



Promising Practice Profiles

Promising Practice Profiles Final report

A report prepared for the Department of Families, Housing,
Community Services and Indigenous Affairs as part of the National
Evaluation Consortium (Social Policy Research Centre, UNSW and the
Australian Institute of Family Studies)

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Executive summary

The Promising Practice Profiles (PPP) is a key component of the cross-strategy national evaluation of the Stronger Families and Communities Strategy (SFCS) 2004–2009. The PPP aims to identify “what works” and the associated processes in community development, early childhood development and early intervention service provision across Communities for Children (CfC), Invest to Grow (ItG) and Local Answers (LA).

Promising Practice Profiles is part of a growing trend to identify, document and disseminate descriptions of best practice or “what works” in order to improve outcomes for children and their families. It responds to a gap in accessible information about effective practices within the early childhood, community development and social service sectors. We have been mindful of the uses and limitations of evidence-based practice in the social service sectors, and our PPP strategy has been created to reflect current understandings of how to identify “promising practice”. The PPP process has attempted to promote practitioner-focused research and to provide useful information that is readily accessible and is of value to practitioners and other key stakeholders in the field.

Rigour and integrity were applied to the PPP process through the implementation of a clearly defined structure that commenced with a call for proposals and concluded with an independent validation process. While highly structured, the PPP was also an evolving process that required intensive work, critical reflection and ongoing improvement. Consultation and collaboration, the development of clear documentation, effective communication, ongoing improvement, establishment of strong internal controls and close contact between the National Evaluation Consortium and the projects have been vital to what has emerged, by the third and final round, as a solid, largely practitioner-driven approach to building a repository of practice learnings.

Over the three rounds, conducted over 3 years, 81 projects made submissions and 57 were accepted as promising practices. While the accepted programs vary in terms of duration and intensity, and are delivered through a variety of program modalities, a number of common features could be discerned that were thought to contribute to program efficacy.

Programs repeatedly underscored the importance of a welcoming, comfortable and safe environment. Neutral, non-stigmatising venues—such as schools, child care centres, neighbourhood centres, health centres, toy libraries, and even parks, cafés and football clubs—are used to convey a social, welcoming and nurturing environment in order to facilitate parent engagement. Attaching targeted services to other universally available services—such as schools, maternal and child health centres, libraries and health clinics—has also been effective when working with hard-to-reach populations.

In many cases, the universal services are used as “soft entry” points of first contact, where parents can access support to more specialised services. Playgroups in particular are used to encourage families to accept more focused services to address children’s developmental delays or other additional needs.

Parenting support is extended in innovative ways, such as during cooking classes and family picnics, where learning occurs naturally as the result of facilitated dialogue and peer support. Similarly, fun, play-based activities and programs for parents and children are used successfully to build parent–child relationships and a wide range of competencies. On the other hand, a facilitation approach that gives clients a say in program activities and outcomes, as well as gradually

increasing expectations, appears to work well with the socially excluded (young parents and parents with multiple needs).

In all family and worker interactions, the importance of relationships based on trust and rapport between workers and clients was highlighted.

Cooperation, collaboration and networking between different service providers at the local level are also related to positive outcomes. In some instances universal services such as schools, child care centres and health clinics are active partners. Schools, for example, have emerged as a vital venue and partner for a considerable number of programs and activities, including training courses, orientation classes, playgroups, “pre-prep” classes and family support services.

Community “hubs” and co-located services are effective service models for meeting the needs of families with multiple and complex needs. The value of being involved in the hub extends to the services themselves, which benefit from the sharing of information and resources and from peer support.

The needs of families and children living in rural and remote areas are addressed through outreach services by using multimedia technologies, providing transport, implementing a hub-and-spoke approach and through the establishment of learning hubs to deliver more specialised services.

From an organisational point of view, the incorporation of reflection processes as well as training and ongoing professional development initiatives that enhance the capacities of their workers are essential to good service outcomes.

Finally, for culturally and linguistically diverse (CALD) and Indigenous families in particular, free child care services, assistance with transport, use of bilingual workers or interpreters, and incorporating a meal into the program are key to client engagement and retention.

Promising practices will be profiled on the Communities and Families Clearinghouse Australia (CAFCA) website. The information contained in the practice profiles reflects and honours the daily experience of service providers by highlighting *what* the key ingredients are that help facilitate the achievement of positive outcomes, and goes a step further by providing information on *how* the key ingredients work, *why* these work and *for whom* the practice works, all delivered in a language that is relevant to the primary users of this knowledge base. The profiles will be a valuable information resource for service providers who may wish to adopt successful strategies to enhance outcomes for families and communities in specific contexts, and could also be useful for promoting the value of research and evaluation among service providers. It is also an important first step towards expanding the local evidence base that could be used by policymakers to enhance their understanding of effective practices for funding purposes.

Glossary of practice terms

At risk	An individual, group or community identified as being vulnerable to a particular issue or range of issues, generally inferred by demographics, assessments, past conditions or past behaviours.
CALD	Culturally and linguistically diverse
Early intervention	Timely interventions that target individuals, families or communities displaying the early signs, symptoms or predispositions to a particular problem or issue. Early intervention involves the development and implementation of policies, practices and strategies that address situational factors affecting specific individuals, groups, families and communities.
Experiential learning	The process for drawing knowledge or skills from experience.
Family-centred approach	Involving and providing support and services to the whole family unit, including parents, children and other household members.
Holistic approach	In-service delivery, giving consideration to and addressing the broader context in which an individual's or family's particular situation has arisen.
Hard-to-reach populations	Refers to populations of people who generally do not engage with, or otherwise disengage from, general or universal services.
Hub	A central service or resource area, such as a major regional centre.
Inter-sectoral collaboration	Various sectors—service providers, researchers, industry, the community sector and all levels of government—that work in connection with the purpose of providing a comprehensive response to the needs of children, youths and families. See also Multisectoral collaboration .
Key practice ingredient	A critical element that makes an action, program or project work.
Multidisciplinary approach	When specialists come together as a team in service delivery and provide their particular services rather independently. See also Transdisciplinary approach .
Multisectoral collaboration	Involves bringing people and organisations from various sectors together to tackle problems from many different fronts at once; different groups of people come together with a common goal.
Needs analysis	Way of establishing the needs of the community or target group that underlie the type of response that a project may take to address the identified issues. The analysis indicates what services are needed and how they may be delivered.
Practice	A practice is a way of working that helps to achieve a project's objectives. A practice is more than a task, action or program element, rather it includes these components, along with an explanation of the key ingredients or critical elements that make that action work. A practice has clearly defined parameters that can be assessed and compared against similar practices, and include organisational and programmatic aspects that contribute to effective service delivery and project outcomes.
Reflective practice	A continuous process from a personal perspective that considers critical incidents from past experiences. Reflective practice involves thoughtfully considering one's own experiences in applying knowledge to practice, while being coached by professionals in the discipline. It involves a conscious attempt to plan, describe and reflect on the process and outcomes of the action.
Soft-entry services	Provide service users—such as parents, young people and other family members—with a range of accessible, non-stigmatising support services. Such services provide contact points where service users can access support to more specialised, targeted and intensive services.
Solution-focused approach	Shifting a problem-oriented view of life to one that emphasises solutions and new possibilities. This approach aims to maximise the clients'/families'/communities' sense of management of local circumstances and fosters a belief that no matter how complex the circumstances are, small changes can have a significant positive impact on all involved.
Strengths-based approach	Assumes that all people have strengths and resources they can draw upon and all people are doing the best they can with their current strengths and resources. The strengths-based approach relies upon inherent respect for all people, empowerment, social justice, inclusion and collaboration, transparency and self-determination in its application to service delivery.
Transdisciplinary approach	Team members share roles, crossing disciplinary boundaries to maximise communication, interaction and cooperation among members. Team members make a commitment to teach, learn and work together across disciplinary boundaries to implement coordinated services.

Whole-of-community approach	Involves bringing together both government and non-government agencies and community groups that are addressing different issues—such as housing, employment, health, family and community issues, citizenship, etc.—to work together.
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1. Background and process

Background

With a focus on early childhood issues, the Australian Government's Stronger Families and Communities Strategy (SFCS) 2004–2009 aims to:

- help families and communities build better futures for children;
- build family and community capacity;
- support relationships between families and the communities they live in; and
- improve communities' ability to help themselves.

There are three key initiatives under the SFCS umbrella:

- Communities for Children (CfC);
- Invest to Grow (ItG); and
- Local Answers (LA).

Under Communities for Children, non-government organisations (NGOs) were funded as "Facilitating Partners" in 45 community sites around Australia to develop and implement a strategic and sustainable whole-of-community approach to early childhood development, in consultation with local stakeholders (referred to as the Facilitating Partners model). In implementing each local initiative, Facilitating Partners established Communities for Children Committees and managed the overall funding allocation in their communities. Most of the funding was allocated to other local service providers, called Community Partners, to deliver the activities identified in the local Community Strategic and Service Delivery Plans. This funding model was used in an effort to foster service coordination and cooperation and was based on the logic that service effectiveness is dependent not only on the nature and number of services, but also on the degree of service integration.

Another discrete component, Invest to Grow, provided funding for early childhood programs and the development of tools and resource materials to be used by families, professionals and communities supporting families and young children. Like CfC, ItG had a prevention and early intervention focus. The program aimed to develop the Australian evidence base around these issues and support the expansion of successful program models.

Local Answers, on the other hand, are small-scale and time-limited projects that aimed to help communities to identify opportunities to develop skills, support children and families and foster proactive communities. LA also aimed to listen to local communities and use local knowledge and experience to develop effective, practical solutions that met their particular needs. LA aimed to build community capacity and develop initiatives that communities could create for themselves in partnership with local government, business and community organisations. The initiative funded a diverse range of projects, some of which focused on early childhood, parenting and family relationships, but also others that concentrated on mentoring, leadership, volunteering and community building.

Given the different approaches used by the three initiatives, the national evaluation has been designed as a series of interlocking components to assess the effectiveness of each initiative individually as well as the success of the strategy overall. This national evaluation is being undertaken by a National Evaluation Consortium comprising the Social Policy Research Centre (SPRC) at the University of New South Wales and the Australian Institute of Family Studies (AIFS).

The Promising Practice Profiles (PPP) was part of the “cross-strategy” component of the national evaluation, which involved the analysis of themes and lessons learnt across Local Answers, Invest to Grow and Communities for Children. It was designed to enhance the understanding of “what works” across the entire range of early childhood development, early intervention and community development programs through a particular focus on key practice elements.

The specific aims of the PPP were to identify, validate and disseminate information about practices that are likely to influence positive outcomes (Social Policy Research Centre & Australian Institute for Family Studies, 2005). By identifying what works, under what circumstances and for whom, there was also the potential to create a shared knowledge database across the early childhood, early intervention and community development disciplines that could contribute to peer learning, adaptation of programs and activities and, in turn, more effective services provided to families and communities.

The accepted PPPs will be published on the PPP webpage located in the Communities and Families Clearinghouse Australia (CAFCA) website. CAFCA is funded by the Department of Families, Housing, Community Services and Indigenous Affairs and aims to improve access to current information and resources to assist those working in the fields of early childhood and community development and support initiatives that develop and promote improved services and practices toward child-friendly communities. Several communication activities are being undertaken by CAFCA, including managing of the *CAFCA-chat* and *E-evaluate* email discussion lists and the publication of a bi-annual electronic *Evaluators’ National Newsletter*.

The PPP is part of an international movement aimed at identifying, documenting and disseminating descriptions of best practice or what works in order to improve service delivery (Gray & McDonald, 2006). Research institutions, government departments and non-government organisations are increasingly using practice profiles to share information about current good practice in a variety of fields. For instance, the Australian Centre for the Study of Sexual Assault (ACSSA), located at the Australian Institute of Family Studies, has developed a collection of “Promising Practice Programs & Responses for Sexual Assault” in order to promote knowledge and adoption of good practices in the field (see www.aifs.gov.au/acssa/ppdb/promisingpractice.html). Similarly, the US-based Promising Practice Network provides a database of good practice for “what works for children and families” for policymakers, service providers and other decision-makers (more information on the Promising Practice Network is available at www.promisingpractices.net).

The idea of identifying what works falls within the paradigm of “evidence-based practice”, which is essentially a way of considering what practitioners do in their work (Gray & McDonald, 2006; Trinder, 2000). Evidence-based practice has been defined as basing interventions on proven effectiveness derived from empirical research (Gray & McDonald, 2006; Witkin & Harrison, 2001). It exhorts the values of accountability and professionalism (Donaldson & Lipsey, 2006), and has its roots in the scientific movement of the early 20th century (Gray & McDonald, 2006).

While using research findings to determine or guide practice decisions is recognised as an integral part of a professional commitment to early childhood, community development and social services (Buysse & Wesley, 2006; Fischer, 1993; Gray & McDonald, 2006; Reid, 1994; Witkin & Harrison, 2001), commentators have suggested that scientific approaches to evaluating effectiveness—such as random control and clinical trials and single case experimentation—need to be carefully considered when they are applied to the social service sector (Gray & McDonald, 2006; Lishman, 1999; Webb, 2001; Witkin & Harrison, 2001).

As service provision operates in a complex sociopolitical environment, knowledge gained from practitioners' experiences as well as a host of non-experimental research approaches can arguably be justified as evidence (Buysse & Wesley, 2006; Lishman, 1999; Sackett, Rosenberg, Muir Gray, Haynes, & Richardson, 1996; Witkin & Harrison, 2001). Additionally, due to the risk of harm from delivering or withholding services to vulnerable children and families, experimental approaches pose a real ethical dilemma.

The importance of appropriate application of the concept of evidence-based practice has informed the PPP process, which embraces a broad definition of evidence, including practitioner and client knowledge, practice wisdom and experience. As the PPP process aims to enhance knowledge of what works in practice, understanding how practitioners *themselves* evaluate their practice is particularly salient. Indeed, the PPP could be thought of as a form of "reflective practice", in that it requires workers to define problems and issues, situate the practice and describe service delivery, in addition to providing outcomes evidence (Lishman, 1999).

The Promising Practice Profiles process

"Promising practices" have been identified through a process implemented on behalf of the National Evaluation Consortium by the Australian Institute of Family Studies.

Getting started

Development of assessment criteria and submission materials

In late 2005 and early 2006 the National Evaluation Consortium worked closely with Facilitating Partners, local evaluators and project managers to prepare a set of criteria to assess whether a practice was "promising". This collaborative approach was adopted to ensure that the assessment criteria reflected the interests and views of service providers. An initial set of criteria was drafted after meetings and workshops were held with representatives from ItG and CfC. Wider consultation and feedback was sought via the *E-evaluate* and *CAFCA-chat* email discussion lists. This process produced six assessment criteria—that the practice:

- is effective;
- draws on the evidence base;
- contributes to the existing evidence base;
- is replicable;
- is innovative; and
- is sustainable.

In Round 1, practices needed to meet two of the six criteria in order to be considered promising. In Rounds 2 and 3, the core requirement for a practice to be considered promising was demonstrated effectiveness (criterion 1), as it was acknowledged that effective practices would most likely have innovative, replicable and/or sustainable components. This shift in emphasis was based on feedback received from stakeholders after completion of the Round 1 process.

This new emphasis enabled projects to focus more on highlighting effective ingredients of their practice and discussing how each element worked. Projects were also asked to provide a summary of existing evidence regarding the effectiveness or relevance of the identified practice approach or intervention (criterion 2).

Projects were also given the option of providing supplementary information on the other criteria.

In Rounds 2 and 3, projects were asked to discuss and highlight effective components and elements of their practice by focusing on the following key questions and issues:

- | | |
|--|---|
| 1. What works? | What is it about the practice which seems to have the most impact? (justification from research and/or practice evidence and wisdom about what works) |
| 2. Why does it work? | What is it about the program that works? (activities, tools, processes that make a practice work) |
| 3. Under what circumstances does it work? | Reflect background circumstances. Is the practice universal or specific to one group? Are varying results achieved in different contexts? |
| 4. For whom does it work? | Characteristics of those for whom the practice works. |
| 5. Outcomes | How does the project operationalise success? (quantitative and/or qualitative evidence) |

In Rounds 2 and 3, projects were given the option of responding to the four other criteria by providing supplementary information in the form of a brief explanation indicating why and how their project demonstrates replicability, sustainability, innovation and/or contributes to the existing evidence base.

A PPP Submission Form (Appendix A) was developed in Round 1, with supporting documentation provided in the PPP Workshop Workbook (Appendix B). After Round 1, these forms were revised to make simpler the preparation of proposals and to spell out more clearly what was required in terms of the presentation of “evidence”. The revised PPP Proposal Form (Attachment C, pp. 52–58) encouraged projects to focus on: highlighting effective ingredients of their practice; reviewing the evidence base to justify interventions used; presenting *actual* (not desired) outcomes; aligning the outcomes with the practice objectives; and providing credible evidence to support claims of positive outcomes. There was also a change in terminology at this time from PPP *Submission* Form to PPP *Proposal* Form, to alter the misperception that the PPP form was seeking similar content to an application for funding. A Form Guide was developed to accompany the revised PPP Proposal Form, which included helpful tips, information needed for each section of the PPP Proposal Form and the processes involved once the proposal had been submitted (Attachment C, pp. 59–65).

The criteria used in all the rounds to assess promising practices underscore the importance for projects to highlight the fusion of service provider knowledge, wisdom and experience with current research/scientific-based evidence that have helped to achieve demonstrated outcomes.

The PPP Reference Group

A PPP Reference Group was formed in Round 1 to provide expert advice and guidance on the overall PPP process. The Reference Group’s terms of reference were to:

1. provide advice to the National Evaluation Consortium and oversee the process for the selection and peer review of PPP submissions;
2. review and comment on profiles prior to publication; and
3. assist with the review of the PPP process.

The Reference Group comprised local evaluators from across the country and representatives from the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) (National Evaluation and LA programs) and the Social Policy Research Centre. Together, the group represented a broad range of expertise relevant to the diversity of projects under the CfC, ItG and LA programs. Representation on the Reference Group was sought from local evaluators based in various states and territories during the conduct of PPP workshops at FaHCSIA-organised CfC and ItG national conferences/workshops in Melbourne and Sydney (respectively) in 2006 and through the *E-evaluate* email list. The Reference Group met via monthly teleconferences.

The PPP process

The process involved five key aspects:

- call for proposals
- communication and support;
- internal review;
- validation; and
- dissemination.

Proposals were sought over three rounds (Round 1, Round 2 and Round 3) between 2006–2008. Figure 1 highlights the major activities undertaken across the three rounds.

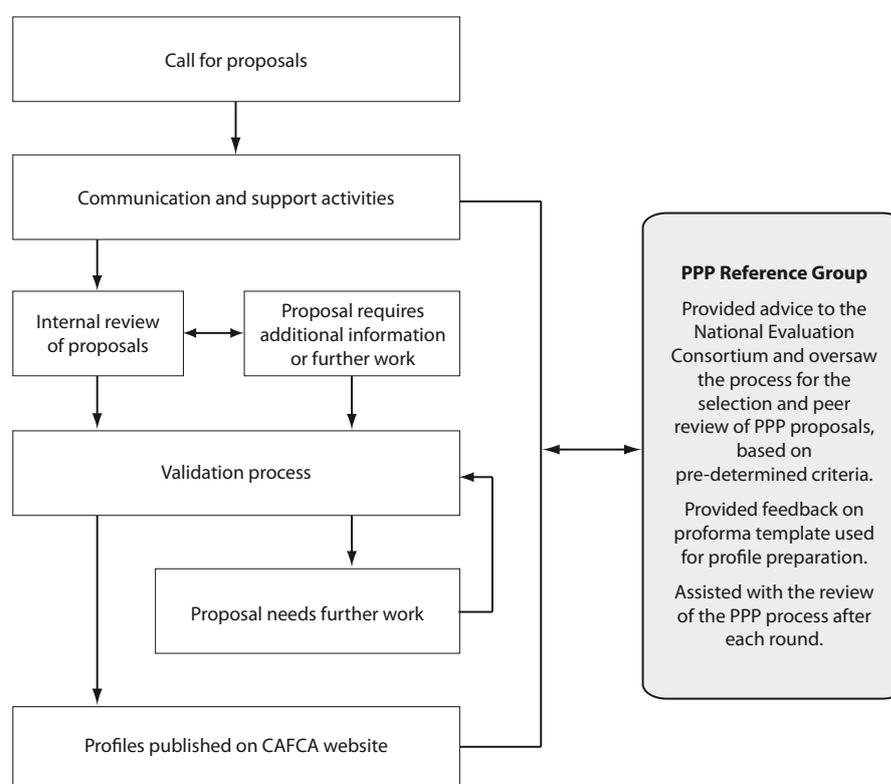


Figure 1. The Promising Practice Profiles process

Call for proposals

Proposals for promising practices were sought over three rounds. The timelines for receiving proposals were:

- Round 1—mid-August 2006 – mid-November 2006;
- Round 2—mid-June 2007 – 30 October 2007; and
- Round 3—early February 2008 – end March 2008.

The submission period for Round 2 was extended to account for peak work periods in the CfC, ItG and LA programs (e.g., submission of key deliverables such as progress reports to FaHCSIA). The timeline for Round 3 was relatively shorter than Round 1 and Round 2 because the requirement for communication and support had diminished by this time and because the PPP project was due to end on 30 June 2008.

CAFCA was the main conduit between the national evaluators and the projects and services, circulating the call for proposals on the CAFCA website and via the *E-evaluate* and *CAFCA-chat* email discussion lists. FaHCSIA also distributed a letter about the call for proposals to project managers that were funded by CfC, ItG and LA.

Communication and support

The PPP process was promoted in a variety of ways to ensure relevant information reached project workers and local evaluators. Communications strategies included:

- advertising the call for proposals on the CAFCA website and via the *E-evaluate* and *CAFCA-chat* email lists and the electronic *Evaluators' National Newsletter*;
- promoting the PPP at all CfC and ItG national conferences and workshops;
- maintaining a page on the CAFCA website with up-to-date information about the PPP process and supporting materials; and
- preparing a PPP flyer (Attachment E) outlining the key support activities in each round. The flyer was circulated on *E-evaluate* and *CAFCA-chat* and posted on the PPP website for the duration of each round. FaHCSIA also mailed the flyer to all CfC, ItG and LA projects.

Workshops and teleconferences

Practice profiles are a new concept to some practitioners in Australia, and the PPP was groundbreaking in its particular approach. As such, projects and services required some assistance to understand the PPP process and prepare a proposal. In Rounds 1 and 2, workshops were conducted in key metropolitan locations, while teleconferences were included in Rounds 2 and 3.

