
6.4 Challenges and future directions

In what area of the home learning environment did this SCCH project establish predetermined outcomes and achieve associated measure in area such as literacy, numeracy, arts, health, science, environmental awareness or uses of information and communication technologies?

1. Whilst parental reports indicate an impact on home experiences from participation in the SCCH, there is no evidence of these outcomes or measures being established at the beginning of the SCCH Project to ascertain and attest to the improved home learning environment of disadvantaged children as a result of their participation in the Hubs. Specifically, no projected outcomes and predetermined measures were established with respect to improvement of the home learning environment in areas such as the arts, environmental awareness, health, literacy, numeracy, science, or uses of information and communication technologies. The question arises as to whether this is a realistic expectation for the SCCH initiative?

2. There are different ways of encouraging parents from disadvantaged backgrounds to take up ideas from the Hubs for use in home learning. One way is to provide parents with direct instructions, “You should do this for home learning,” while another is to ask parents to give accounts of what they do regarding home learning, “Tell us about what you do to have your child learn at home?” The Stronger Families Alliance’s SCCH Project adopted an implicit modelling approach. The possibility of an explicit, focussed approach to improving or impacting on the HLE of disadvantaged children has not been canvassed and this or a variation may warrant consideration. There are effective programs that are attempting to address some of the tensions that were surfaced in this exploratory study that may maintain the ‘relational’ focus and invoke parents and families as co-constructors in optimal learning experiences for themselves and their children using action research, visual ethnography and other community based pedagogies (eg Pen Green, Futuro Infantil Hoy). The use of digital technologies may also afford new opportunities for community engagement and program accountability.
6.5 Recommendations

1. The following instrument is recommended for use and further refinement for generating evidence regarding the SCCH Project’s contribution to the improved HLE of disadvantaged children. This instrument could be tested and further refined by using the reports of parents of disadvantaged children to identify the extent to which the Hubs are helping them to improve their HLE. Working from an outcomes-based framework to drive young children’s learning and development (Siraj-Blatchford 2009), this instrument could provide useful data regarding the Hubs’ contributions to early childhood education and development with respect to parental confidence, parent/child interactions and family-based early childhood learning activities.

2. Paper-based instruments are commonly used in the Hubs for data collection. Computer-based instruments could be gradually introduced into the Hubs and are likely to be of interest to parents for both completing the electronic forms and reviewing progress data on their child. The use of computer technology for the entry of information related to documenting and mentoring improvements in the HLE of disadvantaged children (and any other areas targeted by the SCCH Project) could prove especially efficient and allow for the valuable sharing of information across Hubs and between Facilitators and Project Managers. The use of such technology is likely to prove of increasing value by improving the reliability of data collection and its analysis, improving the effectiveness of data transfer and facilitating meta-analyses across Hubs.

3. By themselves assessment and evaluation instruments do not provide early childhood professionals, both Facilitators and Project Managers with guidance about how to make improvements in any given area of children’s learning, their own teaching or service provision. However, such instruments may provide these early childhood and family services professionals with purposeful, accurate, valid information in a given domain on which they can draw to inform their value-based decision-making within the constraints and opportunities of their work. Where comprehensive information is generated it may be used to compare progress over time. This could be especially beneficial in relation to the achievement of goals relating to improving the home learning environment, monitoring children’s age-appropriate development and gauging the use and value of referral services.
6.6 Instruments for professional learning and measuring outcomes

Form xxxxxx

We would like to know if coming to the Hub has helped you and your child when you are away from the Hub. Could you please add some details for us?

1. How many times have you and your child participated in this School-Centred Community Hub this year? 

2. What has been the most valuable for you and your child?

3. How do you think your child has benefited from participating in this School-Centred Community Hub?
   a) Socially. Yes/ No Please describe
   
   b) Intellectually Yes/No Please describe
c) Physically  Yes/ No  Please describe

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c) Emotionally Yes/ No  Please describe

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--------------------------------------------------------

4. What have you gained as a parent from participating in this School-Centred Community Hub?

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--------------------------------------------------------

5. Could you list some of the things you’ve learnt from coming to the Hub

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--------------------------------------------------------

6. In what ways if any, has your participation in the Hub influenced what you do with your child at home?

Please tick the box for your answer. If you tick ‘yes – a lot’ could you please tell us your favourite examples or make a comment in the right hand column?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Now and then</th>
<th>Yes a lot</th>
<th>Which are your favourites?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
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<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Have you changed anything at home (inside your home) or outside in your yard because of an idea you picked up from the Hub?

Yes ☐ No ☐

If Yes, could you tell us about this?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Source: Adapted from Hub 1 Play and Chat Group Evaluation
CHAPTER 7

BARRIERS TO DISADVANTAGED CHILDREN’S DEVELOPMENT AND REFERRALS

Have barriers to disadvantaged children’s development been addressed by referrals made through the School-Centred Community Hubs?

...They’re very lucky to have their school canteen that operates as a semi-business and it’s a fantastic little coffee shop in the middle of the school.

The Hub now has a weekly Coffee Club thing that happens there. The parents come and drop their school kids at school and they might hang around with their little ones and have a cup of coffee. And they organised guest speakers. For example the Director of the Daisy Cottage has come and talked about child development, and somebody else has talked about sibling rivalry. It just bubbles up from whatever people are talking about or where their interest might be.

That’s a more informal way and then one of our community partners actually has Federal funding in the mountains to provide formal parent education groups, for example 1, 2, 3, Magic. So they’ve been run in these Hubs, and that’s part of that refocussing for some of the agencies, “Where will we do our activity? Oh, let’s do it in the Hub?” (SFA Executive)

7.1 Evidence

The SCCH Project was premised on creating Hubs of service delivery for disadvantaged children and their families. A significant element in the realisation of the SCCH has been the establishment of a ‘universal program’ in which targeted strategies are embedded. Opportunities to refer families to specialised services, or to provide targeted support are built into Hub activities in both formal and informal ways. A shared understanding is evident that providing support, or assessment and diagnosis early may enable appropriate strategies to be adopted and support to be provided that may lessen the impact of difficulties or mitigate their severity. The ready availability and presence of appropriate expertise within the informal hub activities is an important aspect of establishing referral pathways:
I usually say to a parent, “Would you like to do a parenting course?” or sometimes I’ve just organised them, and I’ve said, “We’re going to have this person come and talk about this...would you like to come along and listen?” Mostly if it’s around a developmental delay, that’s when we would make that type of referral and [name] comes to our playgroup and talks to the parents. [name] is a worker from [not identified]. She’s an early intervention worker and her area of expertise is diagnosing children who might have some kind of developmental delay. She comes to playgroup and parents who have any type of concern can talk to here. She comes four times a term so pretty well every second week. (Hub Facilitator)

The in-school supported playgroup is not the only way that information about referral agencies and pathways is distributed:

There’s a newsletter that goes out in the community through the preschools, the infants school, the long day care centres. It’s put up on noticeboards. We do that about four times a year, or every second month. (Senior Manager)

A key strategy within this model has been to invite representatives from service and support agencies to attend Hub activities. At the Hub they might either be available to observe and meet informally with families, or to provide information about their services through short presentations and distribution of written information. A wide range of agencies have been involved:

There’s Health, Blue Mountains Family Support and Lower Mountains Family Support [now Gateway Family Services], “Wimlah” which is the Women’s Refuge; Women’s Health Centre, (we’ve recently had them come to Coffee Club to talk about what they offer), the Blackheath Area Neighbour Centre which now has a much greater child and family focus and they have a worker for that now, the Local Preschools and Early Childhood Health, and Blue Mountains Outreach Community Services. There is also Gunnedoo to which we can refer people. That’s for families with child protection issues. They offer counselling and parenting courses and other things and also the Child and Adolescent Development Unit at hospital. (Hub Facilitator)

The range of people and agencies with which the Hub might co-ordinate requires the establishment (and nurturing) of many inter-agency professional relationships and flexibility
in arrangements. A significant theme that emerges is how the establishment of the Hubs has encouraged, if not provoked some agencies to become involved. For instance, Health Services not only operate in their own fixed locations, but have adopted a different approach that involves more flexibility and visibility within communities:

_The Facilitators are meant to have their own referral networks so that the playgroup is like this place of referral. They build a relationship with a parent and then refer them on to an Agency. So there’s this idea always with the supported playgroup of the virtual network hanging over it that you wouldn’t know about. So then other Agencies can then use it as a place to come and do their work. Where they’d do it otherwise in other places. This is a different way to deliver services._ (SFA Executive)

In one Hub, infant health nurses now visit and operate out of a local pharmacy. The Hub has undertaken activities within that shopping centre to leverage the opportunities this initiative created. As indicated in the vignette that begins this chapter which refers to the ‘123 Magic’ program, and as noted above, other agencies are now recognising the Hub as an appropriate site for locating other funded programs. Thus, the SCCH has become the site for an exchange of information about many diverse aspects of community and family life. Facilitators reported that whilst this diversity is good, there is always the risk that some participants will be ‘put off’ by certain topics:

_Last year the P&C president organised some local people to talk about the gas flu heaters, Hub 2 has that problem and that was delivered by a parent who is a writer. The biggest turn up I’ve had was with the Women’s Health Centre when the health promotion person came but the next week not very many people came because they found that a bit much to be talking about pap smears._ (Hub Facilitator)

### 7.2 Parent data

Tables 10 and 11 capture data obtained from the parent survey in relation to services accessed by parents. Thirty-seven (37) parents completed the survey. Parents were asked to list the services accessed for the child attending the Hub and also for other family members. Their satisfaction rating for the services received were also recorded on a five point likert scale. The questions are listed in Appendix 1.
Of particular interest are the ratings parents accorded the playgroup experience (77% recorded the ‘very satisfied’ rating), and the rate of parent take-up of parent education programs. (18%) indicated participating in Parent Education programs (Table 10).

