

Review of the Doveton Connect Project



**Prepared for:
Doveton Connect**

**Prepared by:
Centre for Community Child Health
Royal Children's Hospital, Melbourne**

September 2007

ACKNOWLEDGEMENTS

This report was produced by Rachel Coghlan and Rachel Robinson from the Centre for Community Child Health. We would like to thank the Doveton Connect Project staff members, including staff at the Doveton North Family Resource Centre, Doveton North Primary School, and Casey and Cardinia Community Health Service, and other service providers in the Doveton community who provided us with information and feedback to inform this report.

Table of Contents

1. Introduction	1
1.1. <i>Background to the Doveton Connect Project</i>	1
1.1.1. Establishment of the Doveton North Family Resource Centre	2
1.2. <i>Review brief and methodology</i>	2
1.2.1. Review of existing programs and service delivery objectives.....	3
1.2.2. Review of the environment in which Doveton Connect operates	3
1.2.3. Develop the evaluation methodology through an outcomes-based approach	3
2. Overview of the Doveton Connect Project.....	4
2.1. <i>Aims of the Doveton Connect Project</i>	4
2.2. <i>Existing programs offered by the Doveton Connect Project</i>	4
2.2.1. Supported playgroup	5
2.2.2. Mums and Bubs group.....	5
2.2.3. New Babies group	5
2.2.4. Toddlers group.....	5
2.2.5. Mother Goose	5
2.2.6. Walk and Talk group.....	5
2.2.7. Afghani group	6
2.2.8. Early Literacy Programs.....	6
2.2.9. Family support worker	6
2.2.10. Breakfast Club.....	6
2.2.11. Family events	6
2.2.12. Volunteer training	6
2.2.13. Media and advocacy initiatives.....	6
3. Directions from the evidence	7
3.1. <i>Child development in the early years</i>	7
3.2. <i>Integration of services</i>	7
3.3. <i>Services as a 'hub' to engage vulnerable families</i>	7
3.4. <i>Early literacy promotion</i>	8
3.5. <i>Parenting groups</i>	8
3.6. <i>Sustainable child and family places</i>	8
4. Review of the environment.....	9
4.1. <i>Demographic and cultural background</i>	9
4.2. <i>Federal, State and local government priorities</i>	10
5. Doveton Connect partnerships and funding streams	12
5.1. <i>Doveton Connect Project partners</i>	12
5.1.1. Good Beginnings Australia	12
5.1.2. Doveton North Primary School	12
5.1.3. Casey Cardinia Community Health Service	12
5.1.4. Best Start.....	12
5.2. <i>Other key partners</i>	13
5.2.1. Maternal and Child Health nurse.....	13
5.2.2. The Smith Family.....	13
5.2.3. Engaging CALD families and the Aboriginal community	13
5.2.4. Neighbourhood Renewal program	14
5.2.5. Steering group meetings.....	14
5.2.6. Service Providers Forum	14
5.2.7. Kindergartens	14
5.2.8. Attendance at childcare sessions.....	14
5.3. <i>Funding streams</i>	14
5.3.1. Stronger Families and Communities Strategy.....	14

5.3.2. Other	15
6. Recommendations for evaluation approach	16
6.1. Outcomes-based approach	16
6.2. Using the outcomes-based approach in the Doveton Connect Project	16
7. Discussion	23
7.1. Existing evidence	23
7.2. Opportunities and future recommendations.....	23
References	25

List of tables

Table 6-1 OUTCOME FOCUS: FAMILIES	18
Table 6-2 OUTCOME FOCUS: COMMUNITIES	19
Table 6-3 OUTCOME FOCUS: SERVICES.....	20
Table 6-4 OUTCOME FOCUS: SCHOOLS	21
Table 6-5 OUTCOME FOCUS: CHILDREN	22

List of annexes

Annex 1: Play and Learn Playgroups	27
Annex 2: Mother Goose Programs	28
Annex 3: The ‘Let’s Read’ Initiative	29
Annex 4: summary of the risk factors and protective factors in early childhood development	31
Annex 5: SEIFA Suburb Rankings for the City of Casey	32
Annex 6: selected characteristics for Doveton and Eumemmerring	33
Annex 7: Case Study	34
Annex 8: Reflection journaling.....	35

1. Introduction

1.1. *Background to the Doveton Connect Project*

Doveton Connect is a community driven, early intervention project which aims to give children a better start in life. Doveton Connect delivers a range of services to families with children who are experiencing disadvantage in early childhood or at key transition points (birth or school age entry). The project targets socially isolated families, single parent families, and families that do not or cannot access available services such as Maternal and Child Health Services, allied health services and playgroups. The purpose of the service is that children benefit from enhanced services and improved school readiness, while parents benefit from increased support in their parenting role, improved social networks, and enhanced engagement with early childhood services.

The Doveton Connect Project, a partnership between Good Beginnings Australia, Doveton North Primary School, Casey Cardinia Community Health Service, and City of Casey Best Start, emerged from a realisation that many children and families were not accessing local health (Maternal and Child Health and community health services) and early education services (kindergarten, playgroups, mothers groups). An initial needs analysis conducted in 2000 through a series of community consultations further suggested that families in Doveton were reluctant to access services because of a perception that service providers were judgemental and unsupportive. Through the needs analysis, it became apparent that many children and families were not being provided with the opportunity to engage with health and educational services, and family centred events and activities, in a welcoming and fully supportive manner.

The suburb of Doveton has been identified in several studies by the Jesuit Social Services as one of the most disadvantaged urban postcodes in Victoria, where indicators of disadvantage included those concerning social distress, health, education, economic and community safety (Vinson 1999; Vinson 2004; Vinson 2007). There are many factors contributing to this disadvantage that will be discussed. These factors lead children and families to miss out on opportunities that are fundamental for optimal development and wellbeing. Primary school teachers in Doveton report, for instance, that many children have never been to the beach before they start school. Many parents of young children in Doveton do not own a car, and are therefore socially isolated and unable to take children on outings. The cost of many outings is prohibitive – for example, there is an excellent children’s farm in Doveton but the \$15 per family entrance fee precludes many families from visiting.

The Doveton Connect Project cited the following issues for the local community that the service hopes to address:

- Family disengagement from the service system
- Lack of school readiness
- Lack of referrals to early childhood services
- Families lack of understanding of available services
- Lack of coordination and integration between service providers leading to a lack of quality service provision for children and families

- Systemic barriers to accessing services in Doveton such as intake barriers and waiting lists
- Geographical and physical barriers to services in Doveton
- Ageing infrastructure in Doveton
- Trust and judgement issues from service providers
- Inaccessibility of family events and outings

1.1.1. Establishment of the Doveton North Family Resource Centre

The Doveton North Primary School was identified as an ideal site for establishing the hub of the Doveton Connect Project. Funding and building assistance sought through the Dandenong Rotary Club enabled the conversion of the school bike sheds into the Doveton North Family Resource Centre¹ (DNFRC). The Resource Centre opened in July 2005. It provides space for groups to meet, with a small kitchen for parents and children to use and two staff offices. As the number of programs and activities grow and referral rates increase, it is hoped that the DNFRC can relocate to a purpose-built facility which includes a larger welcoming area and kitchen for families, an outdoor play area for children, a larger space for playgroups and other community groups to meet, facility for an occasional care and a kindergarten service onsite and consultation rooms for visiting health professionals (medical and allied health staff) and the Maternal and Child Health Service.

This type of model has evolved from the recognition that there is a need in the community for a more responsive early childhood system, with a menu of supportive and accessible services available to families with young children, in order to improve child outcomes. It was developed to use an integrated, or 'one-stop shop', model of practice to provide cohesive support to families.

1.2. Review brief and methodology

In early 2007, the Centre for Community Child Health (CCCH) was appointed to conduct a review of the services run by the Doveton Connect initiative.

CCCH is the local evaluator for the *Good Beginnings* Australia (GBA) program, funded through the Invest to Grow stream provided by the Australian Government Department of Family and Community Services. The Doveton Connect Project currently runs a two structured playgroup sessions using the *Play and Learn* model, funded by Invest to Grow. One of these playgroups is being evaluated by the CCCH. For further information, refer to the GBA National Evaluation Framework (CCCH, 2005).

This review of the Doveton Connect Project can be seen as independent to the work already commenced by the CCCH for GBA, incorporating a review of all service initiatives including, and not exclusive to, the Invest to Grow program.

This review seeks to document the work of the Doveton Connect Project in a way which enables the partnership group to communicate clearly with stakeholders about the existing service and its potential into the future. It will do this through the following:

¹ The City of Casey defines a Family Resource Centre as a concept which sees services for children and families operating from a central point in the community, based on the 'hub and spoke' model, including maternal and child health, preschools, and community rooms for groups such as playgroups or for training purposes, and over time for various allied health professionals. Casey identifies 4 hubs in the locality. The DNFRC has not been included in City of Casey's Family Resource Centre information (see www.casey.vic.gov.au/familyresourcecentres/, City of Casey 2007).

