Department of Education, Training and Employment

Evaluation of the Early Years Centre initiative

Summary Report

January 2013

Queensland Government

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1. Introduction

This report is a summary of the external evaluation of the Queensland Government funded Early Years Centre (EYC) initiative. The evaluation was undertaken by Urbis Pty Ltd from December 2010 to October 2012. This report presents the background context of the initiative, key findings from the evaluation relating to the establishment of key aspects of the model, and outcomes for children and families. It also highlights some of the strengths and future considerations for the EYC initiative.

1.1 The Early Years Centre initiative

1.1.1 Investment

The Queensland Government announced the EYC initiative in 2006, and committed $32 million over four years (2006–10) to establish four centres across the state, each with satellite services in neighbouring communities to extend the reach of services. Centres were established at Caboolture and the North Gold Coast in 2008, and at Browns Plains in 2009 and Cairns in 2011. The Queensland Government provides an average of approximately $2 million in operational funding per annum per EYC. This includes funding for the satellite services, and an allocation to deliver programs to increase access to, and participation in, kindergarten.

Also in 2006, the Queensland Government announced the *Best Start – Investing in the Early Years Initiative* to support young children and their families. As part of this, the *Expanded Parenting Program* was established, receiving $5 million over three years (2007–08 – 2009–10), and recurrent funding of $2 million from 2010–11. These funds were reappropriated to Queensland Health in May 2007 to deliver maternal and child health services, with a focus on parenting advice and support in relation to children aged 0–18 months, through and around the EYCs.

These funds are being used to employ additional child health nurses and other child health professionals as appropriate to deliver services at or through the EYCs. The specific staffing arrangements were negotiated at a Queensland Health district level in response to the needs of local communities.

1.1.2 Objectives of the EYC initiative

The research literature indicates that integrated early years services deliver greater benefits for children, families and communities. An analysis of recent Australian policy and government documents suggests, in the early childhood context, the term 'integration' is primarily used in two different ways. 'The first is where care and education is integrated; and the second where a range of child and family programs are made readily accessible and available to families.'[1]

A more comprehensive definition is used in the EYC initiative. The *EYC Operational Guidelines*, originally developed by the Department of Communities, use a definition of integration from the OECD — 'the coordination of holistic service provision, by service sectors/providers working together in partnership (e.g. child care, early childhood education, family support services, employment and health services)'.[2] This requires a multidisciplinary team approach for coordinated and holistic service provision — as such, integration goes beyond simple co-location.

The EYCs were established to provide a range of universal early childhood education and care, health and family support services to families who are expecting a child or have

[1] Press, Sumsion and Wong, 2011, p. 4.
[2] OECD 2001, as cited in South Australian Government 2005, p. 88.

children up to, and including, eight years of age. The centres are described as 'one-stop shops' to deliver or broker universal services and targeted services for vulnerable children and families, as well as referrals to specialist or intensive support services as required. Each centre is required to have two or more linked satellite services in neighbouring communities to extend its service coverage.

The objectives of the EYC initiative, as described in the *EYC Operational Guidelines*, are to:

- improve access to quality integrated early childhood education and care, family support and health services through a range of centre-based and outreach services, home visiting and site visits to other early childhood education and care services
- provide inclusive and integrated responses to children and families in order to strengthen children's health, wellbeing and safety
- support parents[3] in their nurturing role through the provision of parenting programs, activities and resources
- identify and minimise risk factors for children and families, and address problems before they escalate and become more difficult to resolve
- improve access to, and participation in, kindergarten services
- improve access to, and provision of, additional support and specialist services for children and families when needed
- form strong links and referral pathways between different child and family services and levels of service delivery within the EYC catchment areas
- engage Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) children and families in services
- improve support for families of children with disabilities
- operate as part of a comprehensive prevention and early intervention service system
- provide integrated early childhood services which reflect high quality professional practice.

It is an example of a 'cascading' service model, which provides a universal entry point and universal treatment, but also adjusts the intensity of intervention by targeting those who are at higher risk. 'By encompassing the entire population, the service itself is less likely to stigmatise. The entire population is also screened for risks. Resources are not inefficiently targeted at those who have much less need of the cascading service.'[4]

A model is problematic if it does not allow for change and evolution over time. The EYC model is dynamic; as evidence grows, needs change and skills develop.

1.1.3 EYC establishment

Site selection was informed by available facilities and needs-based assessment of socio-demographic characteristics, disadvantage, areas of growth and supports.

Open tender processes were undertaken for each location to choose a non-government organisation to operate each centre. Four EYCs were established with satellite services in surrounding communities:

[3] The term 'parent' is used in this report in a broad sense, and includes all types of carers, including foster and kinship carers.
[4] OECD 2009, p. 117.

- Caboolture, operated by The Gowrie (QLD) Inc., with satellite services in Deception Bay, Narangba and Woodford. The Gowrie also operates the Lady Gowrie Community Space in Morayfield, which it views as a fourth satellite, although it is funded separately as a Child and Family Support Hub
- North Gold Coast (at Nerang), operated by The Benevolent Society, with satellite services in Upper Coomera and Labrador
- Browns Plains, operated by The Benevolent Society, with satellite services in Acacia Ridge and Beaudesert
- Cairns (at Bentley Park), operated by The Benevolent Society, with satellite services in Edmonton and Gordonvale (being established during the time of the evaluation).

Service agreements for each EYC articulated proposed partnership arrangements, including specific strategies to develop and enhance relationships over time.

1.2 Purpose of this evaluation

The purpose of this evaluation was to generate knowledge and understanding about the efficacy of the EYC integrated service delivery model, with specific focus on the elements of innovation built into the model. In particular, the evaluation examines the mix of universal and targeted services, co-location and integration of services.

The evaluation sought to identify possible program and service improvements, contribute to the existing evidence base on prevention and early intervention services for children and families, and inform future government program and policy directions.

The evaluation assessed impacts and outcomes regarding:

- establishment of the intended EYC model
- integration and partnerships
- contribution to community capacity to provide quality and responsive services to children and families
- the governance and management systems required to deliver the EYC initiative
- key lessons and recommendations for improving future service delivery, policy and practice.

The evaluation also considered to what extent the EYCs were contributing to:

- improved outcomes for children
- improved parenting skills and strengthened families
- improved outcomes for vulnerable families
- a positive change in local communities
- any observable, unintended outcomes.

1.3 Core evaluation questions

The evaluation proposal included a number of core questions, which are presented in Appendix A. This summary report is structured around the key findings that have emerged from the evaluation rather than directly addressing the original key questions. This is due to the methodological challenges outlined in section 3, and also to present the evaluation findings in a manner that highlights the key aspects of the EYC model.

2. Evaluation governance

2.1 Evaluation Governance Group

The role of the Evaluation Governance Group was to:

- monitor and ensure quality assurance of the evaluation's design, implementation and reports
- ensure the evaluation processes are consistent with the Department of Education, Training and Employment's (DETE) *Evaluation Strategy 2010–2014: Strengthening our commitment to performance improvement*, and meet the requirements and timelines of the DETE Evaluation Steering Committee
- provide advice to the DETE Evaluation Steering Committee regarding project materials (project plan, evaluation logic and methodology, summative and formative evaluation reports) and progress of the evaluation project
- provide strategic advice and guidance to the evaluation consultant regarding development of project materials and conduct of the evaluation
- facilitate ethical approval of the evaluation by relevant ethics committees where required, and monitor the conduct of the evaluation for compliance with ethical standards
- identify and consider emergent issues impacting on the evaluation, and provide advice on any changes needed to the evaluation scope or timeframes.

2.2 Ethics approval

Ethics approval was undertaken according to DETE and Queensland Health ethics requirements. Urbis adheres to the Australasian Evaluation Society Code of Ethics and Guidelines for the Ethical Conduct of Evaluations. Urbis employs a rigorous internal quality assurance process and privacy policy to ensure it adheres to best practice principles regarding participant contributions and rights.

3. Evaluation methodology

3.1 Data collection

Data collection included episodic review of existing program data and documentation to profile centre activity over time. This included review of Periodic Performance Reports (PPRs) which each EYC submits to DETE quarterly, where they report the required performance measures as per service agreements, and reports from InfoXchange, which is the commercial database all four EYCs use to manage client and service information. The evaluation additionally reviewed data from internal research activities where provided by the EYCs.

Qualitative data was collected at two points in time involving interviews with staff from DETE, Queensland Health, The Gowrie (Qld) Inc., The Benevolent Society and EYC partner organisations. In addition, online staff surveys and telephone parent/carer surveys were also conducted.

The evaluation framework originally proposed a series of questions to be addressed through existing performance data and activity reporting. Detailed analysis of existing PPRs identified significant gaps in reporting, inconsistent data, differing interpretations of items

between reports and EYCs, and a lack of reported outcomes data. As a result, use of these figures in the evaluation findings was limited.

The evaluators proposed to survey up to 120 parents across the four centres on two occasions (Time 1 and Time 2). A dropout rate of up to one-third was assumed over time. As Cairns EYC was still relatively early in its establishment phase at the time of the first survey, the first round of research focused on families accessing the Caboolture, Browns Plains and North Gold Coast EYCs and satellites. Overall, 69 parents participated in the surveys, and due to the smaller sample size, data were aggregated across the EYCs and analysed as a set. It is important to note that the parent survey was not intended to provide a statistically significant or representative sample of all parents who access the EYCs. The aim was to undertake qualitative research with a cohort of parents based on their observations and experiences of the EYCs. The insights offered by parents clearly illustrate change and impact over time.

3.2 Approach to data analysis

Urbis' model for analysing qualitative data incorporates a modified grounded theory methodology, in which the subject at hand is defined, data is collected, and an iterative, interactive process of engagement begins between the research team and the data. A diagram of this approach is available in Appendix B.

3.3 Limitations to the methodology

There are a number of challenges in evaluating early childhood interventions. Few evaluations, either in Australia or overseas, can boast a rigorous quasi-experimental design. Impacts may be measured, but attribution and causation are difficult to establish conclusively, where the focus of intervention varies, levels of investment differ, outcomes are defined differently, and measurement may occur over relatively short and limited timeframes.

Valentine et al. (2007) noted the difficulties associated with evaluating collaborative early childhood programs, where important information on the complexities of implementing a collaborative program may be lost in a focus on outputs and outcomes. They argue 'the most respected evaluation methods may not be appropriate to initiatives that involve collaboration in the early stages of implementation.'[5]

In addition to these challenges, each EYC is at a different stage of establishment. By the final phase of the evaluation, most sites were well established, while Cairns EYC and several satellites were still developing. The evaluation recognises that adaptation and change are continuous, EYCs are developing, and the model itself is neither static nor fixed.

The evaluation was asked to consider a number of outcomes for children, families and communities. Some relate to medium to longer term outcomes that are difficult to demonstrate within an immediate to short-term implementation timeframe (e.g. positive changes in communities). It is anticipated that such outcomes take longer to develop and may emerge over time.

[5] Valentine, Katz & Griffiths 2007.

4. Policy and context

The EYC model is based on well documented early childhood development concepts. The critical role played by children's early experiences and environment in shaping their development is now widely accepted. While the family is traditionally considered the most important foundation for a child's development, recent research also focuses on the influence of the wider community — the institutions and services that play a role in supporting children's development and wellbeing.[6] Specifically, investment in the early years of a child's life to promote and support families results in significant social and cost benefits for the community.

4.1 Importance of early development

Internationally and in Australia, there is established interest in the 'early years'; that is, in the development of children from birth to school entry, and the impact of these years on the entire life course. There are two key factors fuelling this interest: firstly, the research in neurobiology that clarifies how influential the interaction between genetics and early experience is on brain development; and secondly, the rich evaluation literature that documents how early interventions have the capacity to boost lifelong cognitive, social and mental health outcomes. It is now understood that these two factors can also contribute significantly to a range of policy objectives: reconciling work and family responsibilities; maintaining and even increasing the labour force participation of women; helping migrants adapt and integrate into the economy and community; addressing demographic changes in the population (e.g. ageing); and reducing child poverty and educational disadvantage.[7]

The theoretical underpinning for much of the work on the early years is an ecological model of child development (shown in Figure 1 below), in which the child interacts reciprocally with the environment over the life course. Some influences are at the micro level (e.g. parents, early care and education) and some at the macro level (e.g. economic and political systems).