7.2.1 Services Accessed for the Child Attending the Hub

Table 10: Use of Services for the Child in the Last 12 Months [N (%)]

<table>
<thead>
<tr>
<th>Survey Response</th>
<th>4-a Playgroup or parent-child group N=38 N (%)</th>
<th>4-b Maternal &amp; child health nurse N=38 N (%)</th>
<th>4-c Hospital emergency ward N=38 N (%)</th>
<th>4-d Hospital outpatients clinic N=38 N (%)</th>
<th>4-e GP services N=38 N (%)</th>
<th>4-f Speech therapy N=38 N (%)</th>
<th>4-g Dental services N=38 N (%)</th>
<th>4-h Paediatrician N=38 N (%)</th>
<th>4-i Other psychiatric or behavioural services N=38 N (%)</th>
<th>4-j Other medical services N=38 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes (Needed and used)</td>
<td>35 (92)</td>
<td>15 (39)</td>
<td>14 (37)</td>
<td>7 (17)</td>
<td>30 (80)</td>
<td>2 (5)</td>
<td>7 (18)</td>
<td>11 (30)</td>
<td>2 (5)</td>
<td>2 (5) 1</td>
</tr>
<tr>
<td>2. Needed but couldn't use</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>0</td>
<td>1 (3)</td>
<td>0</td>
<td>1 (3)</td>
<td>2 (5)</td>
<td>1 (3)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. No (Not needed)</td>
<td>2 (5)</td>
<td>21 (55)</td>
<td>23 (60)</td>
<td>28 (74)</td>
<td>7 (17)</td>
<td>34 (89)</td>
<td>28 (74)</td>
<td>25 (64)</td>
<td>33 (87)</td>
<td>31 (81)</td>
</tr>
<tr>
<td>4. Rather not say</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (3)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td></td>
</tr>
<tr>
<td>Not answered</td>
<td>0</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>2 (5)</td>
<td>4 (8)</td>
<td></td>
</tr>
</tbody>
</table>

A playgroup or parent-child group was accessed by 92% of the parents surveyed, whilst GP services were needed and used by 80%. The next most frequently accessed were the maternal and child health nurse (39%), hospital emergency departments (37%) and a paediatrician (30%). Far less parents/carers accessed dental (18%), psychiatric or behavioural services (5%) and/or hospital outpatients (17%).

1 The other family support services identified by respondents are: midwife at home service and Blue Mountains Family Support
Chapter 7: Referrals

7.2.2 Usefulness of this service

Table 11: Degree of being Needed or Usefulness of Services or Group for the Child [N (%)] - (Question 4)

<table>
<thead>
<tr>
<th>Group</th>
<th>4-a Playgroup or parent-child group N=35</th>
<th>4-b Maternal &amp; child health nurse N=15</th>
<th>4-c Hospital emergency ward N=14</th>
<th>4-d Hospital outpatient s clinic N=7</th>
<th>4-e GP services N=30</th>
<th>4-f Speech therapy N=2</th>
<th>4-g Dental services N=7</th>
<th>4-h Paediatrician N=11</th>
<th>4-i Other psychiatric or behavorial services N=2</th>
<th>4-j Other medical services N=2</th>
</tr>
</thead>
<tbody>
<tr>
<td>very</td>
<td>27 (75)</td>
<td>7 (46)</td>
<td>9 (64)</td>
<td>5 (71)</td>
<td>15 (50)</td>
<td>2 (100)</td>
<td>4 (57)</td>
<td>6 (55)</td>
<td>1 (50)</td>
<td>1 (50)</td>
</tr>
<tr>
<td>quite</td>
<td>4 (12)</td>
<td>7 (46)</td>
<td>4 (28)</td>
<td>2 (29)</td>
<td>9 (30)</td>
<td>0</td>
<td>2 (29)</td>
<td>2 (19)</td>
<td>1 (50)</td>
<td>1 (50)</td>
</tr>
<tr>
<td>somewhat</td>
<td>3 (11)</td>
<td>1 (8)</td>
<td>1 (8)</td>
<td>0</td>
<td>1 (3)</td>
<td>0</td>
<td>1 (14)</td>
<td>1 (13)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>a little</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (3)</td>
<td>0</td>
<td>0</td>
<td>1 (13)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>not</td>
<td>1 (2)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (3)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>not answered</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3 (11)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

More families recorded either a ‘very satisfied’ or ‘quite satisfied’ rating compared to those who found the service ‘somewhat’, ‘a little’ or ‘not’ useful. All families who accessed speech therapy were ‘very satisfied’ although it was only two. Satisfaction levels were high for most families accessing services for their child attending the Hub.

7.2.3 Services Accessed for other Family Members – Not the Child Attending the Hub

Table 12: Use of Services at SCCH for the Family other than the Child in the Last 12 Months [N (%)] - (Question 5)

<table>
<thead>
<tr>
<th>Service</th>
<th>5-a Parenting education</th>
<th>5-b Other counselling</th>
<th>5-c Parent support</th>
<th>5-d Alcohol and other</th>
<th>5-e Adult/mental health services</th>
<th>5-f Migrant or ethnic</th>
<th>5-g Housing services</th>
<th>5-h Disability services</th>
<th>5-i Family/domestic services</th>
<th>5-j Specialist medical</th>
<th>5-k Church or religious</th>
<th>5-l Other family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes (Needed and used)</td>
<td>7 (17)</td>
<td>4 (10)</td>
<td>9 (23)</td>
<td>0</td>
<td>2 (5)</td>
<td>1 (3)</td>
<td>3 (8)</td>
<td>1 (3)</td>
<td>0</td>
<td>7 (17)</td>
<td>6 (15)</td>
<td>2 (5)</td>
</tr>
<tr>
<td>2. Needed but couldn't use</td>
<td>3 (8)</td>
<td>2 (5)</td>
<td>1 (3)</td>
<td>0</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>0</td>
<td>0</td>
<td>1 (3)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. No (Not needed)</td>
<td>27 (72)</td>
<td>31 (82)</td>
<td>27 (71)</td>
<td>37 (97)</td>
<td>33 (87)</td>
<td>35 (91)</td>
<td>33 (86)</td>
<td>36 (94)</td>
<td>37 (97)</td>
<td>28 (75)</td>
<td>31 (82)</td>
<td>33 (87)</td>
</tr>
<tr>
<td>4. Rather not say</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (3)</td>
<td></td>
</tr>
<tr>
<td>Not answered</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>2 (5)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>2 (5)</td>
<td>1 (3)</td>
<td>2 (5)</td>
</tr>
</tbody>
</table>
Table 12 indicates the most needed services for other family members were the parent support and education courses and specialist medical services both of which were accessed by 17% of parents surveyed. However the majority of services were not accessed (see row 3 above).

7.2.4 Services Accessed for the Child Attending the Hub

Table 13: Usefulness Rating of Services for Family Members other than the Child [N (%)] - (Question 5)

<table>
<thead>
<tr>
<th></th>
<th>5-a Parenting education courses N=7</th>
<th>5-b Other counselling services N=4</th>
<th>5-c Parent support group N=9</th>
<th>5-d Alcohol and other drug services N=0</th>
<th>5-e Adult/mental health services N=2</th>
<th>5-f Migrant or ethnic resource services N=1</th>
<th>5-g Housing services N=3</th>
<th>5-h Disability services N=0</th>
<th>5-i Family/violence services N=0</th>
<th>5-j Specialist medical services N=7</th>
<th>5-k Church or religious group services N=6</th>
<th>5-l Other family support services N=2</th>
</tr>
</thead>
<tbody>
<tr>
<td>very</td>
<td>4 (55)</td>
<td>3 (75)</td>
<td>7 (78)</td>
<td>0</td>
<td>2 (100)</td>
<td>1 (100)</td>
<td>1 (33)</td>
<td>1 (100)</td>
<td>0</td>
<td>6 (86)</td>
<td>4 (66)</td>
<td>2 (100)</td>
</tr>
<tr>
<td>quite</td>
<td>1 (15)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (14)</td>
<td>2 (34)</td>
<td>0</td>
</tr>
<tr>
<td>somewhat</td>
<td>1 (15)</td>
<td>0</td>
<td>1 (11)</td>
<td>0</td>
<td>0</td>
<td>1 (33)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>a little</td>
<td>0</td>
<td>1 (25)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>not</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (33)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>not answered</td>
<td>1 (15)</td>
<td>0</td>
<td>1 (11)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

All services were valued by the families accessing them, the least being a Housing Service. Parenting support groups (78%) and other counselling services (75%) were rated highly.

7.2.5 Parenting Education

*Are parents referred to, or encouraged to attend parenting courses, either individually or collectively, or are appropriate courses identified for parents?*

The brokering the informal participation of referral agencies, support and informational activities within the Hubs regular activities is important. In addition, the Hubs establish focus-specific parenting education activities to which they refer parents both directly and indirectly:
I wouldn’t say to someone “You should go to this parenting course”. We would just run one and offer it. We’d advertise it and we might ... sometimes parents might come to us and say “I’m worried about my child. He doesn’t do anything I tell him,” and that’s when we might say, “Would you like to talk to someone about it?” and then tell them what’s coming up? (Hub Facilitator)

One of these parenting education initiatives is the Barry Palm workshops:

_We do usually hold parenting courses and at North Katoomba and Blackheath we’ve had the Barry Palm workshop. He has a very gentle approach to parents as opposed to a more direct approach of saying, “This is the way you do it”. (Hub Facilitator)_

The Barry Palm approach is viewed as being consistent with the relationship-focussed ‘soft-entry’, ‘bring the person along with you’ approach that characterises most of the Hubs’ activities. However there is recognition that there are different ways of working to support parents in developing the skills they need:

_I favour the less direct approach and that’s a personality thing but it’s part of my belief system about respecting people’s inner knowledge. Some parents don’t have a clue but most parents probably do. They may have a gut feeling about what’s right and wrong and what they may need is some gentle guidance to find within themselves what’s right for them as a parent. So it’s trying to avoid judgement around parents and sometimes you have to bite your tongue. But I can also say that I’ve watched some of those relationships between a parent and their child over three or four years, it may be that the child feels really loved and that parent might not be doing things the way I’d do them but things turn out fine. So that’s a whole shift too, that there’s no ‘one way’ for everybody. Be it that I know some people need a more direct approach and do need a list of things to try and that also depends on the child. In that case I would probably refer them to a parenting course because I wouldn’t be able to give them what they need._

_Most of the people at [location] would share what I think - that there are different approaches that suit different people. I know we had some people in our organisation that were trained in the Triple P, the ‘positive parenting program’ and...DoCS have taken it on ... It’s a fairly systematic approach and I haven’t felt particularly positive_
about it but some people I really respect as parents and colleagues are using it, so I just think that’s great. (Hub Facilitator)

Another widely used service is the Triple P Parenting program. However, there was some unease across the Hub sites about this program, although it has endorsement from the Department of Community Services (DoCS). Given how widespread this program has become, it is worth recording some of the perspectives on this:

Triple P is very much focussed around managing very difficult behaviour. It’s not the whole answer. We don’t run Triple P. I don’t like it. Our parent groups tend to be more in depth, so we do Talking and Listening. Some might spend four weeks just listening, working with parents around communicating with their kids and practicing different things whereas the more generic parent groups talk about communication this week and that, that week. We didn’t find that worked very well so we’ve developed programmes that are a little more intense but they focus on specific areas that the parents need. We do one on Sibling Cooperation, but that might be four weeks. It’s around ways of managing behaviour when things are very out of control.