1.2.1. Review of existing programs and service delivery objectives

It is proposed that the CCCH undertakes a complete review of all existing programs and activities coordinated by the Doveton Connect Project. This will be through an analysis of past and current funding submissions, annual reports, and informal discussions with the partners of the Doveton Connect Project and other early childhood and family support service providers and stakeholders throughout the suburb.

1.2.2. Review of the environment in which Doveton Connect operates

The CCCH will report on the current demographic and social environment of Doveton. It will demonstrate state and federal government priorities in early childhood service provision and how these relate to the existing programs coordinated by the Doveton Connect Project.

1.2.3. Develop the evaluation methodology through an outcomes-based approach

The CCCH will conduct a workshop with the Doveton Connect partner members to review the current monitoring and evaluation procedures. It is anticipated that formatting the objectives, strategies, activities, and indicators of the Project's service delivery successes using an outcomes-based approach will improve the evaluation and reporting capacity of the team. Formulation of this outcomes-based approach will be at the workshop, facilitated by the CCCH.

2. Overview of the Doveton Connect Project

2.1. Aims of the Doveton Connect Project

The Doveton Connect Project aims to achieve the following:

- enhance the availability of and access to high quality, integrated early childhood services, including playgroups, parenting groups, kindergarten, childcare, and other supported family activities;
- realign services so that they are responsive to the needs of the local community by using an ecological approach to service provision through outreach activities;
- improve the health, social and educational outcomes for children 0-8 years;
- reduce the incidence of education disadvantage commonly experienced at school age entry of children;
- improve access of children and families to health services, including Casey Cardinia Community Health Service and City of Casey Maternal and Child Health Service;
- engage isolated and vulnerable families by working to enhance social connections and cohesion;
- provide support to parents of young children with a focus on improving parenting skills and confidence. This includes encouraging the establishment of new parent groups in partnership with the Maternal and Child Health Service;
- build on existing partner agencies that support the project;
- advocate on behalf of the community to ensure families needs are met by local service providers; and
- provide an opportunity for professional development for early childhood workers in Doveton.

2.2. Existing programs offered by the Doveton Connect Project

The Doveton Connect Project offers a range of services and activities. These operate on an informal basis - formal intake or assessment is rarely conducted. Allied health services initially provided support for children and families on an opportunistic basis during sessions. However, as the numbers of families in contact with Doveton Connect have increased, more formal intake processes are being used to register these families with the Community Health Service once rapport and trust is established between staff and parents.

Formal education sessions were conducted for families in the early stages of the project, but it was found that this was not the most effective way of getting information to the parents (barriers cited include issues around childcare and lack of trust established with parents to engage them in formal education). Instead, key messages are taught using a population modelling approach: for example, information about nutrition and oral health are promoted through providing water and fruit as a snack during each session. As rapport has developed between parents and Doveton Connect staff, some parents are beginning to request information sessions.

Advocacy is an important part of the work of the Doveton Connect Project.

2.2.1. Supported playgroup

There are two playgroup sessions run weekly at the DNFRC under the *Play and Learn* program. Play and Learn is an enhanced playgroup for parents and children from birth to school age, facilitated by a qualified Early Childhood Worker and a Family Worker. It focuses on providing parenting support and advice as well as learning and play experiences for children (refer to Annex 1). A speech and language therapist, occupational therapist, psychologist, physiotherapist and dietician are an integral part of the playgroup sessions and operate on a rotational system whereby one allied health professional is in attendance at every group.

2.2.2. Mums and Bubs group

The Mums 'n' Bubs group has become a well-established group of primarily first time mothers who met at the DNFRC when their babies were newborns. The group time coincides with the Maternal and Child Health Service drop-in session so new mothers attending the nurse can be encouraged to meet. Parents are relying less on staff and have begun planning their own calendar of activities with additional support from staff. The DNFRC aims to provide a seamless service from antenatal care, to the Mums and Bubs group into the Toddler group.

2.2.3. New Babies group

This group evolved out of a gathering of pregnant women in 2006 at DNFRC who have continued to meet informally over morning tea. The Coordinator provides activities encouraging parent-infant interaction such as baby massage, singing, and reading.

2.2.4. Toddlers group

The Toddlers Group is a developmental playgroup for one and two-year old children. Parents have ready access to appropriate play ideas, advice, information, and referral to the Community Health Service from the Good Beginnings staff who coordinate this group. The Community Health Service is present at each Toddlers group session.

2.2.5. Mother Goose

Mother Goose is a program which engages with parents through the use of stories, songs and rhymes. Family strengths are acknowledged through the sharing of family and/or cultural songs and stories. Mother Goose is run weekly at the DNFRC for children aged 0-4 years. The group is planned and facilitated by the Project Coordinator and Family Support Worker from the City of Casey. The Speech and Language Therapist is present at each session. Staff report that parents are often as engaged as the children. Many have little experience with story telling and nursery rhymes. Mother Goose provides facilitators with the opportunity to engage with families for whom English is a second language and the potential to provide opportunities to enhance English language skills (see Annex 2).

2.2.6. Walk and Talk group

This group is run by the physiotherapist and the dietician. Community Health Service staff took the opportunity to establish a session combining walking and exercises with education on nutrition and making a healthy morning-tea, following comments from parents that they were concerned about their weight and self-esteem.

2.2.7. Afghani group

A group of Afghan parents meets periodically, following the recognition that this is a particularly isolated group in the community who were keen to increase their social networks.

2.2.8. Early Literacy Programs

DNFRC is involved in the Let's Read initiative, supported by South East Family Services, Doveton Baptist Benevolent Society, Southern Health and the Doveton Neighbourhood Renewal Program. This was launched at the Myuna Farm in April 2006 (refer to Annex 3).

Story time sessions are run weekly at the Doveton Library by the DNFRC staff for children aged 2-4 years. *'I like working with big brothers and sisters in the presence of their parents and baby...it's a great tool to get early literacy messages to parents through their children'.*
Jeanette, Doveton Connect Worker

2.2.9. Family support worker

Good Beginnings Australia employs 2 Family Support Workers who provides additional support for families through the group sessions and on an individual-basis either at the Doveton North Family Resource Centre or through home-visiting.

2.2.10. Breakfast Club

A breakfast club is held every morning in the DNFRC for school children.

2.2.11. Family events

Doveton Connect runs family events throughout the year, some in collaboration with other community organisations. These have included excursions to: the City of Casey traffic school; the Royal Melbourne Zoo; the beach; Puffing Billy; and the Melbourne Aquarium. All events have been very well attended by parents and children, and have included early childhood staff and allied health professionals.

2.2.12. Volunteer training

Doveton Connect conducts volunteer training for community members periodically who then assist with the running of groups and supporting families through home-visiting.

2.2.13. Media and advocacy initiatives

Doveton Connect promotes their services through the Doveton community newspaper. The project is also currently creating a DVD to celebrate the achievements of the project and of community life, and to further build on the strong sense of community cohesion which characterises the service. This has arisen following anecdotal evidence which suggests that Doveton is perceived poorly by the wider community. This negative coverage often tends to be media-driven, where negative stories are pushed and a low self-image of residents is promoted. Doveton Connect is working to overcome this perception.

Doveton Connect advocates for the needs of the community by lobbying for the continuation of services and facilities which may be at risk of closure. They also will advocate for the needs of individual members of the community.

3. Directions from the evidence

A great deal of momentum for reviewing the way services are delivered to children and families has come from early childhood development literature. The experiences of early childhood have lifelong implications for health, well-being, and development. Positive experiences in the early years for children and families can ensure that all children reach school ready and able to take advantage of the academic and social learning experiences that schools provide, and improve the ability for children to develop to become productive, socially adjusted contributors to society.

3.1. *Child development in the early years*

- The period from birth to age five is one of both opportunity and vulnerability for healthy physical, emotional, social and cognitive development. There is clear evidence that some children face risks that may limit their development in the years before school entry. As a result, children enter school with marked differences in the skills needed for success in the school environment and beyond (Shonkoff and Phillips, 2000). These differences are predictive of later academic and occupational success (Boethel 2000; Dockett and Perry 2001; Shonkoff and Phillips 2000).
- Many children experience poor environmental conditions in early childhood which present risk factors for their development. These risk factors can be offset by protective factors. A summary of the risk and protective factors can be found in Annex 4 (Centre for Community Child Health 2006).
- For children to have optimal development they require: structured, dependable, nurturing relationships with parents and other caregivers; families with adequate resources to provide environments that meet the child's physical, emotional and educational needs; and health care, developmental and education services with professionals who can identify potential risks and address potential problems at the earliest possible time (Halfon et al 2004).

3.2. *Integration of services*

- Well-integrated intervention programs which focus on reducing risk factors for children and strengthening children's health promoting behaviours are more likely to achieve positive outcomes than where agencies and organisations are working in isolation (Marshall and Watt 1999).
- The more fractured services are, the more difficult they are to access for those families with complex needs – those without the language skills or 'know how' to access them, or for those who have certain fears regarding health and education seeking behaviours.
- Working in isolation without effective communication and collaboration between and across agencies can result in considerable duplication of programs, increased service delivery costs, and inefficient use of resources. Adelman and Taylor (2002 p.2) reflect that resources that may already exist in communities 'often are used in an ad hoc, fragmented, and marginalised way, and as a result, their impact is too limited and is not cost effective'.