All project managers and local evaluators were invited to attend the PPP workshops and teleconferences, which were held according to demand. The workshops and teleconferences were designed to provide the participants with:

- a background to the broader evaluation, which contextualised the PPP within the SFCS;
- an overview of the proposal requirements;
- a discussion of national and state policy contexts;
- a discussion of the PPP Proposal Form and Form Guide and other supporting documentation;
- discussion of specific practices with projects/services; and
- information on relevant literature and other evaluation resources.

In Round 1, a PPP Workshop Workbook (Attachment B) was used to guide participants through the workshop and serve as a handy reference to assist with proposal preparation. In Rounds 2 and 3, a PPP Information Pack served a similar purpose (Attachment C), with the materials in the pack designed to cater more broadly to both the workshop and teleconference formats.

Half-day interactive workshops were held in Rounds 1 and 2 in Sydney, Melbourne, Adelaide, Brisbane (Round 1 only) and Perth (Round 1 only). A total of 86¹ participants attended in Round 1 and 30 in Round 2 ($N = 116$). Feedback recorded on specially designed feedback forms highlighted the value of the workshops conducted in Rounds 1 and 2. The following is representative of most of the feedback:

Well organised, comprehensive, clear, example most helpful. Walking through the submission form and process step by step what was required, it became really clear where to focus our efforts. (Round 2)

Teleconferences were organised in Rounds 2 and 3 in order to engage more projects and services in the PPP (particularly those in rural and regional areas). Teleconferences organised in Round 2 were tailored to suit the unique needs of each of the three programs (LA, ItG and CfC). This enabled a more focused and intensive discussion of criteria, evidence, literature and other relevant issues. With Round 3 spanning only 2 months, teleconferences were used as the main vehicle of support, although in this instance all programs were catered for in order to maximise the number of participants.

A total of 26 organisations were represented in Round 2 at the 4 teleconferences conducted that were specific to each program (2 CfC sessions, 1 ItG and 1 Local Answers). In Round 3, a total of 4 teleconferences (open to all programs) were held throughout the month of February, with a total of 28 organisations participating. Feedback from teleconference participants was also positive:

The content of the teleconference was very comprehensive ... The information was presented in a clear and articulate fashion and I found it particularly useful in gaining some key tips/things to consider in refining our proposal. By stepping slowly through the PPP Proposal Form and reviewing the case study example, I obtained some further ideas/guidance for our submission (in addition to the constructive feedback our organisation has received from AIFS in the past). A whole range of options were flagged and I picked up upon a few points, which did not come across when reading over all the documentation. The teleconference format was straightforward and logical. There was ample time for participants to ask questions without veering off the track (Round 3 participant).

Of the total proposals received, 80% participated in either a teleconference or a workshop, which highlighted the necessity and value of this detailed communication and support activity.

Help Desk resources

In addition to these resources, the CAFCA Library Help Desk (operated by AIFS) was available to projects and services for assistance with literature searches. A PPP Help Desk was also provided for general advice via email and/or telephone (using a Freecall 1800 number). Considerable time was often spent with individual projects around the proposal requirements, identifying appropriate evidence and

1 One workshop was held following an ItG national meeting in Sydney, accounting for the larger number of attendees in Round 1.

locating research material. Projects were also able to submit draft proposals to the PPP team for comment and feedback. This type of support was particularly valued by LA projects.

Electronic resources

An integral component of the ongoing support was the setting up of a “Resources” page on the CAFCA website containing information on easy-to-use evaluation guides, relevant literature and/or web links to early childhood resources, parenting, community development and other relevant areas. Resources on this webpage are continually being updated.

A sample PPP proposal was also prepared based on an actual (but not funded under SFCS) project: Panyappi (Younger Brother and Sister), which is a project of the Metropolitan Aboriginal Youth Team, Family and Adolescent Services, Department of Human Services, South Australia (Attachment C, pp.123–138).

In Round 3, a “Frequently Asked Questions” section was posted on the CAFCA website (Attachment D), based on queries from the field received in Rounds 1 and 2.

Practice Evaluation Consultant

There was considerable diversity in the quality of proposals received in Round 1, with LA projects generally being less analytic than proposals received from CfC and ItG projects. This was thought to reflect differences in project resources and capacities; that is, compared to CfC and ItG projects, LA projects were small in scale and often did not have the assistance of a local evaluator to provide evaluation advice and assistance. On the recommendation of the Reference Group, a Practice Evaluation Consultant was engaged to support unsuccessful projects from Round 1 to resubmit in Round 2 or 3, and to assist other projects to prepare their proposals in subsequent rounds.

The Practice Evaluation Consultant provided technical (evaluation and research) expertise as well as editorial assistance in the preparation of the proposals. A secondary aim of this work with projects was that through exposure to the language, tools and methods of evaluation, skills would be transferred to project managers and staff, which they could use in future report writing and other submission preparation work. The Practice Evaluation Consultant also assisted with the conduct of workshops and teleconferences in Rounds 2 and 3 and provided limited feedback to draft proposals.

Internal review

Once proposals were received, they were checked for completeness and to determine whether evidence was attached to support claims of promising practice. Of the 81 proposals that were received in all, 49 ($n = 7$ (Round 1), $n = 21$ (Round 2) and $n = 21$ (Round 3)) were returned because the documentation was not complete and/or more information/clarification was needed in the presentation of evidence. Projects were given the opportunity to provide the additional information prior to the validation process, and support and guidance were provided where necessary.

Validation

The validation process involved the review of all proposals by an independent Peer Review Panel. The PPP Reference Group, members of AIFS executive management and AIFS research staff were consulted about the composition of the panel.

The Peer Review Panel comprised three reviewers (four in Round 1) whose individual expertise, background and interests complemented each other and reflected important domains across the three initiatives. The panel had expertise in the areas of: policy development, program administration and management, project evaluation, child development, parenting, social work and Indigenous issues. A semi-blind peer review process (see Attachment H for a description of the semi-blind process) was adopted, meaning that the identity of the applicants was known to the panel but not vice-versa.

The current system of peer review was applicable to evidence-based practice rather than academic review. The focus of the peer review was on the appraisal of the evidence of promising practice. In relation to each proposal, the panel was asked to do two things:

1. consider whether the selection criteria had been adequately addressed; and
2. assess the evidence and supporting material. Was there sufficient evidence provided to support claims of promising practice?

While ensuring that project outcomes aligned with those identified for the CfC, ItG and LA programs, the panel was encouraged to assess each proposal within the boundaries of the projects' objectives and specific strategies employed; that is, how well the practice addressed individual program objectives. The panel was provided with a briefing paper to assist with their assessment of the proposals (Attachment F).

For each proposal, panellists completed a PPP Validation Template (Attachment G). The template ensured consistency of approach in assessment and assisted in reaching a consensus view about each proposal. The Validation Template was based on the UK *Quality in Qualitative Evaluation: A Framework for Assessing Research Evidence*,² which was relevant for a range of types of qualitative evaluations, including practice evaluation, policy development and appraisal, as well as evaluation of particular interventions, schemes or programs.

The validation process included face-to-face sessions and teleconference meetings. One half-day face-to-face review session was held in Round 1 and two sessions (a half-day face-to-face meeting and a two-hour teleconference meeting) were held in each of Rounds 2 and 3. At the end of each peer review, a confidential Peer Review Panel Report was prepared detailing the assessments and ratings given to each of the projects. The panel was asked to contribute to the Panel Report and to approve each report.

Dissemination

It was clearly stated at teleconferences, workshops and on the PPP page on the CAFCA website that the proposals would be developed into profile documents and published on the Internet. The CAFCA website is the obvious location to publish the profile documents as it is widely accessed by researchers, academics, students, policy makers, service providers and practitioners, both nationally and internationally.³ Indeed, CAFCA was commissioned to assist in the dissemination of PPP products, and to this end a special web page has been designed to house the promising practice profiles on the CAFCA website (see www.aifs.gov.au/cafca/ppp/ppprofiles.html).

2 The report was prepared by Liz Spencer, Jane Ritchie, Jane Lewis and Lucy Dillon of the National Centre for Social Research, 2003. Further information on the framework can be found at: www.natcen.ac.uk

3 In the period July 2005 – 30 April 2008, CAFCA experienced 222,150 “hits” and 144,496 “downloads”.

At the time of writing, two profiles have been published on the CAFCA website. The profiles are designed to be accessible and brief, and cover information about the program objectives, how the practice works, the theoretical context and actual outcomes, in order to facilitate replication (see Appendix I for an example of a completed profile).

However, because the PPP process did not assess the effectiveness of the program as a whole, the disclaimer below appears on the front of the PPP web page:

Disclaimer

Acceptance of practices for the Promising Practice Profiles does not necessarily imply that the associated programs and services are effective in terms of their impact on children and families, or that they are the most effective or efficient way of achieving their objectives. Acceptance of practices for the Promising Practice Profiles should not be understood as an endorsement of the program or service from which the practices are drawn by either the Australian Institute of Family Studies (AIFS) or the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

Copyright of the profiles rests with the agency from which the proposal originated, and thus the profiles themselves and the work involved in developing them sit just outside the limits and responsibility of the current project. However, there is absolute commitment to ensure proposals become published profiles, even though the work involved is expected to extend beyond the timeframe for the national evaluation.

The PPP web page will be a first of its kind in terms of a readily accessible resource of evidence-based, independently validated practices that run the gamut from large-scale service models to medium-scale community level projects to small-scale local community initiatives across the early childhood, early intervention and community development disciplines. This resource should prove of great value to policymakers, key stakeholders and service providers.

Analysis of the PPP process

The PPP represents a new model for identifying and sharing evidence-based practice knowledge in the social services and much was learned through its development and implementation. Several components that have contributed to the ultimate success of the PPP included:

- consultation and collaboration;
- effective communication;
- development of clear documentation;
- ongoing improvement;
- strong internal controls.

Consultation and collaboration

Consultation and collaboration occurred at various levels and at various phases throughout the project. During the planning/conceptualisation phase project staff were consulted about the assessment criteria. A PPP Reference Group, comprising local evaluators from around the country, members of the national evaluation,

and representatives from FaHCSIA, provided input on all aspects of the PPP process. The Peer Review Panel was consulted on ways to improve the validation process, and key individuals, including the Practice Evaluation Consultant, the national evaluation partners and FaHCSIA staff all contributed their expertise at various stages. Undoubtedly, the involvement of all stakeholders contributed to the rigour of the PPP process and its successful engagement with the projects. Close collaboration between the national evaluation team at AIFS and the projects was also critical to the overall success of the project.

The PPP aims to integrate knowledge that is gained from the experiences and wisdom of practitioners with knowledge that is gained through research. The profile documents are produced as the result of an active collaboration between AIFS staff and the service providers, and copyright of the profiles is owned by the agencies. Thus, the PPP process ensures that the services maintain a sense of personal ownership over their individual service practice profiles.

Effective communication

To connect projects with AIFS staff, a PPP Help Desk was established to offer projects support via email or phone (through a Freecall 1800 line) five days a week. AIFS also provided CAFCA users with a Library Help Desk for advice and assistance with literature searches. Both the Library and PPP Help Desks were well utilised by the projects, particularly in Rounds 2 and 3.

Workshops and teleconferences were effective in communicating the aims of the PPP and how to prepare a proposal, although both approaches had advantages and disadvantages, mainly to do with cost, time, reach, attention given to individual projects and networking possibilities. A structured agenda helped to keep the workshops/teleconferences focused.

Development of clear documentation

To respond to the needs of such diverse projects, clear documentation was essential in conveying the requirements for submission. Various documents were developed as a guide to the preparation of proposals, including the PPP Proposal Form, the PPP Form Guide and the PPP sample case study.

Ongoing improvement

While highly structured, the process was responsive to outcomes from each of the rounds and action was taken to enhance the structures in place. Indeed, adjustments between Round 1 and Round 2 were made in direct response to how this new initiative was working. These included: simplification of PPP Proposal Form; a focus on effectiveness; appointment of a Practice Evaluation Consultant; preparing additional written guidance to assist in the preparation of proposals; provision of ongoing support and feedback to draft proposals; providing more intensive support to LA projects in proposal preparation and the conduct of teleconferences to engage rural and remote projects and those unable to attend workshops. These refinements contributed greatly to the success of both Rounds 2 and 3 in terms of the quality and quantity of proposals received.

Like any new undertaking, the PPP process also needed ongoing reflection and refinement. The PPP Reference Group was an essential component to this process.

Strong internal controls

The PPPs are not intended to be a mere compilation of practices from the field. Practices were scrutinised for efficacy by an independent Peer Review Panel, which gave the process rigour and integrity. Drafts of all PPP material were also reviewed by a number of stakeholders, including the PPP Reference Group, AIFS management, the national evaluation partners and FaHCSIA management.

Costs and benefits for participating projects

The experience of implementation suggests that there were both costs and benefits for the projects that participated in the PPP process. While project staff and local evaluators were engaged in the PPP process, projects had to absorb the work involved in preparing a proposal from within their existing resources. Feedback from the field suggested that it took up to 5 days to prepare a proposal, which was particularly burdensome for projects lacking an evaluation budget. For some services, lack of resources may have been a barrier to participation, and may also have prevented some projects that were unsuccessful in Rounds 1 and 2 from making a resubmission. Travel to workshop venues and taking the time to participate in workshops and teleconferences were other costs borne by individual projects.

On the upside, feedback from the field suggests that preparing a PPP proposal was a valuable exercise in reflective practice. It also heightened awareness among Facilitating Partners and project managers of the importance of collecting reliable outcomes data, and it also helped develop evaluation skills across the board.

Summary

Given the amount of time needed to prepare a proposal and the barriers to participation, the total number of proposals received is a testament to the commitment of programs to share and contribute to the building of an evidence base of practice learnings and practitioner knowledge.

In summary, the PPP process is a pioneering approach to building an evidence base of practice learnings in the social service sector. While being highly structured, it was an evolving process that required intensive work, critical reflection and ongoing improvement. As a result, it developed into a credible process for building a shared knowledge base that should act as a catalyst for service enhancement. The results of the PPP process are discussed in detail in the following sections.

2. Results of the call for proposals

This section describes the results of the call for proposals across the three submission rounds.

A total of 81 proposals were received over the three submission rounds (11 in Round 1, 35 in Round 2, and 35 in Round 3). Table 1 shows a breakdown of the proposals received and by state and territory across the three submission rounds.

Table 1. PPP proposals received, by projects and by state/territory

Program	State								Total*
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	
Local Answers									
Round 1		2					2	1	5
Round 2	1	5					3		9
Round 3		7			1		5		13
<i>Sub-total</i>	<i>1</i>	<i>14</i>			<i>1</i>		<i>10</i>	<i>1</i>	<i>27</i>
Communities for Children									
Round 1				2	1	1			4
Round 2		3	1	1	4	3	5	1	18
Round 3		2		2	4	3	7	1	19
<i>Sub-total</i>		<i>5</i>	<i>1</i>	<i>5</i>	<i>9</i>	<i>7</i>	<i>12</i>	<i>2</i>	<i>41</i>
Invest to Grow									
Round 1		1				1			2
Round 2		3		2	1		2		8
Round 3		2					1		3
<i>Sub-total</i>		<i>6</i>		<i>2</i>	<i>1</i>	<i>1</i>	<i>3</i>		<i>13</i>
Total*	1	25	1	7	11	8	25	3	81

* All resubmissions were counted as “new proposals” in Rounds 2 and 3.

As shown in Table 1 above, there was a considerable increase in the number of proposals received in Round 2 and Round 3 compared to the first submission round. This is largely attributed to the simplified submission process in the latter two rounds, and could also be a reflection of how knowledge of the PPP process built over the life of the project. CfC, ItG and LA projects were well represented in the pool of submissions, especially when one considers the variation in the number and size of projects across the three programs.

Table 2 below shows the outcome of the peer review process across the three submission rounds. Of the 81 proposals received, 57 (70%)⁴ were validated as being promising. Of these, 39 (68%) were accepted without revisions (i.e., profiles can be developed with information provided in the proposal), and 18 (32%) were accepted with revisions (additional information/clarification needed to be submitted and verified by the Chair of the Peer Review Panel before proposal can be developed into a profile). Promising practices were those considered likely to have facilitated observed positive outcomes for children, families and communities.

4 Because all resubmits were considered as new proposals in subsequent rounds, this figure includes proposals not accepted in each round, regardless of whether they were subsequently assessed as “accepted” in later rounds.

All of the 21 proposals that were not accepted in Round 1 and Round 2 were encouraged to resubmit in subsequent rounds. Only 3 proposals validated as not promising did not have the opportunity to resubmit, as they were submitted in the final round (Round 3). Of the projects that were not successful, most required additional evidence to substantiate their claims of promising practice, or to better articulate outcomes data with the stated objectives of the practice and/or provide more detail about the practice itself.

Table 2. Outcome of the peer review process across the three submission rounds

Rating status	Round 1 (N)	Round 2 (N)	Round 3 (N)	Total (N)
Accepted without revisions	1 (ItG)	18 (6 CfC, 7 ItG, 5 LA)	20 (12 CfC, 1 ItG, 7 LA)	39
Accepted with revisions		6 (4 CfC, 1 ItG, 1 LA)	12 (5 CfC, 2 ItG, 5 LA)	18
Not accepted	10 (4 CfC, 1 ItG, 5 LA)	11 (9 CfC, 2 LA)	3 (3 CfC)	24
Total	11	35	35	81

Table 3. Accepted promising practices

Program	Number	Per cent
CfC	26	56
LA	19	33
ItG	12	21
Total	57	100

Table 4. Submissions received/accepted

Program	Number of submissions received	Per cent	Number accepted	Per cent	Proportion submitted accepted (per cent)
CfC	41	51	26	56	63 (70*)
LA	26	32	19	33	76 (90*)
ItG	14	17	12	21	86
Total	81	100	57	100	71 (79*)

* Four CfC submissions and four LA submissions that were initially not accepted, were resubmitted and were subsequently accepted as promising practices. As such, the real proportion of accepted proposals is higher for CfC and LA projects and hence so is the total.

Outcomes evidence presented in proposals

Outcomes evidence presented in the proposals reflected a variety of approaches to program evaluation, perhaps underscoring the diversity of evaluation skills and expertise, as well as differences in funding and staffing across the programs. Empirical evidence was more apparent in the larger-scale ItG and CfC projects (i.e., before and after comparisons, standardised assessments, etc.), which have an external evaluation component. LA projects were more likely to include anecdotal and qualitative data derived from feedback forms; participant records; testimonials from service users, key stakeholders and other service providers; media write-ups; and photos.

Summary of validated promising practices

This section describes the validated promising practices. Tables 5–7 below present a summary of the relevant services/programs by state/territory. A program’s

geographic reach, the type of intervention and its duration and intensity have all been largely dictated by the nature of their funding (i.e., ItGs have a broader/national application, CfCs use a whole-of-community approach, while LAs are small-scale local initiatives).

Table 5. Description of Communities for Children projects validated as promising practices, by state/territory

New South Wales	
Early Childhood Coordinators	Two Early Childhood Coordinator positions (one Indigenous) were created to engage, connect and support (mainly Indigenous) children, families and other service providers in the Dubbo, Naromine and Wellington area. They conduct various community activities aimed at addressing the lack of knowledge among families about services and the lack of appropriate services, as well as increasing awareness of and collaboration with other service providers working in the area.
Engaging Fathers Project	The project uses a holistic team approach to delivering services by improving the workers' and key stakeholders' capacity to engage fathers (and grandfathers and male carers) in children's services and increase awareness about different approaches to parenting and fatherhood. The project works with other CfC partners as an "expert" consultant, assisting and supporting the partners to engage fathers and maximising outcomes for fathers across the entire CfC initiative.
Fairfield Refugee Nutrition Project	The project focuses on food insecurity among refugee families who have settled recently in the Fairfield local government area (LGA). The project aimed to increase the knowledge and capacity of refugee families around healthy eating and at the same time enhance the capacity of community, health workers and settlement services to identify and address nutrition and food security issues among refugee families in the area.
Our Family is Starting School: Tracks to the Big School (TTBS)	TTBS works with children, their families, preschools, playgroups and local schools before children begin kindergarten. An Assistant Principal was appointed to engage families living in Fairfield LGA (a large multicultural community) to engage parents who have not accessed school services previously due to cultural, economic or other reasons.
Northern Territory	
Families and Schools Together (FAST)	FAST is an 8-week early intervention/prevention program designed to strengthen family functioning and targets the whole family. Multifamily meetings are usually held in the school and families are provided with positive interactional experiences facilitated by a collaborative leadership team comprising a parent partner, a school partner, a community-based agency partner and a community-based partner.
Queensland	
Parent Education and Relationship Living Skills (PEARLS)	PEARLS comprises parent education, parent-child relationship development and parental support activities to parents living in the Northern Gold Coast area, which is one of the fastest population growth areas in Australia, comprising six widely dispersed and largely unconnected and isolated areas.
South Australia	
Around About	Around About is a specialised program based at Seaton Central in the western suburbs of Adelaide. Families accessing the program have high needs relating to all aspects of social disadvantage and children have little or no access to preschool or kindergarten. Around About addresses concerns about the high number of children entering school with speech delays and challenging behaviours as a result of little or no exposure to preschool services.
FamilyZone Ingle Farm Hub	FamilyZone Ingle Farm Hub provides a parent-friendly environment to facilitate improved parent-child interaction as well as access to peer and staff support. The hub attracts users from many cultures (a significant contingent of African and Afghan families) and offers activities such as supported playgroups for general or culture-specific groups, home visiting, craft and cooking groups, parenting courses, mothers and babies groups, parent support groups, music and movement groups, post-natal groups and English classes. The FamilyZone is co-located with other services to allow for a seamless transition between services and located at the Ingle Farm Primary School.
Intensive Supported Playgroup Program: Little Engines	Little Engines provides free intensive support playgroup sessions for children aged 0-5 years and their families. Through the program, the families become aware of services in the community and supportive relationships are fostered between families and local services. The program also involves skills transfer via collaborative partnerships with agencies whose work involves supporting families in the region.