Another thing that has happened that we do have access to in the Hubs, whether everybody agrees with it or not, is that we have the State roll out of Triple P, a very important initiative. So many workers in our sector in the mountains have been trained in that, including some of the staff. We have had a bit of an eclectic approach where we’ve said, “Let’s train up in it, but let’s pick the eyes out of it - bring things together”. But we have been running Triple P in the Hubs as well. (Senior Manager)

It’s very behaviourist and lots of people don’t like that, particularly in [agency], I have to say. But we’re not alone in our thoughts around this. I think that our philosophy around parenting is much more attachment-based and, you know, things about viewing children’s behaviour as communication, rather than behaviour that we have to deal with. There’s lots of criticism around Triple P, but I have to say from [agency] point of view, the staff that have done it here are the ones that are working with children that are on the autism spectrum and so there are different aspects that are quite relevant for those families out of Triple P.

So that’s what I said about the eclectic thing. I think people are choosing to do the training, to know what people are on about and to then put their own slant on it for
whichever parents – you know tailor it to the parents that are in the group at the time and take it like that. (Senior Manager)

There is some concern that the dominance of Triple P reduces the viability of other Parenting Education programs:

...because of the rollout of Triple P we’ve got this massive saturation and that’s actually had a negative effect on the other sorts of parenting programs that are running in the area.

So it seems like the community response is, ‘Oh, well that must be the thing I should do’ and so they go off and do it. Some of our other programs like Louise Porter and others that we really have quite strong beliefs in as being good ways to guide parents, are being pushed aside significantly, which is a great shame in many people’s view. (Senior Manager)

7.3 Effectiveness of referrals

Determining the effectiveness and outcomes of the Hubs’ referral process and the referrals themselves is problematic. This is in part due to the range of agencies participating in SCCH activities and also their varying institutional accountabilities. For example, there appears to be no feedback loop once the referral is activated into the health system. Documentation of referrals that was available tended to be inconsistent, incomplete and idiosyncratic:

Sometimes it’s handled on the spot and we don’t have a record of that. [name], the Early Childhood nurse also comes 3 or 4 times a term which equates to every second week. We don’t have a record of the conversations [name] or [name] have with parents. Parents may have had help on the spot. The nurse could deal with that and we wouldn’t have a record of that. (Hub Facilitator)
One Facilitator was able to provide a summary of referrals from her informal notes as follows:

Table 14: Informal Notes of Referrals

<table>
<thead>
<tr>
<th>Term 4 2009 referrals:</th>
<th>Term 1 2010 referrals – as at March:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech: 2</td>
<td></td>
</tr>
<tr>
<td>Wimlah Women’s Refuge: 1</td>
<td>KindyGym: 3</td>
</tr>
<tr>
<td>Blue Mountains Occasional Care (BMOCS): 1</td>
<td>Toddler Toileting session: 3</td>
</tr>
<tr>
<td>KindyGym: 2</td>
<td></td>
</tr>
<tr>
<td>Brighter Futures: 1</td>
<td></td>
</tr>
<tr>
<td>(1 mother with Postnatal depression referred to SCCH from Blue Mountains Family Support)</td>
<td></td>
</tr>
</tbody>
</table>

Barriers to effective referrals are sometimes complex and difficult to overcome. For example, a family may be reluctant to admit that a problem might exist:

Then [name] might suggest to the family they could have a screening for their child either here, at Connect, or at the hospital and then the process would start from there. Sometimes you come across a parent who’s really resistant where we might think the child has a problem but they’re very resistant, so...we just keep trying. There’s one family I can think of at the moment we’ve continued to support her in whatever way we can at the playgroup. The child is actually going to preschool so we thought the preschool would confirm this too. But the interesting thing is that she is quite an intelligent, educated woman and the child is actually coming ahead now in leaps and bounds and has changed quite a lot over the holidays. So it’s almost like she knew that her child was going to be okay. And that’s an issue for me... of when do you step in, because sometimes children do come good. It’s just they’ve taken longer to get there. (Hub Facilitator)

However, again the Hub Facilitators play a key role in establishing the kinds of contexts that support and encourage participation at any level, particularly through a ‘soft-entry’ approach.

I suppose not so much a broker as ‘a context provider’...that’s one of the great things about the Mountains. It’s that I would probably have a relationship with someone that works in all those services. So I could say, “Would you be able to come along to
playgroup?” or I could have a chat to a contact if I was worried about someone. It’s a formal process but having those relationships is really important. (Hub Facilitator)

This requires facilitators to be well informed about their communities and have well established relationship building skills:

...being prepared to go out into the community rather than expecting people to come to them is really important. The Hub provides the context for that. A lot of people won’t go to a service whereas if the service comes to them and they get to know those people then they may go off to that service when they need it. It’s partly getting to know your local people...you may not ever think you’d go to a service but when you can put a face to the service, whether it’s the Women’s Health Service or Wimlah...There’s a classic story about the woman that came and had experienced domestic violence somewhere in Sydney and she came and gave her story at one of the functions we had. She was struggling with the child. She thought there were problems with him and it turned out that he had autism. The playgroup was her main source of support. She told this long story about what this had meant to her and at the end she said she was an assistant principal at one of the schools on the North Shore. So her point was that no one is immune from having difficulties in their lives and when you talk about disadvantaged families, what does that actually mean. Even for middle class well-off people, you don’t know what they experience. (Hub Facilitator)

...but what I’ve found they really like is, to just sit and chat and do some kind of craft. So in a way that’s a bit incidental for them. Yes, they just like to sit and do something like beading. The second week I took the materials to make sun catchers. There were 16 that day and a couple of men. People ‘put down’ craft but when you have people sitting around a table together and making something together and if you’re a shy person, you can just concentrate on the activity – so I think if you had a Coffee morning where people just sat, that wouldn’t be as attractive. I’ve found that’s a really good way of getting people together and if you try to hold a formal support group, you know, come along for that, it’s not going to work. If people share stuff around the table they form those networks because they talk to each other while they’re doing something. It’s that kind of soft-entry. (Hub Facilitator)

Targeting particular interests and programs for fathers has also been given serious attention, with worthwhile and satisfying outcomes:
Chapter 7: Referrals

At (Hub 2) there are a lot of men who come because in [location] a lot of families share work. On any day we’d have 4 or 5 dads. I guess it’s just ... there hasn’t been any issues around that, that’s been difficult to deal with at all. It could be that it’s part of the [location] culture, where it’s quite common to have dads at home. (Hub Facilitator)

Interviewer: The Hub has a Fathers’ Playgroup. Do you get support from fathers from disadvantaged families for that? Is it a gateway to friendships?

Respondent: Yes. That’s been going for some years and the dad’s really like it. They really like to have that time when they are focussed on their child and they do stand around and chat a bit and we’ve seen groups of those dads who started at the playgroup and then become friends and now they go for bushwalks together. So it’s almost a transitional thing for friendships for dads because they’ve had that opportunity to meet up and go off and do other stuff together. ...You see the dads... we’ve had a few new ones this year and you can see it does connect them with each other. (Hub Facilitator)

7.4 Schools connecting families to community services

The most distinctive feature of the SCCH is establishing the school as the locus of child and family support before formal school commencement.

This is not an entirely new concept in NSW, which has a program of establishing Schools as Communities in locations where school communities have extremely high incidences of family needs and characterised by multiple disadvantages. Even so, the SCCH model differs by being an inter-agency-initiated and -based model rather than a Departmental, bureaucratically managed undertaking. The SCCH adopts a universal strategy to support a range of families experiencing disadvantage, or more generally able to benefit from community engagement and support:

It’s not necessarily about the school connecting to children and families in need or which have a need that they even identify, but about them being able to access the community support that they need in a comfortable way.

The SCCH concept broadens the remit of the school and places demands on the resources of the school, both in terms of those physical and human. However, the SCCH also addresses the
concern and frustration expressed by schools about children’s readiness for school and the importance, from their perspective of children making successful transitions to school:

> From time immemorial teachers have complained about the children who start school at five, especially those children coming from lower socio-economic or disadvantaged backgrounds. Teachers have talked about these aspects as contributors to the success or not of their teaching and children’s learning. For example, teachers in the staffroom would say, “It is all too late. Everything is entrenched in this child. There is nothing we can do except our best to get this kid to learn. This child is never going to be fantastic because it is all too late. The family is dysfunctional”. There has always been this frustration among teachers around these issues. (Principal)

> Schools need to throw open our doors and connect with families well before children even start school. Families, including the adults need to be supported to actually raise healthier, happier children. It is all about the adults. Getting to them in so many ways and getting support to them that is right. (Principal)

As an inter-agency forum, the Blue Mountains SFA has been an important catalyst for ‘sowing seeds’ of change, as well as establishing a framework via the SCCH, within which schools are beginning to imagine their greater participation with families prior to school commencement. The support of schools to realise what might be involved in operationalising this has been critical:

> But how do you go about making that actually happen? You need many people on board to actualise the whole concept of schools connecting with families. To get into their life and lifestyle, when the mother is pregnant as an example and to support them to be healthy parents, to have a healthy pregnancy and to have healthy children who grow up in a healthy environment is a challenge. I am using the word ‘healthy’ broadly here. It is not just a matter of nutrition.

> I learned that the school didn’t have to actually host all of these things but we could know about them in order to suggest to families they could try this or that community service. The school became another voice that could connect families to community services. The school was used very much so because it was the first compulsory place that all children must attend. So it was an opportunity to catch families that
were vulnerable, in particular the sort of families we targeted in the Stronger Family Planning Group. Our aim is to connect these vulnerable families more effectively with community services that might help them with their situation, whatever that is. (Principal)

7.5 Research context

Research claims that service structures that are designed and delivered in a holistic form provide for better outcomes for disadvantaged children and families when compared with ‘stand alone’ service delivery structures (Siraj-Blatchford 2009; Moore 2007; Valentine et al 2007; Allen Consulting 2009). Benefits claimed for collaborative, integrated service structures have been identified as including more effective early intervention practice, better use of resources and enhanced professional development of staff (CCC 2003, Oberklaid 2006, 2007). The Blue Mountains SCCH model was premised on creating Hubs of service delivery for disadvantaged children and their families using integrated service delivery programs.

The SCCH may be compared with the Commonwealth’s Child Care Links Projects which was developed to use child care centres and other community services in disadvantaged areas as community hubs to link families with young children to local support services and to strengthen community networks. Child Care Links aims to improve the health and wellbeing of disadvantaged young children by developing the capacities of their caregivers and fostering the development of child-friendly community services. A Child Care Links worker is funded at each site to facilitate the development of linkages between the child care service providers and family and children's services agencies. The aims of Child Care Links are to:

1. increase knowledge of early childhood development among child and family professionals,

2. promote collaboration among child and family agencies in providing services to disadvantaged young children and their families,

3. support caregivers of young children to fulfil their parenting role,

4. build community recognition of the importance of supporting early childhood development, and

5. foster quality child care by promoting ‘best practice.’
7.6 Challenges

There are several challenges that surfaced in the SCCH Project regarding its efforts to address barriers to disadvantaged children’s development through referrals.