3.3. *Services as a 'hub' to engage vulnerable families*

- A report by the University of British Columbia (Maggi, Irwin, Siddiqui, Poureslami, Hertzman and Hertzman 2005) discusses the importance of understanding the social

and cultural determinants of health and early childhood development (e.g. globalisation, social exclusion, gender, urban settings, employment conditions, migration and income distribution) in order to deliver effective health and education systems. The 'gold standard' method for delivering these services to vulnerable families is through a cohesive collective of services, a 'hub'.

- A recent evaluation of the Sure Start program in the UK (Institute for the Study of Children, Families and Social Issues 2005) found that services delivered using a hub approach were more likely to achieve positive parent and child outcomes.
- The Children and Families Everywhere Centre in Enfield, Australia, is an example of a community hub where families have been involved in developing an integrated service for children and families on the site of Enfield Primary School. A range of Department of Education and Health services work in partnership with the local community to support families rendered vulnerable and isolated through language and cultural barriers, low income, single parent situations, and other complex issues (Café Enfield uploaded 2007).

3.4. Early literacy promotion

- Evidence shows that poor literacy skills are associated with generally lower education, employment, health and social outcomes, as well as being linked to high rates of welfare dependence and teenage parenting (Whitehurst and Lonigan 2003 in Centre for Community Child Health and The Smith Family 2004).
- More children from families with lower socio-economic status experience difficulties in learning to read than other Australian children. Research shows that those children who experience early difficulties in learning to read are unlikely to catch up with their peers (Centre for Community Child Health and The Smith Family 2004).
- Evidence suggests that promoting literacy-related activities during the years prior to school entry can improve future literacy outcomes for children in disadvantaged communities. Parent and community involvement are crucial in promoting literacy success.

3.5. Parenting groups

- Research confirms that what young children learn and how they react to the events and people around them are deeply affected by their relationships with parents and the environment of the homes in which they live. A number of effective parenting programs have been developed, including the Parent-Child Mother Goose Program (Barlow, Parsons and Stewart-Brown 2005).
- Parents need frequent opportunities to meet other parents in family-friendly environments (Moore 2004).

3.6. Sustainable child and family places

- Building social capital and promoting community connectedness is one way of supporting families more effectively. Social capital is thought to have direct benefits for individuals and communities, including improved health, improved care for children, lower crime rates and improved government (OECD 2001).

4. Review of the environment

4.1. Demographic and cultural background

The suburb of Doveton and Eumemmerring is located within the City of Casey municipality, in the South Eastern region of Victoria. Throughout the 1950s, the Housing Commission purchased large areas of land in Doveton to provide housing for workers at the large factories that were being developed in Dandenong South. Doveton developed rapidly through the 1960s and by the end of the 1970s was substantially built out. Eumemmerring, previously part of Doveton, was formalised as a suburb in 1981.

The Doveton/Eumemmerring area today is an established residential area with a slightly declining population. The communities of Doveton and Eumemmerring have socio-economic and physical characteristics and needs that are quite different to those of the growth areas that predominate in the Casey municipality.

Various studies over the last decade have shown that the community experiences significant disadvantage in comparison to other communities in Casey, and in comparison to the wider metropolitan area. The City of Casey is identified as one of the most socially disadvantaged municipalities in urban Australia, based on the Socio Economic Index for Areas (SEIFA). The municipality is ranked as the seventh most disadvantaged in Victoria (ABS 2001a). The suburb of Doveton was ranked with the highest disadvantage within the City of Casey. Annex 5 describes the relative SEIFA indices for the suburbs in Casey.

Recently, the Jesuit Social Services have identified Doveton as one of the most disadvantaged suburbs by postcode in Victoria. This has followed similar studies published in 1999 in which Doveton was found to be the seventh most disadvantaged community, and in 2004, in which Doveton was placed fifth. Assessment criteria in this study included indicators of: social distress (low family income, rental stress); health (low birth-weight, childhood injuries); community safety (child abuse, domestic violence); economic (unemployment, unskilled workers); and education (non-attendance at preschool, incomplete education) (Vinson 1999; Vinson 2004; Vinson 2007).

Approximately one-third of all households in Doveton receive a weekly income of less than \$400 per week, with only 15% of households receiving more than \$1200 per week (City of Casey Community Profile 2001). Approximately 34.2% of residents reside in State housing authority dwellings, compared with 14.9% of total Australian residents. Doveton has an unemployment rate of 14.0% compared with 7.4% of total persons in Australia (ABS Census 2001a). The high rates of unemployment are predominantly experienced by males in the 20-24 and 24-34 age groups. In 2001, just over one-fifth of the population were attending some form of education institution – one quarter did not attend school after Year 9, and one quarter had completed Year 12 or equivalent.

Languages spoken at home indicate a diverse mix of cultures in Doveton. The percentage of those who speak only English at home is 56.8% (78.5% Australia-wide) (ABS Census 2006). Other most common languages are Serbian, Vietnamese, Arabic, Spanish and French. Family composition in Doveton also varies widely: the most recent Census reports 40.7% of couple families with children, and 28.5% one parent families (where the Australia-wide statistics are 45.3% and 15.8% respectively). Annex 6 describes these selected characteristics in some detail.

The name 'Doveton' appears to have become synonymous with negative issues such as welfare, low-income, public housing and crime. Such perceptions are well known to most

local residents and are a source of considerable frustration and concern. Community consultation by the City of Casey has indicated a sense amongst locals that Doveton and Eumemmerring are not treated fairly by the City of Casey in comparison with other areas of the municipality (City of Casey/DHS Southern Metro region 2005). Building a positive community image and influencing community pride is a key objective of the City of Casey in their Community Plan.

4.2. Federal, State and local government priorities

The Australian Government endorsed the *National Agenda for Early Childhood* in December 2005, as a framework to guide decisions and future directions regarding Australian Government early childhood policy and program development and to achieve more efficient and effective outcomes in early childhood (Department of Families, Community Services and Indigenous Affairs 2007). The *National Agenda for Early Childhood* sets out a vision, aim, goals and four action areas for improving children's lives. The action areas are stated as:

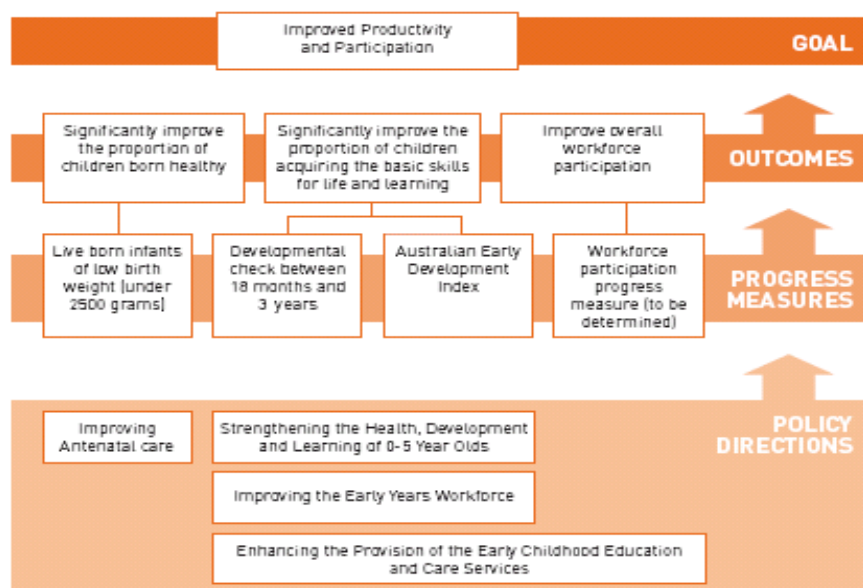
- healthy families with young children;
- early learning and care;
- supporting families and parenting; and
- creating child-friendly communities.

The Australian Government has been progressing its commitment to the *National Agenda for Early Childhood* in a number of practical ways, including through the *Stronger Families and Communities Strategy (SFCS)*. Funding of \$490 million has been committed for 2004-2009. There are four streams to this strategy, of which two are relevant to the Doveton Connect Project: *Early Childhood Invest to Grow*; and *Local Answers and Volunteer Small Equipment Grants* (Australian Government Stronger Families and Communities Strategy 2004a and 2004b).

Invest to Grow aims to contribute improved outcomes for young children through prevention and early intervention by supporting the development of new models of early childhood programs and developing resources or tools for parents, community groups and professionals working in the field. Local Answers supports local, small-scale, time limited initiatives that are developed and implemented by local organisations, and aims to help communities create opportunities for themselves. Section 5.3.1 describes the contribution of the SFCS to the work of the Doveton Connect Project to work towards meeting national priorities.

In Victoria, Government has committed to a *National Reform Agenda* framework to pursue early childhood reform using three outcomes as detailed in Figure 4.1 (COAG 2005). It is suggested that the *National Reform Agenda* outcomes framework provides a useful reference point in framing an outcomes-based strategic response.