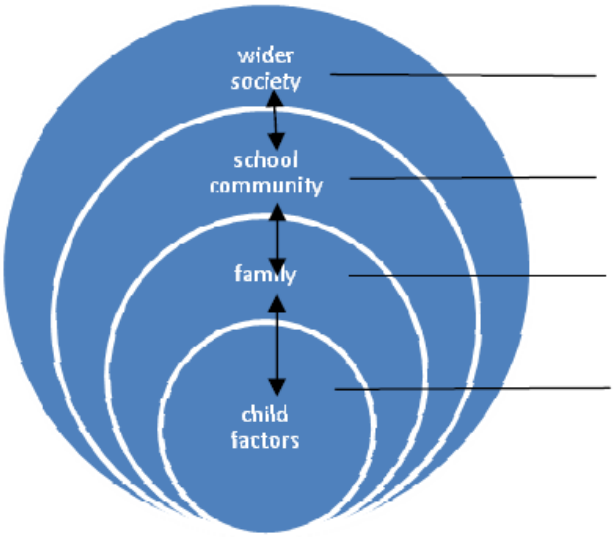
Family members have the most significant influence, other than child characteristics, early in life. Other factors also have an impact, such as peers, early education and care, and schools. Additionally, children interact with, and are influenced by, cultural values, and the economic climate and political environment in which they live.

Within this ecological framework, there are key factors that determine pathways through life to good and poor outcomes, and there are factors that influence changes in these pathways, especially at crucial transition points such as entry into child care or school settings, and changes in family composition.

[6] Edgar, D 2002.

[7] OECD 2006.

FIGURE 1 – ECOLOGICAL MODEL OF CHILD DEVELOPMENT[8]



Economic, social, political climate, global influences, cultural and religious values, popular culture

Community coherence, early education and care, schools, religious institutions, health and social services

Parents' education, parenting style, language use, family functioning, death/divorce/remarriage

Genetic inheritance, disability, temperament, attachment, self-esteem, locus of control

The Center on the Developing Child at Harvard University identified six core concepts emerging from early childhood research, confirmed by the accumulation of worldwide evidence:[9]

- Positive early child development produces capable children and adults:

  The early development of cognitive skills, emotional well-being, social competence and sound physical and mental health builds a strong foundation for success well into the adult years. All aspects of adult human capital, from work force skills to cooperative and lawful behaviour, build on capacities that are developed during childhood, beginning at birth.[10]

- The early years is an especially sensitive period for brain development:

  The process of brain building begins well before birth and continues through adulthood; however, there are especially sensitive periods and times of furious activity. A strong foundation in the early years increases the probability of positive outcomes across the life course, while a weak one increases the probability of poor outcomes.[11]

- Development is cumulative:

  Development starts with simple circuits and skills which provide the scaffolding for more advanced circuits and skills over time. The ability to adapt is maximal in early childhood and decreases with age, although there are 'windows of opportunity' for skill development and behavioural adaptation that remain open across the life course. Investing in positive foundations in the early years is less work and less expensive than investing in corrective action later in life.[12]

- The interaction of genes and experience shapes the developing brain:

  Children learn and develop through reciprocal exchanges with parents and caregivers and as they grow.[13]

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8 Bronfenbrenner, U 1998.

9 Center on the Developing Child at Harvard University 2007a.

10 Center on the Developing Child at Harvard University 2012.

11 Nelson, C 2000, in Shonkoff, J & Meisels, S (eds); Mustard, J 2000.

12 Center on the Developing Child at Harvard University 2012.

13 Gerhardt 2004; Richter 2004; Siegel 2001; Lancaster 2006.

- Stress affects development:

  Stress in early childhood can be growth-promoting or damaging. Toxic stress (as opposed to positive or tolerable stress) early in life is associated with disruptive effects on the development of the nervous system.[14]

- Risk and protective factors:

  The factors that put children and young people at risk of criminal behaviour are similar to those that put them at risk of other negative life outcomes; and the factors that protect children from offending protect them from poor outcomes stemming from adverse life events such as death of a family member or socioeconomic disadvantage.[15]

4.2 Economic benefits of early investment

The literature notes that evaluations of investment value and relative costs and benefits are limited by a reliance on projected (rather than actual) value and return on investment over significant periods of time. The literature acknowledges that many interventions are offered in the short term — medium to longer term outcomes and benefits (in education outcomes, employment, resilience and wellbeing) may not be apparent for several years, and services typically operate (and measure outcomes) to a shorter timeframe.

The research literature also suggests that investments in the early years (with an early intervention and prevention focus) are most cost-effective when linked with later investments (continuing to support resilience, learning and development over time). Later investment that aims to remediate early or continuing disadvantage may be both more costly and less effective.[16]

Investment in early childhood programs is essentially an investment in human and social capital, which is developed through formal education and training and social interactions.[17] Increased human capital contributes to improved workforce productivity and, hence, economic growth. It is widely recognised that investing in the cognitive and social development of young children — especially those who are disadvantaged — can produce high returns. However, these returns are long-term in nature. The economic benefits of early childhood programs are generally not realised until the children reach adolescence and adulthood, because these benefits derive largely from higher income levels in adulthood and reduced problem behaviour (or offending) during adolescence and adulthood (for a review, see Meadows 2010). While early childhood programs can sometimes produce short-term economic benefits, for example, through improved maternal and child health, and parental employment, these short-term benefits do not typically generate a positive benefits-to-costs ratio.

4.3 Effective service delivery

There is a significant body of research regarding the factors that make for effective childhood service provision. The Centre for Community Child Health[18]identified 10 key interpersonal features and 11 key structural features shared by effective early intervention and family support services.

[14] Center on the Developing Child at Harvard University 2012.
[15] ibid.
[16] Heckman 2008.
[17] Meadows, P 2010.
[18] Moore, T 2006.

TABLE 1 – EFFECTIVE EARLY INTERVENTION AND FAMILY SUPPORT SERVICES

Interpersonal features	Structural features
Effective services: ▪ are based upon the needs and priorities of families and communities — a bottom-up determination of outcomes ▪ adopt an individualised and responsive approach to particular family needs and circumstances ▪ start where families are at developmentally — taking account of differing personal resources, levels of education and confidence ▪ recognise that relationships are just as important for achieving success as program structure and curriculum ▪ seek to empower families and communities — to solve problems for themselves ▪ build on the existing strengths of families and communities ▪ seek to build partnerships with parents and communities ▪ are sensitive and responsive to family and community cultural, ethnic and socioeconomic diversity — in both the design and delivery of intervention and support services ▪ see families in the context of the community and the wider society, and seek to strengthen community links and utilise community resources to meet their needs — reducing dependence on scarce professional resources ▪ provide high-quality services.	Effective programs: ▪ are informed by an ecological approach that addresses the multiple influences on child and family functioning — interventions occur at multiple levels simultaneously. No one strategy produces sustained change on its own ▪ form part of a comprehensive integrated service system that can address the holistic needs of families, supported by a whole-of-government approach to planning and intervention ▪ have a clearly defined purpose and goals that are broadly agreed and understood by all stakeholders, including families and professionals ▪ are based on clear theoretical frameworks linking approaches to outcomes ▪ adopt evidence-based practices wherever possible ▪ focus on outcomes rather than services — selecting the form of service delivery best able to achieve these outcomes ▪ are structured and packaged so as to be transferable and translatable to other settings and populations — documentation should include the overall model or theory of change, the strategies used to achieve change, the processes used to evaluate change, and induction and training procedures ▪ include staff who are trained and supported to provide high quality, responsive services — including training in establishing effective working relationships with parents. The following are identified as critical: training in communication and counselling skills, family-centred practice, cross-cultural competence, interdisciplinary teamwork, inter-agency collaboration, inclusive practices and use of natural learning environments. [19]Several studies suggest that the better the relationship with clients, the better the outcomes[20] ▪ maintain positive organisational climates — organisational climate (including low conflict, cooperation, role clarity and personalisation) is a primary predictor of positive service outcomes (children's improved psychosocial functioning) and a significant predictor of service quality[21] ▪ encourage shared learning and reflective practice, with appropriate on-the-job support and supervision ▪ regularly evaluate and monitor their services to maintain quality and to guide improvement.

[19] Moore, T 2008, p. 29.
[20] Waldfogel, J 2004.
[21] Press, Sumsion, & Wong 2011, op cit.

5. Key findings

This section presents the key findings of the evaluation. Where relevant, the evidence gathered during the evaluation is presented along with the research literature. Examined first is evidence of how the various aspects of the EYC model have been implemented. Next, the report examines the evidence of outcomes the EYCs are delivering for children and parents.

5.1 Establishing the EYC model

As noted in section 1.1.2, the EYC initiative was guided by detailed planning and documentation, including operational guidelines which outline a clear model to guide EYC planning, design and delivery. The key aspects of this model can be summarised to include:

- integrated service provision through multidisciplinary teams and the development of service partnerships
- delivery of culturally relevant universal and targeted services
- incorporating Early Childhood Education and Care (ECEC) service and activities to increase access and participation in kindergarten programs
- delivery through a main centre, satellite centres, home visiting and outreach
- community development and capacity building activities.

By March 2012, most of these key aspects were in place; however, the level of sophistication varied across sites. In particular, Cairns EYC was still developing and progressing planning for satellite and outreach services.

TABLE 2 – OVERVIEW OF ESTABLISHMENT – MARCH 2012

EYC	UNIVERSAL & TARGETED SERVICES	MULTI-DISCIPLINARY TEAM	INTEGRATED SERVICE DELIVERY	CENTRE BASED	SATELLITES	OUTREACH	ECEC SERVICE^ ON SITE
Browns Plains	✓	✓	✓	✓	✓	✓	✓ (at satellites)
Caboolture	✓	✓	✓	✓	✓	✓	✓
NGC	✓	✓	✓	✓	✓	✓	x*
Cairns	✓	✓	✓	✓	Planning stage	Planning stage	✓

^ Refers to licensed or approved ECEC service such as a kindergarten or long day care.
* New facility in Upper Coomera, scheduled for completion in January 2013, will be co-located with a kindergarten service and state school.

The evaluation has identified the underlying research that supports each aspect of the original model and assessed their implementation across the EYCs.

5.1.1 Integrated service provision, partnerships and multidisciplinary teams

5.1.1.1. Integrated service provision

The literature highlights the importance of partnerships and networks to support integrated delivery, coordinated support and alignment. Keast and others have characterised this as a continuum of cooperation, coordination and collaboration. Services may move along the continuum, according to differing service delivery requirements, contexts and stages of implementation.[22]

TABLE 3 – INTEGRATION CONTINUUM

Low trust – unstable relations	Medium trust – based on prior relations	High trust – stable relations
Infrequent communication flows	Structured communication flows	Thick communication flows
Known information sharing	'Project' related and directed information sharing	Tactic information sharing
Adjusting actions	Joint projects, joint funding, joint policy	Systems change
Independent/autonomous goals	Semi-independent goals	Dense interdependent relations and goals
Power remains with organisation	Power remains with organisations	Shared power
Resources — remain own	Shared resources around project	Pooled, collective resources
Commitment and accountability to own agency	Commitment and accountability to own agency and project	Commitment and accountability to the network first
Relational time frame requirement — short-term	Relational time frame medium-term —often based on prior projects	Relational time frame requirement — long-term 3-5 years

[22] Keast, R, Brown, K and Mandell, M 2007, pp. 9–33.

All EYCs have demonstrated key characteristics along the continuum at different times. During establishment and initial implementation, each centre invested significant time and resources to establish new partnerships and networks for integrated and collaborative delivery. Each EYC reported the challenges of cooperation, all have demonstrated coordination, and some have achieved shared power and collaboration.

It should be noted that the continuum is not fixed — new and different arrangements may be required for different purposes, and shifts along the continuum may be entirely legitimate and valid.

A study by the UK Department for Children, Schools and Families[23] identified common features of effective integrated working:

- developed and sustained by very strong personal relationships between staff in co-located or locality teams
- commitment of staff to integrated working, most of whom had chosen to work in a multi-agency setting
- low dependence on IT to support integrated working, due to reliance on personal relationships
- high level of professional and personal support for staff; evidence of strong leadership and management as vital to successful integrated working
- integrated working principles embedded into strategic level documents and communicated to all staff
- adoption of common models, language and service delivery approaches within the team
- effective information sharing within team and with external services, based on obtaining consent from the family for information sharing at the start and through any interventions
- use and benefits of shared facilities in relationship building, awareness raising, training and improving service delivery
- putting the child and family at the centre of provision, in any individual interventions and in design and management of the service.