Onkaparinga Community Connections Project (OCCP)	Onkaparinga Community Connections Project is a partnership between a community centre and two primary schools. The project builds community capacity and develops the personal skills in the communities of Noarlunga Downs, Hackham West and Huntfield Heights, which are areas of significant disadvantage. Community capacity-building activities include: social events and parent activities; provision of crisis support and brief counselling; involving parents in decision-making about activities; peer support programs for parents; training opportunities for mentors and participants; and other activities that promote economic self-reliance.
Parent Advisory Group Extraordinaire (PAGE)	PAGE is an inclusive, volunteer group of parents of young children who are working together to create a more family-friendly city. Port Augusta has a large transient population, is culturally diverse, with a high number of Indigenous communities (27 clans). Through PAGE, an innovative model was developed for active community involvement and a more child- and family-friendly community.
Playgroups on the Move (PGOTM)	PGOTM provides support to 37 existing playgroups by providing sustainable resources, training and mentoring support to playgroup leaders, improving linkages (personal, community and service-based) and establishing innovative collaborative partnerships between playgroups and wider community services.
Tasmania	
Bridges for African Men and Families	Bridges for African Men and Families builds understanding among community-based services of issues faced by newly arrived African communities in Tasmania in order to develop culturally appropriate programs, as well as to promote service coordination and collaboration. A monthly dialogue meeting is conducted with service providers and community members, which is the springboard for responsive services to emerging African communities.
Home Interaction Program for Parents and Youngsters (HIPPY) Burnie	HIPPY is a two-year home-based early childhood enrichment program for preschool children that targets communities who have experienced disadvantage. It provides intensive education and support to parents with children 0–5 years, using tutors who work with both parents and children in their homes. This enables the parents to spend more time with their children in activities that enhance child development. Resource materials are provided, and tutors are parents themselves who have completed a training program.
Ravenswood Early Learning Centre: Early Start Program	Early Start is a pre-kindergarten program that operates over three terms and caters to a community comprised predominantly of public-housing, single-parent and low-income families. The program is an extension of the playgroup operating in the local school. Early Start offers children the opportunity to get used to the school environment. Children are also assessed for special needs, learning disabilities and developmental delays prior to starting school and appropriate interventions and individual plans are put in place when indicated.
Victoria	
Bilingual Storytimes	Bilingual Storytimes targets isolated CALD families and their children aged 0–8 years to support their development of literacy and numeracy skills. Conducted by trained storytellers in Arabic, Turkish, Vietnamese, Assyrian, Singhalese, Farsi and Dari, the families are treated to stories, songs, rhymes and craft activities. The program is outreached to community settings such as playgroups, women's groups, early childhood services and schools.
Breaking the Cycle by Building Neighbourhood Hubs: The Next Step	This Neighbourhood Hub is where children's services work together to achieve better outcomes for young children and their families in the city of Hume. The hub engages key service providers in the children's services—schools, kindergartens, maternal and child health nurses and other agencies—to work collaboratively. Most agencies involved in the Early Years Partnership are located in the hub so that they can share resources and allow a more focused approach to delivering early childhood services.
Brimbank Children's Circus Project	The Brimbank Children's Circus Project combines circus arts activities, a strong literacy component and a community learning approach to enable children and their parents to experience parent–child interactions and literacy in a playful and supportive environment. This project targets disadvantaged and at-risk families, including newly arrived refugee families, special needs families and other CALD groups in the City of Brimbank.
Child Care Info Connect	Child Care Info Connect is a program for parents of young children in the Hume Cfc area and uses child care centres as the base for information provision. The program provides information on topics relevant to families through parent information sessions and written materials translated in community languages.

Immunisation Storytime	Immunisation Storytime is part of the Dive into Reading early literacy intervention program for 0–5 year olds and their parents/carers. Storytime is a partnership between the Frankston Library and the local Maternal and Child Health nurses and Council Immunisation staff so that library staff can coordinate their visits to immunisation sessions and reach all families, particularly hard-to-reach groups. Stories are read to children, and parents/carers are engaged in dialogue about literacy and reading development after the child's immunisation.
Early Years Language and Literacy Enrichment Program (EYLLE)	EYLLE raises awareness of the importance of language development and supports oral language and literacy enrichment for children living in the multicultural community of Hume/Broadmeadows. An outreach speech pathologist educates parents to enhance literacy development before children commence formal schooling through a program that consists of an oral language session (through regular small group sessions) and a playgroup component.
Library Has Legs	Library Has Legs operates an outreach model to assist and enhance language and literacy development of young children aged 0–5 years living in Cranbourne. This is achieved through the conduct of storytime sessions at playgroups, kindergartens and child care centres for children who do not access the library.
Strengthening Links Between Settlement Services and Mainstream Early Childhood Services	This project collaborates with the Adult Multicultural English Service (AMES) in Dandenong as a way of establishing contact with refugee families who may not be aware of maternal and child health services. A maternal health nurse from the City of Greater Dandenong is located at AMES to coordinate the project.
Sunshine Learning Together	Sunshine Learning Together comprises three linked components: early learning activities and experiences for children aged 0–5 years; English language tuition to mothers; and a parenting program for mothers. The program targets parents with preschool-aged children who wish to learn English.
Western Australia	
Communication Capers	Communication Capers promotes early oral language and literacy development among children (0–5 years) in playgroups, kindergartens and pre-primary schools in the Armadale region (WA), an area identified as having high socio-economic needs according to the AEDI. A team of speech pathologists and a therapy assistant work in partnership with families and early childhood educators to increase their knowledge and skills in addressing children's language difficulties and improving early language and communication skills.
Moorditj Coolangers (Solid Kids) Community Hub Program	The Moorditj Coolangers Community Hub is located at Mount Lockyer Primary school to connect predominantly Indigenous parents/carers of children aged 0–5 years to the school in readiness for children's commencement to kindergarten. This includes promotion of early literacy and numeracy awareness, parenting skills and knowledge of and access to community resources.

Table 6. Description of Invest to Grow projects validated as promising practices, by state/territory

New South Wales	
Distance Service Delivery of Early Childhood Intervention Using Interactive Multimedia and Videoconferencing	The Royal Institute for Deaf and Blind Children (RIDBC) Teleschool provides highly specialised staff and resources (including assessment, training, therapy and rehabilitation services) to children with hearing and/or vision impairment, their families, carers and local case workers. It uses a range of distance technologies, including videoconferencing, the Internet, telephony and surface mail.
KU Early Language and Literacy Initiative (KU ELLI)	KU ELLI has developed a model of early language and literacy intervention based on resourcing low-income parents/carers and early childhood staff in 2 KU Children's Services preschools in the Campbelltown LGA. By augmenting the knowledge and skills of early childhood staff, they can better enhance the confidence of families in providing their children with language and literacy experiences.

Partnerships in Early Childhood (PIEC)	PIEC operates in 14 long day care centres and preschools in three regions within NSW. It is a prevention program with a strong focus on enhancing children's social and emotional development through fostering attachments between workers and children, parents and children, and children with their peers. A Child and Family Worker is assigned to each centre to train and provide ongoing support to staff, to support parents through parent education sessions, informal parent gatherings and individual counselling, and to assist parents to develop their own informal social and support networks. The PIEC also runs supported playgroups, incorporating play-based activities that promote child development and positive parent–child interactions.
Rural Beginnings: Kurrajong Early Intervention Services (KEIS)	Rural Beginnings is an innovative early intervention service model that uses a transdisciplinary approach by bringing a team of professionals from the allied health, education and social welfare disciplines to provide individually tailored early intervention services, including early education, therapy, counselling and parent training to families who have babies and children with disabilities and developmental delays. The project assists families in 9 LGAs in the Riverina region of NSW.
STaR Inclusive Early Childhood Project	STaR provides a model of inclusive early childhood program that involves collaboration with child care centre staff to ensure that children with disabilities receive appropriate activity-based assessments and programs. A critical component of this model is an indirect staff training approach through the provision of a formal university course, onsite coaching and in-service training.
Starting Blocks Program (ASPECT)	Starting Blocks works collaboratively with existing local service providers in 5 locations across the NSW Far North Coast. The program includes weekly parent and child group sessions for 12 months, which includes structured play-based preschool programs, a concurrent parent training session and a support group to provide families with practical skills and information tailored specifically to their individual needs. Support is also provided to families to build networks with other parents and carers of children with autism.
Queensland	
ProAQtive Early Intervention Program	ProAQtive is an autism-specific early-intervention program for children aged 3.5–4.5 years that enables the children to achieve better educational and social outcomes through a 2-day a week program (over 40 weeks) that offers a range of activities, including social skills and functional behaviour development, outdoor play, one-on-one specialist assistance, home visits, parent contact days, visits to the child's other education placement, individualised referrals and individualised education plans.
Sing and Grow	Sing and Grow is an early intervention music therapy program for vulnerable families with children aged 0–3 that is delivered by registered music therapists in local community settings across Australia to groups of up to 10 families in 1-hour weekly sessions over 10 weeks. The program provides learning and therapeutic opportunities for families through the provision of structured music-based and therapist-led activities that broadly aim to support positive family relationships and build effective parenting skills.
South Australia	
Through the Looking Glass (TtLG)	Through the Looking Glass is a health, education and welfare collaborative early intervention strategy that utilises the existing infrastructure of 5 child care settings across Australia to intervene with families where there is an identified compromised parent–child attachment relationship. It provides intensive psychosocial support, therapeutic intervention and child care.
Victoria	
Core of Life (CoL)	Core of Life is a unique “hands-on” health promotion/prevention/early intervention program designed by midwives to empower male and female adolescents with real and factual information on what is involved in becoming pregnant, giving birth and parenting a newborn. Various resources have been developed and modified for use with Indigenous, urban, rural and remote communities across Australia. Sessions provide the opportunity for young people to develop skills and knowledge (ideally prior to pregnancy) in parenting, child development, community resources and life skills to increase their self-esteem and positive decision-making. The target group for CoL is young people aged 14–17 years (reduced to 12 years for Indigenous communities) who are at risk of early pregnancy or parenting.
Healthy Start: A National Strategy for Children and Parents with Learning Difficulties	Healthy Start Learning Hubs provide practitioners with a forum to share information, and resources and training regarding working with parents with learning difficulties. Each hub (located in every state and territory) is hosted by an agency consisting of a minimum of 3 members who are practitioners in the field.

Mother, Fathers and Newborns: Preventing Distress and Promoting Confidence Psycho-Educational Program for Parents (PEPP)	PEPP is an innovative mental health promotion intervention for universal application in primary care with fathers, mothers and their first newborn. A two-session program is conducted in half-day seminars by maternal and child health nurses to develop knowledge and skills in relation to infant needs and behaviour. Structured tasks are also provided to increase co-parenting relationships. This intervention is being trialled in 7 study sites in Victoria.
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Table 7. Description of Local Answers projects validated as promising practices, by state/territory

Australian Capital Territory	
SuperGrands	SuperGrands is modelled on a successful New Zealand program and was developed to address gaps in the skills development of young parents in home economics. Training is provided to mature volunteers (usually retired) to harness their knowledge and life skills so that they can establish a mentoring relationship with young parents.
New South Wales	
Campbelltown Animation Project	The Campbelltown Animation Project is an innovative community development and education project that works with residents of large social housing estates in Sydney's outer south-western suburbs. The project engages residents in mutual learning and community-building projects and provides support to emerging and existing community leadership through leadership opportunities and peer support. The focus is not on achieving pre-determined outcomes but on how residents can be supported to discuss and act on the community needs that they regard as important.
Family's Journey: Parent Resource Program	The Family's Journey: Parent Resource Program is an integrated child- and family-focused hub offering quality, innovative and responsive child care, educational services and family support options to approximately 1,100 children in the Hastings LGA and over 250 children's services across Mid North Coast and NSW North regions.
Interactive CALD Parents Support Services	The project targets small and emerging CALD communities, with particular focus on Temporary Visa holders who are precluded from accessing many services in the community. The project helps parents and families in these communities to develop parenting knowledge and skills and other early intervention and prevention strategies.
It Takes a Village (ITAV)	It Takes a Village is an innovative mentoring and training program for workers employed in children's services, with a focus on early childhood education providers, by providing onsite training and professional development opportunities. By introducing workers to "best practices", the workers can build on and enhance existing skills and knowledge around early intervention principles and practices. The project has developed a continuity of support model to facilitate this.
SDN Partnerships with Parents (PWP)	Partnerships with Parents is a highly responsive and flexible parenting support program that works with vulnerable families who have children under 5 years of age and who live in the inner Sydney suburbs in and around Redfern. PWP provides a range of activities, such as individual family support, supported baby playgroups, parenting groups, cooking courses and psychotherapy groups, as a means of providing family support.
SDN Family Resource Centre	The SDN Family Resource Centre provides a range of resources for families with young children aged 0–8 years in Sydney's southwest. The centre responds to locally identified needs by providing a non-targeted, non-stigmatising soft entry point from which to provide three tiers of support to families: a toy library (primary level), facilitated "Stay and Play" sessions and "Parents Groups" (secondary level), and "Individual Family Support" (tertiary level).
Sports Mentor Project: Coonamble	This mentoring program is targeted at Indigenous and non-Indigenous adolescent males aged 12–18 years in Coonamble, NSW, who have been identified as being disengaged from school. Mentors are provided with specific training before being matched with a youth whom they mentor over a 12-month period. Aside from meeting individually during this period, the group also works on an important community project.
Strong Young Mums	The Strong Young Mums program was established as a response to the large number of (mostly Indigenous) teenage mothers in Bourke and surrounding areas who had dropped out of school. With TAFE as a partner, the program reengages young mums into the education system by providing a one-stop service, establishing trust through continuity and consistency, the engagement of the young mums in the consultative process, and establishing partnerships and collaborations with the existing service provider network and by providing continuous individual support.

Youth Insearch Youth Camp	The Youth Insearch Youth Camp is an early intervention program for young people aged 12–18 years from rural and regional communities who are suffering from a range of issues, including poor school attendance, drug and alcohol abuse, social isolation, homelessness and self-harm. The intensive weekend camps draw heavily on peer support and peer leadership and comprise a series of workshops and open discussions on a wide range of issues. There is also a more informal component to the camps, including free time, entertainment night, bedtime tuck-ins and relaxation skills. Around 55–65 young people attend each camp, run by volunteer youth leaders and assisted by 5 adult leaders.
Youth Insearch Leadership Training Camp	The Youth Insearch Leadership Training Camp is offered to youths who have attended at least 3 weekend youth camps and who have been identified as potential leaders. These youth attend a six-day professional development program. After this stage, the leaders are encouraged to return to their communities to help other young people. A web of volunteers and support people work together with youth leaders in their new role as youth mentors.
South Australia	
Parenting KI: Strengthening Families	Parents living in Kangaroo Island are provided with opportunities to attend parent training sessions and workshops on various issues affecting families. The Parenting KI project involves effective recruitment and engagement strategies of fathers.
Victoria	
Community Kitchens	Community Kitchens provides regular opportunities for groups to participate in planning, cooking and sharing nutritious meals together in community-based settings. The project aims to build a sense of community around food and improve the physical and mental health of participants through promoting healthy eating and social inclusion. Skill development is based on peer education and informal learning and benefits a broad range of target groups, such as men, single parents, people with disabilities, migrants, Indigenous people and those on low incomes.
Connected Families: Strong Communities	The Connected Families: Strong Communities program offers parents of children attending Cranbourne Secondary College the opportunity to meaningfully engage with their children's school by assisting with in-class support and administration support coordination of social activities and events. It provides training opportunities and decreases the social isolation of parents.
Connecting Young Parents: The Teen Pregnancy and Sexual Health Network	The Teen Pregnancy and Sexual Health Network meets the complex needs of rural and regional young parents under 20 years of age and their families by expanding local service capacity using a network and partnership approach. The approach has been developed through the formation of a broad multisectoral collaboration in Albury Wodonga.
Creating Capable Communities: Keith St Community House	The Keith St Community House works with families with children aged 0–10 years who live in all public housing neighbourhoods in Bayside, Melbourne. The Keith Street Community House is supported by a team of dedicated workers from Family Life's Community Relations Team and provides a safe physical space, long-term support, role modelling, parent and child activities, opportunities to participate in leadership programs and an informal support network.
Hobson's Bay Young Parents	The Hobson's Bay Young Parents program assists young parents who are homeless or at risk of homelessness to gain confidence and skills to participate fully in their community and create pathways to employment, training and education by catering to several learning areas and providing skills that help young parents to access mainstream services.
Talking Realities: Young Parenting Peer Education Program	Talking Realities is an innovative school-based, peer education project (developed in South Australia but adapted to suit needs and circumstances around the Kingston bayside area) that commits young parents to a comprehensive training program to graduate as peer educators, while also receiving TAFE accreditation to enhance future education and/or employment prospects.
Volunteering Gateways to Inclusion for Diverse and Disadvantaged Communities	The Volunteering Gateways project provides training and capacity-building opportunities for disadvantaged members of CALD communities in Greater Dandenong. It aims to increase their employability and financial independence as well as addressing the social isolation issues of newly arrived migrants by providing them with opportunities to participate in the community and develop networks of colleagues and community resources.

3. Analysis of promising practices

In order to examine practices underpinning each of the 57 validated proposals, projects have been grouped according to the service objectives and target population: supporting parents and families; supporting young parents; “at-risk” youth; children with additional needs; early learning and care; school readiness; service enhancement; service “hubs”; and social inclusion initiatives.

Tables 8–23 summarise the promising practices adopted across the Communities for Children, Invest to Grow and Local Answers programs. This is intended to illustrate the ways of working that were linked to successful outcomes in each of the nine program groups, as well as the extent to which common approaches were adopted, regardless of the program content. The reader is referred to the glossary of practice terms presented at the beginning of this report for a statement of what each practice term means.

The key ingredients that contribute to promising practice that are described on the left-hand side of each table are those that have been identified by the accepted practices in their proposals. Because projects were encouraged to focus on one particular practice (or set of practices) rather than the whole program in their proposals, this does not also necessarily mean that the projects did not incorporate other effective practice elements. The complete set of elements will be identified and discussed in each of the individual promising practice profiles that will appear on the PPP web page.

Parenting and family support

Table 8. Promising practices in parenting and family support across CfC programs

	Child Care Info Connect	Strengthening Links Between Settlement Services and Mainstream Early Childhood Services	Families and Schools Together (FAST)	Parent Education and Relationship Living Skills (PEARLS)	Sunshine Learning Together
Target population	CALD/isolated families	Refugee families	Indigenous, rural & remote, isolated families & families experiencing family & domestic violence	Socially isolated families with young children with poor/no access to services	CALD/isolated families
Service context	Majority of parents of children < 5 years speak a language other than English and have difficulty accessing services	Lack of knowledge about maternal and child health services	Need for improved parenting skills	Higher than average population of children aged 0–5 years	Shortage of affordable and appropriate childcare for women on low income

	Child Care Info Connect	Strengthening Links Between Settlement Services and Mainstream Early Childhood Services	Families and Schools Together (FAST)	Parent Education and Relationship Living Skills (PEARLS)	Sunshine Learning Together
Key practice ingredients					
Capacity-building	✓		✓		
Soft-entry approach				✓	✓
Parent education	✓	✓	✓	✓	✓
Peer support				✓	
Engagement of key partners		✓			✓
Partnerships between parents, workers and agencies	✓	✓	✓	✓	
Play-based activities		✓	✓	✓	
Regular needs assessments		✓		✓	✓
Strengths-based approach			✓	✓	
Participant-driven				✓	
Qualified staff/expert speakers	✓	✓		✓	✓
Staff training and professional development			✓	✓	
Co-located child care					✓
Incentives to participation			✓	✓	

Table 9. Promising practices in parenting and family support across ItG programs

Through the Looking Glass: A Partnership in Parenting project	
Target population	Parents with identified compromised attachment relationship with preschool aged children
Service context	Multifaceted collaborative intervention to intervene with families identified with compromised attachment relationship
Key practice ingredients	
Clear guiding principles	✓
Partnership between parents, workers and agencies	✓
Timeframe of support	✓
Combination of individual and group work	✓
Play-based activities	✓
Staff training and professional development	✓
Co-located child care	✓

Table 10. Promising practices in parenting and family support across LA programs

	Interactive CALD Parents Support Services	Parenting KI: Strengthening Families	Family's Journey: Parent Resource Program	SDN Family Resource Centre	Partnerships with Parents
Target population	CALD/isolated families; families experiencing family & domestic violence	Families in rural/ remote/ isolated areas	Indigenous and isolated families; families with child or parent with a disability	CALD families	Indigenous and isolated families; parents with mental health issues, developmental delays; families with child protection involvement
Service context	CALD communities are small and emerging; lack of attention to needs in existing services	Geographically isolated area with limited opportunities for parents to access services, training and support	Disadvantaged area with high number of lone parents, low income and little facilities	Toy library as a base on which to build layers of transdisciplinary support for families	Extremely marginalised and disenfranchised families in Redfern that have high levels of social disadvantage, public housing usage & domestic violence
Key practice ingredients					
Capacity-building	✓				
Soft-entry approach			✓	✓	✓
Parent education	✓	✓		✓	✓
Clear guiding principles				✓	
Provision of impetus and support for ongoing connections and peer support	✓		✓	✓	✓
Engagement of key partners				✓	
Primary caregiving approach			✓		
Timeframe of support	✓	✓	✓	✓	✓
Combination of universal and targeted program					✓
Multidisciplinary team		✓		✓	✓
Combination of individual and group work Mixed activities				✓	✓

	Interactive CALD Parents Support Services	Parenting KI: Strengthening Families	Family's Journey: Parent Resource Program	SDN Family Resource Centre	Partnerships with Parents
Play-based activities		✓			
Regular needs assessments		✓		✓	
Strengths-based approach	✓	✓	✓	✓	
Participant driven					✓
Inclusive practice			✓	✓	
Qualified staff/expert speakers		✓			✓
Staff training and professional development		✓	✓	✓	✓
Co-located child care in the same venue			✓	✓	
Peer learning		✓			
Individual family support				✓	
Integrated services				✓	✓

What works in parenting and family support programs?

Parent education lies at the heart of parenting and family support programs, with the method of delivery varying from highly structured and time-limited “classes” facilitated by trained facilitators to recreational activities with parent education occurring incidentally.

A soft-entry approach is particularly important for engaging hard-to-reach families, where facilitated, peer-based activities are the basis for the development of trusting relationships between workers and clients, at which point clients are receptive to additional services and support. Indeed, much of the real value coming out of these parenting and family support programs goes beyond what is offered through the specific activities; it is the opportunity to build relationships and networks of support that can be of most benefit.

Minimal paperwork or documentation, self-referral and an open-door policy also appear important for engaging the most disenfranchised families. The provision of emotional support and individual support (therapeutic support, counselling, psychotherapy) are crucial to engaging hard-to-reach/high-risk families, as is practical support that is responsive to parent needs.

Co-locating services (e.g., near a universal service such as a baby health clinic, library or child care centre) was another important way of increasing knowledge about services and engaging hard-to-reach families in particular. Some services use outreach, such as approaching parents in schools and child care centres; approaching chemists, shopping centres and community events; and placing advertisements in community newsletters and flyers around town in shop windows and noticeboards.

Parenting support programs tend to offer a diverse range of services and activities to holistically and flexibly respond to the needs of parents. They use various modalities to deliver the services, and link families with other agencies to address additional needs. Indeed, all programs serve as a conduit for families to access other community services relevant to their needs. A whole-of-community approach is used in a number of programs, including co-location, resource sharing, referral protocols, consultations with community partners and active and innovative partnerships in service delivery.