Figure 4.1 Early Childhood Outcomes under the National Reform Agenda



The Victorian Government has developed the Best Start initiative, a prevention and early intervention project which was jointly auspiced by the Department of Human Services and Department of Education & Training (Victorian Government Department of Human Services 2005) and is now managed by the Victorian Government Department of Education and Early Childhood Development. The project aims to improve the health, development, learning and wellbeing of all Victorian children from pregnancy through to transition to school and the early years of school. The Best Start approach is to strengthen the local capacity of parents, families and communities and early years services through partnership and collaboration to better provide for the needs of all young children and their families.

The City of Casey has established a Best Start Partnership and has been involved in the planning and implementation of the work of the Doveton Connect Project (see 5.1.3). The Best Start initiatives must fit strategically into the wider landscape of services for children and families, and link *National Reform Agenda* priorities with locally determined needs.

The City of Casey’s Municipal Early Years Plan (MEYP) was merged with the Best Start project in 2006. The decision to merge these two initiatives was made as the focus and goals were concurrent with each other. This has meant that there is one Early Years Partnership, Action Plan and Partnership agreement.

In addition, the City of Greater Dandenong and City of Casey work as partners in the Aboriginal Best Start project. These projects have been established to ensure that local Aboriginal communities and organisations are given every possible opportunity to influence outcomes for their children and families. The Dandenong-Casey Aboriginal Best Start Partnership aims to assist Aboriginal families in their parenting role and improve their education, health, learning and wellbeing. They are committed to reinforcing Aboriginal children’s pride in their cultural identity from birth through to eight years of age (see http://www.beststart.vic.gov.au/project_sites/dandenong_aboriginal.htm for further information).

5. Doveton Connect partnerships and funding streams

5.1. Doveton Connect Project partners

5.1.1. Good Beginnings Australia

Good Beginnings Australia (GBA) develops and expands a range of selected early childhood programs and national tools and resources for parents, professionals and communities to support young families and children.

The Doveton Connect Project Coordinator, Early Childhood Development Worker and two Family Support Workers are employed by GBA, funded through the Invest to Grow stream provided by the Australian Government Department of Family, Community Services and Indigenous Affairs. GBA employs these workers to run the structured playgroup session '*Play and Learn*' and coordinate the other activities of the Doveton Connect Project.

5.1.2. Doveton North Primary School

The Doveton North Family Resource Centre is located on the site of the Doveton North Primary School. The school has been an integral part of the partnership since its inception through providing a venue for services to run, as well as being involved in referring families with preschool aged children to the program, participating in family events and outings, and assisting in submissions for ongoing funding. The school has also provided funding for establishment of the Resource Centre. They play a vital role in nurturing the link between the early years and school.

5.1.3. Casey Cardinia Community Health Service

Professionals from the Community Health Service (speech and language therapy, occupational therapy, psychology, social work, physiotherapy and dietetics) attend all programs of the Doveton Connect project to provide: informal therapy to children; early identification of risk factors and subsequent prompt intervention; and enhance parenting skills. The health service has been involved in the Project from the beginning, in recognition of the interplay of health and education priorities in early childhood development.

5.1.4. Best Start

The City of Casey Best Start Partnership was established in March 2003, with the specific goal to 'strengthen the self-sustaining community capacities, which assist children from 0-8 years to achieve health, education and social development outcomes' according to state and federal government priorities (Action Plan 2003 p.7) (refer to www.casey.vic.gov.au for a comprehensive list of the partners). The role of the partnership is to collectively plan, implement and monitor the City of Casey Best Start Project.

While the project sought to address the health, development, learning and well-being needs of all children, parents and families in Casey, the needs of particular vulnerable groups were acknowledged, including CALD families, Indigenous families, children from hard-to-reach families, and children with additional needs. Further, specific local areas within the municipality were identified as areas in which to focus Best Start activities. Doveton was identified as one such community requiring input based on childhood risk factors (Centre for Community Child Health 2007).

Best Start has supported the Doveton Connect Project in the establishment of the DNFRC, the Service Providers Forum, the Let's Read program, and various other activities and events coordinated by the Project.

5.2. Other key partners

5.2.1. Maternal and Child Health nurse

The City of Casey Maternal and Child Health (MCH) Service delivers two half day open sessions from the DNFRC. The location of this service at the Centre has been of great benefit to families in the north of the suburb, particularly following the closure of Agonis St MCH Centre. Families indicated that being able to 'drop in' and not have to make an appointment was an important factor in their ability to access the MCH Service. According to the Best Start Local Evaluation (Centre for Community Child Health 2007), the rate of children and parents attending the 3.5 ages and stages visit is steadily improving. With the continued development of the programs at the DNFRC, it is envisaged that the numbers attending the MCH Service will increase. By being able to wait in a family friendly environment, families are linking with each other and finding out new information about other services available, including those coordinated from the DNFRC. The Family Support Workers are available at these open sessions to talk to families and provide additional information.

5.2.2. The Smith Family

The Smith Family is an active partner in the community development activities of the Doveton Connect Project. The Smith Family has allocated and managed thirty 'Learning for Life' Scholarships for students at Doveton North Primary School (The Smith Family, 2007)². Doveton Connect is working with the Smith Family to roll-out the 'Each One, Teach One' initiative in the community³. The Smith Family has also provided funding for the Let's Read literacy program and they provide annual Christmas presents for the families of Doveton.

5.2.3. Engaging CALD families and the Aboriginal community

The Doveton Connect Project has been largely successful in engaging with families from a range of cultural backgrounds. A Sudanese links worker employed with the Casey-Cardinia Community Health Service is assisting Doveton Connect to engage isolated Sudanese women in their programs.

To address the needs of local Indigenous families, the partnership has sought funding to employ an Indigenous resident of Doveton to undertake a needs assessment of local Aboriginal families through consultation and a participatory approach. This worker will promote attendance at existing services and ascertain the needs of the Aboriginal community.

² Learning for Life is a program auspiced by the Smith Family. Learning for Life Workers work closely with students and families and link them to the support programs offered by the Smith Family and other local community agencies or groups.

³ Each One Teach One aims to eliminate the social isolation experienced by non-English speaking clients by linking them with trained volunteer tutors who teach them 'survival English'.

The Doveton Connect team are now attending Dandenong-Casey Aboriginal Best Start meetings and have had meetings with City of Casey staff who have experience engaging with the Aboriginal community.

5.2.4. Neighbourhood Renewal program

The Doveton Connect Project makes up Action Group 5 of the Doveton and Eummemering Neighbourhood Renewal (DENR)⁴ program: Early Years – investing in Doveton and Eummemering's future (City of Casey/DHS 2005). The DENR program supports the Doveton Connect Project joint initiatives and through attendance at steering group meetings and forums. There is perhaps scope for increased collaboration in strategic infrastructure planning for the future that involves harnessing the support of state and federal government.

5.2.5. Steering group meetings

The Doveton Connect Project holds monthly meetings (*Good Beginnings* Australia, Casey-Cardinia Community Health Service, Best Start, Doveton North Primary School), with representation from Neighbourhood Renewal, The Smith Family, and South East Family Services.

5.2.6. Service Providers Forum

A Service Providers Forum is held twice yearly at the DNFRFC. Project partners meet with all service providers and the project coordinator secures a guest speaker (e.g. June 2007 Forum topic was 'Working with Families from Intergenerational Poverty', a presentation by The Brotherhood of St. Laurence).

5.2.7. Kindergartens

Doveton Connect works closely with the two kindergartens in the suburb. They provide ongoing education for kindergarten staff on topics such as nutrition, oral hygiene, and anti-violence, and Community Health Service staff are available to assess children prior to entering school to identify potential problems or risks early.

5.2.8. Attendance at childcare sessions

The Doveton Connect team has begun extending its support to families who do not usually attend their groups and events, by attending a local childcare group weekly to provide support to developmentally delayed children and to give early literacy enrichment activities and resources to the childcare centre. This initiative has developed in response to the needs of and at the request of the childcare centre. It aims to enhance the skills of the childcare workers and ensure a quality service is being provided.

5.3. Funding streams

5.3.1. Stronger Families and Communities Strategy

The Invest to Grow funding stream employs the Early Childhood Development Worker to run the Play and Learn playgroup sessions. In June 2005, Doveton Connect received funding of \$201,801 over 35 months under the Australian Government's Stronger Families

⁴ Neighbourhood Renewal is an initiative of the Victorian State Government. It focuses on disadvantaged communities in Victoria and aims to 'bridge the gap' between these neighbourhoods and their surrounding communities.

and Communities Strategy Local Answers stream (2004b). The Local Answers funding employs the Project Coordinator and the Family Support Worker.

5.3.2. Other

The Doveton Connect Project was established through the funding of a philanthropic foundation in 2003 – Give2Asia. These initial funds allowed the early success of the projects activities.

The City of Casey Best Start scheme has contributed funds to the costs of the Doveton Connect Coordinator.

A number of smaller grants have been sought from philanthropic societies to fund the newsletter, the running of the community room, and the family outings and events. Local fundraising events have contributed to the maintenance of the Let's Read program.