The literature also highlights the critical features for effective children's centres. Whalley identified four such features:

- shared philosophy, vision and values, and a principled approach to practice. It is extremely hard for parents if practice differs significantly within the centre
- multidisciplinary and multi-functional team with all or most disciplines represented, or at least a team with strong connections to other agencies
- shared leadership and management and a consistent way of working. A team of senior staff leading by working alongside newly trained staff is more likely than a single leader
- services coexist on one campus or are located within pram pushing distance. For the parents and the children, services need to be seamless.[24]

In its evaluation of Victorian Children's Centres, the Centre for Community Child Heath identified five guiding principles for the establishment and operation of integrated children's centres:

- governance and planning are informed and inclusive

[23] Department for Children, Schools and Families 2007.
[24] Whalley, M,2006.

- service philosophy and provision are driven by the needs of children and their families
- child, family and community participation is actively promoted and supported
- professional practice is based on respectful relationships
- children's centre practices and programs are evaluated and reviewed.[25]

Through the workforce survey conducted as part of this evaluation, EYC staff cited a range of examples during qualitative discussions where integrated service delivery enabled engagement, early identification, and access to appropriate supports when required. They identified the mix of skills and services as the feature that enhances the capacity of EYCs to respond beyond a single issue focus to complex and diverse needs when presented. This is consistent with the research and evaluation literature. Whalley and others identify integrated service delivery as a key principle to help deliver positive outcomes for children and families.[26]

The workforce survey asked EYC and Queensland Health staff to rate the current levels of team integration between the two organisations on two different occasions in relation to six dimensions. Overall, staff reported a relatively high degree of service integration at both Time 1 and Time 2 (see Table 4). Sharing information to support client outcomes was consistently rated more highly than other aspects of team integration. There were no significant changes in the perceived levels of team integration from Time 1 to Time 2.

TABLE 4 – PERCEIVED TEAM INTEGRATION

TEAM INTEGRATION ITEMS	TIME 1			TIME 2		
	*n**	*M***	*SD****	*n**	*M***	*SD****
(a) There is a high level of trust between team members	79	3.66	0.90	75	3.57	0.92
(b) A policy and procedure is in place to support the appropriate exchange of client information	78	3.72	0.90	75	3.75	0.87
(c) The physical space (of the main centre) promotes integrated support to families	79	3.84	0.98	75	3.96	1.02
(d) Team members share information appropriately and readily in support of client outcomes	79	4.11	0.91	75	3.97	0.87
(e) The whole team works together toward a commonly understood objective	79	3.91	0.94	75	3.87	0.92
(f) Communication flow is timely and helpful	79	3.54	0.93	75	3.47	1.00
TOTAL****	79	3.79	0.74	75	3.76	0.70

* Number of responses

** Each survey item is measured on a 5-point Likert Scale, with a higher mean (*M*) score indicating greater agreement with the statement (i.e. greater perceived integration).

*** Standard deviation (*SD*) refers to the variability of scores, with a lower score indicating lower variability or greater consistency in scores.

**** Based on the average score of all items.

The evaluation has found the results of the workforce survey and qualitative research with staff are consistent with the key principles for effective integration and partnerships identified in the literature. Integrated service delivery requires effective leadership, a clear authorising environment, positive culture, and cross-disciplinary systems and processes. It

[25] Centre for Community Child Health 2010, pp. 5–7.
[26] Whalley, M 2006.

also requires clearly articulated models for teamwork, ongoing commitment to training, and recognition that it is a continuous and shifting process. The EYCs have engaged in integration and partnerships across multiple service systems, including health, education, and broader family and child services. In doing so, they have demonstrated the challenges and value of significant collaborative partnerships.

5.1.1.2. Effective partnerships

EYC staff and managers report the following success factors for effective partnerships:

- valuing partnerships by investing time and resources to establish and maintain them
- senior leadership direction and modelling behaviour
- joint participation in recruitment, management and supervision processes
- valuing each other's roles and expertise
- shared values, goals, and expectations
- information sharing and clear communications
- problem-solving approach to address arising issues
- reciprocity, two-way relationships, mutual promotion
- participation in each other's meetings and activities
- structured contributions through routine case conferencing, shared planning and review.

Supportive and honest relationships with all partner organisations are critical, and they need to be clearly established and embedded among key players. A community partnership agreement is useful to articulate formal terms, roles and funding responsibilities between organisations, but staff report the key to effective partnerships is 'getting the relationships right'. This means investing time, commitment, energy and honesty, to have 'direct and supporting conversations' that challenge assumptions, share knowledge, and respect different perspectives. It requires a level of preparedness to educate others, work with their assumptions, and support them to develop a culturally sensitive framework for practice and delivery. It also requires a receptive and respectful response.

Building strong partnerships through cross-agency secondments

Browns Plains EYC and Ganyjuu Aboriginal and Torres Strait Islander Corporation for Family Support Services

This relationship has grown out of in-depth and early investment to build relationships, knowledge and trust. It was strengthened through a senior management secondment from Ganyjuu to The Benevolent Society at Browns Plains EYC to inform models of practice, and an ongoing role on the EYC Advisory Committee. This relationship is modelled horizontally and vertically, with high levels of trust, respect and knowledge-sharing reported by staff at different levels across both organisations. They share skills development and training opportunities. All these features have resulted in reciprocal power sharing, with each organisation adopting the lead in different service developments.

Cairns EYC and Wuchopperen Aboriginal Health Service

Similar to Browns Plains EYC and Ganyjuu, Wuchopperen representatives are members of the Cairns EYC Advisory Committee. This partnership has been strengthened and informed by permanent staff secondments from Wuchopperen to the EYC. The Cairns EYC plans to in turn permanently second Benevolent Society staff to the new Cairns children and family centre, led by Wuchopperen as part of the Indigenous Early Childhood Development National Partnership Agreement. To support the management of these secondments, a set of guidelines is in development to detail the nature of the partnership, service agreements, and arrangements for sharing staff, resources and supervision. Also in development is a code of conduct statement to promote shared expectations, team identity, and understanding of respective roles and contributions.

North Gold Coast EYC and Kalwun Development Corporation

North Gold Coast EYC has developed a similarly strong partnership with Kalwun Development Corporation, including specialist staff secondments between the two organisations, CEO participation in the EYC Advisory Committee, involvement in senior staff recruitment processes, and participation in a range of service and community cultural celebrations and events.

Partnerships and relationships are important in developing and supporting referral pathways. Parents reported a generalist pattern of referrals from the EYCs to other services, including child health, general practice, and optometrist, and dental care. In a small number of cases, parents were referred to specialist health services (e.g. hearing, paediatrician, and speech pathologist), child development therapy, counselling and family support, as well as kindergarten and day care services.

EYC staff reported moderate levels of satisfaction with referral pathways. There were higher levels of satisfaction regarding referral pathways with local kindergartens, childcare services and primary schools. Relatively lower levels of satisfaction were reported for referral pathways with disability services and services for people from CALD backgrounds.

Satisfaction appears to be highest with lower threshold services, and lowest with higher threshold services. The quality of pathways may also reflect the depth of relationships. It is interesting, therefore, that there are higher levels of concern regarding pathways to medical and allied health specialists. This may reflect the ongoing challenges reported across all staff regarding the development of integrated case management processes that leverage off the expertise of EYC and child health nurses.

The workforce survey found the following agencies were most commonly identified as priorities to develop stronger referral pathways with:

- CALD services
- Aboriginal and Torres Strait Islander Services
- Department of Communities, Child Safety and Disability support services
- housing and homelessness services
- schools.

It is interesting that medical specialists and allied health are not among this group, given the lower levels of satisfaction with their referral pathways. This may recognise the need to work more closely through child health nurses, rather than create separate pathways. It is also interesting that, given the higher levels of satisfaction with referral relationships involving schools, they are still identified as a priority to strengthen pathways.

5.1.1.3. Multidisciplinary programming

There have been a number of challenges and opportunities identified for multidisciplinary programming as the EYCs have developed. This is an area where the EYCs have undertaken a 'continuous improvement' approach. While different approaches are being used, the core elements include:

- clearly articulated process for planning at the overall program and the sessional/activity level
- developed tools for recording/noting the plan, resources, accountabilities
- shared leadership, achieved through rotating 'lead roles' for sessions (e.g. an early childhood educator does not always lead planning/organising of a playgroup)
- leadership by management, which includes modelling the inclusion of all disciplines.

Co-supervision

Senior leadership, agreed protocols, learning and development opportunities, and formal systems and processes are all critical factors that enable work beyond traditional silos and models of practice. The evaluation has found that models of supervision across the EYCs are still evolving, as service and practice requirements develop. Cross-disciplinary supervision mostly occurs at senior levels, with clinical discipline-specific supervision at direct delivery levels.

Supervision and management roles have recently been restructured at Caboolture EYC, with all clinical supervision delivered externally. This aims to ensure team management and support is focused on cross-disciplinary delivery, rather than clinical issues. Cairns EYC is moving towards cross-disciplinary supervision across all ECEC, family support and child health staff. Cairns EYC also manages mixed teams of family support workers and early childhood educators.

There is no evidence at this stage regarding the relative effectiveness of different approaches across the EYCs, while they are still evolving.

Multidisciplinary programming is limited by scheduling according to school terms. Queensland Health staff identified this as a key issue. There are concerns a focus on programs only during school terms does not align with their own approach for continuous service delivery, does not appear to reflect the needs of non-school aged children and parents, and raises concerns regarding a possible lack of support during holiday and seasonal periods, when families may wish to access programs.

Caboolture EYC has recently adopted a program schedule that runs outside and through school terms, to align with Queensland Health's practice. Other EYCs report the term-based programming offers an opportunity to schedule review and planning between programs. Other family support and home visiting continue outside of term times.

At Cairns EYC, where there has been investment in establishing a number of mechanisms to support multidisciplinary work, there is reported progress toward a 'new deeper understanding of what [they are] trying to achieve — of the underlying objectives of each activity'. The management mechanisms and practices are seen as critical to achieving and maintaining the integrated model. People 'retreating back into disciplines when challenged' is an ever-present risk.

> *It takes time to accept that you work differently here than in previous roles — it's a process of adaption.*

'Theme of the week' to promote multidisciplinary collaboration

Cairns EYC has invested significant effort in structures to 'hold collaboration.' This includes the introduction of a 'theme of the week', which is carried by staff across all meetings, activities, planning, delivery and engagement with parents. A tip sheet is developed to explore different aspects of a theme, offering a platform for staff to apply multidisciplinary expertise for a joint purpose, contribute to a tangible product, and observe all staff applying knowledge that may be outside their specific discipline, consistent with best practice.

5.1.1.4. Multidisciplinary delivery

Multidisciplinary delivery does not mean that everyone does the same thing — or each other's jobs. There are legitimate practice boundaries and specialisations that apply according to service and client needs. It does mean that colleagues work collaboratively towards a shared and agreed outcome.

Multidisciplinary delivery is most evident in scheduled group programs, where early childhood educators, child health nurses and family support workers plan, facilitate and deliver together. In this sense, multidisciplinary delivery was reported to have moved beyond co-located clinics, nominal attendance and parallel working in programs and activities, towards a more interdisciplinary approach, where different disciplinary perspectives are informing shared planning, programming and review. In some instances, EYC and Queensland Health staff note that when this works well, the work is easier, a more holistic focus is possible, service responses are offered earlier, and more appropriately, and support is better targeted.

Multidisciplinary delivery is reported as less evident in home visiting or one-to-one work, where traditional practice perspectives may revert and limit a more holistic view regarding other issues. Weekly multidisciplinary case meetings, using a 'team around the family' approach, is one strategy designed to ensure expertise within the EYC is used to its fullest extent before families are referred elsewhere. There are several challenges to integrated case management within the EYCs. This relates in part to competing expertise, concerns regarding privacy, boundaries and information sharing, and structural barriers such as incompatible IT and information systems.

An early childhood educator provided the following example of an integrated and timely response to a parent calling in distress, reflecting the flexibility, availability and pro-activeness of the model at its best.

> *A parent called the EYC and spoke to the family support worker on intake duty. The worker was concerned about the parent, and consulted with the manager. A taxi was sent to bring the parent and her new baby into the Centre, where the family support worker and manager assessed the parent's immediate needs. As a result of the assessment the parent was hospitalised for depression. Over time the*

parent was re-engaged with, brought back into the EYC through infant massage classes and a re-connection to the health service. Information was shared between staff to support the parent, who ultimately completed a parent group, connected with other parents and continued contact with the EYC.