Accessibility is another key practice ingredient. Location-wise, this means group activities are offered in well-known local community spaces that are accessible by public transport or on foot, and in environments that are “safe” or non-stigmatising, such as a school, park or football club. Free child care and interpreters help to encourage participation, as does the timing of the program (e.g., scheduling sessions during the day or after work, during the school term versus school holidays, depending on the needs of the clients).

The service emulates “going to granny’s place”, with each parent and their children welcomed and fussed over, parents are offered a cuppa and there is the opportunity for individual confidential catch-up ... children and adults leave relaxed, listened to and cared about. (Project Manager, Partnerships with Parents)

Other elements that are important to effective service provision include undertaking consultations and regular needs assessments to ensure parenting topics remain relevant and programs continue to meet the needs of new clients (particularly important for services working with migrant families), and having appropriately skilled and qualified staff.

Parenting support for young parents

Table 11. Promising practices in support for young parents across LA programs

	Hobsons Bay Young Parents Group	Supergrands	Talking Realities: Young Parenting Peer Education Program	Strong Young Mums
Target population	Isolated young parent families	CALD and isolated young families	Isolated families; young parents families and young people	Teenage mothers from Indigenous families and families in rural/remote areas
Service context	Young parents who have limited contact with family and friends and lack positive role models for parenting	Addresses gaps in skill development of young parents and families in home economics, many of whom are separated or unable to receive support from extended family	Training young parents as peer educators for young, vulnerable, socially isolated and economically disadvantaged young parents	Bourke has 16 times higher than average teenage pregnancy rate, young mums not connecting with services
Key practice ingredients				
Capacity-building	✓	✓	✓	
Home-visiting and individual support		✓	✓	✓
Facilitation approach	✓	✓	✓	

	Hobsons Bay Young Parents Group	Supergrands	Talking Realities: Young Parenting Peer Education Program	Strong Young Mums
Social gatherings/recreational activities used as tools for engagement	✓			✓
Harnessing expertise of other service providers; life experience of mature volunteers	✓	✓		✓
Playgroups among peers			✓	✓
Progressive introduction of education-based activities	✓			✓
Positive worker–client relationships			✓	✓
Informal recruitment				✓
Consultative	✓			✓
Appropriate support structures		✓	✓	✓
Qualified staff	✓	✓	✓	✓
Empathic worker			✓	
Effective program coordination	✓	✓	✓	✓
Partnerships with other organisations and networking	✓		✓	✓
Free child care	✓		✓	✓
Accessible location/provision of transport	✓		✓	✓

What works in supporting young parents?

The main ingredient of programs aimed at young parents was parent education. This was undertaken in a very unstructured way, and typically involving peer learning. In some cases, peer educators were used to promote bonding and friendships among the young parents. A relaxed, social environment where young people have a say in the program content also appeared to work well.

Programs also tended to be quite intensive and involved considerable individual counselling, support and mentoring. Home visits, personal approaches, follow-ups and individual support also helped to build positive relationships between the young parent and the worker, which is central to engagement and retention. Other recruitment strategies include door knocks, approaching young mums' groups, maternal and child health nurses, social workers at the maternity hospitals and other family services that work with young parents. Worker characteristics that are important for relationship-forming include being non-judgemental, understanding and accepting of the realities of young parents.

Re-engagement with education was a key service objective, and this was achieved in a variety of ways. Dealing with education issues after the young parent has been through a number of activities and feels fully engaged was one successful approach.

The diversity and complexity of client needs calls for strong program coordination, case management support and appropriate referral. All programs sought to engage the community by forging multiple partnerships and collaborations with other local community services (e.g., child care services, TAFE, medical services, etc.).

Accessibility is an important issue and projects have addressed this by being located in venues accessible to transport and/or providing parents with transport, with one program occasionally taking the participants to service venues and back again in their work car.

The provision of free child care (i.e., undertaken through a collaborative partnership with a child care service) has been critical to the success of the programs and had a dual purpose: it “freed up” the parent to focus on the program and provided children with a positive socialising experience.

Early learning and care

Table 12. Promising practices in early learning and care across CfC programs

	Bilingual Storytimes	Brimbank Children's Circus Project	Library Has Legs	Home Interaction Program for Parents and Youngsters (HIPPY) Burnie	Dive Into Reading Program
Target population	CALD and isolated families	CALD and isolated families and those with child (3–5 years) or parent with a disability	Indigenous, CALD, isolated families and families with child or parent with a disability	Families difficult to engage in mainstream services	Isolated families
Service context	Children starting school displaying poor oral language skills; 37% of households speak a language other than English	Socio-economically & culturally deprived area	A large community experiencing several levels of disadvantage; 14% of population are children aged 0–5 years	Burnie is in the lowest decile of advantage (SEIFA), with high dependence on social welfare payments	Hard-to-reach families may not be aware of the benefits of reading to their babies
Key practice ingredients					
Early intervention using play-based activities	✓	✓	✓	✓	✓
Culturally appropriate, family-inclusive approach	✓	✓		✓	✓
Universal program	✓		✓		✓
Capacity-building for teachers				✓	

	Bilingual Storytimes	Brimbank Children's Circus Project	Library Has Legs	Home Interaction Program for Parents and Youngsters (HIPPY) Burnie	Dive Into Reading Program
Child-focused program, strengths-based approach		✓	✓	✓	✓
Structured yet flexible program	✓			✓	
Use of outdoor spaces and community resources to value-add and build networks	✓			✓	
Networking and liaison with other services	✓	✓	✓	✓	✓
Experienced and qualified staff	✓	✓	✓	✓	✓
Outreach services	✓		✓	✓	✓
Branding of products and services			✓		✓
Parent group meetings				✓	
Building on CfC networks	✓			✓	
Flexible hours of operation and accessible location	✓		✓	✓	✓
Collaborative partnerships			✓	✓	✓

Table 13. Promising practices in early learning and care across ItG programs

Mothers, Fathers and Newborns: Preventing Distress and Promoting Confidence Psycho-Educational Program for Parents (PEPP)	
Target population	Service providers and families with a newborn
Service context	PEPP addresses infant settling and changing relationship between partners after birth of baby
Key practice ingredients	
Culturally appropriate, family-inclusive approach	✓
Structured yet flexible program	✓
Experienced and qualified staff	✓
Outreach services	✓
Flexible hours of operation and accessible location	✓
Collaborative partnerships	✓

What works in early learning and care programs?

Providing children with a positive, enriching learning experience was achieved through a variety of innovative approaches. Some programs that sought to simply expose children to words and books used an outreach approach, while others recruited parents and young children at immunisation services, playgroups, kindergartens and child care services. These brief “storytime” sessions were conducted in community languages as appropriate. Role-modelling (to the parent) and promoting the local library were ways of supporting children’s access to books and encouraging parents to read to their children at home.

My daughter opens a book at home and asks me to tell her about the picture. I have learnt how to read a story. I have picked up skills as to how to make a story interesting using my voice. (Parent feedback, Bilingual Storytimes)

Other programs had greater contact with parents and children, and some were highly structured. Some were designed with a focus on “fun”, where skills (cognitive, social, motor) development occurred through dance, play, themed activities and peer contact (both parent and child). Others involved set tasks and activities for the parent to do with the child, and involved more deliberate role-modelling, worker support and direction. Some came with guidebooks and manuals and take-home resources for parents.

Programs typically have one person who provides leadership and coordination, although trained volunteers (often parents) are used as well. Services are delivered in community settings where parents feel at ease, including the parent’s own home. Critically, all programs work towards enhancing, supporting and developing the vital role that parents play in children’s early learning. In some circumstances, networking and liaison with other services and referrals are used to “value-add”.

Supporting “first-time” mothers

The PEPP is the only program with a focus on first-time mothers, and is a new model informed by research conducted into the health needs and circumstances of mothers admitted with babies to residential early parenting programs for treatment of mild to moderate mood and adjustment disorders. The program is delivered as a two-component seminar. Like the other parent support programs, the seminar is conducted in a locally accessible, safe and familiar environment (local maternal and child health centre). The program is also delivered by a qualified maternal and child health nurse and, as with other programs, the format is varied and includes group discussions, active participation in problem-solving and learning by doing (settling the baby) and talks by invited guest speakers.

School readiness

Table 14. Promising practices in school readiness across CfC programs

	Ravenswood Early Learning Centre: Family-Based Program	Our Family is Starting School: Tracks to the Big School (TTBS)	Around About	Early Years Learning and Literacy Program
Target population	Indigenous, families with child or parent with a disability; isolated families; families experiencing domestic violence and those who are vulnerable	Families with child or parent with a disability; CALD; children with no experience in child care, playgroups	Indigenous, CALD, rural/remote, isolated families; children with no experience of child care before starting school	CALD and isolated families
Service context	Community demographic is predominantly public-housing, single-parent and low-income families	72% of families speak English as a second language	High number of children < 5 years who have little or no access to early childhood and health services	Raises awareness of language development in a multicultural community
Key practice ingredients				
Individual learning plan	✓	✓		✓
Role-modelling	✓		✓	
Rapport-building	✓	✓	✓	✓
Whole-of-family approach	✓	✓	✓	
Early identification and intervention of developmental delays	✓		✓	✓
Play-based learning	✓		✓	✓
Home visiting	✓			
Trained/qualified workers	✓	✓	✓	✓
Involving the family in the transition process	✓	✓		
Hands-on experience		✓	✓	✓
Parent education	✓	✓	✓	✓
Culturally appropriate activities		✓	✓	✓

What works in helping children prepare for school?

School-readiness programs aim to address difficulties identified in some disadvantaged communities, including children presenting at school without a preschool experience, with undetected language/speech problems and other additional needs. Programs are universally targeted “pre-prep” programs. They are focussed on the parent and child, based in local schools, and offer activities such as school orientation and small group sessions. In some cases, services are targeted at the whole family.

Simulating the school environment (group interaction, play, classroom activities, routine/structure), and focusing on the child and parent separately, as well as activities for the parent to do with the child, appear to work well. Parent involvement in their children’s learning activities facilitates their role as their children’s teachers and encourages home-based activities such as reading. Referrals and individual intervention as required is another important component of these programs. In some cases, individual case plans assist the child’s learning and transition to school.

The programs emphasise the need for trained, qualified and knowledgeable staff to be involved in service delivery to effectively meet the needs of both parents and children. Trust and rapport is essential, as workers sometimes need to address sensitive issues such as language problems and/or developmental delay. Employing local community members who speak the language and are familiar to the families involved can contribute to this end. Social and culturally appropriate activities and celebrations are important to establish social support networks and to maintain engagement.

We have discovered that if we run programs (for CALD communities), we need to begin and end with an appropriate celebration. It may be a breakfast, a fundraiser or a play activity—something that is free, fun and for the whole family! This has proven successful, as families feel welcomed and appreciated in the local environment. (Project Manager, Tracks to the Big School)

Supporting children with additional needs

Table 15. Promising practices in supporting children with additional needs across ItG programs

	Starting Blocks Program: Autism Spectrum Australia (ASPECT)	ProAQtive Early Intervention Program	Distance Service Delivery of Early Childhood Intervention Using Interactive Multimedia and Videoconferencing
Target population	Families with a child or parent with a disability	Families with a child or parent with a disability	Families in rural/remote areas; families with a child or parent with a disability
Service context	Unmet needs and service gaps for children with autism	Unmet needs and service gaps for children with autism prior to formal schooling	Lack of specialist intervention services to families who have sensory disabilities in rural/regional
Key practice ingredients			
Individualised program	✓		✓
Play-based intervention	✓	✓	✓
Needs-specific (i.e., autism)	✓	✓	✓
Family skill development and training	✓	✓	✓
Group-work focused	✓		
Multidisciplinary/ eclectic approach	✓	✓	

What works in supporting children with additional needs?

Given the complexity of issues involved, all programs are highly structured, disability-specific and use play-based activities as the basis to develop parent

practical skills and knowledge. In some cases, parent information training and education sessions are run as an adjunct to the play-based sessions, and additional resources (i.e., information materials, other multimedia resources) are provided.

As children’s needs are quite unique, individual plans, prepared in consultation with the parents, are used to formally document the learning and education objectives for each child. Assisting parents to build networks and support mechanisms with other parents facing similar parenting challenges is another key ingredient. Trained and skilled facilitators and/or specialist assistance is essential.

A family-centred approach works toward improving the parents’ knowledge and skills in responding to their child’s special needs as well as involving the parents in planning their child’s program. Ongoing communication and feedback with parents (via direct contact, group meeting, telephone/email contact, or via the Internet) is also important to success.

Supporting “at-risk” youth

Table 16. Promising practices in supporting at-risk youth across LA projects

	Youth Insearch Youth camp	Youth Insearch Leadership Training Program	Sports Mentor Project Coonamble
Target population	Youth 12–18 years from Indigenous, rural/remote, CALD, isolated families and those experiencing family and domestic violence	Youth 12–18 from Indigenous, rural/remote, CALD, isolated families and those experiencing family and domestic violence	Indigenous, isolated families, families in rural/remote areas, youth at risk of disengagement (12–18 years)
Service content	Youth encountering a range of social and emotional difficulties	Youth encountering a range of social and emotional difficulties	Socially disengaged male youth
Key practice ingredients			
Peer support and peer leadership	✓	✓	
Accreditation		✓	✓
Youth-driven planning and decision-making processes		✓	
Pre- and post-support groups	✓	✓	
Mentoring by adult leaders	✓	✓	✓
Rewarding young people	✓	✓	✓
Connections with the community	✓		✓
Universal approach			✓
Sport as a springboard for positive engagement			✓
Voluntary mentor and participation of young people	✓		✓

What works with “at-risk” young people?

The three programs aim to address issues of disengagement, low self-esteem and self-harm among at-risk youth, particularly in rural and regional areas. The common ingredients include the involvement of various sectors of the community (local schools, police, local council, sports clubs, welfare agencies), either for the

purpose of referral or as a source of support for the particular program, as well as the use of volunteers to serve as mentors. All programs use well-regarded community members as mentors (including peer mentors) and incorporate mentor training before the start of a program or during the program (learning by doing for future peer mentors). Another important component was rewarding the young people: a dinner celebration, vacations, a sports awards night, and a team camp at the end of the program.

Capacity-building for service providers and enhancement of service provision

Table 17. Promising practices in capacity-building for service providers and enhanced service provision across CFC programs

	Early Childhood Coordinators	Intensive Supported Playgroup Program: Little Engines	Engaging Fathers Project	Fairfield Refugee Nutrition Project	Communication Capers	Bridges for African Men and Families	Playgroups on the Move (PGOTM)
Target population	Service providers working with Indigenous, and rural and remote families, families with a child or parent with a disability	Indigenous, CALD, isolated families, families experiencing domestic violence, teenage parents	Service providers working with and CALD families where 72% of families speak English as a second language and 60 different languages are spoken	Service providers working with CALD families, refugee families	Early childhood educators and families in a disadvantaged community, supporting children who are developmentally vulnerable in language and literacy	Service providers and CALD families (mainly African communities)	Playgroup leaders
Service context	Multiple barriers to service support	Service providers lack the specific early childhood professional training and confidence to establish a supported playgroup	There is little support available to assist workers to engage fathers in parenting and early years services	Refugees are one of the most vulnerable groups in Australia experiencing nutrition and food insecurity	Early childhood teachers and families need to increase their knowledge and skills in identifying children's language difficulties and improving early language and communication skills	African communities who may be experiencing cultural shock with new familial experience	A large proportion of disadvantaged families live in the area (lowest 10% in Australia and others in the lowest 10–25%; up to 37% of children are vulnerable in one or more AEDI developmental domains)
Key practice ingredients							
Reflective practice		✓	✓	✓	✓		
Flexible training and professional development	✓	✓	✓		✓	✓	✓
Peer support and networking	✓	✓			✓	✓	✓
Cross-sectoral collaboration	✓	✓	✓			✓	✓

	Early Childhood Coordinators	Intensive Supported Playgroup Program: Little Engines	Engaging Fathers Project	Fairfield Refugee Nutrition Project	Communication Capers	Bridges for African Men and Families	Playgroups on the Move (PGOTM)
Outreach services	✓				✓		
Development of appropriate suite of materials				✓	✓	✓	✓
Building relationships with community members and service providers	✓	✓	✓	✓	✓	✓	✓
Capacity-building				✓	✓		✓
Qualified and skilled mentors, staff, volunteers		✓		✓	✓		✓
Strengths-based approach		✓					
Holistic approach			✓				
Varied approach to identify and recruit clients				✓		✓	
Indirect staff training approach					✓		✓
Regular, flexible support					✓		

Table 18. Promising practices in capacity-building for service providers and enhanced service provision across ItG programs

	Sing and Grow	Healthy Start: A National Strategy for Children of Parents with Learning Difficulties	KU Early Language and Literacy Initiative (KU ELLI)	Core of Life (CoL)	STaR Inclusive Early Childhood Project	Partnerships in Early Childhood (PIEC)
Target population	Indigenous, CALD, isolated families, families experiencing domestic violence, young parents, mothers in prison, parents with mental illness	Families with a parent with a disability	Young children from low-income families seen to be educationally at risk	Service providers working with Indigenous, CALD, isolated, rural and remote families, families experiencing family and domestic violence	Service providers working with and families with a child/parent with a disability	Universal service in targeted disadvantaged communities

	Sing and Grow	Healthy Start: A National Strategy for Children of Parents with Learning Difficulties	KU Early Language and Literacy Initiative (KU ELLI)	Core of Life (CoL)	STaR Inclusive Early Childhood Project	Partnerships in Early Childhood (PIEC)
Service context	Early intervention music therapy for families with children aged 0–3 years	Learning hubs established to hold training events for practitioners to best meet learning needs of parents with learning difficulties	KU ELLI supports staff at 2 preschools to engage in more purposeful planning for language and literacy development	CoL builds an education resource they can deliver and use to educate young people about pregnancy and parenting education	Work with child care centre staff to ensure that children with disabilities receive appropriate activities-based assessments and program	Designed to train and support staff at centre-based children's services to increase their understanding of children's behaviours from an emotional needs perspective
Key practice ingredients						
Hub model		✓				
Reflexive practice	✓	✓	✓	✓		
Flexible training and professional development	✓	✓	✓	✓		✓
Peer support and networking	✓	✓		✓		✓
Outreach services	✓					
Building relationships with community members and service providers	✓			✓		✓
Capacity-building	✓	✓	✓	✓	✓	✓
Qualified and skilled mentors, staff, volunteers	✓	✓	✓	✓	✓	✓
Holistic approach	✓					
Standardised systems	✓					
Community development approach				✓		
Ability to deliver multiple goals simultaneously						✓
Staying with a practical and on-the-ground focus						✓
Indirect staff training approach					✓	✓

Table 19. Promising practices in capacity-building for service providers and enhanced service provision across LA programs

	It takes a village (ITAV)	Connecting Young Parents: The Teen Pregnancy and Sexual Health network
Target population	Children's service providers	Service providers working with young parents, families in rural/remote areas and isolated families
Service context	Addresses lack of knowledge & interaction between children's services and other community/health services because of lack of time and resources in accessing information, training, etc.	Designed to address complex needs of vulnerable population through the development of broad multisectoral collaboration in a context of limited rural and regional resources
Key practice ingredients		
Reflective practice	✓	
Peer support and networking	✓	
Multisectoral collaboration	✓	✓
Outreach services	✓	
An appropriate suite of material	✓	
Building relationships with community members and service providers		✓
Strengths-based approach	✓	
Semi-formal and responsive structures		✓
Activity that engages network members and target clients		✓
Respect for difference and diversity		✓
Ability to delivery multiple goals simultaneously		✓
Staying with a practical and on-the-ground focus		✓

What works in capacity-building for service providers and enhancement of service provision?

These programs aim to strengthen the capacities, skills and knowledge of service providers and enhance service provision in the communities they serve. Thus, the provision of learning and professional development activities are common program components, although the mode of delivery may vary.

In-service training includes visits from specialist staff, as well as programs and initiatives administered by a staff member. The style and content of these programs vary, from workshops and information sessions to more hands-on approaches. A number of the programs have standardised information packages and training modules to assist with implementation and ensure quality of service delivery. Resources are typically made available to workers as part of the training. Other forms of professional development include experiential learning, mentoring and dialogue meetings, as well as formal study at university or online study through a university.

The scheduling of training is also important, whether to avoid local festivals and cultural events, or to provide workers the opportunity to participate during regular working hours. In respect of training to Indigenous workers, consultation, negotiation and careful consideration of program content, manner of delivery and who delivers the training are all important.

Other forms of ongoing support offered to workers include individual telephone support, peer support, regular dialogue meetings with staff, interagency meetings, quarterly community newsletters, regular de-briefing sessions, “drop-ins” at partner services and the establishment of learning hubs (e.g., learning hubs established in regional areas are effective in delivering formal training and peer support to rural and regional practitioners).

“Reflective practice” is a key ingredient for enhancing service provision. This process involves purposive planning, data collection and analysis and reflection/evaluation. A good understanding of local needs is another ingredient in responsive service provision, particularly for those working with Indigenous or CALD communities, and this is achieved in some programs by undertaking a community asset inventory or needs analysis, as well as liaison and networking with key community members.

Across the programs, creating networks and partnerships with other services is an effective way to enhance service provision. Strategies in developing and maintaining successful partnerships include: a single coordinator/contact person, a reference group, regular communication (e.g., dialogue meetings between different services), extensive preliminary and ongoing promotion, common goals, and a practice and “solution” focus. Partnerships were reflected in a range of activities and initiatives, from formal collaborative agreements, to joint one-off activities, informal time-limited projects, or participation in community events organised by other organisations and regular visits to other services for the purpose of information exchange.

Community “hubs”

Table 20. Promising practices in community hubs across CfC programs

	FamilyZone Ingle Farm Hub	Breaking the Cycles by Building Neighbourhood Hubs: The Next Step	Moorditj Coolangars (Solid Kids) Community Hub Program (MC)
Target population	CALD (mainly African and Afghani humanitarian entrants) and isolated families with children aged 0–5 years	CALD, isolated families; newly arrived migrants and refugees and families experiencing family and domestic violence	Indigenous and rural/remote families
Service context	Lack of services in the area, with transport a significant access barrier	Community hub where children’s services work together for families with children aged 0–5 years	Information, services and support for children 0–5 years and their families delivered in a school location
Key practice ingredients			
Reflective practice			✓
Flexible training and professional development	✓		✓
Peer support and networking	✓	✓	✓
Multi-agency and multidisciplinary	✓	✓	✓
Co-location of services	✓	✓	✓
Collaboration with other services	✓	✓	✓
A welcoming atmosphere	✓	✓	✓

Outreach services	✓	✓	✓
Building relationships with community members and service providers	✓	✓	✓
Positive modelling			✓
Cross-cultural approaches	✓	✓	✓
Qualified and skilled staff, mentors, volunteers, etc.	✓	✓	✓
Holistic/whole-of-school approach	✓	✓	✓
Family-centred practice	✓	✓	
Individualised approach			✓
Unlimited access	✓		

Table 21. Promising practices in community hubs across ItG programs

Rural Beginnings: Kurrajong Early Intervention Services (KEIS)	
Target population	Families and their children living in 9 LGAs in the Riverina region of NSW
Service context	Recruiting therapists for rural areas is difficult therefore rural babies and young children with a disability or developmental delays do not receive therapy, or their families are required to travel at considerable expense and inconvenience to larger rural centres or metropolitan areas to access to access early intervention services.
Key practice ingredients	
"Hub-and-spoke" model	✓
Reflective practice	✓
Flexible training and professional development	✓
Peer support and networking	✓
Qualified and skilled staff, mentors, volunteers, etc.	✓
Holistic/whole-of-school approach	✓
Transdisciplinary approach	✓
Family-centred practice	✓

What works in community hubs?