6. Recommendations for evaluation approach

It is suggested that the objectives and specific activities and programs coordinated by the Doveton Connect Project and its local partners be framed in terms of an outcomes-based approach. Such an approach links local priorities with those of Victoria's *Plan to Improve Outcomes in Early Childhood* under the COAG *National Reform Agenda*.

6.1. Outcomes-based approach

Outcomes-based approaches 'start with the end in mind'; that is, they begin by identifying the outcomes to be achieved and work backwards in establishing strategies and activities to achieve these goals, and indicators by which to measure these outcomes (Friedman 2005; Moore 2004, 2006). These terms can be defined as:

- **Outcomes** An outcome is what the initiative is ultimately wishing to achieve. It is a global statement that answers the question 'What is it that we want for children and their families in our community?'
- **Objectives** are the specific targets that need to be met in order for an outcome to be achieved; that is, what do we want to achieve?
- **Suggested Strategies** are long-term plans of action designed to achieve particular objectives; that is, what will be done?
- **Suggested Indicators** are statistical markers or measures that answer how we know we are making progress.

6.2. Using the outcomes-based approach in the Doveton Connect Project

With reference to the outcomes in the *National Reform Agenda*, the Doveton Connect Project is concerned with the outcome '*to significantly improve the proportion of children acquiring the basic skills for life and learning*'.

Seven outcomes specific to the Doveton Connect Project that link to the National Reform Agenda outcome have been identified through this review process. The suggested outcomes have been developed according to the existing priorities and service delivery plans and the evidence-based research discussed. These outcomes come under five headings or themes - families, communities, services, schools and children – which ensure a holistic and integrated approach to early childhood service delivery. These were developed in the workshop with the Doveton Connect partnership, facilitated by the CCCH. The suggested outcomes under each of the themes are:

1. Families:

- a. Families are able to meet the social, emotional and learning needs of all family members; and
- b. families are able to meet the health care needs of all family members.

2. Communities:

- a. The community is connected and able to meet the diverse needs of families; and
- b. community members are connected to their local services and facilities.

3. Services:

- a. Child and family services actively support families and children in an integrated fashion.

4. Schools:

- a. Schools are ready for children and families.

5. Children:

- a. Children arrive at school ready and able to benefit from the learning and social opportunities that schools provide

For each outcome, objectives and strategies have been suggested. These are presented in tables 6.1 to 6.5.

The strategies outlined reflect the evidence and consultation undertaken as part of the review. The local partnership group is best placed to decide upon how existing and potential local activities are integrated under the suggested strategies.

In any development of a plan to expand the range of services that Doveton Connect provide or in the development of a proposal for the expansion of the Doveton North Family Resource Centre the issues that need to be explored are:

What actual services will be provided? How will this be decided?

The decisions as to what activities to deliver will be based on several considerations:

- What is known to be the most effective way of implementing the strategies that have been identified?
- What is possible with current resources?
- What the local community wants and needs?

What do we know about the most effective ways of achieving the outcomes/objectives and implementing the strategies?

The research and best practice literature need to be consulted in order to identify what are the most effective activities and how they need to be delivered in order to be most effective.

Who is best placed to deliver the services / activities identified

This should be an open question. It may be that some of the activities and services to be provided would be most efficiently provided by someone or some service other than those usually responsible.

What activities are already being provided and how well do they match these strategies

Many of those activities will match those identified, but some may not. There will also be gaps.

Table 6-1 OUTCOME FOCUS: FAMILIES

OUTCOME 1	Our families are able to meet the social, emotional and learning needs of all family members
OBJECTIVES	<ul style="list-style-type: none"> To increase the number of families engaged with quality early years services and schools To increase the capacity of parents to understand and meet their children's developmental and social needs To increase the confidence and skills of parents to manage their children's behaviour in positive ways
POSSIBLE STRATEGIES	<ul style="list-style-type: none"> Promote the participation of families in early years services Provide family support programs and activities to improve understanding of children's cognitive, social and behavioural development Create an environment that allows families safe and ready access to the services and resources they need
POSSIBLE ACTIVITIES	<ul style="list-style-type: none"> <i>(providing free and easily accessible information sessions relating to parenting, providing informal parenting support, use of the Family Support Worker to provide support to vulnerable families, promotion activities)</i>
POSSIBLE INDICATORS	<ul style="list-style-type: none"> Number of families engaged in DNFRC groups and activities Percentage of parents who report increased confidence in managing their children's behaviour Percentage of parents who report they can readily access the services and resources they need
OUTCOME 2	Our families are able to meet the health care needs of all family members
OBJECTIVES	<ul style="list-style-type: none"> To increase the capacity of families to meet their children's basic needs for healthy food, clothing and shelter To increase the capacity of families to adopt appropriate healthcare seeking behaviours
POSSIBLE STRATEGIES	<ul style="list-style-type: none"> Provide family support programs and activities to facilitate understanding of family and children's health needs Build on existing partnerships with the child and family service system to respond promptly to the emerging and established health needs of young children and their families Promote an integrated, accessible and inclusive system for the delivery of child health, care and education services
POSSIBLE ACTIVITIES	<ul style="list-style-type: none"> <i>(paediatric GP on site, improved links with women's health practitioners, improved referral system with MCH nurse, programs promoting good nutrition and physical activity to families, dental van visits, links with community health nurse)</i>
POSSIBLE INDICATORS	<ul style="list-style-type: none"> Percentage of parents using Maternal and Child Health services at each age cohort Proportion of children whose Body Mass Index meets an international definition of obesity Percentage of children attending dental hygiene clinics

Table 6-2 OUTCOME FOCUS: COMMUNITIES

OUTCOME 3	Our community is connected and able to meet the diverse needs of families
OBJECTIVES	<ul style="list-style-type: none"> To increase the capacity of communities to identify and respond to the diverse needs of families To increase the participation of community members in community activities
POSSIBLE STRATEGIES	<ul style="list-style-type: none"> Promote and facilitate connections between families Provide support to families to build community leadership and initiative Build partnerships with local communities to help them identify and respond to the needs of community members
POSSIBLE ACTIVITIES	<ul style="list-style-type: none"> <i>(provide opportunities for new parent groups to meet on a regular basis e.g. Sudanese women, men's lunch group at Salvation Army, Aboriginal worker actively connects with aboriginal population in Doveton)</i>
POSSIBLE INDICATORS	<ul style="list-style-type: none"> Percentage of families who report they can get help from friends, neighbours or other families when needed Number of families who attend excursions and family events Number of families involved in playgroups at the DNFRFC Number of parent groups in operation for vulnerable families
OUTCOME 4	Our community members are connected to their local services and facilities
OBJECTIVES	<ul style="list-style-type: none"> To increase the extent to which services are child and family friendly To increase the capacity of services and facilities to identify and respond to the diverse needs of families
POSSIBLE STRATEGIES	<ul style="list-style-type: none"> Create an environment that allows families safe and ready access to the services, facilities and resources they need Promote and facilitate connections for families to the services, facilities and resources they need Develop a common set of strategies amongst partner organisations to engage and support vulnerable families Engage families in the planning, development and delivery of family and community support services Build on existing partnerships with local businesses, government agencies, and community organisations to welcome all families and children
POSSIBLE ACTIVITIES	<ul style="list-style-type: none"> <i>(publicity and awareness campaigns of the services at DNFRFC and the child and family service system – links with local journalists, work with partner organisations to develop a Doveton-wide resource platform, create purpose-built building with the environment to actively engage families)</i>
POSSIBLE INDICATORS	<ul style="list-style-type: none"> The extent to which parents of young children feel that they can access services when needed The extent to which families report they have a say in the planning and development of community services and facilities in Doveton

Table 6-3 OUTCOME FOCUS: SERVICES

OUTCOME 5	Our child and family services actively support families and children in an integrated fashion
OBJECTIVES	<ul style="list-style-type: none"> • To increase the capacity of child and family services to identify and respond to the emerging needs of families • To increase accessibility to integrated early childhood and health services for families
POSSIBLE STRATEGIES	<ul style="list-style-type: none"> • Strengthen existing partnerships that support the DNFRFC • Enhance networks with other early childhood services and health services to develop coordinated strategies in response to local need • Promote partnerships with local government agencies • Create safe, accessible and family friendly urban environments • Promote an understanding among all service providers of the needs of families with additional disadvantage and how to provide coordinated services that are welcoming and inclusive of all families
POSSIBLE ACTIVITIES	<ul style="list-style-type: none"> • <i>(purpose built building with space, kitchen and playground for the community to access, work with partner organisations to develop biannual networking forums for all early childhood and health services, improve relationship with local government – Neighbourhood Renewal to enhance family-friendly playgrounds and facilities</i>
POSSIBLE INDICATORS	<ul style="list-style-type: none"> • Number of networking events held annually • Number of service providers attending networking events • Number of parents who report that the early childhood services are responsive to their families needs