Progress in multidisciplinary delivery at a satellite

At this site, where the child health nurse has operated for many years, an early childhood educator is rostered to be present during child health clinics. For this worker, it provided just the environment for collaborative work:

> *They're [child health nurses] great to work with — always happy, fun and I'm learning by hearing what they're saying to parents and how they word it. They say to me — 'We better see that parent again.' — so then I speak to the parent and hear what's happening — I can join [the family] into a group, I might take their name, then call them back to see what's happening about something they've mentioned.*

It is this structured time where staff observe, listen and learn that enables collaboration. In this example, it is the formal mechanism of being rostered on, being in the clinic, developing regard and insight into the nurses' practice that has brought about the collaboration for the early childhood educator.

These mechanisms are necessary at each level of the organisation to ensure a common culture of connectedness and respect permeates across sites and disciplines. This last year of positive change at the EYC was observed by several stakeholders, and expressed by one as a 'massive growth in relationships … it's the working together that makes the difference; with managers [EYC and Queensland Health] now on the same page about the organisations working together — it's now all about the needs of the parents. Having the all-staff meetings with staff from all sites — and being under one roof — we're getting there."

There are a number of barriers to integration still to be overcome. While surveys and consultations generally found the overall perception of integration was high, Time 2 surveys also found that integration was the second most commonly identified aspect of the model that is not working well. Staff indicated that ongoing challenges include management of workloads, sharing of roles, understanding of roles, building relationships, working across disciplines, and building trust and respect.

By involving staff in designing the necessary processes to support integration, there is confidence that the EYC model is taking hold. However, without the structures to support it, collaboration does not occur.

5.1.2 Culturally relevant universal and targeted services

Universal services such as playgroups, child health clinics, drop-ins, and early education and care provide 'soft entry' points for families with additional or specific needs. They are non-stigmatising doors to more targeted services. The literature also demonstrates that the timing of interventions is a critical factor across the child's life cycle. Effective parenting programs, for example, tend to target key transitions during early childhood, including pregnancy and birth. During the transition from home to early childhood education and care, parents face new challenges and are more open to receiving assistance.[27]

Over time, the range and diversity of universal and targeted services has increased across the EYCs. While the general categories of service responses have remained the same, the number and focus have shifted. More tailored playgroups have developed, targeting particular groups (e.g. age-specific, Aboriginal and Torres Strait Islander families, young

[27] O'Callaghan, K, Young, G and Healy, R 2010, p. 20.

parents). Rather than attempting to develop new service responses for different groups, the EYCs have adapted 'universal' services creating non-stigmatised pathways into more targeted support (see Appendix C for examples of universal and targeted services at the EYCs). This strategy is increasingly more clearly articulated across the EYCs.

An increased focus on multidisciplinary delivery has influenced both universal and targeted services, as well as the mix of the two. This means that early childhood, family support and child health workers may all assist in delivery of both universal and targeted services. This differs from more traditional models that often only see integrated delivery as appropriate at the universal 'gateway', beyond which specialist delivery is required.

While all the EYCs have meetings in place for integrated case management, during the evaluation period, it was noted that these are most often attended by family support workers and early childhood educators, and least often by child health nurses. The exception to this is at Cairns EYC, where they have developed specific protocols and structures for integrated case management, including strategies that model a whole family multidisciplinary perspective (e.g. themes of the week). As the last EYC to be established, Cairns EYC had the benefit of learning from the experiences of the other three.

There is an established evidence base that outlines the importance of well-informed, flexible, person-centred and strengths-based practice when working with clients who may be experiencing vulnerability and disadvantage.

The EYCs all demonstrate good practice principles of inclusion, respect, understanding and responsiveness across a range of strategies developed to engage and work with target groups.

Culturally responsive service strategies

SERVICE STRATEGIES	EXAMPLES
Tailored 'soft entry' points, such as playgroups with children with a disability, young parents, fathers, Aboriginal and Torres Strait Islander parents and families	At Browns Plains EYC, the Play Power Jarjums Thonar group was renamed and tailored in partnership with Aboriginal and Torres Strait Islander children and families. The group is facilitated by Aboriginal and Torres Strait Islander workers, employs culturally appropriate language, resources, music and imagery, and has involved Elders in engagement activities. Browns Plains EYC also tailors groups for young parents and parents of premature babies. Caboolture EYC has adapted playgroup and coffee-group activities to target Polynesian children and families at the Deception Bay satellite (Poli-Coffee), children and families who may be on the Autism spectrum (Playconnect), Aboriginal and Torres Strait Islander children and families (Wolvain Biwathin), young parents and fathers (Dad's BBQ with male workers). NGC EYC offers playgroups for Aboriginal and Torres Strait Islander children and families in conjunction with Kalwun Development Corporation, Dad's Splash groups, a Multicultural Friendship Group and community English classes. Cairns EYC offers a range of playgroups for specific age groups, children with autism, young parents, 'premmies', Indigenous and CALD children and families, in association with Wuchopperen and other community partners.
Groups and activities delivered with community and cultural partners	Each EYC has developed key partnerships with Aboriginal and Torres Strait Islander health and family support services, multicultural and CALD service providers, interagency and early years networks.

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SERVICE STRATEGIES	EXAMPLES
Modelling inclusion and participation	Staff design and conduct activities to consciously model inclusion and participation, build early engagement, and support developing relationships and values. At all of the centres, the role of child health nurses in non-clinical play-based environments is reported as particularly effective in facilitating observation, needs assessment and informal access to health information and advice if required.
Going to where people are	Non-centre based strategies such as home visiting, local parks, community groups and schools are all important in engaging with target groups who may not otherwise 'come in' to the centre.
Transport assistance to address access issues	All the EYCs have reported that social isolation is a key issue for many parents and children, particularly in areas where public transport may be limited and access to the centre relies on a car. This was particularly reported as an issue at Browns Plains, Acacia Ridge and Beaudesert services.

Effective support for culturally diverse communities, and Aboriginal and Torres Strait Islander children and families in particular, includes establishing a culture of appropriate and sensitive practice. This comprises workforce development and training, awareness and capacity building, and a willingness and openness to other ways of experiencing, being and reflecting.

Each EYC has undertaken detailed needs analyses to inform their targeted, culturally appropriate approaches. For example, at Browns Plains EYC and satellites, staff work closely with local Elders and community partners to understand the broader community context and support networks for Aboriginal and Torres Strait Islander children and families. Elders have helped inform the initial needs assessments and shared visioning for the services, provided advice about key community strengths and issues, offered feedback to staff, and promoted the EYC services through community networks. They have also advocated for an approach that considers broader multicultural issues and needs, in support of a culturally inclusive service.

As noted earlier in this section, Browns Plains, Cairns and North Gold Coast EYCs are using temporary and permanent secondments that have been supported by key senior management relationships, co-supervision arrangements, training led by community partners, and multidisciplinary delivery. This has helped to profile a 'one team' approach, where respective expertise, strengths and cultural perspectives are valued, respected and integrated over time. This avoids a silo model that positions specialist skills as outside the 'norm' or 'core' practice.

Engaging partners to address cultural barriers

Outcomes for Aboriginal and Torres Strait Islander children and families are enhanced when services recognise and value respective strengths. In Cairns, EYC staff continue to identify the key partnership with Wuchopperen Health Service as critical to the strong level of engagement being achieved with Aboriginal and Torres Strait Islander families. The partnership provides rapid access to advice and support in engaging with families. Success is evident in the 'Come Yarn and Play' playgroup, which commenced after EYC staff noticed declining attendance by the already small number of Aboriginal and Torres Strait Islander families attending the general playgroup. Following advice from Wuchopperen, attendance has now increased and remained steady, to the point where parents were keenly awaiting recommencement of the sessions after a short break.

The three month secondment of the CEO of Ganyjuu Aboriginal and Torres Strait Islander Corporation for Family Support Services at Browns Plains EYC enabled her to work within the EYC model, assess the opportunities, and understand the practice, management and governance arrangements required to support Aboriginal and Torres Strait Islander staff, specialists and families as part of the developing partnership. This offered significant insights from a practice, management and cultural perspective that would not have been possible through a more traditional 'arm's length' negotiation.

The workforce surveys also suggested the services and features perceived as most effective with vulnerable children and families included:

- integrated soft entry points, such as playgroups and drop-ins
- outreach services delivered in community contexts
- strong relationships across community and cultural networks
- programs aimed at families dealing with substance abuse and mental health
- on-site specialist health, disability and counselling services
- access to individual case workers and family support workers
- brokerage and financial management services
- transport assistance
- emotional support programs
- home visiting services.

This, too, is consistent with the research and evaluation literature regarding effective strategies for engaging with vulnerable families and children — particularly integrated soft entry points, outreach services delivered in community and home contexts, a mix of universal with on-site specialist assistance, case work and group work, transport assistance and holistic emotional supports.[28]

5.1.3 ECEC services and supporting access to kindergarten

Educational and behavioural objectives are delivered through a range of programs, including kindergarten services and pre-kindy support programs. Establishment of ECEC services in the EYCs was one of the intended components of the original service model. This has been an ongoing process since the initiative commenced, and by May 2012, kindergarten services had been established in four locations: Caboolture EYC, Cairns EYC, Beaudesert satellite, and Acacia Ridge satellite, where the kindergarten program is

[28] Moore, T 2006.

embedded in the long day care facility. In addition, the Woodford satellite of Caboolture EYC is now co-located with a state school, and in close proximity to a kindergarten service. Similarly, the new North Gold Coast EYC facility currently being built in Upper Coomera will be co-located with a state school, where a new kindergarten is also being built. By January 2013, all EYCs will be either delivering, or co-located with, a kindergarten service in at least one of their locations.

In late 2010, an additional per annum funding allocation was provided to each of the four EYCs to deliver a range of programs that aim to increase access to, and participation in, kindergarten, with a focus on reaching children from culturally diverse and Aboriginal and Torres Strait Islander backgrounds, and vulnerable and disadvantaged communities.

The types of support programs being delivered include community and home-based pre-kindy ECE programs, use of brokerage funds to support costs associated with kindergarten attendance, pre-kindy preparation packs, and assistance and specialist support to kindergarten and early childhood teachers. Specific approaches include mobile playgroups, volunteer home visiting, and training community champions. Mobile playgroups are thought to be a pathway to kindergarten for the families participating in these programs.

At Cairns EYC, access to kindergarten programs were only just commencing at the time of the evaluation. Staff members have been trained in the *Parents and Learning* home tutoring for parents program, and this will begin shortly, delivered by the ECE Assistant and an early childhood educator. Over time it is thought this will form part of a volunteer home visiting plan for the EYC, which also ultimately links children into kindergarten.

Parent survey results did not demonstrate any significant change in kindergarten attendance between Time 1 and Time 2 surveys. Only a small number of parents in Time 1 with a child aged between three and four years indicated their child attended a kindergarten. At Time 2, most had not accessed a kindergarten, and none said they were starting soon. The most common reasons given for non-attendance at kindergarten were that they already attended services variously described as day care, child care or playgroup. However, local reviews of access to kindergarten programs undertaken by some EYCs indicate they are already delivering positive results, as demonstrated by the following example from Caboolture EYC.

Local review of access to kindergarten programs

Caboolture EYC undertook an internal review of its Pre-Kindy and Families Program statistics in 2011 to assess increases in access to kindergartens, the impact on enrolments, challenges for attendance, achievements as a result of the Pre-Kindy and Families Program, and progress in child development over time. The review is specifically focused on factors that may be attributed to aspects of the program. Highlights include:

- 43 children were enrolled in the Pre-kindy and Families Program
- 38 out of 43 were within the target age range
- 30 out of 43 (70%) enrolled in a kindergarten program in 2012 — and 14% enrolled in long day care kindergarten program in 2012
- 41 out of 43 children were attending an early childhood service (unspecified) in 2012
- about one-third of parents said they had become more aware of kindergarten programs as a result of the Pre-Kindy and Families Program, and around one-third said they were already aware
- most heard about the program through EYC staff
- almost all said the program met their expectations
- most frequently cited gains as a result of attending the program were that parents met other families with same aged children, followed by gaining new ideas to use at home, and new child development information.

Continued on next page

The review asked parents and carers to evaluate their child's progress across different areas of development. The greatest areas of progress included:

- preparation for attending kindergarten in 2012
- the child feels safe, secure and part of a group
- the child is at ease with educators and has developed confidence
- active learning — involvement, interest, motivation and concentration in the learning experience
- language and communication.