Underpinning all hubs is an integrated approach to child and family service provision in order to break down practical and structural barriers to accessibility for rural/remote, Indigenous and CALD families in particular.

Engagement is facilitated by locating hubs in primary schools and through outreach services, including a home-visiting service and visits to smaller rural centres to deliver services. Hubs are also designed to be welcoming, informal, non-threatening and universally accessible.

The hub is a welcoming place. It is a place where someone will say "hello"; that you can "rock up to" anytime. (Project Manager, Breaking the Cycles)

A family-centred approach is used, and outcomes are sometimes achieved through a formal needs assessment. As many of the client families have multiple and complex needs, co-location of services has enabled a seamless transition from one service to another. A strong professional training and development ethos

encourages workers to be multiskilled in order to respond to a family's multiple needs.

Support from a broader network of peers and colleagues is a crucial ingredient across all programs, with peers acting as learning and information advocates and as mentors to help expand the knowledge base of the workers in the hub.

In order to be responsive to the needs of the CALD and Indigenous communities, service users are matched with staff/volunteers of similar background, highly skilled facilitators and bilingual workers deliver the programs, and culturally meaningful practices are adopted, such as multigenerational dialogues. Across the programs, qualified and skilled staff/mentors/volunteers are essential to enable the establishment of trusting relationships with the clients.

Social inclusion initiatives

Table 22. Promising practices in social inclusion initiatives across CfC programs

	Parent Advisory Group Extraordinaire (PAGE)	Onkaparinga Community Connections Project
Target population	Indigenous, isolated, rural & remote families	Indigenous, isolated families; families experiencing family/ domestic violence and families with a child or parent with a disability
Service context	Service located in a rural town with high levels of transience, a significant Indigenous population, limited economic opportunities and diverse migrant and refugee populations; high levels of social isolation and racism	Area has high levels of mental health problems, family instability, transience, substance abuse and gambling
Key practice ingredients		
A clear and strong guiding vision/framework	✓	✓
Access to a range of resources	✓	
Project partnerships and collaborative working relationships		✓
Flexible facilitation	✓	✓
Enabling a self-directing group	✓	✓
Frequent meetings	✓	✓
Strengths-based approach	✓	✓
Capacity-building	✓	
Continually opening up and inviting in	✓	✓
Providing pathways to community involvement and engagement	✓	✓
Safe and accessible environment		✓
Mentoring		✓
Provision of training programs and other support activities		✓

Table 23. Promising practices in social inclusion initiatives across LA programs

	Campbelltown Animation Project	Creating Capable Communities: Keith St Community House	Community Kitchens	Volunteering Gateways to Inclusion for Diverse and Disadvantaged Communities	Connected Families: Strong Communities
Target population	Residents of large social housing estates in Sydney's outer south-western suburbs	Isolated families, families residing in public housing communities, CALD families	Men, single parents, people with disabilities, migrants, Indigenous people, those on low incomes	CALD families; isolated families	Indigenous, CALD, isolated families and families experiencing family and domestic violence; families presenting with issues
Service context	Housing estates have much higher than average concentration of unemployed people, single-parent families, people on social security benefits and people suffering lifestyle-related health problems	Focus is on families living in public housing but also those in the community who are isolated and vulnerable and want to build a wider net of support and resources	Local research showed food insecurity to be a problem for a significant proportion of people in Frankston attributable to financial inadequacy, transport limitations and social isolation	Newly arrived migrants and refugees in need of local work experience	Service deals with socially isolated parents
Key practice ingredients					
A clear and strong guiding vision/ framework	✓	✓	✓		✓
Flexible facilitation	✓		✓	✓	
Enabling a self-directing group	✓	✓	✓		✓
Frequent meetings		✓			
Strengths-based approach					✓
Capacity-building		✓	✓	✓	✓
Pathways to community involvement and engagement	✓	✓	✓	✓	✓
Trained volunteers		✓	✓	✓	
Safe and accessible environment		✓	✓		✓
Diverse experiences and activities	✓	✓		✓	
Long-term support		✓			
Role-modelling and informal networks		✓			
Mentoring				✓	✓
Provision of training programs and other support activities				✓	✓
Personal training record				✓	
Targeted engagement strategies					✓

What works in social inclusion initiatives?

The programs highlight various pathways for increased social and community involvement of parents in highly disadvantaged areas. Engagement is an ongoing challenge, although the involvement of local schools has helped to recruit parents to one particular program.

Underpinning the programs is a facilitation approach to enable a self-directing group, with the role of the worker (or workers) gradually diminishing as the group becomes self-sufficient. To a large extent, learning and skill development is achieved through peer learning and support. While one volunteer program has a structured program, the format, structure and activities of other programs are largely determined within the group. Groups meet regularly in a safe and accessible environment and are provided with resources (e.g., venue and computers).

People can effect change in themselves and their community, if supported, encouraged and trusted. (Project Manager, PAGE)

I feel good about myself because I'm doing something for the community. When you look how far we've got, and how others have listened to us, it's wonderful. I feel we've achieved things by talking to people. Once I would have thought I'm a nobody but now I know I can speak out ... and you know what? You know how we talk a lot about people "above us", well, we have found out there is no one above us! (Animation Project Participant)

The pathway to community involvement is graduated (e.g., starting with a training course before work experience, learning by doing), and several pathways to participation are available, such as volunteering, mentoring and participation in community events and school activities. Programs lay the groundwork for capacity-building by using the group activities, such as group cooking and tackling community issues, as a vehicle for building social support within the group.

Most programs facilitate pathways to education and employment through the provision of training and other personal capacity-building opportunities (e.g., computer lessons, leadership courses, diverse work experiences, mentoring, etc.). Most of the programs have a strong leadership component that is nurtured either through formal leadership courses or micro-skilling, such as providing participants with opportunities to chair a meeting, take minutes, organise events and conduct supervised intake sessions. Involvement of the wider community in program activities encourages parent participation and social inclusion.

Summary and discussion of promising practices

The PPP process focused on identifying the key ingredients or mechanisms that help facilitate positive outcomes—the activities, processes, systems, contexts and tools that make the practice work. It also provided information on *how* the practice works (e.g., procedural information or step-by-step descriptions), *why* it works and *for whom* it works. By looking at the key ingredients within the projects/programs rather than the program overall, this report attempts to improve understanding of effective service provision in a way that is useful to both service providers and policymakers.

Much of what has emerged from the practices clearly aligns with current research evidence about the characteristics of effective services. The practices have underscored crucial elements that relate to *how* the services are delivered (interpersonal features) as well as *what* is delivered (structural features) to the

target clients (see discussion on effective community-based services, Centre for Community Child Health, 2007).

The current list of programs incorporate promising practices within the context of their own community. While the programs vary in terms of objectives, duration and intensity, and are delivered through a variety of program modalities, a number of common, transferable features appear to have worked in a variety of contexts and for a wide spectrum of target populations. These practices are discussed below.

Safe, comfortable, non-stigmatising venues

Programs repeatedly highlighted the importance of a welcoming, informal and safe environment. Neutral, non-stigmatising venues—such as schools, child care centres, neighbourhood centres, health centres and toy libraries—are all used to convey a social, welcoming and supportive environment in order to facilitate parent trust and engagement. To enhance accessibility, programs provide some services in parents' homes or in other uncustomary spaces that break down traditional "client-professional" exchanges and help build peer networks, such as parks, cafés and football clubs. It was suggested that providing a welcoming space and things that clients value—such as a comfortable couch, tea and coffee facilities, a welcoming presence (smiling face), and a familiar and consistent presence (the same worker fronting the service)—does not require a great deal of effort or resources.

Multiple, intensive, targeted recruitment and retention strategies for hard-to-reach populations

Multiple recruitment strategies are needed to engage hard-to-reach populations, such as CALD individuals and families, young parents, fathers, Indigenous families and families with complex and multiple needs (Carlyon, 2005). The recruitment practices targeting hard-to-reach populations in this collection are a combination of both formal (e.g., approaching community leaders, other community organisations, advertising in local newspapers) and informal methods (e.g., door knocks, distributing flyers at shopping centres, chemists, community events, advertising in shopfronts, etc.).

For practices dealing with young parents, intensive and targeted recruitment processes are employed, involving home visits, personal approach, follow-up, and individual, one-to-one support. Using peer educators and experienced/mature mentors are also effective in retaining young parents in the programs, together with using less structured programs and welcoming spaces (which also works with Indigenous and socially isolated families).

Among the socially excluded (young parents, parents with multiple needs and parents from highly disadvantaged communities), a facilitation approach, which gives clients a say in program activities and outcomes, empowers the parents and enhances program commitment (Turner & Bredhauer, 2005). This approach ensures that the activities within the program respond to the needs and priorities of the families. Responding to the multiple needs of parents (in particular young parents) through parent education, home visiting and support, and connecting families to services (e.g., child care, education, etc.) produces positive outcomes (see James, 1994).

Father recruitment, on the other hand, is achieved by personally approaching fathers at places where they are likely to go, such as child care centres and schools (during pick-up and drop-off times), whereas mothers are approached at mother groups, kindergyms, playgroups and storytimes at libraries. A worker who is known

and respected in the local community and local community leaders (e.g., elders) also play an important recruitment role in CALD and Indigenous communities. The practices highlight the importance of using a variety of approaches to ensure that the net is cast as widely as possible. Follow-up action is also necessary to keep hard-to-reach populations engaged in the program.

Use of sports, which has been identified as an important factor in increased retention of high-risk youth (Ferguson, 2007; Godwell, 2000), has also been adopted by the programs identified in this report. Working towards a concrete goal or a reward at the end of the program (attendance at a major sporting event, a weekend away at a resort, a dinner celebration with high-ranking members of the community, etc.) also works to retain this particular population through the life of the program.

Soft entry points

Universal services are widely used to provide an important soft entry point of first contact, where parents can access support to more specialised services. Attaching targeted services to other, universally available services—such as schools, maternal and child health centres, churches, libraries and health clinics—is effective in engaging and working with hard-to-reach populations. Play-based learning is also used effectively as a non-threatening soft-entry gateway to assist families with children with additional needs, such as developmental delay. Playgroups in particular have been used as a soft entry point to assess children and provide more intensive services where necessary.

Good outcomes have also been observed through parent participation in programs that are not necessarily recognised as parent support, such as cooking classes, where learning occurs naturally as the result of facilitated dialogue and peer support. Similarly, fun, play-based activities and programs for both parents and children are used successfully to build parent–child relationships and a wide range of competencies. For instance, role-modelling effective communication and interaction with children—by getting parents (and children) involved through playing rhyming games, storytelling, dance and crafts—are used by several programs as a way of enhancing language and literacy development. Research has shown that such approaches are more effective than the mere provision of information (e.g., Sylva, Melhuish, Sammons, Siraj-Blatchford, Taggart, & Elliot, 2003).

Culturally specific approaches

In order to be responsive to the needs of CALD and Indigenous families, service users are matched with staff/volunteers from similar cultural backgrounds. Bilingual workers also deliver the programs, and culturally meaningful practices, such as multigenerational dialogues, are adopted. Research has shown that practices that are delivered in culturally appropriate ways have positive effects on children's language and literacy (Freeman & Bochner, 2002), and several practices in this collection have introduced innovative ways of intervening to enhance literacy and language development among children from CALD backgrounds. Bilingual storytellers, one-on-one learning in the family home using peer mentors or trained volunteers, using creative themed activities instead of lecture-style and staggered (e.g., weekly) sessions seem to work well for CALD and Indigenous families.

Other important elements of working with Indigenous and CALD families include provision of free child care services, assistance with transport, and incorporating a meal at the start or end of a program. Involving the whole family (parents and

siblings), and a multigenerational approach to information provision also works well with CALD communities (see Bourke, Rigby, & Burden, 2000; Pianta & Kraft-Sayre, 2003).

Interagency and intersectoral collaboration and cooperation

A whole-of-community approach that builds on existing services within the local community optimises the use of institutional and human resources within the community. A number of practices have translated this whole-of-community approach through co-location, resource sharing, referral protocols, consultations, as well as through innovative community partnerships and inter-sectoral collaborations. In some instances, service locations such as schools and child care centres are used as venues for service delivery. Schools in particular are the site of a considerable number of programs and activities, including training courses, orientation classes, playgroups, “pre-prep” classes, family support services and community hubs.

Community hubs and co-located services are effective vehicles for meeting the needs of families with multiple and complex needs, such as newly arrived refugee families and other CALD groups. They also offer benefits for the services involved, such as sharing of information and resources and collegiate support.

Several programs highlight the value of other intersectoral collaborations in terms of recruiting hard-to-reach families and communities, by using existing services to engage with hard-to-reach populations (e.g., immunisations with literacy experiences, health services with English language lessons, child care as a context for intervention). Intersectoral collaborative networks that work together to respond to multiple issues confronted by one particular population (e.g., newly arrived refugee families) or to address a common issue (i.e. teenage pregnancy and parenting) are also promising.

Active assistance with access

Lack of access to services imposed by distance and lack of transport is addressed by some programs through outreach services, using multimedia technologies to meet the needs of children with additional needs living in rural and remote areas, providing transport, implementing a hub-and-spoke approach to service delivery and through the establishment of learning hubs to deliver more specialised services.

Building relationships and establishing trust

Relationship building has been identified as an essential ingredient in effective intervention with families (Watson, White, Taplin, & Huntsman, 2005). A recurring theme across the projects involved in the PPP process was the importance of relationship-building and rapport between workers and clients, which is thought to emanate from a strengths-based practice approach. Strategies used by programs to build positive relationships include worker participation in general community events (being seen “out and about”), a personal approach, flexible service delivery (e.g., hours of operation, venue), using the client’s first language, working with a recognised community leader, working with trained peers and adopting a non-judgemental and respectful approach.

An integral component of relationship building is trust. The cultivation of trust was acknowledged to be one (if not the key) ingredient to program effectiveness across the programs. While projects nurture trust in different ways, there was recognition that it takes time to build and nurture relationships and that approaches need to be tailored to the specific target population. The practices show that trust building

is most challenging when working with young parents, “at-risk” youth, and high-risk, isolated, CALD and Indigenous families, and with sensitive issues such as child developmental delay.

Offering practical support that responds to parents’ most immediate needs is essential in winning and establishing trust and retaining contact with these families. Individual support offered during home visits is an essential ingredient to trust-building, particularly for Indigenous young mothers. Trained peer educators are also vital in promoting bonding and friendships in young mothers’ groups and with at-risk youth because they can speak from personal experience.

For CALD communities, the informality of recreational and social activities is used as a stepping stone to developing trusting relationships. Trust is also established in these communities by employing local community members who speak the language and are familiar to participants. Following protocols within a community, such as approaching appropriate community leaders and elders from the outset, are also important. Qualified and skilled staff/mentors/volunteers working in community hubs are essential to establishing trusting relationships with clients who (usually) front their services with multiple and complex needs. Community consultation, collaboration and feedback are also used as engagement tools to gain the trust of the communities with which the services work.

Trusting relationships are essential not only for working with the target population but also in working collaboratively with other service providers. Services that seek to enhance the capacities of other community services, such as those run by parents or volunteers (e.g., playgroups), feel that approaching these services informally through contacts and other informal links facilitates trust and the relationship building process.

Mentoring

Several programs show how mentoring helps to achieve positive outcomes with various client groups, such as “at-risk” youth, young parents and isolated parents. Mentoring is also adopted by service providers, such as local workers, parent workers (e.g., those in playgroups) and workers in child care facilities and other early childhood centres. Matching a mentor to the young person or parent is important to the success of the relationship. For example, high-profile members of the community (e.g., local business leaders, school teachers, police officers, youth workers, etc.) and peer mentors works well with “at-risk” youth, whereas experienced community workers and qualified professionals (e.g., specialist early childhood educators, tertiary trained workers, etc.) work well with supporting workers in both formal institutions, such as child care centres, and playgroups run by parents/local volunteers. Mature mentors (grandparents) assist young parents, community elders assist Indigenous families, and trained peer mentors are positive role models for young parents, Indigenous families and at-risk youth.

A graduated approach

A graduated approach to intervention that increases demands and expectations appears to work well to engage and retain involvement among hard-to-reach groups. While the initial focus may be practical issues (e.g., budgeting, hobbies, cooking, nutrition) or providing social activities and establishing formal and informal support networks, more sensitive or intractable issues such as child disability or developmental delay, parent mental health problems and re-engagement in education or the workforce, are addressed at a later stage.

Involving the wider community

The local community is a fount of potential resources to be tapped, enhanced or developed. Practices show that local business leaders, school teachers, police officers, other workers and the “grey force” can be tapped as mentors, and parents can be trained and skilled up as volunteers or peer mentors.

A key feature across programs that aims to tackle social exclusion is the inclusion of informal, recreational and social activities, which appear to serve as the bedrock for building vital and ongoing friendships, social support and community connections. In several projects, schools have been used both as a source of recruitment (parents and families of the students) and also as a pathway to involvement in the wider community. Appropriately resourcing these groups, from providing their own space to meet regularly to making available equipment such as telephones, a photocopying machine, tea and coffee facilities and on-call support are important elements that have kept the groups going.

Trained, committed and reflective staff

The dedication, commitment and professionalism of staff were not explicitly highlighted in the PPP proposals as a key ingredients of program success, but these aspects were repeatedly mentioned in feedback from service clients and program participants. Client feedback suggests that a committed worker is absolutely essential for retaining program participants and in achieving program objectives. Organisational practices that use explicit action/reflection processes, as well as training and ongoing professional development initiatives that enhance the capacities of their workers are essential to keep staff focused on the program vision. Some programs highlight the need for tertiary training or specialised training (particularly for early intervention services), while formal training programs for volunteers and mentors are linked to good outcomes. The training methods adopted range from formal university courses, online courses, onsite coaching, inservice training and mentoring. Researchers have found that this combination of formal training and workplace coaching is an effective way of getting research-based practice into services (Klinger, Ahwee, Pilonieta, & Mendez, 2003).

4. Conclusion

The Promising Practice Profiles is an innovative, rigorous, practitioner-driven approach to documenting effective practices in early childhood, early intervention and community development. While much was learnt about the capacities of the various programs and services to contribute to the PPP, interest and understanding of the process (and evidence-based practice and evaluation more generally) built considerably as the project rolled out.

The PPP process highlighted differential capacities across programs to produce outcomes-based data, which were thought to be related to program size and capacity in terms of funding, time and qualifications as well as experience in evaluation work. Compiling appropriate evidence was a major challenge for smaller initiatives in particular. However, the PPP process did highlight to the Facilitating Partners and project managers the importance of reflective practice and evaluation, and it has encouraged projects to be more proactive in the identification, collection and presentation of evidence.

The final result of the PPP was 57 programs that were validated as comprising promising practices worthy of examination and wider dissemination. The current collection of promising practices has informed our understanding about essential elements associated with program effectiveness that work regardless of the type of service, the issue being addressed or the target client population. Across the programs, the development of some of these elements, such as trust and relationship-building, involve not only an investment of resources, such as staff time and funding, but also largely depend on workers' skills, knowledge and experience and other personal attributes (e.g., empathy, sensitivity, dedication and a non-judgemental attitude). However, other elements, such as the provision of a welcoming and safe venue, can readily be achieved with a little creativity.

Practices identified through the PPP process will progressively be profiled on the Communities and Families Clearinghouse Australia (CAFCA) website during 2008–09. The information contained in the practice profiles reflects and honours the daily experience of service providers by highlighting the key ingredients that help facilitate the achievement of positive outcomes, and goes a step further by providing information on *how* the key ingredients work, *why* they work and *for whom* the practice works, all delivered in a language that is relevant to the primary users of this knowledge base. This is sure to be a valuable information series for service providers who may wish to adopt successful strategies to enhance outcomes for families and communities in specific contexts, and could also be useful for promoting the value of research and evaluation among service providers. It is also an important first step towards expanding the local evidence base that could be used by policymakers to enhance their understanding of effective practice for funding purposes.

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Promising Practice Profiles

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Promising Practice
Profiles

Attachment A Round 1 Submission Form



Promising Practice Profiles

Thank you for responding to the first round of the call for submissions for the Promising Practice Profiles.

To facilitate the review of your submission, this form was designed to capture the most important information about your Promising Practice.

The questions are organised into the following sections:

1. Contact information
2. Background information
3. About your promising practice - criteria guide
4. Practice evaluation
5. Additional information (optional)

Please answer every question on the form.

Your submission will be reviewed for completeness and additional information may be required, so please make sure your contact information is accurate.

Thank you for taking the time to submit your program for consideration.



Promising Practice Profiles - submission form

Project Title: *(please click in box and type)*

Contact Information

Agency _____

Address _____

City _____

State _____ Postcode _____

Website _____

Contact Name _____

Position _____

Phone _____ Fax _____

Mobile (optional): _____

Email _____

(Note: If completing in Word please *click* in box and *type* an 'X')

1.1. Submission prepared by

Local Evaluator

Project Manager

Other (please specify) _____

Background information

2.1. SFCS Stream

- Local Answers
- Invest to Grow
- Communities for Children

2.2. Which focal area/s of the National Agenda for Early Childhood does this project cover?

(Note: You may select more than one)

- Family and children's services working effectively as a team
- Supporting families and parents
- Early learning and care
- Healthy young families
- Child friendly communities

Please describe the issue or problem your promising practice addresses, in 2-3 sentences:

2.3. Please tick the target groups/communities of the program, if any:

(Note: You may select more than one)

- Indigenous families/communities



Promising Practice Profiles

- Families/communities in rural/remote areas
- Families with a child/children or parent with a disability
- CALD families
- Isolated families
- Family and domestic violence
- Other ____

2.4. Program duration and frequency

Commencement date: _____

Completion date: _____

Will the program run again? Yes No

Has the program been run previously? Yes No

If yes, how many times? _____

About your Promising Practice

3.1. Practice description

Please provide a 'snapshot' description of the practice submitted for consideration. This should include:

Project objectives: (300 word limit)

Strategies used to achieve objectives: (300 word limit)

Anticipated outcomes: (300 word limit)



Promising Practice Profiles

3.2. Promising Practice Criteria

How has the practice/project demonstrated “promising practice”?