1. The SFA’s SCCH Project claimed to be based on an outcomes based collaborative strategic plan using predetermined measures. There is no evidence of what outcomes or measures were established at the beginning of the Project to ascertain or attest to barriers to disadvantaged children’s development being addressed through referrals.

2. While ‘School-Centred Community Hub’ might be a term that speaks to professionals in the field, it is not necessarily a name which speaks to the projected target audience of children and their families disadvantaged by low income, rent or mortgage stress, and limited access to uncoordinated services. For instance, parents of their first child might have little expectation of being associated with a school-centred program for 4 to 5 year old children. For those attending the in-school Hubs they are, in effect, school-based children’s play and family support or chat groups. For this reason each SCCH is used for management purposes and each Hub is free to call itself whatever is an appropriate name for its particular community.

3. The range of services that might be integrated into the Hubs is open to future discussions and expansion. For instance, no consideration has been given to the work related education and training of family members that might lead them to being able to secure increased incomes for their families. To this end TAFE might be recruited as a member of the Stronger Families Alliance.

7.7 Recommendations

1. The SCCH Project application focussed communities with significantly disadvantaged populations, specifically families living on under $500 gross per week. Consideration might be given to referrals to agencies that could help in up-skilling parents to secure higher levels of employment, such as vocational education and training.

2. The SCCH Project application focussed on communities with significantly disadvantaged populations, specifically families experiencing rent or mortgage stress. Referrals and parent education might usefully be directed at information to assist with these issues.
3. The SCCH Project application focussed on communities with significantly disadvantaged populations, specifically families living in suburbs characterised by uncoordinated children and family services to which they have limited access. A document detailing the range of children and family services, financial advice and education and training opportunities that could be of help of disadvantaged families. This could be prepared for distribution to parents on their first attendance at the Hubs.

7.8 Instruments for professional learning and measuring outcomes

It is recommended that the instruments below be used as a basis for generating evidence of successful referrals. These instruments could be further developed to enable Facilitators and Program Managers to measure the extent to which referral goals were successfully achieved. Facilitators could use these instruments with parents throughout the year by changing the question to refer to less than twelve months. Hub staff currently have access to data collection instruments and these are included as Forms 7.8.3 and 7.8.4.

7.8.1 Parent Form – Referrals for the Child attending the Hub

In the past twelve months, have you used any of the services below for this child? (Please tick all that apply)

<table>
<thead>
<tr>
<th>Yes (Needed and used)</th>
<th>Needed but couldn’t use</th>
<th>No (Not needed)</th>
<th>Rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Playgroup or parent-child group &lt;br&gt; If you answered “Yes”, how helpful was this group? Please put a cross X on the line below. &lt;br&gt; very</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| b) Maternal & child health nurse <br> If you answered “Yes”, how helpful was this service? Please put a cross X on the line below. <br> very    |           |     |     |
|                       |           |     |     |
|                       |           |     |     |

| c) Hospital emergency ward <br> If you answered “Yes”, how helpful was this service? Please put a cross X on the line below. <br> very    |           |     |     |
|                       |           |     |     |
|                       |           |     |     |

| d) Hospital outpatients clinic <br> If you answered “Yes”, how helpful was this clinic? Please put a cross X on the line below. <br> very    |           |     |     |
|                       |           |     |     |
|                       |           |     |     |
### Chapter 7: Referrals

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e) GP services</strong></td>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
</tr>
<tr>
<td><strong>f) Speech therapy</strong></td>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
</tr>
<tr>
<td><strong>g) Dental services</strong></td>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
</tr>
<tr>
<td><strong>h) Paediatrician</strong></td>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
</tr>
<tr>
<td><strong>i) Other psychiatric or behavioural services (e.g. psychologist, social worker)</strong></td>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
</tr>
<tr>
<td><strong>j) Other medical services</strong></td>
<td>Please specify..........................</td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
</tr>
</tbody>
</table>

Source: SCCH Research Evaluation Form – See Appendix 1
7.8.2 Parent Form – Referrals other Family Members

In the past 12 months, have you used any of these services for anyone in your family other than this child? (Please tick all that apply).

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Yes (needed and used)</th>
<th>Needed but couldn’t use</th>
<th>No (not needed)</th>
<th>Rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Parenting education courses or programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this course? Please put a cross X on the line below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
<td>a little</td>
<td>not</td>
</tr>
<tr>
<td>b) Other counselling services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
<td>a little</td>
<td>not</td>
</tr>
<tr>
<td>c) Parent support groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this group? Please put a cross X on the line below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
<td>a little</td>
<td>not</td>
</tr>
<tr>
<td>d) Alcohol and other drug services</td>
<td></td>
<td></td>
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### 7.8.3 Summary Form

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Source: Existing Documentation at the SCCHs – to 6 entries
Completing the above form would provide useful background information on the need for the referral and in conjunction with Forms 1 and 2 would provide a family profile that could be quantitatively analysed.

### 7.8.3 Playgroup Inquiry & Referral Information

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<tr>
<th>Date</th>
<th>Location</th>
<th>Enquiry From?</th>
<th>Brief Nature of Discussion/Enquiry</th>
<th>Family Situation (if known)</th>
<th>Cultural Background</th>
<th>No. of Children in Family (sex &amp; ages if possible)</th>
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Source: Existing Documentation at the SCCHs
This form is currently available for Hub Facilitators to complete. The information to be collected would provide a very useful weekly account of inquiries received and referrals made. Facilitators would need to allocate time after the Play and Chat Session to complete the data record and depending on their hours of employment, this may not be practical.
CHAPTER 8

DISADVANTAGED CHILDREN’S PARTICIPATION IN THE HUBS AND MEETING RECOGNISED SCHOOL READINESS OUTCOMES

Has disadvantaged children’s participation in the Hub enabled them to meet recognised school readiness outcomes?

‘... Quite an Exhilarating Thing’

The evidence from my point of view was that we had children that were starting school, no tears. We had parents that were utterly confident I think from...(I cannot say that I have done any empirical work on this so it is only my thing happening here...utterly confident that their children were going into a quality school environment. That they were already known to the teachers, so the children were familiar. The teachers were familiar with the families and the children before they started school. So day one was nice and relaxed and exciting. It wasn’t a fearful kind of a day. No parents were crying and what we did was, we were able to access and enhance this whole thing further because we had such a wonderful cafe. A community created cafe in our school. Instead of a canteen we called it a cafe and we were able to have parents go and have a coffee on the school. After you’ve dropped your child at school, go and have a coffee. Go and talk to the other parents about your children starting school. So we were creating ‘community’ in doing that as well. So we didn’t miss a chance wherever we could and it worked. We had engaged parents from day one. We had people lining up to help in the room for reading. We had people wanting to get involved in the P&C. We had, you know, it was doing what we wanted it to do, which was getting people out of their homes and getting into the community and getting involved in the community. You know we had some people that didn’t want to come to P&Cs. But they came along to other things. They certainly came along every Wednesday afternoon and every Friday afternoon to be in our garden, because we have a veggie garden. So they would be in the garden. That was their thing and they felt... you know people of different cultures...one woman was Japanese and hardly
spoke English. Her son had difficulty learning a few things because they spoke Japanese at home. But she felt comfortable to be there in the garden. She belonged.

It was fantastic… Quite an exhilarating thing to see that change. Now prior to this whole process we did have kids cry. We only had two mornings of two hours where the children would come and visit the school before they started school. So we had concerned parents that had come from this preschool environment that we knew nothing about because we just didn’t have any connection with them. We knew about them. We talked a bit at meetings, you know, the odd meeting, like once a year and then we would never see each other. We’d never been to each other’s places. We had no idea. It was a mystery behind the walls of what’s going on in those places and the teachers felt the same. But through a whole connection of the actual educators we got them connected as well. So we knew where the children were coming from. We knew why they might feel anxious because they were coming from a little nurturing playground to a huge school. And so we could factor a better understanding into our planning. (School Principal)

8.1 Transition to school and school readiness

The SCCH Project’s projected outcomes included children going to school with the necessary skills and abilities to achieve in the school environment with children and their parents gaining social support and connections to their community through their local school.

This projected outcome reflects a major area of focus on school readiness and successful beginning school transitions both within the national policy context and within state systems. For example the National Early Childhood Development Strategy, Investing in the Early Years (DEEWR 2009) identifies seven key outcomes for young children and their families, including that ‘children are engaged in, and benefiting from, educational opportunities’.

Additionally the Australian Government has committed to provide access to a quality early childhood education program for all children by 2013, delivered by a university trained early childhood teacher, for 15 hours a week, 40 weeks a year, in the year before formal schooling. The rationale is that access to a preschool program will help prepare children ‘for school, for learning and for life’ (http://www.deewr.gov.au/EarlyChildhood/Policy_Agenda/Pages/home.aspx).
State governments have entered into partnership arrangements with the Commonwealth Government of Australia to bring this to reality.

Research findings indicate that children make better progress academically and socially when their families are actively and positively involved in their children’s learning activities at home, in early childhood settings (Weiss et al 2006) and at school (Caspe et al 2006/07; Kreider et al 2007, Centre for Community Child Health 2008). Research about school readiness also reports that the emphasis for schools and services is usually on making children (and their parents) ready, when indeed schools and service systems might usefully make changes and adjustments themselves. Successful transition depends in part upon how well the school culture is understood by the parents and family and how trusting and respectful families are of the school (Clancy et al 2001). This may be particularly significant when parents’ prior experiences of schools and schooling have been poor. These findings highlight the particular efficacy of the Blue Mountains SFA conceptualisation of the SCCH model in which prior to schools services for children and families are located in school precincts and school systems are increasingly engaged in dialogue about and the development of, strategies supporting children and families prior to school commencement.

8.2 School readiness

Readiness is now considered to be a much more sophisticated concept than children’s maturation and achievement of a set of pre-determined skills, although clearly schools and school systems are increasingly making certain characteristics and expectations more explicit. In NSW, for example, the Best Start Kindergarten Assessment which is described as helping teachers

\[
\ldots \text{identify the literacy and numeracy knowledge and skills that each child brings to school as they enter Kindergarten, to inform the development of quality teaching and learning programs. (NSW Department of Education and Training (2010b)} \]

is having an impact on school expectations of children’s capabilities when they arrive at school.

Best Start formalised readiness assessment - there were no 'readers' in the last cohort of kindergarten children...I've taken this to the Hub and yes, the Hub is interested in that...I'll be making a presentation to the Hub. They were very surprised by the results. (Principal)
An emerging conceptualisation of readiness as encompassing “Ready early childhood services, Ready communities, Ready schools, Ready children” (Kagan & Rigby 2003; Valentine and Dinning 2009) is gaining wider, if not universal acceptance, as a more appropriate way to understand children’s preparation for and transition to school.

As might be expected within the philosophical framings of the SCCH and its community focus, understandings of readiness across the Hub sites were primarily focussed on relationships.