Table 6-4 OUTCOME FOCUS: SCHOOLS

OUTCOME 6	Our school is ready for children and families
OBJECTIVES	<ul style="list-style-type: none"> • To increase the connections that the school has with all early years services across the suburb • To increase the understanding of children and their parents about the move to school • To increase the number of parents who report that they feel welcome and comfortable in their child's school • To increase the number of parents involved in their child's school, including 'hard-to-reach' families
POSSIBLE STRATEGIES	<ul style="list-style-type: none"> • An active dialogue exists between the school and early years services to facilitate the transition process • School staff build links with other specialist support services • The school builds on the process of information sharing with families and services in order to be ready to address the needs of incoming children • The school acts as a hub for provision of a range of services and community activities for families • The school implements activities to address current barriers to families accessing schools before school entry • Create opportunities for new groups to form in response to expanding local need • The school welcomes and promotes family involvement in school activities
POSSIBLE ACTIVITIES	<ul style="list-style-type: none"> • <i>(school as a hub with a purpose built building on site, use of school facilities for playgroups, as a partner in the DNFRFC, outreach activities to engage families)</i>
POSSIBLE INDICATORS	<ul style="list-style-type: none"> • Percentage of parents who report that schools are responsive to their child's needs • Percentage of parents who report that they feel welcome and comfortable in their child's school • Percentage of parents attending school activities

Table 6-5 OUTCOME FOCUS: CHILDREN

OUTCOME 7	Our children arrive at school ready and able to benefit from the learning and social opportunities that schools provide
OBJECTIVES	<ul style="list-style-type: none"> • To increase the number of children with age-appropriate language and literacy skills at school entry • To increase the number of children with well-developed social and emotional skills at school entry • To increase the number of children who engage with quality early years services at each developmental stage
STRATEGIES	<ul style="list-style-type: none"> • Provide a range of inclusive community activities that offer children age-appropriate social and learning opportunities from birth to 8 years • Advocate for, and support the provision of high quality early childhood programs in the area • Provide a range of parenting support programs and activities that are inclusive of vulnerable families • Create urban environments that promote physical activity and access to child-friendly facilities
POSSIBLE ACTIVITIES	<ul style="list-style-type: none"> • <i>(Let's Read program, promotional activities to engage vulnerable families, different playgroup sessions, parenting support programs, Each one Teach one Initiative – The Smith Family)</i>
POSSIBLE INDICATORS	<ul style="list-style-type: none"> • Percentage of children entering school demonstrating appropriate progress in different areas (physical, cognitive, language, social and emotional development) • Percentage of 3 and 4 year olds enrolled in early childcare and education programs • Number of families engaged with playgroup sessions and family events • Percentage of children aged 6 months to 5 years who are read to by their parents or caregivers at home

7. Discussion

7.1. Existing evidence

The existing evaluation approach of the Doveton Connect Project involves a combination of reflection on services offered and feedback obtained by staff and partners, and some quantitative data collection in the form of participant numbers and attendance statistics. Annex 7 and 8 describe a case study and anecdotal evidence collected by the Doveton Connect partnership, outlining some of the achievements to date and the positive contribution the services and DNFRFC are providing to the Doveton and Eumemmerring community.

7.2. Opportunities and future recommendations

A number of opportunities have been identified through this review can be considered in light of the existing evidence of what works in achieving quality services for children and families.

It has been recommended that the Doveton Connect project adopt the outcomes-based approach to provide a comprehensive framework, which is consistent with national and state government priorities, for measuring the extent to which the activities and strategies are achieving the desired outcomes.

Inherent in adopting such an approach is ensuring that early childhood and parenting services are responsive to local needs. The full participation of all stakeholders, both those responsible of the implementation of services and the beneficiaries of those services, is intrinsic to assessing these local needs and ensuring projects are sustainable. One way of building social capital and promoting community connectedness is through strengthening the participation of marginalised and vulnerable groups in local decision-making processes, thereby facilitating empowerment, responsibility and accountability amongst all groups in society. Such approaches may include increasing the level of consultation with families, external service providers and other community groups (for example, through focus group discussions, satisfaction surveys). Involving consultation of children in service programming is vital.

The ideas of the Doveton Connect project are based on community suggestions and reported needs. This is integral to the work of the project. Feedback is also obtained through peer members, such as the Sudanese link worker. There is scope for improving the level of community involvement and expanding on the review processes in place. The outcomes-based approach will provide the platform on which to build on a systematic, continuous and dynamic process of evaluation and monitoring.

The compilation of a DVD is a key action of the Doveton Connect Project currently. This DVD will create the platform on which to improve communications and liaison with the media regarding local activities and achievements. It is recommended that the DVD be used to recognise achievements amongst the community itself, as well as for external use as an advocacy tool. This may assist in building on community strengths and highlighting existing community connectedness.

The Doveton Connect Project works to ensure the programs offered are well-integrated with other agencies and services, so that they are easier to access for vulnerable families and those with more complex needs. Service providers in Doveton and Eumemmerring meet twice yearly for continued professional development seminars. There is an

opportunity to expand on this network and develop these occasions for sharing information and best-practice ideas, and work to improve gaps and stressors in service provision. There may be the potential for local joint funding applications. This will ensure that agencies are not working in 'silos' and that there is not duplication of programs or inefficient use of limited resources. A suggestion has been to develop an early years service directory which is easy for all community groups to navigate.

Recent work to engage isolated communities such as Sudanese, Afghani and Indigenous groups should be commended. There may be opportunity here for establishing new models of working which reach other isolated community groups. Such models must be celebrated and the information disseminated amongst all stakeholders.

Current literature strongly points to the importance of understanding the cultural and social determinants of health and early childhood development in delivering effective health and education systems. Doveton Connect works to combine health and education priorities for families. Areas of improvement have been highlighted as the need to provide oral health promotion (for example, distributing toothbrushes, nutritional messages), and to employ the services of a community paediatric fellow.

The idea of a community hub of services in addressing these social and health needs has been well documented. The Family Resource Centre strives to operate in this manner. With growing referral rates and increasing awareness of the services offered, it is recognised that the DNFRC needs to increase its responsiveness to the demand by relocating to a larger, purpose-built building. This may include: private consultation rooms from which the Family Support Worker, MCH Service and a paediatric fellow could operate; an outdoor play area for children; a larger space for community groups to meet; and an improved welcoming area for families to be able to informally spend time together.

There is thus much cause to celebrate the work being undertaken in Doveton and Eumemmerring in addressing the needs of children and families. This work is clearly concurrent with national strategies and in accordance with evidence-based practice. It is imperative that the work of the Doveton Connect Project and other stakeholders in the suburb continues to develop in a manner which ensures a dynamic and flexible response to local need, and that this can be achieved through the comprehensive involvement of the local community. A key strategy at present points towards the expansion of the DNFRC.

References

- Adelman H and Taylor L 2002. Building comprehensive, multifaceted and integrated approaches to address barriers to student learning. *Childhood Education* Vol.78
- Australian Bureau of Statistics 2001b. Census of Population and Housing – SEIFA 2001
- Australian Bureau of Statistics 2001a. Census 2001 Basic Community profile: Doveton (State Suburb)
- Australian Bureau of Statistics 2006. Census 2006 Quickstats: Doveton (State Suburb)
- Australian Government Stronger Families and Communities Strategy 2004a. *Early Childhood – Invest to Grow \$70 Million Over Four Years*, downloaded from www.facs.gov.au/sfcs
- Australian Government Stronger Families and Communities Strategy 2004b. *Local Answers and Volunteer Small Equipment Grants \$151 Million Over Five Years*, downloaded from www.facs.gov.au/sfcs
- Barlow J, Parsons J, Stewart-Brown S 2005. Systematic review of the effectiveness of group based parenting programmes for infants and toddlers. *Child Care Health and Development* Vol.321, pp.33-42
- Boethel, M. 2004. *Readiness: school, family and community connections -- Annual Synthesis 2004*. National Centre for Family and Community Connections with Schools, Austin, Texas
- Café Enfield uploaded 2007. www.enfieldps.sa.edu.au/cafeindex.asp
- Centre for Community Child Health/The Smith Family 2004. *Let's Read literature review*. Telstra Foundation, Melbourne
- Centre for Community Child Health 2005. *Good Beginnings Australia – Overall Evaluation Framework*. Royal Children's Hospital, Melbourne
- Centre for Community Child Health 2006. *Linking Schools and Early Years Services, Final Report*. Royal Children's Hospital, Melbourne
- Centre for Community Child Health 2007. *Best Start City of Casey Final Local Evaluation Report*. Royal Children's Hospital, Melbourne
- City of Casey 2003. *Best Start Action Plan*. City of Casey, Melbourne
- City of Casey Community Profile 2001. <http://www.id.com.au/casey/commprofile/Default.asp?bhcp=1>
uploaded September 2007
- City of Casey and Department of Human Services Southern Metro Region September 2005, *Doveton and Eumemmerring Community Plan 2005*. City of Casey, Melbourne
- Council of Australian Government 2007. *National Reform Agenda. Victoria's Plan to improve outcomes in early childhood: One of Victoria's proposals under the National Reform Agenda*, Victoria. Canberra
- Department of Families, Community Services and Indigenous Affairs 2007. *Draft National Agenda for Early Childhood*. Australian Government, Canberra May 2007.
- Dockett, S., Perry, B. 2001. Starting school: effective transitions. *Early Childhood Research and Practice*, Vol.3 pp.1-14
- Friedman, M. 2005. *Trying hard is not good enough: How to produce measurable improvements for customers and communities*. Victoria, British Columbia: Trafford Publishing.