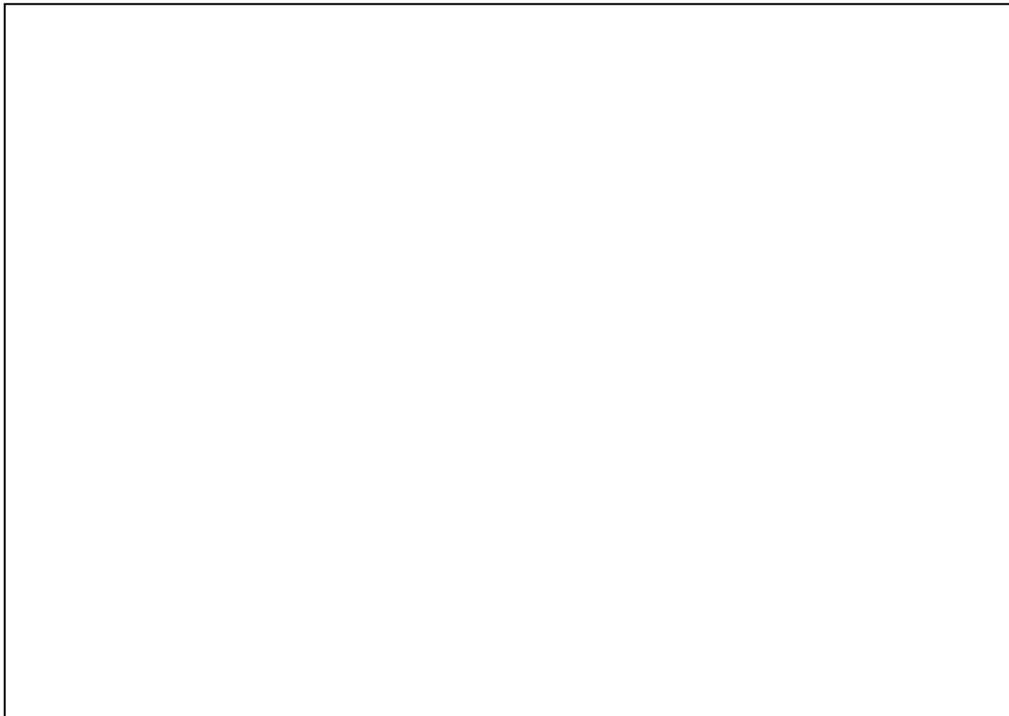
Please address as many of the criteria as you believe are evidence of ‘promising practice’. As you do so, please provide at least one specific example of promising practice. Use the Promising Practice [Criteria](#) and accompanying questions to consider as a guide.

Criterion 1: The practice is effective

Criterion 2: The practice draws on the evidence base

Criterion 3: The practice contributes to the existing evidence base

Criterion 3: The practice contributes to the existing evidence base



Criterion 4: The practice is replicable





Promising Practice Profiles

Criterion 5: The practice is innovative

Criterion 6: The practice is sustainable

Practice evaluation

4.1. *Has the program/project/practice been the subject of evaluation?*

Yes (go to Q. 4.2) No (go to Q. 4.5)

4.2. *What was the type of evaluation?*

Internal External/independent

4.3. *Who conducted the evaluation?*

- Local Evaluator
- Facilitating Partner
- Independent Evaluator
- Project Manager
- Other (please specify)___

4.4. *Type of evaluation instrument used*

- Service User survey (pre and post survey)
- Evaluation/participant feedback following attendance
- Other (please specify) _____

4.5. *Please attach any form of evidence that provide an evaluation of the program: (please indicate what has been attached)*

- Service User report
- Commendations/Testimonials:



Promising Practice Profiles

- Program participants
- Community leaders
- Community members
- Schools (include school teachers, counsellors, etc)
- Other service providers
- Others (please specify)_____

Media reports (e.g. newspaper articles)

Other (please specify)_____

Additional information:

Please provide additional information you would like to share concerning your promising practice.

Attachment B Round 1 PPP Workshop Workbook



Promising Practice Profiles

Workbook

2006 Workshops



Promising Practice Profiles

1. Welcome and Housekeeping
2. Introductions
3. Promising Practice Profiles – overview
4. Promising Practice Profiles – submission requirements
5. The Evidence Cycle
6. The Policy Context

Break

7. Case-study submission (small groups)
8. Own project submission (individual exercise)
9. Discussion and Questions
10. Review of the Day

Workshop close

AIFS researchers available for individual consultation



Introductions

Helen Cheney is a Senior Research Fellow at the Australian Institute of Family Studies and Manager of the Communities and Families Clearinghouse Australia (CAFCA). Helen has a Masters degree and has worked as a manager, researcher, educator and consultant throughout Australia with a range of community, academic, government and industry organisations. Her interdisciplinary approach and ability to integrate theoretical knowledge with practical experience has been demonstrated in a wide range of professional roles and in many successful projects and publications. Helen has expertise in participatory and community based research methods, community development and in the evaluation of policy and programs. Her research interests include community development, particularly in relation to disadvantaged groups. At AIFS she is the project manager for the Stronger Families and Communities Strategy (SFCS) National Evaluation.

Nicole Oke is a Senior Research Officer at the Australian Institute of Family Studies. Nicole has a PhD in sociology and has worked as an academic, researcher and consultant at La Trobe University, The Royal Women's Hospital and Scope Victoria. Nicole's research interests include the social impact of assisted reproductive technologies, globalization theory, rural youth and early childhood. At AIFS she is currently working on an evaluation of Relationship Australia Victoria's *FUN for Kids* program and the SFCS National Evaluation, including *Promising Practice Profiles*.

Grace Soriano is a Senior Research Officer at the Australian Institute of Family Studies. Grace has a Masters degree in Human Settlements Planning and has conducted research into families in the Asia-Pacific region, partnership formation, parenting in Torres Strait Islander families and teenage motherhood. Grace has been involved with the Longitudinal Study of Australian Children since the study's inception in 2001 to 2004. She has published in journal articles, book chapters, and reports including a report on the *Changing Role of the Family as a Social Institute in Development in the Asia-Pacific Region*, published by the United Nations. At AIFS she is currently working on the SFCS National Evaluation, including the Stronger Families in Australia study and the *Promising Practice Profiles*.



Promising Practice Profiles - Overview

One of the key objectives of the National Evaluation is to identify *'what works'* in early childhood and community development and to disseminate such practices to communities across Australia. The Australian Institute of Family Studies (AIFS), on behalf of the National Evaluation, will identify, validate and disseminate promising practice arising from the Stronger Families and Communities Strategy (SFCS).

Promising practice does not refer only to front-line service delivery. There may also be promising ways of consulting communities, engaging with hard-to-reach families, or helping small NGOs develop new services. A number of the Promising Practice Profiles will be able to focus on issues needing examination, such as family violence and change in Indigenous families.

Promising practice will be identified through a call for submissions. Submissions will then be short-listed for external validation. After external validation a selection of practices will be presented as descriptive cases with justifications for why they are promising.

Each will be accompanied by analysis linking the practice to specific objectives of the Strategy and relevant policy and research. A particular focus of the analysis will be to link the practices back to the National Agenda for Early Childhood and its four key action areas: *healthy young families; early learning and care; supporting families and parents; and child friendly communities.*

It is not always easy to identify promising practice and there are a variety of approaches that could be used. It is important that a consistent and clear method is developed which can be used to assess whether a particular service or approach should be counted as 'promising'. At the same time our approach has been developed to be inclusive.

Criteria for Promising Practice Innovation

- The practice is effective
- The practice draws on the evidence base
- The practice contributes to the existing evidence base
- The practice is replicable
- The practice is innovative
- The practice is sustainable

These criteria have been refined in consultation with SFCS stakeholders. Details can be found at <http://www.aifs.gov.au/cafca/index.html>.



Why a Promising Practice Profile database?

Within the human services sector, case studies are used to share information about work practices and programs that are of interest to others in the field. Practice profiles assist service providers, community members, and policy makers to better understand what practices work, how they work, in what contexts, and with whom.

Research institutions, government departments and non-government organisations are increasingly using practice databases to share information about current good practice in the field. For instance, the Australian Centre for the Study of Sexual Assault located at the Australian Institute of Family Studies provides a 'good practice' database for stakeholders. The database highlights examples and enables good practices to be taken up and replicated elsewhere.

The SFCS Promising Practice Profiles database will provide stakeholders in the early childhood sector with the opportunity to access valuable information about effective practices, to search for examples of what works in different settings, and provide ideas for adaptation. The profiles will be loaded into an online searchable database and is expected to facilitate access and learning. It is anticipated that these practices will be adopted by SFCS projects in the first instance, and by the broader community in other parts of the country.



Process for Selecting Promising Practice Profiles

1. *Finalise selection criteria*

- The selection criteria has been developed in consultation with Local Evaluators and the SFCS network and has also been circulated on the discussion list *e-evaluate*.

2. *Submissions*

- First call for submissions was Monday, 21 August 2006.
- The call for submissions was communicated through letters from FaCSIA and notices placed on the two e-lists (CAFCA-chat & e-evaluate), in the evaluation newsletter and on the relevant websites.
- There will be up to three calls for submissions.

3. *Shortlisting and validation*

- The National Evaluators will be responsible for the short-listing of Promising Practice Profile submissions.
- They will also be responsible for monitoring the validation process, as well as for the final review of submissions.
- The method of validation will be developed by the National Evaluators, in consultation with a reference group of Local Evaluators.
- Validation is expected to incorporate a mix of independent peer review, linking to research literature, participant involvement, review of management data and internal evaluations.
- The National Evaluators will prepare documentation that justifies the final selection of projects.

4. *Dissemination*

- Discussion papers will be published and distributed. Feedback will be invited from the Evaluation Steering Committee, the SFCS Partnership, the Early Childhood sector and FaCSIA.

- All validated Promising Practice Profiles will be published on Communities and Families Clearinghouse Australia website.



Promising Practice Profiles – Submission requirements

The submission process

To submit a Promising Practice Profile you need to provide **evidence** that the practice addresses at least two of the criteria (see below). In the submission form you will be asked to explain how the criteria are relevant to your practice. Evidence supporting this needs to be attached to your submission.

Supporting evidence can come in the form of an external evaluation, an internal evaluation, letters of support from key stakeholders (such as the local school principal, local business leaders, etc.) or letters of commendation (for instance from other community members who have observed a change, etc.). The National Evaluators anticipate that a variety of qualitative and quantitative methods will be used in the project evaluations. These methods may include:

- focus groups;
- interviews;
- questionnaires with relevant stakeholders;
- independent peer review;
- linkage to research literature;
- review of management data;
- internal evaluation;
- reflections on practice; and
- case studies

PPP submissions can be completed by project staff or by local evaluators.

Once we have reviewed the submissions, we will be in contact with you to let you know if further information is required. All submissions will have the opportunity to be entered onto the PPP database, provided **at least two** of the selection criteria are met.

A submission form can be downloaded from the website.

Alternatively, to have a copy mailed to you, email us at ppp@aifs.gov.au or phone 03 9214 7888 and ask to speak with the CAFCA Research Officer.



Selection Criteria

Within the SFCS, a promising practice is one that results in positive outcomes for children, families and communities. Specifically, a practice is considered promising when it meets any of the following criteria:

The practice is effective

There should be evidence to demonstrate that the practice is effective in creating positive change within the children, families and/or communities in which it operates. The practice should meet the stated goals and anticipated outcomes outlined in the project logic. To demonstrate effectiveness, some evaluation of the practice is necessary. This criterion is asking the question, 'does it work?' The evidence that is required to demonstrate the effectiveness of a practice will vary considerably according to the design, size and complexity of the project. For many projects, an evaluation component has been incorporated, which will provide evidence of the effectiveness of the intervention. For smaller projects, this evidence may not be as readily accessible. The evidence may be obtained in a number of ways, including: stakeholder/client interviews; feedback forms; or communication with other (non-client) stakeholders who have observed change, for example, teachers at the kindergarten or school. Other indicators of change or success may be through an increase in requests for the programs or participation in the program.

The practice draws on the evidence base

The practice should draw on the available and accepted evidence base about what works to improve outcomes for children, families and communities. The evidence must show that the practice will deliver positive results in at least some situations and contexts. The submission should clearly describe the existing evidence that was used to justify the particular intervention. This evidence would typically be presented in the format of a short literature review. If the program has run previously, the results from earlier evaluations of the program are also considered evidence. Research findings/evaluations that are linked to the evidence base are considered stronger evidence. For some projects this information is likely to have been put together within the funding application.



The practice contributes to the existing evidence base

The practice should contribute to our knowledge of 'what works' in the area of early childhood. Consider, in particular, how the practice relates to the National Agenda for Early Childhood priority areas. The contribution might be confirmation of existing evidence about the effectiveness of early childhood programs and policy. Alternatively, it might be a broadening of the evidence base through a description of the way in which the practice can be adapted or enhanced in new contexts. The contribution could also be an explanation of barriers to effectiveness, or the unintended outcomes of the practice. The submission should clearly explain what new knowledge has been gained and how this relates to (supports/ contradicts/adds to) the existing evidence base. The knowledge does not have to relate to successes, but can include ways in which barriers were overcome or where the practice was of limited use.

The practice is replicable

The practice should be able to be replicated in some other situations and contexts. The submission should describe how the practice, or elements of the practice, may be replicable. It may be replicable across the community, or used selectively with particular families/communities. This may be demonstrated through various means ranging from a short description of how the project is run, to the production of a program manual.

The practice is innovative

The practice may be considered promising if it uses a new approach that improves upon, or changes, existing practice. This may involve varying an existing program to adapt it for a specific community. Alternatively, it may be a variation designed to improve outcomes for a broader client base. A description of how the practice was innovative and why this practice was effective is necessary.

The practice is sustainable

A practice is sustainable when it has the capacity to continue in some form after the initial program has finished. Sustainability can be understood both in relation to processes and content. Sustainable processes are ways of working and organising that are inclusive, participatory, flexible, persistent and adaptable. The project might achieve outcomes that are community owned, adequately resourced, and demonstrate a respect for diverse cultural values.

For the practice to be sustainable it must be able to continue with reduced funding or funding from other sources. A practice that is meaningful and relevant to the community in which it takes place, is more likely to be able to be sustained over a longer period.

Some documentation is required that shows that the community has become involved or interested in the practice/program beyond the initial program delivery. This ownership may take the form of adapting the practices in other ways or contexts, or by organising to obtain other sources of funding. This may be documented through media reports, letters of thanks/commendation, through efforts within the community to continue the program once this round of SFCS funding is complete, or through successful expansion of the program.



What is evidence?

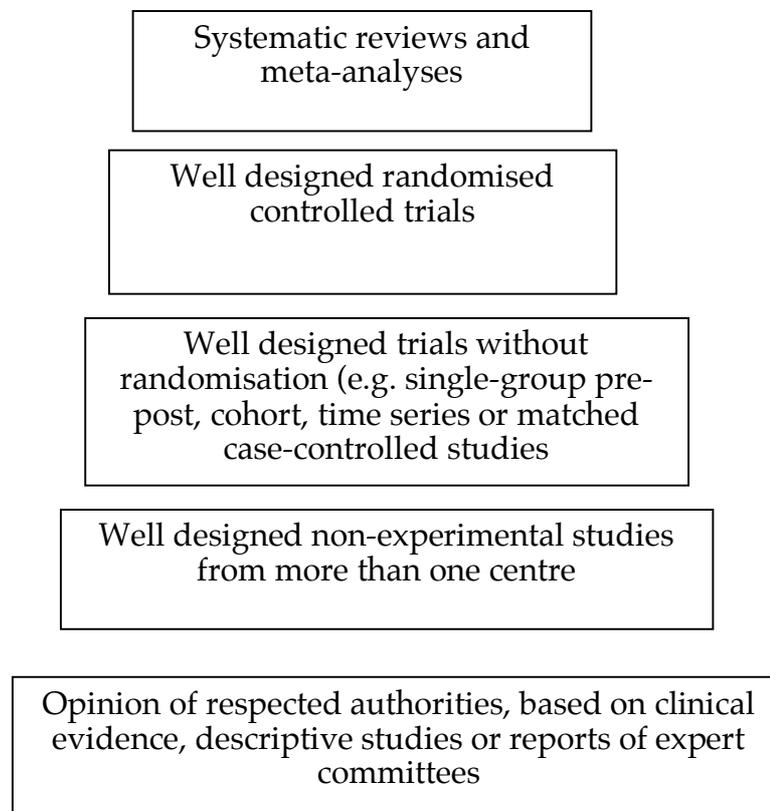
There are many ways to think about evidence. The PPP will be using a broad definition, based on that used by the UK Cabinet office. There are other definitions of evidence, for example those based on a medical science model.

The UK Cabinet Office

Expert knowledge; published research, existing research; stakeholder consultations; previous policy evaluations; the Internet; outcomes from consultations; costings of policy options; output from economic and statistical modelling (Marston and Watts, 2003).

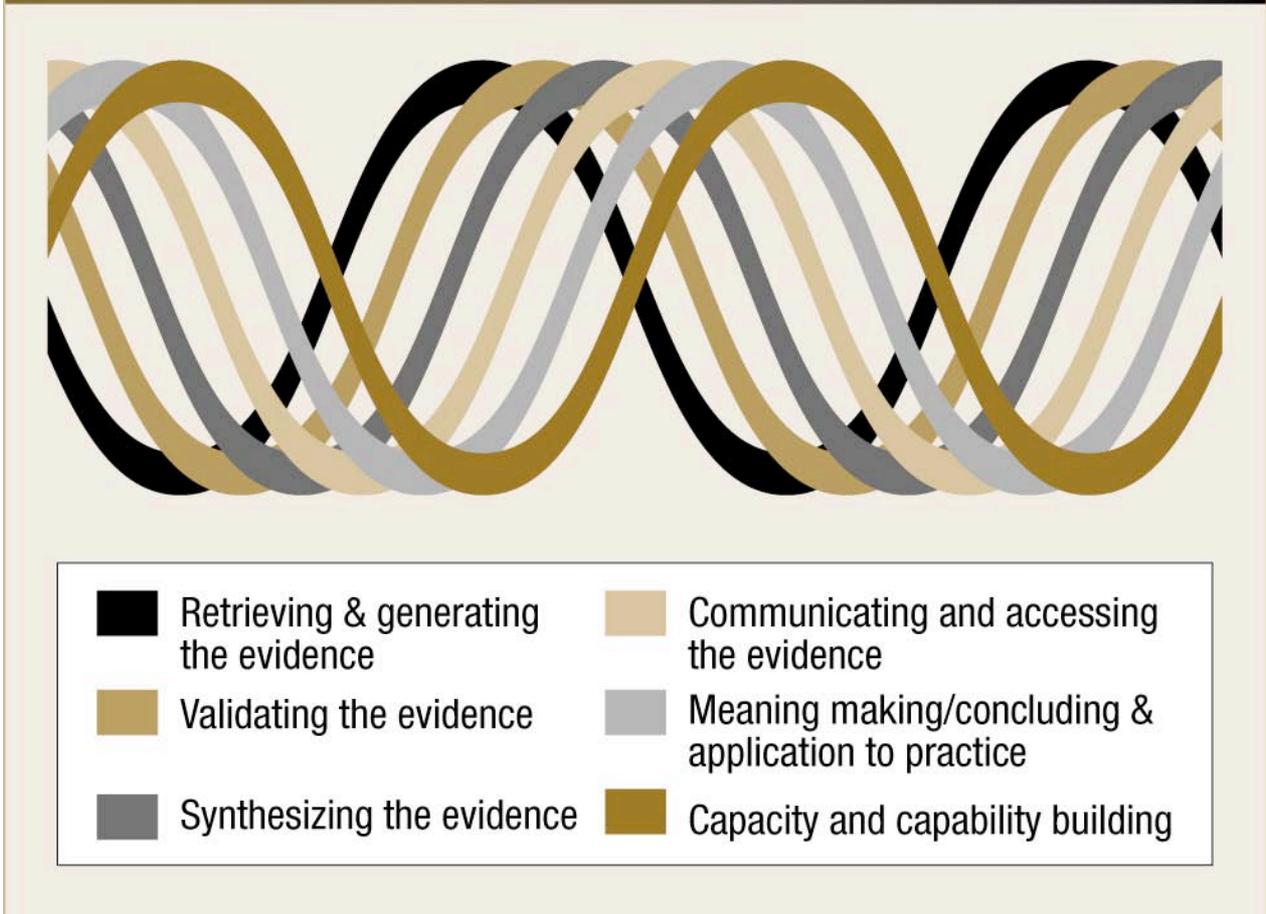
Another way to think about evidence is represented in the following diagram:

The Hierarchy of Evidence



(Edwards 1998)

Figure 1 Evidence cycle



The evidence cycle

The evidence cycle is one framework that is helpful for thinking about evidence-based policy and practice (Stevens and Rogers 2006). This framework shows that there is a cycle of events that connects evidence and practice. It is anticipated that the Promising Practice Profiles will contribute to both policy and practice, through a number of the stages shown in the evidence cycle.

In developing the Promising Practices Profiles we are using a broad definition of evidence, including a range of approaches and contexts. The database is expected contribute to the ongoing development and application of evidence in the early childhood sector.



This section provides an overview of some of the relevant national and state policies relating to early childhood, including:

- The National Agenda for Early Childhood
- State policies
- Examples of Outcomes Framework

National Agenda for Early Childhood

The National Agenda for Early Childhood highlights the need for strong links between research, policy and practice. Research design is informed by the needs of decision makers and practitioners. In return, new findings are disseminated and influence policy and practice.

The Stronger Families and Communities Strategy has a focus on child outcomes and is a reflection of the Government's commitment to early childhood. Given the particular focus on the National Agenda for Early Childhood we have included relevant sections in the workbook for discussion. The full version of the draft National Agenda for Early Childhood is included in your book of readings.

Aim

All children living in Australia have the best possible start in life.

Goals

All children:

- have opportunities to reach their full physical, intellectual, social, emotional and spiritual potential
- develop a positive sense of self and culture, the skills for lifelong learning and the capacity for living a life that is fulfilled and fully engaged in society
- are safe and enjoy a childhood free from all forms of abuse and exploitation
- receive, along with their families and other primary carers, quality supports and services to promote all aspects of child development in a way that responds to diversity of need, culture and location.



Four Priority Areas

While there are many areas for potential action, it is important to focus efforts. There are four areas that are most likely to bring greatest benefit for individual children, families and society.