**Interviewer:** What does school readiness mean? What does it have to do with literacy and numeracy?

**Respondent:** You can’t do any of that if you don’t feel comfortable being where you have to be. That children going to school are comfortable being where they have to be. If that’s the case then everything else is so much easier and if they know their parents are comfortable about it too. There’s research about that ...if the parents are involved in the school that it impacts on the child and their success. If children have a sense that, “this is a place that my family like to come to, that my family feel good about and that I’m familiar with” then this really helps. (Hub Facilitator)

**Interviewer:** Is there a danger of the ‘schoolification’ of these playgroups? Might there be pressure to turn them into early reading groups, or other more school focussed programs? From the evidence presented, that has not happened to the Hubs. Its community focus has been important in this regard. Kathy Silva (from Oxford) has developed that model of a supported playgroup that is focussed on language development as part of an early childhood literacy push. There could be temptations to do likewise with SCCHs. It could be a good hook for parents interested in giving their children a head start in learning to read.

**Respondent:** This doesn’t even come near our model, in part because there’s a different arm in the SFA called ‘Paint the Blue Red,” which is a community development literacy initiative. Another arm of the SFA holds the literacy hat in a community development frame. ‘Paint the Blue Red’ is a community development literacy approach. Their main aim is to get the message to parents about the importance of pre-literacy. MOCS have a broad collaboration that even involves a bookshop in the libraries. But, I think because we’ve been focussed on this as a universal model to provide support for everyone, particularly vulnerable children,
right from the start, we’ve had our eye on the socio-emotional development of children, and getting that right and then when they get to school, the other stuff will just happen. So I think the message has been quite clear that with reading and numeracy and the rest, we are providing a socio-emotional platform to enable that to happen later. Obviously it’s happening throughout early childhood, but that’s our reason why you’d have a Hub. (SFA Executive)

**Interviewer:** What does it mean to make these children to be ready to become students in school? Does this mean readying them for Kindergarten, or readying them to work with a particular Year One teacher? Is it about readying the children for school as opposed to readying them for learning maths, reading and writing?

**Respondent:** It’s not so much orientating them to curriculum, but to the way schools operate. So there’s a library. There’s a canteen. You have one teacher. You’ll be in this class the whole time. Schools are bigger structured environments compared to early childhood centres. One thing that [name] used to say to say that I quite liked is about the parent side of the orientation. She was trying to tell parents that schools aren’t like you think anymore. It’s not like it was when you came to school and so she saw getting the parents in the hall to give them their two sessions, as part of trying to communicate that – about ‘who they [the school community] really are’, as opposed to ‘what you think we are as a school’. So it’s about orientating the parents as well, to an expectation that you’re welcome here. So how much and to what degree that message is put across depends on what the school’s actually wanting. But that’s what the school wanted. (SFA Executive)

### 8.3 A parent perspective

For many parents, a key benefit of their participation in the SCCH school-based playgroups related to the opportunity it provided for the development of their children’s social and emotional skills. For example:

> learning turn-taking, learning to be around other children, learning important social skills, learning life skills, social interaction and independence, will be more ready to integrate with her peers. (Parent Surveys)

Similarly, some parents felt that the school-based experience helps their child develop a capacity to learn school like behaviours, such as…”

"learning to listen to other adults, take
instructions from other adults concerning rules/activities, and how to mix with large groups of children his own age and playing as a team”.

Parents saw these as helping their children develop independence and dispositions required to make successful transitions to school. Parents documented other valued aspects of the school-based playgroups, such as opportunities for children to get to know and form friendships with children with whom they would be attending school:

“she will know others that are starting with her, and knows the school too”.

“getting to know others, establishing friends at pre-school and seeing others in a school setting”.

They indicated that making friends was especially important for developing their children’s sense of self-confidence and security.

A number of parents also indicated participating in the school-based groups gave them a stronger sense of involvement with schooling and school activities and for their children and themselves, familiarity with the physical environment of the school.

There is an increasing evidence-base that establishes the significance of transition to school programs in facilitating children’s commencement of formal schooling and providing a basis for subsequent school success.(Hill, Comber, Louden Rivalland & Reid 2002, Perry, Dockett & Howard 2000 ). These programs emerge as most efficacious for children who have not attended early formal childhood programs prior to school commencement and for children whose family circumstances contribute to social disadvantage, although all children and families appear to benefit from a transition program. This increasing evidence-base has inspired greater policy attention to the area of transition to school As a consequence, a number of school-based ‘orientation programs’ have been established in the term before school commencement. However research indicates that orientation programs are insufficient to deliver the benefits of a more substantial program and that common approaches often fail to include participants who are not already attending early childhood programs (Dockett & Perry 2001, 2007). Establishing strategies to involve children not already attending early childhood programs and developing strong, productive relationships between prior to school early childhood programs are strongly implicated in effective programs that benefit children and families in the transition to school (Dockett & Perry 2001, 2007). The Blue Mountains SFA’s
SCCH adopts the supported playgroup model as an important strategy in achieving both building longer term relations for families and children with schools and school settings.

The Blue Mountains SFA’s SCCH sees community engagement strategies, parent programs, supported playgroups and transition to school activities as a key in helping young children be ready to make the transition to school, but also sees the need to plan a more specific program:

*The major activity has been the supported playgroups, but then we have other groups. We have the parent groups...and a specific transition to school group thrown in. If it’s been a specific transition to school group, we’ve actually had an early childhood teacher running that program. Whatever that looks like has been contextual to whatever the school has going on itself and whatever we’ve decided that we wanted.*

*But Connect actually has brought its expertise to the transition to school programs or at least consulting around that. (Senior Manager).*

*There’s one transition playgroup and a transition programme now, that happened very early on, where the school principal and the Director of the long day care centre started talking about transition. Once the school and the long day care centre started to talk about these issues through meeting at the Steering Committee they came up with some of their own ideas. (Senior Manager)*

Where the SCCH has been well established, a substantial effort was possible, involving children from ‘*many different agencies and [who] have not necessarily been in a school environment before*’

*At [Hub 2], we’ve had the whole cohort participate last year. That was the whole cohort of children that were enrolled to start in 2010. So in 2009 the preschool cohort visited the school once a week for five weeks. The early childhood teacher actually had them in a classroom doing all sorts of project-based activities and was visiting the playgroup. It’s based around relationship building for families and children....the whole family transition to school rather just the child has been a key focus. The children who have participated in the supported playgroups in the school are also getting that advantage of some sense of orientation to the school as well. They’re moving into the school so they participate as well.*

*So we’ve run a specific program that’s gone for five weeks. There’s been things organised with school staff and they might have gone to the school, they’ve done*
some things with the kindergarten teacher with the current kindergarten class. Many activities like that.

But there’s also a component for parents as well, that the school has taken responsibility for. So the children are sometimes with their parents and the early childhood teacher, and then there’s quite a bit of other time when they’re with the early childhood teacher and school staff and the current kindergarten class where the parents are actually with the school staff. So it’s been a combination of activities.

Where that program actually works well in this situation is it dovetails into what’s happening with the other activities, like the supported playgroup. So there’d be children in the playgroup that might attend the transition to school because they’re going to school next year, but there’ll be children in the playgroup who might be three and might spend two years in the playgroup and then do transition to school and then go to school. They’ve actually had a massive transition to school because they’ve been in the school environment for like three years seeing everybody. The Principal comes down and checks in at the playgroup every so often, and will talk to families. He might come and say, ‘Oh, I know this is happening for this family. Have you seen them here recently?’ Then everybody’s keeping an eye out for them.

So there are little nuance things that happen that actually have a substantial impact on the big picture. But drawing out the little things is quite a bit harder, I suppose.

(Senior Manager)

Reaching agreement about the focus of these specific programs is an important undertaking, as different expectations often exist between school perspectives and the more relationship oriented focus of those responsible for running the playgroups.

There were differences. In the first instance particularly the directors of the preschools and some parents because obviously they have conversations (these two people, two groups of people). There was a strong feeling that coming into a school should be all about showing children where their classroom will be and the teacher, meeting the teacher and having an experience with the teacher they are going to have. The research tells us whilst a minimal number of children might benefit from that, the majority including those few children that I just referred to, get far more benefit out of knowing the place called ‘school’.
...so being familiar with its layout, knowing where the toilets are, getting a sense, a feel for the school with the children that are already at school...so seeing it in operation, you know, I’m talking extremely generally here, but there is a whole book on this, on how to do it [the transition] well. We looked at that book, I did, because they gave it to me to read and it talked about what a quality transition program is and it’s certainly not about visiting the teacher and having a little lesson with them and then going back to preschool. It isn’t anything about that. It is much broader than that and it is also about parents and getting them in and making them feel comfortable. Building relationships is really what it is about, not with people necessarily only but with the school. Getting a feeling for the school so that when kids come to school they already know the place, they already know the faces. They know where to go to get the canteen order and they know where to go to get to the hall. They know where the toilets are. They know what the rules are. They know that this is where you sit to have your lunch and out you go to play after that. You know there is a lot I could talk about in that way.

So we did have differences in that...but mainly shifting initially at least the views of the teachers and the leaders to get a common understanding of what quality transition is. That is where I would have liked to go next. (Principal)

It varies depending on what sort of transition to school program was happening in the school when it’s starting to be advertised. Usually it is ten weeks or even, in our case usually less, because of funding constraints. The focus of those events is more school focussed to help parents and children build positive relationships in familiarity with the school before they start. So that by the time they start their first day of Kindergarten, they already feel like a member of the school and know their way about and feel the school environment is theirs. At another level what’s happening behind the scenes ideally is that the early childhood and school professionals in each community are working together at some level to make that happen. So we are hoping that there’s some transfer of practice across the two domains. A good story would be at [location], apparently the staff used to complain that the kindy teachers got a lot of time off in term one to deal with the kindy kids because they were released from some chores like playground duty. It was seen as those ‘lucky’ people, getting all that extra time with those children. So I think another underlying message with transition to school is changing that school culture and knowledge that early childhood is to an extent still happening with five year olds and
that their needs are met around where they actually are in terms of their
development. So for a five year old it’s completely inappropriate to drop them off to a
stranger on day one. So it’s making school more age-appropriate for children.’ (SFA
Executive)

8.4 Impact

Considerable evidence accrued during the project about the impact that the SCCH is having
on supporting children’s ‘readiness’ for school and facilitating effective transitions to school.
The extended quote from a principal provides a compelling case about the impact that the
SCCH has had on both families and their sense of connectedness to the school community
and improvements to the starting school experience for both children and families. The
evidence gathered through the research indicates that the SCCH:

- Has provided a catalyst for new dialogues, alliances and co-operation in planning
  transition programs between schools and other early childhood services.
- Has had an impact on improved transitions to school experiences for children and
  families.
- Has been influential in generating enhanced connectedness between families and
  schools and the development of a more vibrant ‘school community’.