In September 2011, Caboolture EYC also invited seven ECEC specialist services to assess the service provided by the Pre-Kindy and Families Program, the goals achieved, suggestions to improve the service and whether as services they would use the program again. All were generally positive, particularly in relation to the nature of the support provided, the intention to use again, the achievement of goals, and confidence to continue to support the child in future.

Comments included the benefits of the program in developing new skills and strategies, providing an additional resource and assistance, and the outcomes delivered for the child and family.

It was not possible to otherwise measure outcomes as a result of access to kindergarten supports, due to limited PPR data and reporting. At the time of analysis, only one-quarter of PPR data included complete kindy measures across all the centres. Local EYC data is similarly limited. EYCs' biannual client surveys and centre-specific reviews provide a snapshot of anecdotal findings, but this is not sufficient to demonstrate substantive outcomes as a result of the access to kindergarten supports.

5.1.4 Delivery through multiple access points

The Centre for Community Child Heath recommends that integrated children's centres should 'form part of a precinct of services for children and families, either co-located in the same building, built in the same area of land, or as a virtual member of a children's precinct'. It also advocates for programs and services to be as accessible as possible, and to include outreach services.[29]

The *EYC Operational Guidelines* outline the intended requirements that enable communities to access EYC services in a variety of ways. The purpose of this approach is to 'improve access to high quality, integrated early childhood education and care, family support and health services, through a range of centre-based and outreach services, targeted home visiting and site visits to early childhood education and care services'.[30]

Each EYC was to establish two or more linked satellite services in neighbouring communities to extend its service coverage. As more satellite services have been implemented, the concept of what constitutes a centre and a satellite, and how they operate separately and collectively as part of the EYC model, appears to have shifted.

[29] Centre for Community Child Health, 2010.
[30] *Early Years Centres Operational Guidelines*, Version 2, 2010.

Satellite coverage driving new partnerships

Caboolture EYC's geographic reach is extensive through its four satellite services. As a result, the catchment area crosses into two different Queensland Health service districts. As part of the work between The Gowrie and Queensland Health to enhance their partnership arrangements, discussions also began with the neighbouring Community Child, Youth and Family Health Service. As a result, both Queensland Health services now work in partnership with Caboolture EYC, even though only one has specific EYC-funded roles.

The *EYC Operational Guidelines* describe the physical facilities of an EYC, and imply the role of the main EYC as the key service, infrastructure and resourcing hub for the provision of early years and family support services in the community. During the initial stages of the evaluation, some satellites were still operating from temporary premises, and others had not formally commenced. Therefore, the notion of a satellite as a subordinate service and offshoot, extending coverage and access through visiting multidisciplinary and specialist staff and centralised support infrastructure, was consistent with the guidelines.

Since that time, resourcing and delivery approaches to satellites have developed, and significant new satellites have opened, although at the time of the evaluation the satellite services for Cairns EYC were still under development. In Caboolture, for example, some satellites are resourced by specialist satellite-based staff, as well as visiting centre-based staff.

At Browns Plains EYC, the two satellites in Acacia Ridge and Beaudesert also have site-based and centrally located visiting resources and support. The scale of operations at each of these satellite locations approaches that of the longer established Browns Plains EYC. Each satellite is operating a comprehensive suite of services programmed throughout the week. There has been a deliberate decision by EYC managers to talk about 'the three centres' rather than refer to Acacia Ridge and Beaudesert as satellites. This is partly due to the recognition of comparable funding, scale, scope and operations. These satellites may be more fully self-supporting, and therefore able to reciprocate and contribute back to associated centres and services. However, it is also due to a concern that local community connection and identity should be specifically emphasised, rather than subordinate to a centre elsewhere. Whether this develops to the same extent in other areas, where levels of relative investment and support requirements may differ, remains to be seen.

One Browns Plains EYC staff member explains:

> *I think we are actually three centres now — operating in different communities, but with a core focus and philosophy that is all about early years, resilience, learning and development.*

Service delivery at the North Gold Coast EYC satellites in Labrador and Upper Coomera is driven by the characteristics of the local population and local needs. The Labrador satellite has a physical building, and works as a centre with its own advisory board that is reflective of the local community profile, delivering services that have a more multicultural focus. The Upper Coomera satellite is a virtual satellite (i.e. there is no physical building). There are seven programs delivered in Upper Coomera, although there is a lack of a consistent physical space. It is not as well promoted, and lacks an administration personnel and management presence. Having a consistent physical building/space is important.

The EYCs outline the challenges for a traditional 'hub and spoke' centre and satellite model, as infrastructure is scaled up, services and resourcing evolves, and community connections develop.

5.1.4.1. Co-location

Proximity is important — it assists informal relationship building, improves access and responsiveness, but it does not necessarily lead to integrated multidisciplinary delivery.

It should be noted that co-location is not just about Queensland Health staff operating from the same premises as the EYC staff, but also relates to the co-location of early childhood education and family support professionals at the EYCs. It was generally observed by staff and managers across the EYCs that early childhood educators and family support workers come from different disciplinary backgrounds, training and frames of reference. Staff commented on the challenges and opportunities the EYC model offers in moving beyond a traditional discipline focus towards a more interdisciplinary child- and family-centred response. Just as with Queensland Health, co-location of early childhood educators and family support workers does not make disciplinary differences disappear — leadership and structures for integrated working, planning, case management and professional development over time were the key drivers.

In one EYC, the co-location of a multidisciplinary team (early childhood educator, family support worker and Queensland Health) is seen as speaking directly to the integration goals of the model. The proximity of colleagues was identified as the key to responding to parents' and children's emerging or observable needs in a timely and seamless way.

Caboolture EYC has challenged the assumption that a permanent physical presence of child health workers is necessary to ensure integrated delivery. Queensland Health staff that were permanently based at the EYC were relocated back to the community health premises. This prompted a series of senior leadership discussions between Queensland Health and The Gowrie that resulted in a renewed and deliberate strategy for integration that is applied in delivery, management and recruitment processes. This also led to the EYC restructuring programs to run outside of school terms, to align with Queensland Health.

5.1.4.2. Outreach

Outreach is broadly defined as work or activities which actively engage with children and families in venues other than the centre facility and its associated satellite sites. Venues for service delivery may include local parks, caravan parks, other early childhood education and care services, and services that have strong links with targeted families. Collaborative approaches are essential to develop and deliver outreach services which meet the needs of local families.

All EYCs are delivering outreach programs, and the workforce survey identified community outreach as an effective strategy for engaging with vulnerable families. This is consistent with the research and evaluation literature regarding effective strategies for engaging with vulnerable families and children.

5.1.5 Community development and capacity building

The EYC model contributes to positive change in local communities through purposeful community development and capacity building that celebrates strengths and resilience. Staff across all four centres articulate an overarching strengths and connections focus. Programs may be activity-focused, but they are also framed around building connections, developing relationships, and accessing networks for support both within and outside the EYC. This focus is modelled at different levels:

- at the governance level, involving key community stakeholders in assessing strengths, needs and gaps, and sharing power
- at the service network level, in developing relationships and partnerships for coordinated and integrated delivery

- across the community, in engaging broadly with local networks, research and community events
- within the EYC, in facilities and spaces that encourage different kinds of social engagement and connections
- through integrated, flexible service delivery that responds to the needs and suggestions of service users, and encourages self-sustaining relationships that do not rely on the centre.

The EYC model is supported by tiered governance arrangements including:

- the EYC Joint Reference Group (EYC centre managers, Queensland Health representatives, DETE, and previously EYC senior management on a biannual basis)
- EYC Local Advisory Committees
- community forums.

EYC Local Advisory Committees and community forums effectively support local relationships, stakeholder and community engagement, and joint planning and review. They are most effective when they have a clear purpose, shared goals, agreed actions and review requirements.

They are least effective when regarded only as an information sharing and communications forum. One EYC's Local Advisory Committee was disbanded as it was not perceived to have any value or relevance beyond information sharing. At the time, it was described as just one more of a number of local community and early years networks, duplicating existing mechanisms to no clear purpose. The governance role of the Advisory Committee was not clearly valued — it was described in case management and referral terms as duplicating service delivery relationships that were maintained elsewhere by staff.

Parents surveyed reported that the EYC helped them connect with other parents, both formally through structured programs, and informally through playgroups, mother's groups and a Facebook group. These connections can assist in reducing isolation that may lead to poor health and social outcomes.

Parents commented:

> *I have always been very confident, but so many things got me down and having people believe in me got me back on track.*
>
> *A fortnight ago I showed up with my daughter and we were in tears. I spoke to [EYC staff member] and someone else there about what was happening at home. They told me that I should see a doctor. He diagnosed me with post natal depression. If it wasn't [for] the centre I'd be a wreck. They've organised everything for me for the case worker and I wouldn't have known what to do or where to go if it weren't [sic] for them.*

The workforce survey found the integrated approach contributed to a range of positive outcomes for community capacity. On the whole, an integrated approach was perceived to have had the most impact on improving the capacity to reach more children and families, while it had the least impact on improving the capacity to reach CALD families. These results are consistent with the literature in advocating for integrated service delivery to enhance access, reach and responsiveness.

There were no statistically significant differences in how contributions were rated over time. However, there was an increase in the score for improving access to kindergarten programs for clients, which is interesting as, noted in section 5.1.3, parents of kindergarten aged children who were surveyed reported most had not accessed a kindergarten, and none said they were starting soon. This may be a result of the newness of the kindergarten support programs, but staff clearly recognise the potential of these programs. There is also

evidence from local reviews of these programs that they are delivering positive results (see boxed text in section 5.1.3).

TABLE 5 – PERCEIVED CONTRIBUTION OF THE INTEGRATED APPROACH

	TIME 1			TIME 2		
SURVEY ITEMS	*n**	*M***	*SD****	*n**	*M***	*SD****
(a) Earlier identification of vulnerable children and families	75	3.99	0.73	74	4.00	0.66
(b) Additional funding or resources for clients	73	3.88	0.95	73	3.84	0.94
(c) New knowledge or skills for team members	74	4.09	0.78	74	4.07	0.87
(d) Better use of each agency's resources (Health and EYC)	74	3.91	0.91	73	4.00	0.87
(e) Building new relationships with external agencies	76	4.13	0.79	73	4.14	0.82
(f) Improved relationships between government and non-government agencies	75	4.07	0.86	74	3.97	0.81
(g) Improved capacity to reach more children and families	76	4.32	0.73	74	4.16	0.86
(h) More seamless service provision	75	3.97	0.85	75	4.04	0.86
(i) Improved capacity to reach vulnerable families	75	4.08	0.83	75	3.88	0.94
(j) Improved capacity to reach CALD families	74	3.89	0.93	73	3.68	0.95
(k) Improved access to specialist services for clients	75	4.05	0.88	74	3.84	1.02
(l) Improved access to kindergarten programs for clients	72	4.01	0.94	71	4.25	0.77
(m) Reduced duplication of services in our area	71	3.80	0.93	70	3.93	0.80
(n) Improved capacity to reach Aboriginal and Torres Strait Islander families	76	3.95	0.97	73	3.85	0.88
(o) The provision of the right service at the right time	76	4.03	0.88	75	4.03	0.75
TOTAL****	77	4.01	0.66	75	3.98	0.66

* Number of responses

** Each survey item is measured on a 5-point Likert Scale, with a higher mean (*M*) score indicating a higher level of achievement of the particular outcome.

*** Standard deviation (*SD*) refers to the variability of scores, with a lower score indicating lower variability or greater consistency in scores.

**** Based on the average score of all items.

In summary, DETE, Queensland Health and the two auspicing organisations have established the EYCs as intended. All of the EYCs have demonstrated an increasing systems and process approach to supporting the model. This has built on initial relationship development, knowledge sharing and a growing understanding of what is required to structure the model. In some EYCs, there is still reliance on goodwill and relationships to essentially drive the model, particularly in relation to integrated and multidisciplinary delivery. Systems and processes are most specifically articulated at the senior management level, but remain informal and relationships-driven more broadly. However, in others there has been demonstrated take-up and engagement at all levels, driven by both vertical and horizontal strategies.

5.2 Outcomes of the EYCs

The overarching purpose of the EYC initiative is to improve outcomes in education, health, safety and wellbeing for children, parents and communities. Outcomes may take time to emerge, and given the status of the EYCs, and the time for outcomes to emerge (18 months to 3 years), there are some that may not yet be demonstrated. Improvements to

performance indicators are required to ensure they may be measured and tested across a range of situations.

However, while outcomes data from the EYCs is limited, the evaluation has found evidence that developmental, social and behavioural outcomes for children have been improved, parenting skills and families have been strengthened, and outcomes for vulnerable families enhanced. In addition, it is reported that the EYCs have helped to contribute to community inclusion, connections and supports.