- Good Beginnings Inner West Sydney Connect (12 August, 2004). Unpublished paper prepared by Play and Learn staff
- Halfon, N., Uyeda, K., Inkelas, M., & Rice, T. 2004. *Building bridges: a comprehensive system for healthy development and school readiness*, in N. Halfon, T. Rice and M. Inkelas (eds.), *Building State Early Childhood Comprehensive Systems Series, No. 1*. National Centre for Infant and Early Childhood Health Policy, Los Angeles
- Institute for the Study of Children, Families and Social Issues 2005. The National Evaluation of Sure Start. *Children & Society* Vol. 19, pp.158-171
- Maggi, Irwin, Siddiqui, Poureslami, Hertzman and Hertzman 2005. *Knowledge network for early childhood development. Analytic and strategic review paper: international perspectives on early childhood development*. Human Early Learning Partnership, University of British Columbia
- Marshall and Watt 1999. *Child's behaviour problems: a literature review of its size, nature and prevention intervention*. The Interagency Committee on Children's Futures, Perth
- Moore, T.G 2004. *Outcomes in early childhood intervention: The historical, policy and research context*. Paper given at the ECIA(VC) Consultative Forum on Developing Outcomes in Early Childhood Intervention, Melbourne, 14th May.
- Moore, T.G 2006. *Starting with the end in mind: Outcomes in early childhood intervention and how to achieve them*. Workshop delivered at 7th National Conference of Early Childhood Intervention Australia, Adelaide, 5th March
- OECD 2001. *The wellbeing of Nations: The Role of Human and Social Capital, Education and Skills*. OECD Centre for Educational Research and Innovation, Paris.
- Shonkoff, J.P., Phillips, D.A. (eds) 2000. *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington DC: National Academy Press
- The Smith Family 2007. Fact Sheet – Learning for Life Sponsorship.
http://www.thesmithfamily.com.au/documents/lfl_faq_wych0406_07624.pdf -
- Victorian Government Department of Human Services 2005. *Best Start in Action Project Guidelines - Improving the health, development, learning and well-being of children in Victoria*. Melbourne, Victoria
- Vinson T 1999. *Unequal in life*. Jesuit Social Services, Melbourne
- Vinson 2004. *Community adversity and resilience: the distribution of social disadvantage in Victoria and New South Wales and the mediating role of social cohesion*. Jesuit Social Services, Melbourne
- Vinson T 2007. *Dropping off the edge – the distribution of disadvantage in Australia*. Jesuit Social services /Catholic Social Services Australia, Australia

Annex 1: Play and Learn Playgroups

(Source: From Good Beginnings Inner West Sydney Connect (12 August, 2004). Unpublished paper prepared by Play and Learn staff)

Play & Learn is a program for parents and children from birth to school age. It operates as an enhanced play group for children, facilitated by professionals, with a major focus on providing parents with opportunities to form relationships with other participants, access parenting information and information on other services to support their child rearing, and interact with their children in a variety of appropriate play and learning experiences.

A Play & Learn program is community based, and offers a collection of supports for families with children under school age. These include:

A meeting place with an informal atmosphere where parents can get to know each other and form relationships.

A playgroup where children and their parents/carers are encouraged to participate in experiences together

Written and verbal information, advice and, if needed, referral relating to child rearing, parenting, child health and development issues, and other areas of family life and child rearing, including budgeting and nutrition.

During sessions parents participate in their child's play and also have the opportunity to get to know other participants in similar situations to theirs and form mutually supportive relationships. Staff make every effort to create a safe and supportive environment that encourages interactions and relationship building. In some sessions an invited professional visitor from another service or organisation in the community participates and provides information on an informal basis.

In the context of a focus on early intervention and prevention, Play & Learn operates on a strengths-based approach, assisting participants to build on their own strengths while breaking down distance or barriers between themselves and services which require them to identify and present with a "need".

Annex 2: Mother Goose Programs

(Source: www.earlyyears.wa.gov.au/upload/library/PCMG%20Trainingflyer.pdf, uploaded 2007)

The Parent-Child Mother Goose Program in Australia

"Magic is happening here.

Small unfolding miracles of mothers and babies looking into each other's eyes with delight, laughing, playing games that come dancing down to us through centuries of words, words polished on tongues and cradled in memory.

The whole idea of the Parent-Child Mother Goose Program is outrageously simple and astoundingly powerful. One morning a week, mothers and babies come together to learn and play nursery rhymes (action poems, stories and songs). You could take a brace of scientific laboratories, a wardful of white-coated specialists and a think tank of child care experts, stir them together and you wouldn't get anything half as potent as the life-enhancing transformations wrought by silly old Mother Goose."

Michele Landsberg, Toronto Star, Canada, February 1992.



A Parent-Child Mother Goose Program

Graphic design: Kady MacDonald Denton

The Parent-Child Mother Goose Program is a group experience for parents and their babies and pre-school children focusing on the pleasure and power of using rhymes, songs and stories together. The program is preventative in nature. The parents gain skills and confidence, which can enable them to create positive family patterns during their children's crucial early years and give their children healthy early learning experiences with language and communication.

Who is Mother Goose For?

The program benefits any parent (or carer) who feels unsure of her ability to communicate with and enjoy her child. It is particularly directed at parents who (or carers and workers who work with parents who)

- are living on a low income
- are socially isolated
- had an emotionally deprived childhood and lack positive role models for parenting
- are single parents
- have children with special needs and could benefit from early intervention
- would benefit from an understanding of their child's development, especially as it relates to early brain development
- are very young and unprepared for parenting
- are older and find parenthood draining
- speak English as a second language
- are educationally disadvantaged
- have little confidence in their ability to have a good relationship with their children, to improve their life situation for the better, or to learn.

What Happens at Mother Goose?

Each group of parents and children (birth to 2-2½ years or 2-4 years) meet with two teachers once a week for ten weeks at a time. The atmosphere is relaxed, with time for visiting and an hour for teaching.

The teaching is directed at the parents with the children joining in, playing or napping. Sitting in a circle on the floor, the parents learn rhymes and songs that lead naturally to holding, touching and bouncing the children. The teachers encourage the parents to

- use language with their children from infancy on
- touch their children appropriately: firmly but gently
- really look at their children: making eye contact and observing the child accurately
- notice what other children are doing.

Each session ends with a story told to the parents – giving them the same sort of pleasure in language and listening that they can give to their children with rhymes and songs. The stories, usually folk tales, often prompt discussion of important issues.

What are the benefits?

Parents

- gain confidence as learners and parents
- see that they can positively affect how their children behave and learn
- learn appropriate alternatives to strong physical control
- develop more realistic expectations of their children
- learn new ways of dealing with cranky, fussy times.

Children

- show a marked improvement in language and pre-literacy skills
- gain self-esteem
- develop social skills.

Parents and Children

- experience the spark of delight and magic that comes from enjoying a favorite rhyme, story or song together
- take away a repertoire of rhyme, songs and stories
- enjoy strengthened bonding
- develop a network of friends.

These skills, pleasures and insights are taken home and shared with older children and often with the other parent and with grandparents. The whole family benefits.

Annex 3: The 'Let's Read' Initiative

(Source: <http://www.letsread.com.au> uploaded 2007)

Let's Read is an initiative to promote reading with young children 0-5 years. Let's Read was developed by the Centre for Community Child Health, in partnership with The Smith Family. This initiative has been designed to support and empower parents/carers to read with their child, and develop the building blocks that are needed to make the transition to school as easy as possible.

It is important that all children, from a very early age, are read to every day. This activity needs to be seen as a vital part of a child's development. Reading with young children needs to be promoted to families and all members of the community as a fun and integral part of a child's daily routine.

There are very strong links between literacy, school performance, self-esteem, and life chances. Poor literacy skills are associated with generally lower education, earnings, health and social outcomes as well as being linked to high rates of unemployment, welfare dependence and teenage parenting.

Almost all children learn to talk without being formally taught to do so. On the other hand, the development of literacy skills such as reading and writing is markedly different from the development of language, although dependent on it. Literacy is thought to be "experience dependent" as it can be encouraged by particular experiences. Positive experiences to develop literacy may not be available to everyone.

The research evidence shows that those children who experience difficulties in learning to read are unlikely to catch up to their peers. Children who struggle with reading in their first years of schooling are more likely to dislike reading, read less, and thus fall further behind. Efforts to help children who have an established reading problem and negative attitudes to reading are not always successful. We need to focus on activities early in life that encourage positive attitudes to books and reading to lay the foundation for sound literacy at school. Although "learning to read" in a formal sense usually begins once a child commences school, the building blocks for success in literacy are laid much earlier in childhood.