Examples of perspectives on the impact include the following:

**Interviewer:** The Hubs prepare children from disadvantaged families for transition to
school. What evidence is there of the success or otherwise of this work?

**Respondent:** That’s been a key…and because we actually have the playgroups in the
school and children are coming to the playgroup from 6 months of age, by the time
they get to school they are so used to that physical environment. We have the
playgroup outside or inside depending on the weather so they get to see a large part
of the school. When there’s Coffee Club its right there in the middle of the school
near the administration building where the canteen is. That’s just the physical part of
the school. But I think that overcomes a lot because when the parents feel more
comfortable with the school then that helps the children feel comfortable. That’s just
part of that process to become familiar with the space physically. Then also in the
playgroup we are giving them activities with just that little bit of structure which
gives them a little bit of a taste and particularly with the transition program that happens two terms before school. That is deliberately programmed to give them those experiences for transition. (Hub Facilitator)

**Interviewer:** What impact have the Hubs had on the children, especially those from disadvantaged families? Do you have any specific evidence of the Hubs’ benefiting children from such families?

**Respondent:** Well I’m not close enough to the ground to watch particular children, but what I know in terms of how we’ve set it up, is that if you’re a child who isn’t accessing early childhood services formally because of various reasons, or if you are a parent not accessing services, in [location] there’s now an integrated system that looks after you. You can go to the playgroup at the school and if your child has some sort of gross motor or confidence delay you’ll probably get a referral into the play gym there. And if you have any parenting issues, if you just go to that group, they are going to get addressed just naturally through you being there, as well as the fact that there are parent education and coffee mornings there. So without actually accessing any services I feel quite confident that, that line-up means that you’re getting quite a lot of benefit. And then most importantly, if your child hasn’t had the benefit of a structured early childhood education program to the point where we know from the entrance that it’s going to make a difference to you, you’re still going to get a social and emotional orientation to school, which is what you’ll need. And that there’s been a series of structures set up so that when you arrive in first class, the teacher knows who you are and where you’ve come from. So I can’t follow it in terms of actual children because of where I sit but I can follow the structure that we’ve set and I know the numbers of engagement mean that, that’s what will be happening for families. (SFA Executive)

One important finding relates to how the SCCH has also been a significant catalyst for facilitating new dialogues between schools and other early childhood services. These dialogues are producing new alliances and co-operation in activities:

*There’s one transition playgroup and a transition programme now. That happened very early on. The school principal and the Director of the long day care centre started talking about transition. They had more to do with each other through the Steering Committee meetings and so they decided what was going to happen around transition. Once the school and the long day care centre started to talk about these*
issues through meeting at the Steering Committee they came up with some of their own ideas. (Senior Manager)

It’s clear that Hub Facilitators see the impact of the Hub going beyond children starting school, and supporting schools to develop strategies that maintain parental contact in positive ways with the school beyond school commencement when interest is typically higher:

*Then there are still activities they can come along to. The Coffee club is for parents with children at the school. Any parents! Most of the parents that come to that would have at least one child at the school. So it’s that continuation and we’d like to see that as the program continue so those parents would get more involved and have more input into what sorts of things they would find helpful. (Senior Manager)*

### 8.5 Context

Learning interventions that ready young children for school prove to be beneficial to their subsequent academic achievement (Duncan, Dowsett, Claessens, Magnuson, Huston, Klebanov, Pagini, Feinstein, Engel, Brooks-Gunn, Sexton, Duckworth & Japel 2007). The more knowledgeable and skilled professionals in the field of family and child services are in providing programs focussing on knowledge related to young children’s transition to school the higher the level of performance of these children in this area (Klibanoff, Levine, Hutternlocher, Vaslyeva & Hedges 2006). However, it needs to be reiterated that there are grounds for being cautious to avoid overstating claims that early interventions in the lives of young children can be guaranteed to prevent them from experiencing future learning difficulties and confronting other socio-economic ills (Heckman & Masterov, 2007; Heckman, 2006).

### 8.6 Challenges

Whilst the evidence is strong about the impact of the SCCH model on families, children’s readiness and school commencement, there is little systematic empirical evidence about the extent to which children who might have participated in this program have achieved established school readiness outcomes. System wide evidence of children’s literacy and numeracy ‘readiness’ is available within the NSW DET *Best Start* program, but is not available to researchers, although one Principal expressed concern about the low ‘scores’ of many children in this diagnostic assessment which is administered within the first six weeks of school commencement.
Chapter 8: School Readiness

In this study, we were advised that teachers were unaware of which children had participated in the SCCH, its community engagement strategies, parent programs, supported playgroups and transition to school activities, and therefore unable to make a judgement about how these experiences might have benefited the children.

There is no evidence of outcomes having been established to ascertain how the project would attest to disadvantaged children’s participation in the Project as enabling them to meet recognised school readiness outcomes.

The researchers of a larger scale evaluation research project investigating a comparable, although different model of linking school and early years services to that of the Blue Mountains SFA SCCH, argue that these programs cannot have a direct impact on overall outcomes such as “children arrive at school ready to engage” or broad outcomes such as “ready families, ready schools, ready services and ready communities”. (valentine and Katz, 2010) They argue instead for establishing specific goals and objectives which may be more attainable and ‘measurable’. In the case of the Linking Schools and the Early Years Study (LSEY) the following areas of action were identified as relevant for determining program effectiveness:

- Smooth and effective transitions to school for children and families.
- Active connections between families and schools and early years services.
- School responsiveness to individual learning needs.

8.7 Recommendations

It is recommended that the following instrument be used as a basis for generating evidence regarding the Project being able to facilitate the enabling of disadvantaged children to meet recognised school readiness outcomes. Research in early childhood education development points to the importance of working from an outcomes based framework to drive children’s learning and development (Siraj-Blatchford 2009). This instrument needs to be further developed to enables facilitators, teachers and the programs’ Managers to identify the extent to which disadvantaged children involved in the Hub programs successfully transition to school.
8.8 Instruments for professional learning and measuring outcomes

The New South Wales Department of Education and Training (DET) has several links on its website at www.det.gov.nsw.au that may assist in generating a checklist for children’s progress in areas that will support their smooth transition into school. One such list at http://www.schools.nsw.edu.au/gotoschool/primary/prepareforkindi.php could be formalised into a data gathering instrument for the Transition to School Playgroup as follows:

Form xxx: School Readiness Checklist

<table>
<thead>
<tr>
<th>[XXXXXX] Playgroup</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
<th>Term 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: _________</td>
<td>Needs consistent support</td>
<td>Making progress</td>
<td>Skill/knowledge attained</td>
<td>Needs consistent support</td>
</tr>
<tr>
<td>Family ID: __________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s Name: __________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age: Years Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Language**

- talks to other people about familiar objects and events
- answers and asks simple questions
- makes needs known
- follows simple instructions
- uses books for enjoyment or for looking at pictures
- identifies pictures in books, magazines, on television or video
- uses a variety of things (pens, pencils, textas, paintbrushes, sticks in the dirt) to draw, to scribble or to write
- joins in singing familiar songs

**Mathematics**

- recognises that numbers can be used to count
- uses words such as many, a lot, more, less
• identifies things in a group that are different

• sees differences in shapes

• differentiates between opposites - up and down, under and over, in front and behind, day and night

**Personal/Social Skills**

• uses the toilet independently

• can say own name and address

• adapts to unfamiliar settings and new experiences

• can finish a task, and tidies up afterwards

• plays cooperatively with other children - shares and takes turns

• can sit still to listen to a story for a few minutes

• is curious about the world

• can share an adult's attention with several other children

• participates in imaginative play

**Physical Skills**

• uses scissors to cut along a straight line

• enjoys a variety of indoor and outdoor play

• can put on and take off jumpers, shoes, socks independently

• makes and designs things using a variety of materials

**Advantages:**

• These guidelines may identify where individual children need further support.

• Some points on the checklist could be incorporated into the Transition Playgroup’s program.
Disadvantages:

- The DET states on its website for parents:

  *There are no specific skills that a child needs to have before starting Kindergarten. They are not expected to know how to read or write. The main thing is that you both [child and parents] feel confident about starting school. (NSW Department of Education and Training 2010).*

- The Hub Facilitators may wish to add additional points to this checklist relating to children’s confidence in the school environment.
CHAPTER 9

LESSONS LEARNT

The significant amount of data collected during the course of this project provided a picture of a highly focussed and organised service system underpinning the development of an ambitious vision and plan for providing children and their families in the Blue Mountains with appropriate support. Here is it important to be mindful of the limited funding available for this project relative to costs involved, requiring considerable largess on the part of all involved. Whilst disadvantaged families are of most concern to this initiative, a significant range of strategies put in place provide potential support for all kinds of families through a universal service system approach in which targeted strategies are embedded.

Overall there is evidence that the Blue Mountains SCCH is providing quality services that are positive, respectful and beneficial:

1. Shared decision-making is evident in the SFA and Hub Executive Committees.

2. The Hubs employ non-stigmatising interventions and settings through universal service provision with ‘soft-entry’ support.

3. In so far as the Hubs are located in primary schools they do much to minimise the practical or structural barriers to accessing their services.

4. Through the Hubs’ provisions to offer referrals to support agencies, they provide families with help in accessing other intervention services. These are mostly not related to crises.

5. The Hubs are open to immigrant families, with staff demonstrating considerable cultural awareness and sensitivity.

The researchers were struck by the thoughtful and well informed perspectives that key participants brought to their work. Interviewees frequently mentioned research and authors with whom they were familiar and seminars and forums they had attended that had informed their approaches to their work. SFA Managers and Facilitators are aware of the pervasiveness of the ‘brain research’ discourse, showing concerns about some of it as potentially
constructing all poor or disadvantaged families as possibly lacking in agency or mental capacity, and that it does not provide a basis for dialogues with vulnerable families or for designing or evaluating educational interventions (Bowen, Zwi, Sainsbury & Whitehead, 2009; Gammage, 2006). While brain development is related to education (Posner & Rothbart, 2005), it is quite unclear how the use of imaging technology that studies neural network development as a result of the influence of genes and experience will be of immediate use to early childhood interventions, professionals working in this field, or to vulnerable families and their children.

The researchers perceived a strong commitment to respecting the dignity of people experiencing challenges in their personal life and parenting role, by adopting approaches that do not stigmatise or single out families. There was a strong focus on relationship development pervading the discourse of Managers and workers.

It was evident that the role played by the community-based SFA in engaging with schools has been transformative for some of the schools. Significantly, this has broadened school leadership’s understanding of the role and potential of schools in supporting early childhood development outside of compulsory schooling.

Initiatives to engage schools and community agencies, including child health and women’s support services in the Hubs are at the cutting edge of the international move to a) increase the role of schools in early childhood development and family support (Hughes 2010), and b) develop integrated service models through seamless support and referral services that overcome traditional institutional boundaries (Siraj-Blatchford, Clarke & Needham 2007). These features establish the Blue Mountains SCCH as a ‘lighthouse’ project providing learning opportunities for others.