5.2.1 Child outcomes

Services that assist to improve outcomes for children include both universal and targeted services, such as access to kindergarten support and educational development programs, supervised playgroups, access to specialist health services, music, art and dance programs, socialisation and culturally appropriate programs, drop-in health clinics and home visiting.

Success factors include evidence-based practice, multidisciplinary skills, integrated playgroup delivery, on-site specialist services, and a focus on the child within a whole family context.

Barriers have included workforce capacity and development, the challenges of integrated working, the need to go beyond a traditional clinical focus, access to specialist services, the balance of universal access with targeted assistance, and demand and resource constraints.

While there is evidence of improved social, behavioural and developmental outcomes for children, the extent to which improved health outcomes for children have been achieved is unclear. Data and performance reporting are not shared between Queensland Health and the EYCs.

Parents access the EYCs to achieve a number of goals. They hope their child will develop social skills, improve educational and behavioural development, access a range of different types of stimulus and activities, and have fun. Parents surveyed reported particular improvements in their children's socialisation, communication and behavioural development. They particularly valued:

- access to a range of toys and stimulus that their child may not otherwise have had
- the opportunity for the child to interact with other children and develop social skills and confidence
- supervised playgroups
- access to advice and assistance.

One parent said:

> *My child has been able to interact with other children, his personal development has grown.*

Outcomes of the multidisciplinary approach

A single dad with two young children was identified by the child health nurse as needing assistance, as he was not coping well on his own. He was offered an opportunity to participate in an access to kindergarten program, and an ECEC worker began working with him at home. He was also connected to the family support workers and health workers, and offered brokerage and transport. One EYC staff commented, 'Since working with the team, both kids have flourished in confidence and language, and they are now going to kindy two days a week. Dad has improved with confidence in parenting and disciplining the children appropriately. He is still working with the family support worker.'

In a very small number of instances, parents reported the desired outcomes for their child had not been achieved due to logistical constraints, or because the child was significantly older than others at the centre.

5.2.2 Parent outcomes

The EYCs conduct a range of evidence-based parenting programs and universal services to support families. A range of centre-based and non-centre-based programs were identified as particularly effective in supporting families. This includes evidence-based parenting skills programs, playgroups, cooking classes, home visiting and family support workers. The range of options, positive reinforcement, modelling of appropriate strategies, and integrated delivery all assisted to overcome barriers to access and concerns about stigma or failure, and encourage engagement with other families.

EYC clients were generally satisfied with the services they received at the EYC, access to a range of supports, the approach of staff, and the goals they were able to achieve.

Most parents found EYCs were a positive forum where they could engage with other parents, interact with others, and seek useful advice and assistance. Parents reported they had achieved key goals for themselves and their child, particularly in relation to:

- confidence and socialisation:
  - both parents and children had become more confident
  - children were better socialised and able to interact with other children
  - parents made friends and connections they maintained outside the service.
- educational and behavioural development:
  - playgroups had been particularly beneficial
  - variety of toys and activities had improved their child's capabilities
  - anger issues had been resolved.

Parent surveys demonstrate statistically significant improvements over time. As a result of the EYC, parents surveyed reported they:

- were more likely to feel good when they thought about their child's future
- were more able to work out what to do if their child had a problem
- found it easier to maintain clear rules and routines in their family
- felt that there is more to enjoy than to worry about in their family
- found it easier to stay calm and manage even when things were stressful
- were more likely to have parenting tips they could share with others

- were more likely to feel they were doing a good job as a parent
- were more likely to feel good about themselves.

Multidisciplinary approach and capacity building

A young mother came to the attention of child health nurses during a baby check-up, as she didn't appear to be coping well. They suggested that she come along to a playgroup at the EYC, which she did. At this time, EYC staff started talking to her about how she was doing, and she began receiving family support from the EYC, which included home visits.

After some months, the woman was coping much better, and suggested an idea for a group program that could be a good addition to the EYC. The EYC Manager agreed and suggested that the mother might like to lead the group, with the EYC's support. The EYC worked out a weekly budget and purchased the equipment for the woman to start and run the group program. It has now run for over 12 months and is attended by a regular group of mums. The young mother became a regular volunteer at the EYC until she found paid employment. 'The EYC saved my life', she said.

The majority of families were satisfied with the support they received. The language used to describe the support received was very positive. It consistently included terms such as 'approachable', 'helpful', 'welcoming', 'knowledgeable', 'friendly' and 'supportive'. Parents noted the following kinds of support from the EYC as most helpful:

- providing useful advice and consistent information
- taking the time to listen and chat
- being non-judgmental and giving parents the confidence to grow and get back on track
- providing reassurance and an opportunity for troubleshooting
- helping parents prepare their children for school
- providing information sessions and opportunities for parents to develop their skills.

One parent said the EYC was:

> *A really good opportunity for troubleshooting, and not too much contradictory advice — i.e. from nurses and midwives when I was breastfeeding in hospital was all different, but from everyone at the Centre it was really consistent and current.*

Another parent agreed:

> *In times where I haven't known what to do I have gone to the EYC first and 9 times out of 10 they have been able to help me. I go to them before going to the doctor.*

There is evidence that the EYCs assisted parents to improve parenting skills and strengthen relationships over time. The parent survey results demonstrate statistically significant improvements in parenting skills, family life and social connectedness from Time 1 to Time 2. The largest increases in parents' ratings related to knowing where to find information and services to meet their children's needs, being able to help other families find help, and feeling a part of the community.

Specifically, survey results found improvements in social supports over time — most people (over 85%) felt able to talk to someone about issues such as child minding, borrowing something, feeling down, helping out in an emergency, and keeping an eye out for their

home when they go away. Around three-quarters (74%) felt that they could talk to someone about borrowing money in an emergency.

These results suggest that, as well as equipping parents with knowledge and skills, EYCs contribute to a growing sense of community and social inclusion.

6. Strengths and future considerations

The EYC initiative reflects key issues and lessons from the evaluation and literature review in a number of different ways. It is important to note here that the EYC initiative is not just informed by key practice and research principles — it also adds knowledge and understanding from a range of different operating environments and communities. This contribution to the evidence base is demonstrated in the strengths of the initiative listed in the next section. The evaluation has also identified a number of issues for future consideration to support and improve the model.

6.1 Strengths of the initiative

6.1.1 An innovative approach in Queensland

The EYC initiative is itself innovative in trialling a model across four separate locations, through different providers with different organisational philosophies, and combining a range of elements that had not been implemented on this scale before in Queensland.

The EYC model was informed by the practice and research evidence base, developing key service responses for innovative delivery. This included:

- the balance of universal and targeted services — offering assistance to children and families across a continuum of supports, according to need, choice and accessibility
- multidisciplinary and integrated delivery — integrating early childhood education and care, family support and child health in services delivered within and from the centres
- a mix of centre, satellite, home visit and outreach services — ensuring a base of operations that extends flexible reach, resources and support into satellite, informal and home-based environments.

It is therefore to be expected that each EYC has developed differently, to respond to community contexts, necessity and skills base. In this, each demonstrates innovation in different areas. A few examples are highlighted in the box below.

EYCs demonstrating innovation

Value of a volunteers strategy

North Gold Coast EYC demonstrates the value of a volunteer strategy to support ongoing delivery and community capacity building. While the other EYCs have all reported challenges in securing, supporting and coordinating volunteers on a sustainable basis, at North Gold Coast EYC, volunteers have contributed to the quality of service provided and the promotion (e.g. via word-of-mouth) and community acceptance of the EYC. Through the investment in developing a volunteer workforce, the EYC is achieving significant cost savings. Several volunteers have moved from volunteer positions to paid positions over time, or have sought formal training in early childhood education. North Gold Coast EYC offers evidence of how this can successfully translate into valuing different expertise, continuing support, skills development and transition into paid employment.

Innovative approach to cultural partnerships

Browns Plains EYC demonstrates innovation in the cultural partnerships and relationships it has developed with Aboriginal and Torres Strait Islander child and family services and networks. The approach included developing these relationships in the very initial stages of planning (before the application for funding); the secondment of the CEO from Ganyjuu Aboriginal and Torres Strait Islander Corporation for Family Support Services into the EYC to scope issues for cultural safety and competency before specialist staff were employed; and the enduring partnership that is now evident, with Ganyjuu leading a new Indigenous children and family centre with The Benevolent Society as a partner. These actions illustrate the key principles for culturally effective, respectful and appropriate practice.

Adapting multidisciplinary programming and delivery

Caboolture EYC demonstrates innovation in its ability to recognise challenges and significantly adapt its approach to integrated and flexible multidisciplinary delivery — with all programs now jointly planned and delivered by an early childhood educator, family support worker and child health nurse.

There has been a significant shift in the partnership with Queensland Health through the Caboolture and North Lakes Community Child, Youth and Family Health Services since the Time 1 visits and research. At that time, significant challenges and barriers were identified, and senior managers from both The Gowrie and Queensland Health undertook a series of meetings and workshops to explore the key issues.

Queensland Health relocated staff previously based at the EYC back to the community health premises. New staff and senior management involvement further informed a different approach. The EYC reviewed program delivery and practice and proposed a new integrated multidisciplinary delivery approach, involving programs to be led by an early childhood educator and planned and co-facilitated with a family support worker and child health nurse in each session. In addition, the EYC reviewed program scheduling to respond to Queensland Health requests to offer programs outside of school terms, in line with the Queensland Health approach.

One-team approach

Cairns EYC demonstrates innovation in creating a one-team approach through conscious reflection and necessity. Cairns EYC has had the benefit of learning from the experiences of the other EYCs, and considering how best to apply that knowledge in another context. The centre has adopted a systems and process approach that supports positive practice through structures and mechanisms for integration. At the same time, Cairns EYC and Queensland Health have developed a particular working relationship, through physically sharing offices and resources from temporary premises, at the very outset. This appears to have broken down disciplinary silos and encouraged a one-team approach that is unique among the EYCs.

6.1.2 Integration, partnerships and multidisciplinary approaches

The EYCs demonstrate integration along a continuum of cooperation, coordination and collaboration. The nature of integration shifts according to requirements and need. Each EYC has demonstrated achievements towards coordination and collaboration in at least one key partnership area. The following success factors have been identified:

- early investment in partnerships and relationships, to support initiatives that may not yet be considered
- senior leadership and direction
- power sharing, demonstrated through joint planning, recruitment, management processes
- shared values, goals and commitments
- respect and trust
- mutuality and reciprocity
- information and communications flow
- structuring contributions.

The EYCs demonstrate the importance of multidisciplinary and integrated delivery for a child-centred and holistic family focus. They also demonstrate the complexities of moving beyond siloed disciplines working in parallel, towards the legitimacy of shared services planning, conduct and review, all within differing authorising and practice environments.

6.1.3 The value of 'soft entry'

The EYCs illustrate the value of 'soft entry' points such as drop-ins, toy libraries, playgroups, and cooking classes for parents and children in facilitating access to more targeted assistance if appropriate. This has been reported extensively in UK and North American studies, and to a lesser extent in Australia. Across all four centres and satellites, soft entry points are highly valued by parents, staff and community stakeholders. They are perceived as low-risk, low-threshold, flexible and adaptable. They encourage informal engagement around strengths and common connections, rather than perceived problems or deficits.

6.1.4 Engaging with diversity

The EYCs demonstrate many of the key principles from the literature regarding how to engage and respond to the needs of target groups. All have employed a range of evidence-based strategies to engage specifically and appropriately, including non-centre-based services, soft entry points or universal services, programs and activities adapted for different target groups, the employment of specialist staff, and active engagement with community networks.

The workforce surveys suggested that integrated service delivery was critical in identifying vulnerable families and children earlier, improving capacity to reach vulnerable families, improving access to specialist services, and ensuring the right assistance was available at the right time.

However, the high level of demand for EYC services does create challenges in balancing the needs of those who walk in the door, and those who may not.

6.1.5 Community capacity building

The EYCs have contributed new services and helped build community capacity in a range of locations. Key aspects that have worked well include early investment to support staged

delivery, highly structured needs analysis and stakeholder engagement. In addition, the mix of universal and targeted services and multidisciplinary delivery has offered something different that does not duplicate existing approaches.

The EYCs have employed a purposeful community development and capacity building approach that seeks to engage early, contribute positively and enhance existing strengths. This is modelled in different ways — through the governance strategy, sectoral engagement, community connections, physical design and use of spaces, and flexible responsive services.