Healthy young families

Contribute to improvements in the following factors related to child development, health and wellbeing:

- regular attendance at antenatal care from the early stages of pregnancy, especially for Aboriginal and Torres Strait Islander women
- maternal health, including good nutrition, and reduction in smoking and alcohol consumption during pregnancy
- reduced complications of pregnancy and birth, reduced infant mortality, and fewer numbers of babies born prematurely and/or with low birth weight, especially for Aboriginal and Torres Strait Islander babies
- early detection and intervention for women with or at risk of postnatal depression
- healthy lifestyles for parents and children throughout the early years including nutrition and physical activity, immunisation, and reduced infant exposure to tobacco smoke
- increased rates and longer duration of breastfeeding
- improved child health, including greater numbers of children of healthy weight and reduced incidence of children with vaccine preventable illnesses, asthma, and type 2 diabetes
- early detection and intervention for children with, or at risk of, poor health or development outcomes
- parents well prepared for the adjustment to parenthood and equipped with the skills and knowledge to support their child's health and development.



Early learning and care

Contribute to improvements in the following factors related to child development, health and wellbeing:

- higher rates of participation in early learning programs, either through preschool or childcare - especially for Aboriginal and Torres Strait Islander children and others with current low attendance rates
- child safety in all forms of care
- secure attachment of child to care givers
- successful transition to school for all children, with a particular focus on Aboriginal and Torres Strait Islander children
- improved hearing health of Aboriginal and Torres Strait Islander children
- earlier identification of and intervention for children at risk of developmental or behavioural problems
- awareness of parents and other primary carers of the importance of stimulating children's development and learning from birth, and capacity of parents and other primary carers to provide early learning experiences in the home environment
- greater choice for parents in early learning and care arrangements for their child.

Supporting families and parents

Contribute to improvements in the following factors related to child development, health and wellbeing:

- secure attachment of child to parents and other care givers, and greater involvement of fathers in their child's early years
- levels of understanding among new parents about their new role, what to expect and the range of assistance available to them
- awareness among parents of the factors which support, as well as those that are harmful to, their child's development and improved capacity of parents to provide a nurturing home environment
- stability of family relationships and confidence in parenting
- reduced exposure of children to family violence and conflict including child abuse and neglect
- parents and other primary carers better able to provide for the material needs of their children



Creating child-friendly communities

Contribute to improvements in the following factors related to child development, health and wellbeing:

- community capacity to respond to early years issues
- social connectedness and participation of families in community life
- existence of supportive social relationships and networks
- respect for cultural diversity
- available and accessible services and supports which respond effectively to local needs of families with young children
- early identification of and intervention for families and young children at risk of poor outcomes
- community safety
- children develop a positive sense of cultural identity
- greater opportunities for physical activity for children and family activities



Links with other policies

There are a number of relevant policies and strategies in Australia which take a prevention and early intervention approach to complex social issues. It is important that synergies with these and the National Agenda for Early Childhood are identified. Examples include:

- The National Mental Health Strategy and the National Youth Suicide Prevention Strategy
- The National Drug Strategic Framework (NCSF) and its National Action Plan on Illicit Drugs, Alcohol Strategy, Tobacco Strategy, Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan, and School Drug Education Strategy
- The National Plan for Foster Children, Young People and their Carers
- The *Eat Well* Strategy and complementary National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
- The National Aboriginal and Torres Strait Islander Health Strategic Framework
- The Draft National Strategic Framework for Aboriginal and Torres Strait Islander People – Mental Health and Social and Emotional Wellbeing
- The Productivity Commission's Strategic Framework for Overcoming Indigenous Disadvantage
- The developing National Child Public Health Strategy and Action Plan
- The National Crime Prevention Strategy
- The National Goals of Schooling



Also consider:

State and territory governments' policies and plans for promoting development, health and wellbeing in the early years

- *Early Years Strategy* in Western Australia
- *Families First* in New South Wales
- *Putting Families First* policy framework developed in Queensland
- *Every Chance for Every Child* in South Australia
- *Our Kids Action Plan* in Tasmania
- *A Vision for Territory Children and Children's Policy Framework* in the Northern Territory
- *Best Start* strategy in Victoria

and:

Outcome frameworks:

- A Head Start for Australia – An Early Years Policy Framework (Prepared by the NSW and QLD Commissioners for Children, in association with the National Investment for the Early Years (NIFTeY) (released March 2004).
- Starting with the End in Mind: Outcome Statements for Early Childhood Intervention Services (Tim Moore and Stana Sargood, August 2005)
- Council of Australian Governments (COAG)
At the July 2006 meeting, COAG agreed to cooperate on a series of reforms aimed at building Australia's "human capital" with an initial priority on initiatives focused specifically on improving outcomes for the nation's children and youth.



Break





Activity: Case Study (small group exercise)

Activity (45 mins)

Working in small groups you will be using a case study to complete an example of a PPP submission. This can then be used as a model for your own submission.

Each group will be given one of the criteria that they should focus on first. If they have time they should then move on to other criteria.

Please note that the case-study is designed as a discussion starter and that groups should draw on their own experience and imagination in this activity.

1. Workshop facilitator to introduce activity and resources (blank forms, case-study and selection criteria)
2. Read the case-study
3. Discuss the criteria with your group
4. Make dot points relating to the criteria you were given (this will be reported back to the larger group).
5. Discuss other criteria if time allows
6. Each of the groups to report back their response to the criteria and for the larger group to ask questions.
7. Workshop facilitator to summarise



'Dads Rock' Parenting Education Program for Young Fathers

'Dads Rock' is a parenting education program for new fathers who are under 21 years of age. It is one of several parenting programs run by *Northern Parents*, a counselling service for parents in the Northern suburbs. 'Dads Rock' is a program specifically addressing the needs of young fathers. Three courses are run each year: two at our offices in Coburg and a course for fathers who are school students takes place at a local school. 'Dads Rock' is funded by a SFCS grant from the Federal Government.

There is a growing body of evidence suggesting that fathers have a significant role in their children's development, particularly in their emotional and social development. Russell *et al.* (1999) point out that children value the role of their father in their lives and they need fathers in their lives, and the sooner this involvement starts the better. Young fathers tend to be less involved with their children than older fathers and these fathers tend to face additional difficulties, including economic disadvantage, fewer years of schooling and ambivalence towards parenthood (Marsiglio & Cohan 1997). Young fathers often have trouble identifying with their new role as a father (Quinton *et al.* 2002).

The 'Dads Rock' program was developed at *Northern Parents*. Evaluations showed that our parenting education programs rarely attracted young fathers, and that there were few other services in the northern suburbs for young fathers. The 'Dads Rock' program aims to increase young fathers parenting skills and confidence in their parenting; to link young fathers in with existing support services in the community; and to develop networks amongst young fathers, so that they can provide each other with on-going support.

Most of the participants in the program have children aged under six months. However the course is open to fathers with children up to five years old, and in each program we get one or two fathers with a child who is older than six months.

Participants are recruited through Maternal and Child Health (MCH) nurses and school counsellors. Local school counsellors routinely refer students who become fathers to our program, but the take up rate is low. We hope to develop greater links with local maternity hospitals so that we can also recruit through

hospitals, as many young parents in this region do not stay in contact with the MCH Nurse and have already left school at the time of recruitment.



Each course has about 15 fathers participating (the schools program is smaller), and the fathers are encouraged to bring their children. Fathers come to the programs with a wide range of skills. Not only is this because some have older children, but because of their different circumstances. Some

participants are the main carers of their children, others work long hours and have a limited parenting role, and still others do not reside with their children (with contact every two weeks, or less). The variation in skills is one of the challenges of the program, but it is also one of the benefits because it means that participants are in a position to learn from each other and to gain confidence by teaching others.

The number of participants in the schools program has been consistently low relative to the number of young dads in the area. There have been about five participants in each of the schools programs. *Northern Parents* is committed to continuing this program, though. Evidence suggests that young parents face significant disruption to their education and that there is significant economic benefit for families when young parents are able to finish school.

The 'Dads Rock' program runs for six weeks. There is one three-hour session each week. The program has two facilitators, one male and one female. Each session is informal and interactive. Specific skills are built in to the program but there is also plenty of time for discussion. The informal nature of the program allows the fathers to build up relationships with each other, and to talk through parenting issues. Fathers learn from each other because they face similar issues and the course values their knowledge and experience.

The facilitators and participants usually spend time talking about how to interact with their child; using play and music to help children develop; home safety; emergency procedure; and identifying the resources available to families in the communities (eg. libraries, MCH nurses, playgroups, community houses, violence support services.). The program includes a tour of some community services. The schools program has a particular emphasis on negotiating the family-study balance and taking advantage of the support services available at local schools. At the end of each session we ask fathers to nominate skills or issues to talk about in subsequent weeks.

Participants are encouraged to keep in touch with each other after the program, and to a large extent this is left up to them to organize. We sometimes provide

informal help with this. For example sometimes participants have asked us to send out a flyer to everyone who came to the course advertising a get-together. We have not yet evaluated how often fathers continue to stay in touch, or how useful they find this to be. We know at least three groups that have continued to meet for some time after the course was run. Anecdotally we know that some fathers have remained



friends for years, and we have heard of some cases where fathers have called up other fathers from the program to get advice.

Evaluation of 'Dads Rock'

We maintain a variety of internal evaluation records, including basic demographic data collected at the start of the program. Participants are also asked to complete a short evaluation form at the end of the program. At the end of each session the facilitators ask participants for comments on how that session went and to nominate what they would like to do in subsequent weeks. Facilitators note this down in a program journal. We have kept in touch informally with many of the participants. They sometimes come into our offices for other reasons, and we have kept records when we know of groups that have been meeting since the program ended.

Our internal evaluation has consistently shown that participants feel that the program is worthwhile. Ninety per cent of participants have said that they found the program to be useful. Eighty five percent said they would recommend the program to friends. Participants consistently say that they have learnt new skills (85%) and have found out about services that will be useful for them (70%). The retention rate across the six-week period is always high (75%) indicating the participants feel it is a worthwhile program.

This year an external evaluator has evaluated the program. The evaluator went to all the sessions of two courses: one at our offices and the schools program. In the first sessions he interviewed the participants individually. He asked them to talk about their expectations of the program, and how they perceived parenting skills and competencies. In the last week of the program he re-interviewed the participants. In these interviews he again asked the participants to discuss their parenting skills and competencies. He was especially interested in how confident they felt spending time with their child and how they felt their parenting skills had changed over this time. Participants were also asked for some general feedback on what they had learnt at the program. He is using the interviews, his observations and Northern Parents' evaluation forms as the basis of his evaluation.

The evaluator found that by the last week of the program, the participants spoke more confidently about their parenting. About half of the participants reported spending more time with their children, and many had tried activities or techniques suggested in the program. Some fathers pointed to particular skills they learnt as being the most significant benefit of the program for them, but most fathers felt that what was most significant was having time with their children and with other fathers.



Activity Resource

PPP Selection Criteria and Questions

We have included some questions that are designed to assist your discussion and to develop your response to the submission criteria.

Criterion 1: The practice is effective

Questions to consider:

- What evidence do I have to show that the practice or some component of the practice worked (i.e. that we achieved the desired outcomes)?
- With whom did the practice work?
- Under what circumstances or in what situations did it work? Was it universal or specific to one group? Did we achieve varying results in different contexts?

Criterion 2: The practice draws on the evidence base.

Questions to consider:

- What is the evidence (best practice model/literature/expert opinion/practice evidence or empirical research) that was used to justify the practice?

Note: If best practice model was used, identify country of origin and explain how the evidence-based model was further developed. If the program has been modified for use in Australia or with specific target group, describe how and why.

- What is the link between the evidence base and our project logic?

Criterion 3: The practice contributes to the existing evidence base

Questions to consider:

- What have we learned from this practice/project that would be useful knowledge for other practitioners?
- What were the expected results? Were the results different to what was expected? How?
- How does the new knowledge relate to the accepted evidence base?
- Did we need to modify our program to get it to work?



Criterion 4: The practice is replicable

Questions to consider:

- Is there potential for this practice to be replicated in other contexts, or by other organisations?
- If so, where and with whom?
- What elements of the project/practice make it replicable?

Criterion 5: The practice is innovative

Questions to consider:

- What was new or different about our project?
- Did it use elements of another innovative project or was this the first time such an innovation was used?
- Why was the change or innovation considered to be positive?
- How could such innovation be applied in other contexts?

Criterion 6: The practice is sustainable

Questions to consider:

- What elements of the project/practice make it able to be continued into the future?

- How might this be achieved?
- Is there any evidence for the practice's sustainability?



Activity: Outline of own submission (individual activity)

Activity Description

Working on your own or in small groups you should start completing a submission form. You may wish to make a start by noting down some dot points under the submission criteria. This is an opportunity for you to identify that you have all the information you need to complete the submission form.

Please note any problems or questions to be discussed in the next session.





We welcome your honest feedback – Please complete the evaluation form in your folder.



Australian Institute for Family Studies

Email: ppp@aifs.gov.au

Telephone: Nicole Oke (03) 9214 7800
Grace Soriano (03) 9214 7860

Website: <http://www.aifs.gov.au/cafca/ppp/ppp.html>

Freecall: 1800 352 275

Edwards (1998). *Fit for purpose? Assessing research quality for evidence based policy and practice*, in Boaz, A. & Ashby, D.. London, ESRC UK Centre for Evidence Based Policy and Practice, Department of Politics, Queen Mary, University of London, Mile End Road, London E1 4NS: 18. 15pp.

NSW Commission for Children and Young People and Commission for Children and Young People (Qld), *A Head Start for Australia: An Early Years Framework*.

Marston, G. & Watts, R. (2003). Tampering with the evidence: A critical appraisal of evidence-based policy-making, *The Drawing Board: An Australian Review of Public Affairs*, vol.3, no.3, pp.143-163.

Moore, T. & Sargood, S (2005). *Starting with the end in mind: Outcome Statement for Early Childhood Intervention Services*, Early Childhood Intervention Australia (Victorian Chapter).

Stevens, K. and Rogers, P. (2006) *Evaluation of the Stronger Families and Communities Strategy 2000-2004 Stronger Families Fund Initiative*, Report prepared as part of the evaluation of the Stronger Families and Communities Strategy 2000-2004, Department of Families, Community Services and Indigenous Affairs, Canberra.



Promising Practice Profiles

EVALUATION FORM

PLEASE PROVIDE FEEDBACK ON THE FOLLOWING:

WORKSHOP CONTENT:

WORKSHOP FORMAT:

WORKSHOP ACTIVITY (GROUP CASE STUDY):

WORKSHOP ACTIVITY (INDIVIDUAL CASE STUDY)

SUGGESTIONS ON HOW WE COULD IMPROVE THE WORKSHOP:

OTHER COMMENTS:

THANK YOU FOR YOUR FEEDBACK!

Attachment C Sample PPP Workshop/Teleconference Information Pack

Attachment C: Sample Information Pack (Rounds 2 and 3)



Promising Practice Profiles

PPP Teleconference Program FRIDAY, 15 February 2008 11.00 – 12.30 pm AEST

Welcome and Introduction	11.00 – 11.10	Haley
Background to the SFCS Evaluation: why PPP?	11.10 – 11.20	Grace
Revised PPP Proposal form and form guide and discussion of evidence needed when responding to PPP criteria (in the context of each SFCS stream)	11.20 – 11.35	Grace
Practice/Outcomes/Evidence - An example - Writing about your own practice	11.35– 11.55	Erin/Haley
Group discussion (sharing of ideas from the worksheet)	11.55 – 12.15	
Q and A Feedback on the session Closing and follow-up (CAFCA support)	12.15– 12.30	
To contact us: email: ppp@aifs.gov.au or (03) 9214 7900 or freecall 1800 352 275 and ask for CAFCA Research Officer		

Teleconference instructions:

To join the teleconference, dial the phone number below for your city (If you are outside the metropolitan area use the Australian free call number). You will be prompted for a pin number. Your pin number is 7920#.

Melbourne 03 8414 5110
Sydney 02 9696 0695
Canberra 02 6210 0695
Brisbane 07 3811 0695
Adelaide 08 8220 0695
Perth 08 9460 0695
Hobart 03 6240 0695

Darwin 08 8989 0695
Australian Free Call 1800 333 803
Press: *0 for operator assistance
Press: *6 to Mute/Unmute

Background to the SFCS Evaluation: Why PPP?

The Stronger Families and Communities Strategy aims to support the early years through the provision of early childhood initiatives and resources that can be used to achieve better outcomes for children and their families. The Strategy also recognises that strong communities provide support, services and opportunities to families and thus provides the resources to help build community skills and resources and supports other capacity building activities.

The Stronger Families and Communities Strategy (SFCS) has the following aims and objectives:

- To help families and communities build better futures for children
- Build family and community capacity
- Support relationships between families and the communities they live in
- Improve communities' ability to help themselves.

The Strategy has four streams to help achieve its aims – Communities for Children (CfC), Invest to Grow (ItG), Local Answers (LA) and Choice and Flexibility in Child Care.

A national evaluation of the Strategy will measure the effectiveness of the Strategy in improving outcomes for children, their families and communities. This evaluation focuses on the first three streams (CfC, ItG and LA) of the SFCS and is being undertaken by the National Evaluation Consortium comprising the Social Policy Research Centre (SPRC) at the University of New South Wales and the Australian Institute of Family Studies.

Why have Promising Practice Profiles?

One of the key objectives of the national evaluation of the SFCS is to identify 'what works' in early childhood. A cross-strategy evaluation will be used to analyse findings across the entire SFCS initiative to draw out core themes and lessons learnt. This evaluation will consist of Themed Studies (designed to explore particular topics in-depth to enhance understanding of 'what works'), a Synthesis Report (which will combine information from each stream and draw out common themes relating to early intervention and community development) and the Promising Practice Profiles which will identify "what works" in early childhood development and early intervention across the three streams and go beyond this to consider why it works, under what circumstances and for whom.

Promising practices will be identified through a call for proposals. This is the third and final call for proposals. This aspect of the evaluation will be led by the Communities and Families Clearinghouse Australia (CAFCA) on behalf of the National Evaluation Consortium.

A PPP Reference Group (comprising volunteer Local Evaluators) was formed to assist the National Evaluation Consortium with the design and development of the validation process and to provide advice and guidance with the overall PPP process through the three rounds. All PPP

proposals are subject to a validation process to ensure that the profiles that appear on the webpage are credible and of high quality. An independent Peer Review Panel was appointed to review and assess the proposals.

The PPP aims to provide a valuable resource for practitioners, policy makers, and researchers working in the early childhood sector by providing access to information about effective practices, ideas for adaptation by highlighting models or ideas for others and examples about what works in different settings. It will assist in the planning of appropriate programs; provide a vehicle for peer learning and information sharing and enhance the quality of services provided to families and communities.



Promising Practice Profiles

Thank you for responding to the **third and final round** of the Promising Practice Profiles (PPP).

To facilitate the review of your PPP proposal, this form was designed to capture the most important information about your Promising Practice.

Your proposal will be reviewed for completeness and additional information may be required, so please make sure your contact information is accurate.

Before preparing your PPP proposal please read the Form Guide for helpful tips and definition of terms used in this form. A sample proposal has also been prepared. Both documents can be downloaded from the Community and Families Clearinghouse Australia (CAFCA) website at <http://www.aifs.gov.au/cafca/ppp/submit.html>.

If you need any help in filling out the form or have any queries, please contact any of the CAFCA Research Officers on 1800 352 275 or email ppp@aifs.gov.au.

Thank you for taking the time to submit your practice for consideration.

Promising Practice Profiles

Project Title (please click in box and type)

--

Contact Information

Agency:	
Address:	
City:	
State:	
Postcode:	
Website:	
Contact Name:	
Position:	
Phone:	
Fax:	
Mobile (optional):	
Email:	

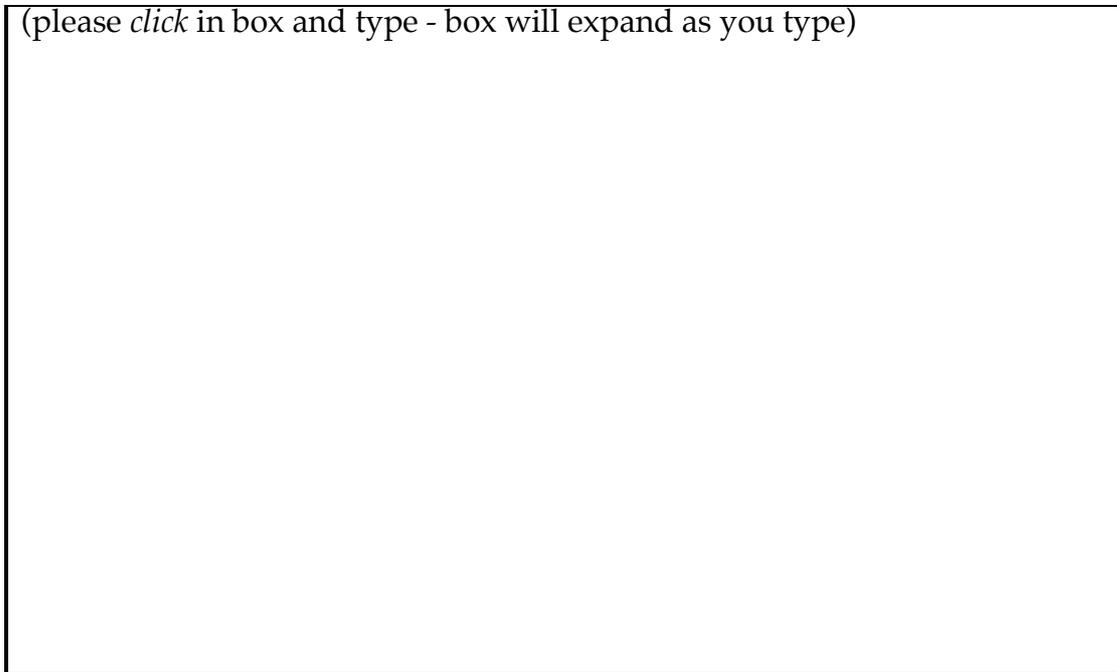
1. About your Program

Program overview: Provide a brief description of the organisation. Who is the client group? What main activities / services does the program provide? Etc.

=> *Provide information that would be helpful in the preparation of the profiles if no Evaluation Report is attached.*

(500 word limit)

(please *click* in box and type - box will expand as you type)



1.1 What are the objectives of the program?

(300 word limit)

(please *click* in box and type)

1.2 What is the issue or problem your promising practice is addressing?

(300 word limit)

(please *click* in box and type)

2. About your promising practice

2.1 How has the practice/project demonstrated “promising practice”?

Note: Focus on Criterion 1 -*The practice is effective*

2.1.1 What are the key activities, ways of working, or ingredients of your practice?(ie. how does it work and why does it work? Please include limitations of practice).