Data obtained from families showed a high level of appreciation of the SCCH initiative and the reality of the 2-generational model that aims to support both children’s learning and development, as well as parents’ socially and in their parenting role (Jackson 2010). Family members spoke of the personal support they experienced through participating in the Hubs and the access to child and family related information and social connections that this participation enabled. They also provided evidence that some experiences were carried over into the home and that the Hub played a role in supporting their child’s commencement at school. Parents revealed themselves in several instances to be significantly pro-active in
seeking out activities for their child and this provides indications of possible future directions in establishing collaborative relationships with Hub agencies in family service development.

**Findings**

The findings from this project indicate that the SCCHs are having positive outcomes. For each of the research question there are points that are worth considering for future development and pathways forward have been suggested below.

1. **Have the School-Centred Community Hubs attracted disadvantaged children and their families?**

**Positive outcome:** The SCCH is premised on a strongly shared understanding across the Hub sites that the local public school is a universal community entry point for all families and ideally positioned to attract families with young children. The idea of a universal non-stigmatising approach is central to the Hub as an intervention program.

<table>
<thead>
<tr>
<th>Table 15: Disadvantaged Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting disadvantaged families</td>
</tr>
<tr>
<td>Engaging disadvantaged families – A universal strategy</td>
</tr>
<tr>
<td>Targeting disadvantaged families</td>
</tr>
<tr>
<td>Providing parents with the support they need (or didn’t know about)</td>
</tr>
</tbody>
</table>
Key issue: The researchers found difficulties in documenting the extent to which disadvantaged children and families participated in SCCH activities. The concept of disadvantage proved to be somewhat problematic and diffuse in the SCCH and there was little documentary evidence of family characteristics. Low income, rent or mortgage stress, and limited access to services are implied indicators of disadvantage.

Way forward: A multi-dimensional conceptualisation of disadvantage along a continuum that may occur at particular junctures in life trajectories irrespective of family income and broader well-being indicators was described as being useful within the SCCH model. AEDI and other statistical and demographic data (e.g. access to public transport) were used to prioritise service provision. Parents’ self identification as ‘isolated’ or ‘lonely’ (concepts that may indicate disadvantage) were evident in the surveys identifying the benefits of the SCCH.

Key issue: Within funding and policy agendas, a tension emerged between this universal, soft-entry approach and addressing the needs of disadvantaged children and families, responding to the recognised importance of providing access to families with the services they need and meeting the requirements, priorities and targets of the various funding agencies. It also created challenges in determining whether the funding priorities are being met.

Way forward: Hub programs, such as playgroups and community engagement activities open to all young children and families are seen as more likely to draw all families, but especially disadvantaged families, and particularly if the activities are free or have a low cost.

2. Have the School-Centred Community Hubs contributed to disadvantaged children reaching their age-appropriate developmental milestones between 0-6 years?

Positive outcome: Parents indicated that participation in the SCCH activities was useful in facilitating their children’s development.

<table>
<thead>
<tr>
<th>Table 16: Children's Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language development</strong></td>
</tr>
<tr>
<td>“Negotiating social situations; Speech improvements”.</td>
</tr>
<tr>
<td>“In terms of connecting and interacting with other children. Learning conversation and negotiating skills”.</td>
</tr>
<tr>
<td><strong>Social skills</strong></td>
</tr>
<tr>
<td>“Learning life skills in new environment”.</td>
</tr>
<tr>
<td>“Making new friends. Learning to share. Negotiating social situations”</td>
</tr>
<tr>
<td>“Sharing and interacting”.</td>
</tr>
<tr>
<td>“They have to learn to share and get on”</td>
</tr>
<tr>
<td><strong>Fine motor skills</strong></td>
</tr>
<tr>
<td>“Perhaps improving dexterity and spatial awareness”.</td>
</tr>
<tr>
<td>“Helping with hand eye coordination, playing skills improved”.</td>
</tr>
<tr>
<td>“exploring a wide range of toys and art and craft materials”</td>
</tr>
</tbody>
</table>
Key issue: There is little evidence of this, although clearly SCCH Facilitators plan experiences for children that will contribute to this goal and that parents may use these Hub activities as the basis for follow-up activities in other settings.

Way forward: The expectation that the Hub may contribute to the achievement of disadvantaged children’s age-appropriate developmental milestones may be somewhat unrealistic and the aims of Hubs may need to be revised to be more appropriate.

3. Has the home learning environment of disadvantaged children been improved through participation in the School-Centred Community Hubs?

Positive outcome: Parent data provided an indication that participation in the SCCH supports learning in the home and that things learned and activities experienced through participation in the SCCH are valued and sometimes influence other home or family–based activities. Opportunities are also available through the SCCH for families to participate in more formal parent-education programs. Data from the parent survey and interviews provided a stronger indication of the impact of participating in Hub activities on both parents own well-being and in what they provided for their own children at home. Parents primarily saw the value for themselves in the SCCH, whether it be the community engagement strategies, parent programs, supported playgroups and/or transition to school activities, as being able to connect and socialise with others. Most parents also reported learning from observing the use of different toys and crafts, as well as seeing the settings as a useful source of information, especially from other parents in a similar situation to themselves. Participating in the SCCH activities influenced parents to engage in craft, painting, drawing, playing, exploring and other fun activities with their children at home. Many parents indicated on their survey that they took some of the ideas home.

Participation also gave parents pleasure in watching their children learn and play with others, as well as providing insights into their own children and their strengths and interests. For some parents their observations suggested areas to strengthen and follow-up at home. The importance of the SCCH activities as a social space that provided emotional support for parents and ‘timeout’ for parenting cannot be underestimated. Parents highly valued the opportunities provided by the SCCH activities for ‘relaxing’ and to meet other parents. This minimised stress, helped overcome loneliness and created a basis for forming friendships. Some of this carried over into other parts of their lives. For a number of parents, the regularity
of the playgroup was welcomed as it gave a focus and point of interest to their lives. For others the opportunity to informally exchange perspectives on parenting and gain information was important.

A number of parents made reference to the low cost or inexpensive and informal nature of these SCCH experiences. The parent data from this research provides evidence that families, both children and parents, are finding considerable value and support in participating in the SCCH. This is so much so that some parents have continued their involvement beyond their child’s school commencement.

### Table 17: Types of Continued Involvement

| ‘We have a few more ideas up our sleeves regarding certain fun activities for the little one,’ | ‘I have seen activities he likes and also seen areas of his social development that need to be worked on.’ | ‘More friends!’ |
| ‘We do more creative things, eg drawing, painting.’ | ‘Knowing my child better.’ | ‘Great networking for Mums/Dads, passing on clothes, help.’ |
| ‘... pick up different ideas for craft play.’ ‘It has helped me to learn about what toys and new activities my child is into.’ | ‘Satisfaction watching my son mix with large groups of children/learning new skills/ and enjoying himself.’ | ‘Regular social contact with other parents.’ |
| ‘We do some of the craft ideas we see at the Hub.’ | ‘As a parent very happy to see child play and learn.’ | ‘Opportunity to talk, time-out with other parents.’ |
| ‘More singing – we sing the songs we learn together here.’ | ‘Being able to watch my child learn and grow.’ | ‘Wonderful new friendships.’ |
| | | ‘Benefited socially.....we moved into the area permanently this year and it’s been a great way to get to know parents and children.’ |
| | | ‘I feel a sense of community, support and friendship. An increased sense of connectedness with other parents.’ |
| | | ‘A great resource of information and advice.’ |
| | | ‘Discuss issues with facilitator (behaviour etc.)’ |
| | | ‘A chance to swap stories /parenting challenges.’ |
| | | ‘Being able to ask questions and spend time with other parents.’ |
| | | ‘The routine of something to go to.’ |

**Key issue:** There is little direct evidence that ‘disadvantaged’ families are utilising these services. Even so there is a clear implication by frequent reference to cost and informality, that economic considerations are important for the participating families.
**Way forward:** There is strength in an approach to ‘disadvantage’ that highlights the importance of the social dimensions of friendships, overcoming isolation and self-reference to being a ‘single parent’ or ‘recently moved to the area.’ Thus, a definition of ‘disadvantage’ that understands that a number of families accessing these activities may well be experiencing life challenges related to social isolation and the need to balance family expenses could provide a useful way forward. Certainly, more attention needs to be given to just what this key concept means for professional learning for SFA and the Hubs and their operations, as well as their strategic positioning in relation to Government policies, programs and funding.

4. **Have barriers to disadvantaged children’s development been addressed through successful referrals made through the School-Centred Community Hubs?**

**Positive outcome:** The engagement and participation of other community agencies in the SCCH is cited as an important achievement with ongoing challenges that include appropriate spaces and accommodation as well as recognition of the efficacy of being located within community activities. Some parents reported on the usefulness and appropriateness of referrals to other agencies and their participation in parent education programs. SCCH staff spoke frequently of the importance of informal settings as a context for referrals and cited instances of successful referrals. Most parents accorded the playgroup experience a ‘very satisfied’ rating (77%) as was the rate of parent take-up for the parent education programs (18%). A playgroup or parent-child group was accessed by 92% of the parents surveyed, whilst GP services were needed and used by 80%. The next most frequently accessed were the maternal and child health nurse (39%), hospital emergency departments (37%) and a paediatrician (30%). Far less parents/carers accessed dental (18%), psychiatric or behavioural services (5%) and hospital outpatients (17%). More families recorded either a ‘very satisfied’ or ‘quite satisfied’ rating compared to those who found the service ‘somewhat’, ‘a little’ or ‘not’ useful. All families who accessed speech therapy were ‘very satisfied’ although it was only two. Satisfaction levels were high for most families accessing services for their child attending the Hub. The most needed services for other family members were the parent support and education courses and specialist medical services both of which were accessed by 17% of parents surveyed. However the majority of services were not accessed. All services were valued by the families accessing them, the least being a Housing Service. Parenting support groups (78%) and other counselling services (75%) were rated highly.
Key issue: Records of referrals across the SCCH sites tended to be incomplete and inconsistent and did not allow a full assessment of barriers to disadvantaged children’s development being addressed through referrals.

Way forward: As with each question a range of instruments which could provide a basis for professional learning, parental engagement and the collection of data to measure outcomes is included.