The evaluation research suggests that EYCs have contributed to reducing social isolation, encouraged networks, provided access to financial assistance and advice, and raised awareness and knowledge regarding other available assistance.

6.2 Future considerations

Throughout the course of the evaluation, a number of issues have emerged for further consideration that may result in potential improvements.

6.2.1 A new way of describing the EYC model

A model is problematic if it does not allow for change and evolution over time. A key aspect of the EYC approach is that services adapt to meet local needs. The EYC model is dynamic and evolving, as evidence grows, needs change and skills develop. The evaluators propose that a new way of conceptualising the model has emerged. They suggest it can be described in three layers.

First, there are underlying core concepts that form the foundation of the EYC model — these core concepts are derived from the literature on the importance of early childhood development (described in section 5).

Second, while the model comprises many elements, the evaluators propose there are four key elements that differentiate the EYCs from other child and family services. These are:

- focus on early years developmental pathways (where children are coming from and where they are going on their early years journey)
- multidisciplinary joint work with families
- use of evidence-based practice
- active, articulated partnerships.

Finally, they suggest the EYCs employ four primary mechanisms that translate the key elements into practice and maintain the integrity of the model. These mechanisms are what support the integrated multidisciplinary approach and act to prevent reverting to single disciplinary services. These are:

- co-location of health, early childhood education and family support professionals
- co-supervision and management structures with responsibilities across disciplines
- multidisciplinary programming
- multidisciplinary delivery.

6.2.2 Considerations for future investment in model

It was noted that EYC investment to date has been in communities identified as having high levels of socio-demographic disadvantage. It was suggested that in those communities, there are often high levels of government and non-government investment in human services provision and infrastructure. The evaluation undertook environmental analyses of each EYC's local area in the early stages of the evaluation, which showed little

service duplication. Addressing this risk, all EYCs have developed strong relationships in their local communities to ensure the EYC services complement rather than compete. One external partner commented:

> *My association with the EYC is creating conversations within my own team. The EYC has been able to coordinate and think strategically about services and gaps. Until the EYC was here there wasn't a specialist service focusing on 0 to 8 [year olds]. The EYC has developed relationships that have led on to other partnerships in the community.*

Any additional investments must ensure service duplication or service overlap is minimised, and perhaps should focus on less well-serviced areas. There are a variety of access needs across families and children, including both vulnerable and non-vulnerable families, in communities of relatively high socioeconomic advantage, but with significant population growth and little supporting human services and transport infrastructure. It was suggested that the EYC model in future should also consider need in these areas, as well as those areas of disadvantage which may already receive significant investment and support.

This raises questions for the model to consider in future. The EYC model brings new expertise to communities, but relies on supporting human services and health infrastructure to provide integrated and associated links. New growth areas and developing communities may have little of this infrastructure in place, placing a significant emphasis on the 'one-stop shop' approach that buys in all required services and supports.

This is a higher cost option than the clustered, co-located and connected option that the model has developed. In communities of relative advantage, the investment may need to be recouped through a more comprehensive fee for service approach.

6.2.3 Continued support for the integrated model

As EYCs continue to develop, demand grows and satellites come on-line, integrated delivery may experience a new round of challenges. Continued investment in governance for the initiative and management to support the integrity of the model is important. This includes maintaining a focus on the mechanisms to support integrated delivery with Queensland Health and other community partners. The EYCs and Queensland Health staff will need to continue to collectively review their integration action plans that are part of their partnership agreements, perhaps on an annual basis. These integration action plans could form part of regular management and team meetings to assist integrated delivery.

EYCs have reported concerns regarding referral pathways and relationships with specialist health and other support services. These services align with identified gaps to address client needs. There is an opportunity to leverage multidisciplinary expertise to address these gaps, with a renewed focus on integrated case management.

Integrated case management continues to be a challenge. While meetings and processes are in place, there is limited take-up by child health nurses in some locations, and there are significant data, privacy and practice protocols that still need to be resolved. New strategies and mechanisms to support integrated case management approaches are needed, along with regular multidisciplinary meetings. Lessons from the approach adopted by Cairns EYC to support integrated case management could be shared in detail with other EYCs for potential application.

While the scope of what can be achieved will be limited by available resources, DETE, EYCs and Queensland Health senior managers need to review the existing IT and infrastructure barriers to integrated delivery and case management.

6.2.4 Governance

Given key investments in early years policy and program priorities across state and federal governments, the evaluators identify a need to convene a new group for cross-agency

coordination. This would support the lead role of DETE in early years and childhood development policy and programs.

By the last evaluation visit in March 2012, the EYC initiative had moved beyond the initial implementation stage, with three EYCs having operated from permanent premises for more than two years, and Cairns EYC still establishing, but now in permanent premises and developing satellites. There is an opportunity to review the current emphasis of the bimonthly Joint Reference Group on activity updates and information sharing, and consider a more strategic role to support the EYC model and continuing practice.

Several of the EYCs have developed strategies for formal and informal partnerships, articulated in the governance and terms of reference documents for Local Advisory Committees, community and informal partnerships. This offers a framework to assess partnership arrangements, relationships and satisfaction over time. Regular review is needed to test assumptions, invite feedback and provide recommendations for future strategies and focus.

6.2.5 Data collection and performance reporting

Data challenges continue to limit the ability of the EYCs, Queensland Health and DETE to demonstrate achievements beyond activity and throughput. A more robust data management, coordination, review and reporting approach is required. There is a need for DETE to review its data requirements and to ensure performance measures align with policy and program needs.

It is important to understand the value derived by parents and children as a result of accessing EYCs. A common set of pre- and post-program assessment tools could be identified for use across the EYCs. The data could be collated and systematically assessed and reported to establish the value of key programs across the model, as well as within an EYC. It could enable deeper analysis of goals achieved.

The EYCs and Queensland Health also need to consider their needs, including information, practice, evaluation and capacity, and identify the challenges to be addressed. This is a key opportunity to address non-aligned data systems between EYC and Queensland Health. It would also address a need to improve the functionality, utility and usability of local databases, and ensure they are appropriately configured across EYCs for consistent and easy reporting, and accessible to staff who are trained and equipped in their use. A data review is also an opportunity to ensure that data for future economic analysis is routinely collected and reported.

6.2.6 Cost–benefit analysis

There is a need to demonstrate the relative benefits and costs of investment in integrated early years and childhood development, to inform evidence-based policy and decision-making. A full cost–benefit assessment is currently not possible on the basis of the information and data currently reported by EYCs

6.2.7 Workforce development

The EYCs illustrate the complex workforce requirements of the integrated service delivery model. Recruitment, retention and appropriate skills and capacity have been reported as a challenge across all EYCs throughout establishment. An appropriately skilled, qualified and multidisciplinary workforce remains crucial to continue to support the EYC model over time.

6.2.8 Parent feedback

While the majority of parents were positive about the support received from the EYCs, they suggested the following as important for the future:

- the importance of flexibility in programming, particularly for those parents who may be in full-time employment
- information sessions that cater for different ages and stages of development
- funding and resources to support non-parent supervised sessions
- playgroups that consider both child and parent needs — focusing on the whole picture
- consistent staff
- specialist staff (e.g. those who work with people with disability).

6.2.9 Demonstrate innovation and share knowledge

The EYCs offer evidence regarding what is required to support innovative, multidisciplinary, integrated early years and family support services. In particular, they offer case study examples of lessons learned from different contexts, according to different requirements and organisational philosophies. This is a significant contribution to the early years research and practice evidence base.

There is a critical opportunity to profile the lessons from the EYCs, and apply them in other relevant child and family support models. This maximises the benefit from the original EYC investment, and ensures the evidence base continues to develop. The Queensland Government supports a range of programs that could leverage findings from the EYCs. This may include opportunities to integrate relevant aspects of the model in other program design, service agreements and operational guidelines where appropriate.

7. Conclusion

The EYCs have been established as intended across the locations. Service delivery and strategies reflect the key elements for innovation, albeit in different ways. The initiative reflects key issues and lessons from the literature in a number of different ways.

The four EYCs and satellite services have delivered new services and contributed to early years support across their communities. They are responding to local requirements and strengths, while retaining the overall integrity of the model.

The EYCs reflect the research and practice literature, but also contribute new knowledge regarding innovation in diverse locations, and according to different organisational philosophies and approaches. Each EYC demonstrates a different aspect of innovation, as demonstrated in Section 5.

Integration

The EYCs demonstrate integration along a continuum of cooperation, coordination and collaboration. The nature of integration shifts according to requirements and needs. Each EYC has demonstrated achievements towards coordination and collaboration in at least one key partnership area.

The following success factors for integrated service delivery have been identified:

- early investment in partnerships and relationships
- senior leadership and direction
- power-sharing, demonstrated through joint planning, recruitment, management processes
- shared values, goals and commitments
- respect and trust
- mutuality and reciprocity

- information and communications flow.

A number of challenges to integrated service delivery have been identified. They include existing workforce capacity and demands, and the requirement to build understanding and knowledge and move away from reactive and transactional approaches. It also includes doing and working together to move away from siloed practice, integrated case management, information sharing, and securing access to specialist assistance and support for target groups and vulnerable families.

Referral pathways are rated most positively in relation to local schools, kindergartens and childcare centres. They are rated least positively in relation to higher threshold specialist, health and cultural supports. There is a continuing need to leverage off available multidisciplinary expertise, and to invest in integrated case management models that enable streamlined access to a range of assistance.

Community engagement and capacity building

The EYCs have employed a purposeful community development and capacity building approach through the governance strategy, sectoral engagement, community connections, physical design and use of spaces, and flexible responsive services.

The EYCs have contributed new services and helped build community capacity in a range of locations. Key aspects that have worked well include early investment to support staged delivery, highly structured needs analysis and stakeholder engagement. In addition, the mix of universal and targeted services and multidisciplinary delivery has offered something different that does not duplicate existing approaches.

The EYCs have employed a range of evidence-based strategies to engage specifically and appropriately, including non-centre-based services, soft entry points, programs and activities adapted for different target groups, the employment of specialist staff, and active engagement with community networks. It is also reported that the EYCs have helped to contribute to community inclusion, connections and supports.

Supporting outcomes

There is evidence that developmental, social and behavioural outcomes for children have been improved; parenting skills and families have been strengthened; and outcomes for vulnerable families have been enhanced. Parents reported key goals had been achieved for themselves and their children, particularly regarding socialisation and confidence, skills and improved behaviour. Parents also reported they had improved confidence in their parenting skills, felt more connected and less isolated, and knew more about where to seek assistance as a result of their contact with the centres.

A range of centre-based and non-centre-based programs were identified as particularly effective in supporting parents and families. This includes evidence-based parenting skills programs, playgroups, cooking classes, home visiting and family support workers. The range of options, positive reinforcement, modelling of appropriate strategies and integrated delivery all assisted to overcome barriers to access and concerns about stigma or failure, and to encourage engagement with other parents.

Services that assist to improve outcomes for children include both universal and targeted services, such as access to kindergarten support and educational development programs, supervised playgroups, access to specialist health services, music, art and dance programs, socialisation and culturally appropriate programs, drop-in health clinics and home visiting. Specific success factors include evidence-based practice, multidisciplinary skills, integrated playgroup delivery, on-site specialist services, and a focus on the child within a whole-family context.

While there is evidence of improved social, behavioural and developmental outcomes for children, the extent to which improved health outcomes for children have been achieved is unclear. Data collection needs to be focused more specifically on demonstrating impacts and outcomes for children as a result of engagement, and most particularly as a result of integrated service delivery.

Future considerations

There is a question regarding the focus of the EYC initiative into the future. The initiative has targeted particular communities for investment, based on key criteria regarding available assets, socio-demographic profile, relative disadvantage, and supporting infrastructure and partnerships. There may also be a need in new urban and high population growth centres, which may be relatively advantaged economically, but relatively disadvantaged regarding service access, support requirements and social isolation. This raises questions regarding relative priority need, necessary preconditions and return on investment.

The EYC initiative is a significant investment that has delivered an innovative model for multidisciplinary integrated services to build the capacity of children, families and communities. The evaluators note the significant investment required to support the operation of an integrated early childhood service. This is to be expected given the centre-based and multidisciplinary nature of the model, the range of services and integrated modes of delivery, the professional capacity and skills required, and community capacity building and engagement. Evidence from comparable programs suggests non-service delivery costs will reduce over time.