'Let's Read' in Doveton

The Let's Read initiative in Doveton is implemented in a number of ways:

- Preschoolers receive a book/pack when they visit the MCH nurse at the DNFRFC.
- Books are provided at the development checks conducted by MCHN at 4 months, 12 months, and 3-4 years.
- The Centre holds regular birthday parties for children turning 1 year which is an opportunity to deliver the 12 month pack in a fun way.
- The Let's Read program has been an opportunity to engage community members e.g. story reading at Myuna Farm during Children's Week by local police, fire brigade, Crossing Ladies, supermarket employees.
- Let's Read books are delivered to families as part of an initiative of Prep teachers from Doveton North Primary School when they visit new Prep families at home early in the first year of school.

Annex 3 (continued)

Invitation

to a

Birthday Party for 1 year olds!
(Doveton residents only)



A special birthday present for each 1 yr old !

Food and drinks provided !

It's Free!

At: Doveton Nth Family Resource Centre,
(Cootamundra St entrance at the school)

On: Thursday June 28th 2007

Time: 2pm-3pm

RSVP: Jeanette phone: 9701 3456



Sponsored by: Doveton Baptist Benevolent Soc., S.E. Family Services, Neighbourhood Renewal, Southern Health

Annex 4: summary of the risk factors and protective factors in early childhood development

(Sources: Centre for Community Child Health, 2000; National Crime Prevention, 1999; Cohen et al., 1999; Zubrick et al., 2000; Shonkoff and Meisels, 2000. As cited in Consultation Paper: Towards the development of a National Agenda for Early Childhood, Department of Family and Community Services, Canberra, 2003, pp15-16)

Risk factors – antenatal period to approximately five years

Child characteristics	Parents and their parenting style	Family factors and life events	Community factors
Low birth weight Prematurity Prenatal exposure to toxins or infections Poor maternal nutrition Prone sleeping position Birth injury Exposure to stress Disability Low intelligence Chronic illness Delayed development Difficult temperament Poor attachment Poor social skills Poor problem solving Disruptive behaviour Hazardous environment Unsupervised play Impulsivity Poor self esteem Alienation	Single parent Young maternal age Postnatal depression or other mental illness Drug and alcohol misuse Parental tobacco smoking Harsh or inconsistent discipline Lack of stimulation of child Lack of sensitivity, warmth and affection Criminality Separation from or rejection of child Abuse or neglect Poor supervision/ involvement Lack of parenting knowledge	Poverty Family instability, stress, conflict or violence Marital disharmony Divorce Disorganised Large family size/rapid successive pregnancies Absence of father Very low level of parental education Social isolation Long term unemployment War/natural disasters Death of family member Family history of ADHD Frequent relocations	Socioeconomic disadvantage Housing and urban conditions—unhealthy cities Neighbourhood violence and crime Lack of support services Social or cultural discrimination Community behaviour norms

Protective factors – antenatal period to approximately five years

Prenatal and child characteristics	Parents and parenting style	Family factors and life events	Community factors
Good antenatal care and maternal nutrition Breastfeeding established early Full immunisation Social skills Secure attachment Easy temperament, active, alert and affectionate At least average intelligence Attachment to family Independence, self-help Good problem solving skills Ambition Positive self-concept Self efficacy	Good maternal health and wellbeing Healthy lifestyle Reasonable awareness and use of health and community services Competent stable care Positive attention from both parents Supportive relationship with other adults Positive communication between parent and child Father's involvement in parenting Mother's education and competence	Family harmony and stability Consistency of primary carers Nurturing environment Positive relationships with extended family Small family size Spacing of siblings > 2 years	Supportive social relationships and networks Participation in community activities Family-friendly work environments and culture Cultural identity and pride

Annex 5: SEIFA Suburb Rankings for the City of Casey

(Source: Australian Bureau of Statistics Census of Population and Housing – SEIFA 2001)

Suburb	2001
CITY OF CASEY	994
Berwick (North)	1,071
Berwick (South)	1,049
Casey Coast	994
Casey Farm	1,040
Casey Farm East	1,019
Casey Foothills	1,086
Cranbourne	930
Cranbourne North	979
Cranbourne West	944
Doveton and Eumemmerring	834
Endeavour Hills	999
Hallam	960
Hampton Park	955
Narre Warren	1,001

Annex 6: selected characteristics for Doveton and Eumemmerring

Source: ABS Census 2006, except # ABS Census 2001b; Δ City of Casey Community Profile 2001; ** SEIFA index of relative disadvantage draws on personal and household characteristics (from the ABS Census 2001) to rank household socio-economic status

Selected characteristics	Total numbers	% of total persons in region	% of total persons in Australia
Total persons	7,657	-	-
Males	3,857	50.4%	49.4%
Females	3,800	49.6%	50.6%
Indigenous persons	108	1.4%	2.3%
Age			
0-4 years	482	6.3%	6.3%
5-14 years	1,089	14.2%	13.5%
Australian citizenship	6,189	80.8%	86.1%
Persons born overseas	3,154	41.2%	22.2%
Six most common languages spoken in the home			
English only spoken in the home	4,352	56.8%	78.5%
Serbian	359	4.7%	0.3%
Vietnamese	199	2.6%	1.0%
Arabic	193	2.5%	1.2%
Spanish	129	1.7%	0.5%
French	120	1.6%	0.2%
Total families	2,025	-	-
Couple families with children	825	40.7%	45.3%
Couple families without children	573	28.3%	37.2%
One parent families	577	28.5%	15.8%
Total occupied private dwellings	2,946	-	-
Fully owned	851	28.9%	32.6%
Being purchased (includes under rent/buy scheme)	947	32.1%	32.2%
Rented	894	30.3%	27.2%
State or Territory housing authority dwelling rental	306	34.2%	14.9%
Labour force #			
Employed full-time	1,777	57.3%	59.8%
Employed part-time	759	24.5%	30.0%
Employed hours not stated	131	4.2%	2.8%
Unemployed	435	14.0%	7.4%
Not in the labour force	2,784	-	-
Qualifications (highest qualification attained, includes persons aged 15 years and older)Δ			
Bachelor or Higher degree	250	3.3%	-
Advanced Diploma or Diploma	270	3.5%	-
Vocational	1,075	14.1%	-
No qualifications	4,829	63.4%	-
Not stated	1,191	15.6%	-
SEIFA (Index of Disadvantage) for Doveton and Eumemmerring	834		
Ranking within the City of Casey	Highest disadvantage		

Annex 7: Case Study

This story highlights the benefits to the Doveton community, of agencies working collaboratively.

The Maternal & Child Health Nurse who works from the school-based Family Resource Centre had concerns about a Sudanese baby who had been diagnosed with Ricketts. She alerted the Community Health team leader who arranged for a paediatric physiotherapist to make regular home visits to the family, & provide appropriate interventions. She also suggested that the mother take her baby to the weekly Toddlers' Group which is facilitated by the Good Beginnings Family Support Worker and a physiotherapist and speech therapist who attend on a rotational basis.

Shortly after beginning these interventions, the mother came to the Family Resource Centre looking for the nurse - but she'd come on the wrong day. She was keen to show the coordinator that her baby could now 'walk' as she pushed a blocks trolley. The coordinator used this opportunity to deliver a picture storybook from the 'Let's Read' (Smith Family) program to this family. The book happened to be called 'I went Walking'. The coordinator began reading the story to the baby, but she quickly lost interest and wanted to go exploring. The mother (who has limited English), then picked up the book and began to slowly read the story. She asked for help with the vowel sounds, but read the entire book out loud.

A few days later the mother and baby returned when the nurse was present. The MCHN used the telephone interpreter service to facilitate the conversation, and discovered that the mother had tried to attend the Toddler Group twice, but couldn't find the venue.

The coordinator then contacted the Community Health team, and the physio who had got to know the mother, accompanied her to the group the next week. The mother has since attended with her daughter (who is now walking unassisted) every week.

Annex 8: Reflection journaling

Anecdotal evidence

Children and parents are participating more in sessions e.g. Mother Goose session – children now are requesting favourite songs and nursery rhymes and parents are reporting that children are asking for parents to sing/do actions to rhymes at home.

Parents are beginning to 'own' the Doveton North Family Resource Centre – now helping themselves to tea and coffee when they arrive, or storing their perishable food shopping in the fridge during a group session. On some occasions where a member of staff has been absent, a member of the longest-running group has taken responsibility for opening and locking the Centre, and returning the key to the school office.

Parents are now starting to meet socially outside the group sessions and are widening their social networks.

Agencies outside Doveton have begun ringing to enquire if they can refer families to the programs.

Parents are taking the initiative: e.g. one mother recently suggested that a project empowering women be actioned for the women of Doveton; another woman suggested a 'clothes swap' at the Family Resource Centre.

Parents are sharing information and ideas about their own cultural practices around parenting, celebrations and food.

Many parents who were not accessing health services are now doing so and comment on the difference it has made to them.

Both children and parents are experiencing social and cultural enrichment through the free excursions – parents have often missed such experiences in their own early childhood.

Parents are beginning to access more local services such as the swimming pool, the local library and the community farm.

Parents have a greater awareness of the local early years services and are promoting these amongst themselves.