5. *Has disadvantaged children’s participation in the School-Centred Community Hubs enabled them to meet recognised school readiness outcomes?*

Positive outcome: The SCCH is undertaking significant initiatives in supporting successful school commencement, including transition to school and play and learning groups. The evidence points to the success of these experiences. For many parents, a key benefit of their participation in their local SCCH related to the opportunity it provided for the development of their children’s social and emotional skills needed for schooling. For example:

> learning turn-taking, learning to be around other children, learning important social skills, learning life skills, social interaction and independence, will be more ready to integrate with her peers. (Parent Survey Responses)

Similarly, some parents felt that the school-based experience help their child develop a capacity to learn school like behaviours, such as... “learning to listen to other adults, take instructions from other adults concerning rules/ activities, and how to mix with large groups of children his own age – playing as a team”. Parents saw these as helping their children develop independence and dispositions required to make successful transitions to school. Parents valued aspects of the school-based playgroups, such as the opportunities for children to get to know and form friendships with children with whom they would be attending school,

> “she will know others that are starting with her, and knows the school too”.

> “getting to know others, establishing friends at pre-school, seeing others in a school setting”.

Parents indicated that making friends was especially important for developing their children’s sense of self-confidence and security. A number of parents also indicated participating in the school-based groups gave them a stronger sense of involvement with schooling and school
activities and for their children and themselves, familiarity with the physical environment of the school.

Key issue: Since there is no tracking documentation, teachers seem unaware of which children have participated in these programs and were unable to make judgments about how they might have benefited children in specific instances.

Way forward: As note previously, this report contains a range of instruments which could provide a basis for professional learning, parental engagement and the collection of data to measure outcomes.

Contributions to knowledge

As elaborated upon below, this research evaluation has generated five significant contributions to knowledge with respect to the SCCHs’

1. A rich array of data.

2. A raft of intellectual resources.

3. A valuable set of instruments.


5. A research plan for future undertakings.

Rich array of data

This project has generated a rich array of data which can be used to better inform continuing improvements to the SCCHs. This research evaluation provides an evidence-base for arguing the case for locally embedded, educationally oriented, inter-agency child and family services such as the Hubs. Given that this decentralised model is built around the networking of child and family service agencies, there is a need for a fulsome appreciation that this data points to - the variability in provision and monitoring that arises as a consequence. However, it is important to recognise that strategic decisions about the funding, program operations, professional learning and nature of family engagement in service provision are rooted in values rather than the analysis of data.
Raft of intellectual resources

A raft of intellectual resources has been identified by this research evaluation which can be deployed for professional learning, advocacy and campaigning in the field. Leaders in the field of children and family services are likely to find such intellectual resources important in forming, informing and transforming policy, programs, funding and organisational commitments. Such intellectual resources are important for leaders committed to cultivating a broad based constituency supportive of such interventions. Research-based knowledge like this is especially important given the long lead time for benefits to accrue from such important interventions in and by communities. Perhaps, it is even more important given the relatively small proportion of the public budget invested into children before they go to school.

Valuable set of instruments

A valuable set of instruments have been generated and their refinement for use in the Hubs can provide important resources for professional learning, team building and further data collection. The user of such instruments for monitoring cutting-edge work as involved in the SCCHs will welcome the freedom to experiment and to accept inevitable shortfalls in the realisation of tightly focussed predetermined outcomes. However, as the instruments reveal, it is impossible to monitor every conceivable factor for every child and family. The challenge is using these instruments to establish a culture of ongoing improvements to quality, one that provides incentives for each Hub to make improvements and by way of innovation provide parents with knowledge and evidence that they value and have reason to value (Singh, Abbott, Preece & Elliott, 1999). The following instruments for professional learning have been provided:

a. Attendance Records.

b. Multiple Weeks Attendance Form.

c. Family Information Survey.

d. Term Summary Attendance Form.

e. “My First Health Record” (Blue Book) (NSW Health, 2009).

g. Parents’ Evaluation of Developmental Status (PEDS).

h. Parents’ Evaluation of Developmental Status: Developmental Milestones (PEDSDM).


k. Parent Form – Referrals for the Child attending the Hub.

l. Parent Form – Referrals other Family Members.

m. Summary Referral Form.

n. Playgroup Inquiry and Referral Information.


Wealth of recommendations for action

This research project has generated a wealth of recommendations for action that could improve the quality of service provision and strategies for enhancing the chances children and their families have for making a success of their lives. The recommendations focus on improving the quality of the existing model and its operational efficacy as important to expanding it further. It is quite likely that the SCCHs will be in a position in the near future to offer an elegant model of inter-agency child care and family service provision that can be upscaled, especially where Governments have the inclination to invest in young children’s education and health. The recommendations suggest that parents, and mothers in particular, given that they are the predominant users of the Hubs, understood as knowledgeable citizens that they can be important partners in making improvements to the Hubs. They understand why quality services for children and families matter. The recommendations also speak to the value of strengthening the knowledge and the employment of the Facilitators as being vital. They know that the Hubs offer much more than short term care.
Key recommendations include,

1. the instruments identified in this report be tested, further developed and refined through collaborative professional learning by staff and parents as a basis for generating evidence regarding the Hub outcomes.

2. careful consideration be given to the preconditions for successful service delivery and the ‘threshold’ factors be used to tests the Hubs’ effective engagement of vulnerable parents.

3. the AEDI information be considered in relation to how communities are supported for the development of their children before school.

4. further research be undertaken to produce an instrument for measuring young children’s age-appropriate development in contexts such as the SCCH.

5. everyday records commonly used in the Hubs be used as data collection instruments, and computerised if possible.

6. data collection instruments be understood as providing early childhood and family services professionals with purposeful, accurate, valid information in a given domain on which they can draw to inform their value-based decision-making within the constraints and opportunities of their work.

7. consideration be given to referrals to agencies that could help in up-skilling parents to secure higher levels of employment, such as vocational education and training.

8. referrals and parent education might usefully be directed at information to assist families experiencing rent or mortgage stress.

9. producing a document detailing the range of children and family services, financial advice and education and training opportunities that could be of help of disadvantaged families should be prepared for distribution to parents on their first attendance at the Hubs.

Research plan for future undertakings

A research plan has been proposed for future undertakings to establish a strong research-based culture of quality at the operational level of the Hubs and the inter-agency Managerial level of
Chapter 9: Conclusion

the SFA. It is important for research to be conducted into the efficacy of wise public investments in underwriting the entitlements of young children. This research plan emphasises the interrelationship among three key elements. First, that future research adopts a strong collaborative model, reflecting the organisational arrangement of the Stronger Families Alliance, including the direct engagement of both parents and Facilitators in refining the design of the research. Second, that future research focusses on the expected outcomes of the SCCHs, as much as the unanticipated outcomes. Third, that such research documents the inter-agency Managerial model which is the key to underpinning the school-based play and chat groups.

The intervention of this research has included the design, adaptation and assemblage of a range of data gathering instruments that could support the SCCH in establishing a stronger evidence base about the impact of its program and the achievement of program goals and outcomes. These instruments also provide the resources for a series of community workshops and professional learning activities that would enable the development of a collaborative plan that could result in:

a. Learning through the collaborative refinement of these instruments, and

b. A plan for SCCH wide collaborative research.

Previous experiences of the researchers in local, national and international research in community programs has highlighted the value of developing a range of community capacity-building evaluation strategies and the involvement of interested stakeholders, including client groups, in their development and implementation. Throughout this report we have identified a number of instruments and recommendations regarding considerations, approaches and strategies that might usefully broaden and strengthen the data that provides evidence of program impact, informs program development and builds service, system and community collaboration and capacity.
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APPENDIX ONE

Questionnaire for Parents

Project title: School-Centred Community Hubs: A study of a Blue Mountains initiative

Chief researchers: A/Professor Christine Woodrow and Professor Michael Singh

1. Please state date of birth and sex of your child attending the Hub.
   
   birth date: ___/___/_____;  □ male  □ female

2. How many children in your family?

3. Is this the first time you have participated in School-Centred Community Hubs with one of your children?
   
   □ yes  □ no

4. In the past twelve months, have you used any of the services below for this child?

   (Please tick all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Yes (Needed and used)</th>
<th>Needed but couldn't use</th>
<th>No (Not needed)</th>
<th>Rather not say</th>
</tr>
</thead>
</table>
   | b) Playgroup or parent-child group
     If you answered “Yes”, how helpful was this group? Please put a cross X on the line below. 
     very | quite | somewhat | a little | not |
     | | | | | |
   | b) Maternal & child health nurse
     If you answered “Yes”, how helpful was this service? Please put a cross X on the line below. 
     very | quite | somewhat | a little | not |
     | | | | | |
   | c) Hospital emergency ward
     If you answered “Yes”, how helpful was this service? Please put a cross X on the line below. 
     very | quite | somewhat | a little | not |
<p>| | | | | |
| | | | | |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th>Very</th>
<th>Quite</th>
<th>Somewhat</th>
<th>A Little</th>
<th>Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>d) Hospital outpatients clinic</td>
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<tr>
<td>e) GP services</td>
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<tr>
<td>f) Speech therapy</td>
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<tr>
<td>g) Dental services</td>
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<tr>
<td>h) Paediatrician</td>
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<tr>
<td>i) Other psychiatric or behavioural services</td>
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<tr>
<td>j) Other medical services</td>
<td></td>
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</tr>
</tbody>
</table>

5. In the past 12 months, have you used any of these services for anyone in your family other than this child? *(Please tick all that apply).*
<table>
<thead>
<tr>
<th></th>
<th>Yes (needed and used)</th>
<th>Needed but couldn't use</th>
<th>No (not needed)</th>
<th>Rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Parenting education courses or programs</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this course? Please put a cross X on the line below.</td>
<td></td>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
</tr>
<tr>
<td>b) Other counselling services</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
<td></td>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
</tr>
<tr>
<td>c) Parent support groups</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this group? Please put a cross X on the line below.</td>
<td></td>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
</tr>
<tr>
<td>d) Alcohol and other drug services</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
</tr>
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<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
<td></td>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
</tr>
<tr>
<td>e) Adult/mental health services</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
<td></td>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
</tr>
<tr>
<td>f) Migrant or ethnic resources services</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
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<td></td>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
</tr>
<tr>
<td>g) Housing services</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
</tr>
<tr>
<td>If you answered “Yes”, how helpful was this service? Please put a cross X on the line below.</td>
<td></td>
<td>very</td>
<td>quite</td>
<td>somewhat</td>
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<tr>
<td>h) Disability services</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
<td>□, □, □, □</td>
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</tbody>
</table>
6. How many times have you and your child participated in this School-Centred Community Hub?

7. What aspects of this participation have been the most valuable for you and your child?

8. How do you think your child has benefited from participating in this School-Centred Community Hub?

   a) Socially. Yes/ No Please describe
b) Intellectually Yes/No Please describe

c) Physically Yes/No Please describe

c) Emotionally Yes/No Please describe

9. In what ways do you think your child’s participation in this School-Centred Community Hub has benefited your child in making a successful start to school?

10. What have you gained as a parent from participating in this School-Centred Community Hub?

11. In what ways if any, has your participation in the Hub influenced what you do with your child at home.

12. What else would you like to say about the School-Centred Community Hub?
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