Security of funding has clearly been an enabler for integration in the EYCs, as the partners have not had to concern themselves with securing ongoing funding. Insecurity of funding tends to promote short-term programs that are not guaranteed of success, and discourage longer term or experimental programs. Flexibility to spend funds where needed (e.g. on transport, resources, brokerage, fee relief where required) has also been an enabler.

The key challenge for the future is maintaining a continuing investment and program focus on the mechanisms that support the integrity of the model, to facilitate its development and maturity over time, and to consider how to apply the lessons of the EYCs to enhance other early childhood development services.

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Appendices

A. Key evaluation questions

The evaluation aimed to address the following questions regarding implementation and outcomes of the EYC initiative.

Assessment of implementation

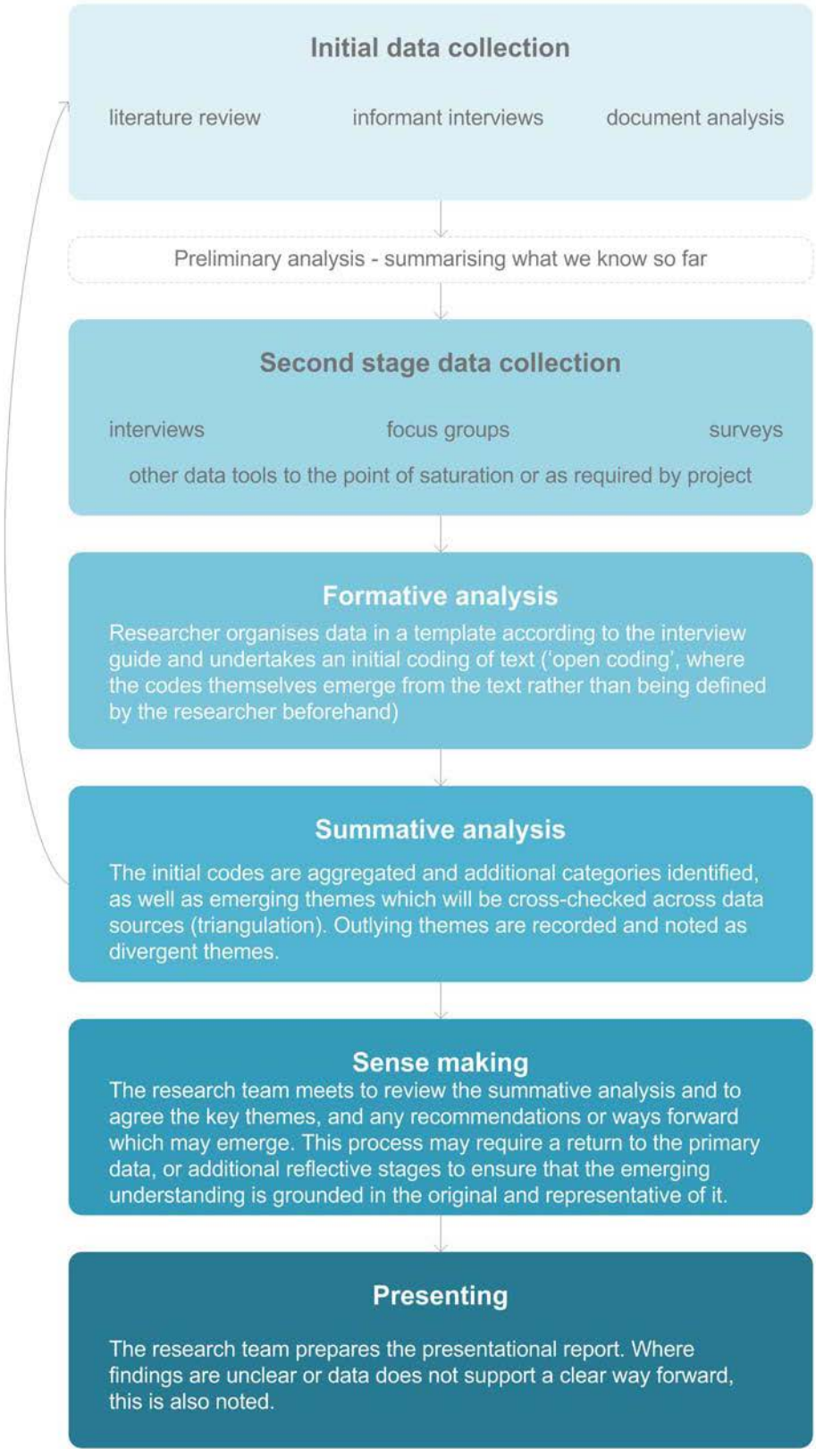
1. What services are provided?
   - To what extent have the EYCs implemented the service model as intended?
   - To what extent have the EYCs achieved all key milestones of service development and delivery (as described in Service Agreements with EYC operators)?
   - What is the frequency and types of universal and targeted services provided and used?
   - What is the frequency and types of referrals to intensive services?
   - What are the characteristics of EYC clients?
   - To what extent are services meeting the needs of the target groups (as described in Service Agreements with EYC operators)?
   - What is the level of satisfaction of EYC clients with the accessibility, responsiveness and quality of EYC services?
2. Have EYC services been integrated successfully?
   - What is the range of integrated and/or co-located family support, maternal and child health and early childhood education and care services provided by the EYC at the central hub and satellite locations?
   - What are the barriers and success factors that have impacted on the integrated service delivery model?
   - How have these factors been addressed or enhanced?
3. How have EYC services influenced the community's capacity to provide quality and responsive services to children and families?
   - What activities have worked well and what have not?
   - To what extent is there any unnecessary duplication of local services as a result of EYC activities?
   - What is the level of satisfaction of partnership organisations with EYC referral processes and services?
4. How effective are the governance and management systems in delivering EYC infrastructure and services?
   - To what extent has the physical infrastructure been effectively and appropriately designed and completed within budget and specified timeframes?
   - Which service governance systems, including local partnership arrangements are working well and why?
5. What are the key learnings and recommendations for improving future service delivery, policy and practice?

Assessment of outcomes

- To what extent are Early Years Centres contributing to improved outcomes for children in their health, well-being, safety, and education?
- To what extent are Early Years Centres contributing to improved parenting skills and strengthened families?
- To what extent are Early Years Centres contributing to improved outcomes for vulnerable families?
- To what extent are Early Years Centres contributing to a positive change in the health, safety, inclusiveness and supportiveness of local communities?
- What, if any, noticeable unintended outcomes have been achieved or influenced by Early Years Centres?

B. Detailed methodology

Modified grounded theory methodology diagram



Family recruitment strategies for EYC evaluation

Recruitment strategies and communications were developed in consultation with the EYCs and DETE. They included flyers at each of the centres, a 1800 free call number for further information, advertising through staff and centre activities, targeted invitations and participant incentives. The evaluation team worked closely with the centres to encourage participation.

Due to smaller than anticipated numbers in the first survey, recruitment strategies were revisited at the second survey to facilitate greater participation, particularly among families who may identify as Aboriginal and Torres Strait Islander or from a CALD background.

During the evaluation, other surveys involving parents were also underway, including an external study of early years and support services at Caboolture EYC by the University of NSW, and an internal evaluation by The Benevolent Society across Browns Plains, Cairns and North Gold Coast EYCs.

C. Examples of universal and targeted services

The programs listed in this table are a sample of those that were available at different times over the course of the evaluation, from approximately January 2011 to the time of the evaluators' second visit to the EYCs in February and March 2012.

EYC	UNIVERSAL SERVICES	TARGETED SERVICES
Browns Plains	Chitty Chat (Drop In) – twice weekly at Browns Plains and weekly at Acacia Ridge and Beaudesert Story Time Play Power New Baby programs – birth to 3 months, 3–6 months, 6–12 months Play Power Program (multi-age group) Newborn First Contact Clinic Immunisation Clinic Toy Library and Mobile Toy Library Playtime in the Park Cooking with Kids Cooking with Parents	Targeted playgroups (Precious Premmies Playtime) Play Power Jarjums Thonar for Aboriginal and Torres Strait Islander children and families; Play Power Young Parents Group (under 21s) Connect 2 Kindy (mobile play programs, home learning and kindy start-up packs, for children who are of Aboriginal and Torres Strait Islander heritage, from a CALD community, or who have a disability or who are vulnerable) Family Support Service Home visiting Transport to/from centre Brokerage, e.g. fee relief, specialists, rent, furniture, education, utilities, recreational activities Advocacy, e.g. assistance with appointments Provision of resources
Caboolture	Playtime First Steps Playtime Early Explorers Playtime Families Connect Playtime Dad's BBQ Child Health drop-in clinic Child Health New Baby Group Bubs under 12 months NAFDIS Drop-In (0–6 weeks) Play Time in the Park Kids Club (Woodford EYC) Young Bumps and Bubs (parents up to 20 years of age)	Pre-kindy and families Poli-Coffee (Deception Bay EYC) Wolvain Biwathin playgroup for Aboriginal and Torres Strait Islander children and their families Playconnect (Narangba, for families and carers of children with, or possibly with, Autism) Family Support Service Home visiting Transport to/from centre Brokerage, e.g. fee relief, specialists, rent, furniture, education, utilities, recreational activities Advocacy, e.g. assistance with appointments Provision of resources
NGC	A range of playgroups – universal at two sites (planned for third site later this year), mobile at four sites, including CALD, Aboriginal, Torres Strait Islander, disability; Pram Push; targeted playgroups for 5 months – 2 years, 18 months – 5 years, 6 weeks to 6 months Informal drop-in – ongoing availability Pre-kindy play programs – mobile playgroups as above, Steps to Prep, Read and Grow, Foundations for Learning, Sing and Move New baby drop-in – open clinic weekly at two sites Midwife/child health nurse clinics – daily clinics at Nerang Toy library – twice weekly	Targeted and supported playgroups – access to kindy programs (included as universal so that anyone in region can attend, but aimed at targeted clients), Aboriginal and Torres Strait Islander playgroups Parenting programs – e.g. the Incredible Years, Circle of Security, You Make the Difference, 123 Magic, infant massage, Indigenous Circle of Security, father's program, Carer's Program (D&A) Pre-kindy in-home programs – Connect2Kindy volunteer home visiting Family support – including clients known to Child Safety Services Home visiting – family support and volunteer home visiting Transport to/from centre – provided by workers or through the use of brokerage, and by volunteers Brokerage, e.g. fee relief, specialists, rent, furniture, education, utilities, recreational activities

EYC	UNIVERSAL SERVICES	TARGETED SERVICES
	Mobile services – as above After school activities for 5–8 year olds Craft Group – at two sites weekly Breakfast Club at Nerang State School	Advocacy, e.g. assistance with appointments Provision of resources Multi-cultural Friendship Group and community English classes Dad's Splash – for fathers and infants Queensland Health Education Group Partnerships in Early Childhood – consultative support and training with family day care, childcare centres and kindergartens Mind Up – neuroscience program at Nerang State School and Gilston Child Care Centre Community engagement with local housing estates and African community Guest speaker at local groups, including young parents programs, universities and TAFES Aboriginal Health Clinic – GP monthly Autism Clinic – weekly
Cairns	Child health nurse clinics integrated in all play groups Play and Grow (playgroup) Come Yarn 'N Play (playgroup with Aboriginal and Torres Strait Islander focus) Kicking Goals – after school activity for 3–8 year olds, non-competitive sport and games targeting social skills Indy for Kindy – pre-kindy play programs, Introduction to Kindy PaL – Parents and Learning Home Delivered Pre-Kindy to Prep Program to support whole-family engagement with school and learning Infant Massage Speech and language information sessions Triple P Seminars Psychologist information sessions, e.g. Joyful Parenting, looking after yourself Child health nurse information sessions, e.g. injury prevention; Fun not Fuss with Food Incredible Years Breakfast Club – Bentley Park School Nutrition Program – Bentley Park School Parent activities – e.g. cooking classes Toy library	Targeted and supported playgroups, e.g.: • Young Parents Group • Indy for Kindy • Come Yarn 'N Play • Yarning Craft Group • Paediatric Oncology Support Group • Carers of a Child with a Disability Group • Multiple Births Group Mind Up – neuroscience for social and emotional regulation/resilience for targeted families at the centre Toddler Tune Time – language development through song and rhyme. Targeted for children with speech and language development concerns Mind Exercise Nutrition Do it (MEND) – healthy eating and exercise for children 2–4, designed and targeted for Aboriginal and Torres Strait Islander families Circle of Security Home visiting Family support Inclusion support to ECEC services Transport to/from centre Brokerage, e.g. fee relief, specialists, rent, furniture, education, utilities Advocacy, e.g. assistance with appointments