(please *click* in box and type)

2.1.2 Provide a summary of existing evidence (literature review, practice evidence, etc) regarding what is known about the effectiveness or relevance of your practice approach/intervention.

(please *click* in box and type)

2.1.3 Describe the outcomes/impact resulting from the practice.

(please *click* in box and type)

2.1.4 *How can you verify/support the outcomes resulting from the practice?
Describe the data/information that you have and how it was collected.*

(please *click* in box and type)

2.2 **Supplementary information**

(Note: If completing in Word please *click* in box and *type* an 'X')

Please indicate if you are responding to any of the Criteria listed below (refer to Form Guide and website for more information about the criteria)

- The practice is replicable (Criterion 4)
- The practice is innovative (Criterion 5)
- The practice is sustainable (Criterion 6)
- The practice contributes to the existing evidence base (Criterion 3)
- The practice draws on the existing evidence base (Criterion 2)

3. **Background information**

3.1 **SFCS Stream**

- Local Answers
- Invest to Grow
- Communities for Children

3.2 *Which focal area/s of the National Agenda for Early Childhood does this project cover? (Note: You may select more than one)*

- Family and children's services working effectively as a team
- Supporting families and parents
- Early learning and care
- Healthy young families
- Child friendly communities

3.3 Please tick the target groups/communities of the program, if any:

(Note: You may select more than one)

- Indigenous families/communities
- Families/communities in rural/remote areas
- Families with a child/children or parent with a disability
- CALD families
- Isolated families
- Family and domestic violence
- Other (please specify): ____

3.4 Program duration and frequency

Commencement date: _____

Completion date: _____

Will the program run again? Yes No

Has the program been run previously? Yes No

If yes, how many times? _____

3.5 Has the program/project/practice been the subject of evaluation?

- Yes (go to Q 3.6)
- No (go to Q3.9)

3.6 What was the type of evaluation?

- Internal
- External/independent

3.7 Who conducted the evaluation?

- Local Evaluator
- Facilitating Partner
- Independent Evaluator
- Project Manager

Other (please specify): _____

3.8 Type of evaluation instrument used

Service User survey (pre and post survey)

Evaluation/participant feedback following attendance

Other (please specify): _____

3.9 PPP proposal prepared by

Local Evaluator

Project Manager

Other (please specify): _____

3.10 Attachments: Please list below the attachments you are including with this proposal (e.g. Evaluation Report, Testimonials, Statistical reports, etc.)

Attachment 1:

Attachment 2:

Thank you for your time in preparing this PPP proposal



Promising Practice Profiles

PPP Form Guide – Round 3

What works, how and why?

Sharing your practice learnings

Promote your project as a Promising Practice and be part of Australia's first evidenced-based information repository of early childhood and early intervention programs!

Promising Practices cover large-scale service models, medium-scale community joined up projects and small local community initiatives that have received funding under the Stronger Families and Communities Strategy. All proposals to PPP will be externally validated by an independent peer review panel to ensure that the practices are of high quality and can demonstrate effectiveness.

What is a practice?

A practice is more than a task, action or program element (eg. running a breakfast program at the school). A practice includes the task but also explains the key ingredients or critical elements that made that action work (e.g. building small groups of parents to run the breakfast program; enabling parents to talk to each other as part of the activity; organising children to help prepare the food which built their skills).

There are usually many sets of practices within a project. For example, one project may include: practices to do with consulting community members; practices related to delivering a set of project activities (eg running a parenting program or recruiting and training volunteers); and practices to do with checking the project activities are successful.

The PPP asks you to focus on *one* practice or set of practices, rather than the project as a whole.

What is a Promising Practice Profile?

A Promising Practice Profile (PPP) is a summary document that explains a particular practice or set of practices (ways of working) that have helped to achieve a project's objectives. It comprises a description of the "key ingredients" of a program/project, what was done, or what particular ways of working were important.

It also includes a summary of what is known about the effectiveness or relevance of this practice (the existing evidence base), information about how a particular practice or set of practices within a program worked on the ground (how it worked and what made it work), and the evidence linking the practice to outcomes (evidence that it worked). Profiles then become useful summary tools and guides to others who may be working to address similar issues. The information contained in a proposal form is the basis of a Promising Practice Profile.

A guide to completing the PPP proposal form – Round 3

How has your practice/project demonstrated promising practice? (PPP proposal form section 2.1)

1. Things to remember when sharing your practice:

Focus on a particular aspect of the project. Think about which aspect of the project you are particularly happy with or think was especially valuable. Identify the actions and ways of working relating to that specific practice or practice set (For an actual example, refer to Panyappi PPP proposal form section 2.1.1).

- Tell us **how** it worked – Provide procedural information by describing, step-by-step, what you did and identifying the major components of the practice – these are the key ingredients of the practice.
- Tell us **why** it worked – Usually what makes a practice work involves a number of specific ways of working or processes. You will need to:
 - Be specific in identifying the important ingredients that made each component work by identifying the activity, tools, processes, systems and the context that have made the practice produce desired results.
- Include a discussion on limitations of the practice
- Section 2.1.2 of the PPP form asks for a summary of existing evidence regarding what is known about the effectiveness or relevance of the practice. The evidence you present could include *research/scientific-based evidence* (a review of literature on the efficacy of the interventions/programs; an explicit theory of change, etc.); *practice wisdom* (accumulated knowledge of professionals working in the field); and/or *practice-based evidence* (which come from results of evaluations and action research findings of successful and effective programs).



What is it about your project that makes it successful?



Think about including a discussion of factors that helped to overcome barriers to effective practice

Highlight lessons learnt, practical tips, thoughtful analysis and reflection that could lead towards further improvements

If you have more than one practice you want to profile, complete separate proposal forms for each. For example, you may complete a proposal about the parenting program you delivered to families, and another proposal about the way you skilled up local child care providers to address the needs of at risk families. Together, these two sets of practices comprise your whole project, but they each can be treated as separate (though obviously complementary and interrelated) practices for the purposes of PPP.

2. Things to remember when demonstrating that your project works:

Promising practices have **indicators or evidence of positive results or effectiveness.**

For example, the *Panyappi mentoring program* was able to demonstrate effectiveness through multiple means: statistical review of official records, interviews with young people, interviews with families, interviews with mentors and a review of the program's structure and management.

The data obtained from these sources were used to verify claims of: positive shifts in the young person's behaviour and attitudes towards re-offending; decreased contact with the juvenile justice system; development of multi-agency collaboration to respond to the young person's needs, etc.

Your claims of success need to be justified; meaning, you can show or verify what evidence you have to make your claims.

Evidence can include a wide range of subjective and objective data obtained through a variety of qualitative and quantitative approaches, sources and tools. Some of these are:

- **Data collection** – presentation of “hard” evidence, particularly if the program has measurable goals or quantifiable outcomes to support claims of change by:

- before and after data obtained from feedback surveys (or comparison group studies or follow-up studies) and agency records;
 - Analysis of participant feedback forms, participant records, and surveys;
 - Data on cost effectiveness if the program has been running for a sufficient length of time.
- **Presentation of data from Evaluation Reports** (internal or external):
 - Highlight positive references to the practice in quotes and cite examples of program effectiveness, eg. *“a review of offending records of the 15 youths involved in the program at the time of service evaluation, showed that 12 of the 15 youths (80%) were found to have decreased their rate of offending by at least 25% . Five participants had not offended at all since their involvement with the program”*.
- **Supporting evidence:**
 - Key people – testimonials from program participants, community members, funders, key stakeholders
 - Media write-ups
 - Internal reviews and assessments
 - Other data sources – feedback from management and staff; feedback from other service providers, etc.



Align the evidence you are presenting with the specific practice under discussion.

3. As well as being effective, a Promising Practice could also demonstrate one or more of the following:

- **Innovation** – has your practice improved or changed an existing practice to adapt it to a particular community or target audience? How did you change the approach to make it work in a different context? Provide evidence that the change or innovation produced positive outcomes.
- **Replicability** – Identify which elements of the practice are replicable (against those that are proprietary; meaning that they will work only under the given circumstances) and describe *how* the elements can work in a different context; *where* it can work (eg. with a different type of service/target group) and *with whom*. In some instances, project models

may have been adopted by other organisations and this can be cited as evidence of replicability.

- **Sustainability** – What elements of the practice make it able to be continued into the future? Sustainability can be thought of in terms of processes, outcomes and funding. Sustainability of outcomes can be looked at either from a short-term or longer-term perspective and can be gauged by such things as an increase in the knowledge and skills as well as improvements in areas such as productivity, capacities, health and emotional wellbeing of individuals, families and the communities. Sustainability also refers to the capacity of the project to continue even when funding has ceased or by the expansion of the project to new target groups or communities. Evidence of outcomes can be demonstrated by presentation and analysis of before and after data, feedback/interviews/case studies of participants, feedback from stakeholders and other service providers and the evaluation results of the program.
- **Contributes to existing evidence base** – demonstrate how your practice has contributed to the knowledge of “what works” in the area of early childhood intervention by highlighting lessons learnt from the practice that would be useful knowledge for other practitioners. You will need to clearly explain what new knowledge has been gained and how this relates to the existing evidence base.



Revisit the SFCS National Framework, the aims of each strand (CfC, ItG and LA) and the SFCS main questions

What happens once you have submitted your proposal?

All promising practice proposals will be assessed by an independent PPP peer review panel.

The panel’s job is to determine whether the practice suits its aims and is proven to work (the essential criterion). The panel will also determine whether the practice demonstrates innovation, replicability, sustainability and /or whether it contributes to the evidence base, if this information is provided.

The review process will be semi-blind, meaning that the names of the review panel will remain anonymous but the panel knows which projects are submitting a proposal.

The details of projects will remain strictly confidential. Project details will only be revealed if a proposal has been deemed promising.

Projects that are not assessed as promising will receive confidential feedback from the review panel which can help projects revise their proposal for further consideration.

Once a proposal has been assessed as promising, the PPP team at AIFS will use information contained in the proposal form to develop a promising practice profile. The PPP team will remain in close contact with the projects while the profiles are being prepared, and projects will be asked for their endorsement before profiles are published on the CAFCA website.

The multi-stage process involved in each PPP round is presented in a flow chart on the PPP section of the CAFCA website at <http://www.aifs.gov.au/cafca/ppp/selection.html>.



HAVE A LOOK AT:

- An example of a completed Promising Practice Profile form - <http://www.aifs.gov.au/cafca/ppp/submit.html#howto>
- Revised PPP proposal form - <http://www.aifs.gov.au/cafca/ppp/submit.html#howto>
- SFCS National Framework - www.aifs.gov.au/cafca/evaluation/pubs/framework.html

NEED HELP?

*For queries or assistance in completing the form, please contact
one of the CAFCA Research Officers on*

1800 352 275 or email: ppp@aifs.gov.au



Promising Practice Profiles

Thank you for responding to the **third and final round** of the Promising Practice Profiles(PPP).

To facilitate the review of your PPP proposal, this form was designed to capture the most important information about your Promising Practice.

Your proposal will be reviewed for completeness and additional information may be required, so please make sure your contact information is accurate.

Before preparing your PPP proposal please read the Form Guide for helpful tips and definition of terms used in this form. A sample proposal form has also been prepared. Both documents can be downloaded from the Community and Families Clearinghouse Australia (CAFCA) website at <http://www.aifs.gov.au/cafca/ppp/submit.html>.

If you need any help in filling out the form or have any queries, please contact any of the CAFCA Research Officers on 1800 352 275.

Thank you for taking the time to submit your practice for consideration.

Promising Practice Profiles

Project Title (please click in box and type)

Panyappi (Younger Brother or Sister)

Contact Information

Agency:	Metropolitan Aboriginal Youth Team, Family and Adolescent Services, Department of Human Services
Address:	The Parks Community Centre PO Box 2337
City:	Regency Park
State:	South Australia
Postcode:	5942
Website:	n/a
Contact Name:	Lisa Kambouris
Position:	Panyappi Coordinator
Phone:	
Fax:	
Mobile (optional):	
Email:	Lisa.Kambouris@dfc.sa.gov.au

1. About your Program

Program overview: Provide a brief description of the organisation. Who is the client group? What main activities / services does the program provide? Etc.

=> Provide information that would be helpful in the preparation of the profiles if no Evaluation Report is attached.

(500 word limit)

Panyappi is an intensive, culturally appropriate mentoring program for Indigenous young people (aged 10-18) and their families. Typical characteristics of young people engaged in Panyappi include: a history of offending and victimisation, low socio-economic background, poor school attendance and/or performance, literacy and/or learning difficulties, behavioural difficulties including violence, a history of substance misuse, histories of sexual, physical and emotional abuse, family breakdowns and homelessness.

Mentoring is a culturally appropriate way of working with young Indigenous people and their families as it is compatible with the practice of Indigenous older persons providing knowledge and guidance to younger people in the community. The mentoring role differs from other support service roles such as statutory or agency youth workers, social workers and counsellors in that the mentor builds a non-judgmental, trusting, friendly relationship with the young person and comes to be seen as being 'on the young person's side'.

1.1 What are the objectives of the program?

(300 word limit)

- Decrease the young person's offending behaviours and support them to change their attitude towards offending;
- Decrease the young person's involvement with the juvenile justice system and associated agencies;
- Work collaboratively with other agencies that share responsibility for the young person's safety and wellbeing;
- Build resilience and empower young people and their families;
- Assist the young person to build a positive identity; and
- Assist the young person to find a constructive direction in their life.

1.2 What is the issue or problem your promising practice is addressing?

(300 word limit)

Panyappi developed in response to a crime prevention initiative by the Crime Prevention Unit of the Attorney General's department. It was identified that Aboriginal youth were frequenting the inner city and engaging in offending and other risk-taking behaviours. Panyappi was developed to provide an intense, long-term mentoring service that would work closely with the target group of Aboriginal youths and their families to intervene in pathways of offending behaviour and provide young people with experiences and opportunities to develop a sense of competence, self esteem, identity and direction

2. About your promising practice

2.1 How has the practice/project demonstrated "promising practice"?

Note: Focus on Criterion 1 - *The practice is effective*

2.1.1 What are the key activities, ways of working, or ingredients of your practice?(ie. how does it work and why does it work?).

This section details the ingredients critical to the effective operation of the Panyappi mentoring practice, namely:

- A culturally appropriate, family-inclusive approach
- Providing a formal process and an immediate response
- Voluntary participation
- Family-inclusive goal setting
- Unlimited timeframe
- Mentors are qualified and paid
- Liaison with other services
- Promoting engagement in culturally appropriate activities

A culturally appropriate, family-inclusive approach

An important feature of Panyappi is its use of culturally appropriate practices. The family-inclusive approach of Panyappi fits with culturally appropriate practice, as well as systematic approaches to family work. It also helps develop respect lines back to elders, which these young people may have misplaced. Panyappi mentors involve families in two ways: through direct contact and by engaging the support and collaborating with

the MAYT Family team or other family support services. A high priority of the service is to rebuild and strengthen family connections, a culturally appropriate approach that differs from many mainstream youth services that do not engage families as a standard practice. While Panyappi takes a family inclusive approach, mentors also focus on the individual needs of the young person. Family contact is initiated together with the young person from the outset, and contact with the young person's family is made regularly through telephone, home visits, and family members are encouraged to initiate contact Panyappi.

Providing a formal process and an immediate response

The Panyappi program targets Indigenous young people through a formal process to establish clear goals to meet the individual needs of the specific young person whom they are working with.

The young people who are engaged with Panyappi are often in complex circumstances and referrals come to Panyappi through a number of sources: juvenile justice system services, SA police, education workers, Indigenous and non-indigenous NGOs, family services, youth services, welfare services, street workers and/or the CAMHS. The target group are young Indigenous people aged 10-18 years who are entering, or at risk of entering, the criminal justice system or incarceration. An example of how a young person may come to the attention of Panyappi is through a scheduled interagency meeting in which Panyappi established in conjunction with the SA Crime Prevention Unit.

After a referral has been made to Panyappi, the coordinator responds to referrals the next day, thereby responding to the immediate needs of the family. The first step in the mentoring process is to meet the young person and their family in order to understand what is going on in the young person's life that may have led to them engaging in offending behaviour.

The Panyappi mentoring process involves a case-management approach. Once the young person has been accepted into the program, the individual needs are assessed to determine the best match with a mentor. After gathering background information the coordinator gets an idea of the young person's and family's preferences and personalities in order to match them with a mentor:

"We then look at the things that the young person likes and the family so we can match them with the mentor.... Then we have an introduction with a mentor."

Voluntary Participation

Engagement in the program by the young person is voluntary. Voluntary participation is considered important as the young people referred to Panyappi are often involved in a number of mandatory programs (such as

through the courts, human services and schools). Gaining the voluntary participation of the young person and their family in program participation means they will be more willing to work together.

Family-inclusive goal setting

Goal setting with the young person and their family is part of the program's formal structure, which differs from more naturalistic approach that is often taken in mentor programs. Goals may include talking to counsellor or returning to school. Clear, achievable goals give the young person and their families a sense of competence and efficacy when they are met, building resilience as well as modelling how to set and achieve goals. The next step is just to keep working through the goals and working in conjunction with their families.

Unlimited timeframe

The mentor commits to one-on-one time with the young person to build a relationship and to help deal with the variety of issues which the young person is facing. The program is not time limited, so mentors work with the young person for as long as they are needed. This assists to cater to the individual needs of the young person as well as enabling time for the development of trust and rapport between the young person, their family and the mentor. Involvement is often intensive, and mentors spending up to 15-20 hours per week with the young person and their family is not unusual, particularly in the initial stages while relationships are being built. The Panyappi mentoring is offered on an ongoing basis, rather than as a short-term intervention.

Mentors are qualified and paid

Panyappi employs trained mentors who have or are working towards a Certificate III in Community Service work. They also access a range of training through FAYS in the Department of Human Services, including Occupational Health and Safety, Mandated Notification, and courses covering topics of juvenile justice, racism/anti-racism and substance misuse. Mentors take a formal, case management approach to mentoring and receive ongoing supervision, support and access to professional development opportunities. Mentors are paid for their services. All mentors are Indigenous.

Mentors act as role models for young people, modelling appropriate, non-offending behaviours and discouraging negative behaviours. They distinguish their roles from the roles of counsellors or social workers, which are more authoritarian in style and may discourage the young person from opening up.

Liaison with other services

Panyappi's approach to mentoring acknowledges that there are multiple ways of supporting young people and more than mentoring is required to make a difference. Mentors therefore play an active role in facilitating the connection between young people and their families and other services that may respond to their needs. Panyappi develops collaborative relationships with other stakeholders in the area to collectively address the problems young people are experiencing. Mentors play an active role in direct liaison with a range of services important to the young person's development (such as schools, training, counselling and recreational activities, as well as other Indigenous-specific services) which the young person may be disconnected from, thereby promoting an integrated response network.

Promoting engagement in culturally appropriate activities

Through the program's activities mentors also provide opportunities and activities for young people in which they can explore their potential and develop self-confidence.

2.1.2 Provide a summary of existing evidence (literature review, practice evidence, etc) regarding what is known about the effectiveness or relevance of your practice approach/intervention.

Literature and past research supporting the effectiveness the Panyappi Mentoring approach is considered here in six areas: the concept of mentoring in general, mentoring programs, cultural appropriateness of mentoring, age and geographical considerations, and the limitations of mentoring.

The idea of Mentoring

"Mentoring has been a part of Aboriginal culture for many years. It's like looking back at our roots. Looking at what the Elders did in the old days." (Higgins, 2007)

The emphasis on connection with significant people in young people's lives has a long history with Aboriginal people; the notion of mentoring is, therefore, not new.

As an intervention strategy, mentoring is based on a well-established research base, which is derived particularly from the child development field. The idea is that when young people have supportive relationships with adults, they generally have an enhanced ability to develop resilience, meaning in life and to deal with life's challenges. These relationships act to protect young people, including those who grow up in high stress family or

community environments (Garbarino et. al., 1992; Werner, 1984; Rutter, 1999). In more recent times these relationships have been understood as a form of 'social capital.' The concept of social capital was originally named by Putnam in the early 1990s and was later harnessed by Eva Cox (Baum, 1998). Social capital has been defined as, 'the processes between people in which to establish networks, norms, social trust and facilitate coordination and cooperation for mutual benefit' (Cox, 1996). The concept of social capital has been applied to mentoring relationships, as it relates to building up the needs of young people whom they are working with. This relates specifically to Panyappi's mentoring as it functions to deliver an assurance of care, health and the wellbeing of the young people who access Panyappi Services and to bridge the gap between the young person and services providing advice, referral and advocacy.

Mentoring Programs

The Panyappi program has drawn on the National Youth Affairs Research Scheme's (NYARS's) national overview of mentoring and role model programs. The overview identified the main function of mentoring as 'inspiration, setting an example and providing personalised support' (MacCallum and Beltman, 2002). It has been noted in the literature that effective mentoring programs need to be tailored to individual needs, to ensure there is an opportunity for trust to develop between the mentor and the young person, and to include clear specific and achievable goals (Bernard, 1992; MacCallum and Beltman, 2002).

Culturally Appropriate Mentoring

The Panyappi service is based on past research which has found that mentoring programs aimed at Indigenous Australians require a stronger focus on and commitment to rebuilding and strengthening family connections, not just on gaining family support for the young person's involvement in the program (ARTD, 1999; 2001; Dusseldorp Skills Forum, 2003). Nichols and Schwartz, 1998).

Age Appropriate Mentoring

Panyappi works from a developmental perspective, focusing their mentoring services to young people aged 10 to 18 years, as this age group have been found to have higher level of engagement in mentoring programs and are more likely to reconnect to education than those of older age brackets (Panyappi Indigenous Youth Mentoring Program Evaluation, p.22). Specific to young people engaged in offending behaviour, past evaluations of crime prevention focused mentoring programs have found greater success with engaging a younger age group (ARTD, 1999; 2000; 2001).

Geographically Appropriate Mentoring

Previous evaluations of crime prevention focused mentoring programs have highlighted the importance of having a specific geographical focus, as this responds to the way in which young people gather socially in addition to offending, as well as promoting the importance of mentors' and coordinators' development of positive networks with service providers and other resources (ARDT, 2000; 2002). From this, Panyappi has targeted geographical areas and focused on developing collaborations with key stakeholders in the area to address the problems that Indigenous young people are experiencing and the issues this raises for the local community.

Limits to role of mentoring:

Hartly (2004) states that, "formal mentoring programs are one effective means of supporting young people, not a single solution to complex social and individual needs. Especially in circumstances where young people face multiple disadvantages, mentors are best regarded as complementary to and in addition to the work of professionals and other supportive services, not as a replacement for them."

References

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Information for the Panyappi profile has been extracted from, and is supplemented by, the *Panyappi Indigenous Youth Mentoring Program External Evaluation Report* prepared by Kathleen Stacey & Associates Pty Ltd., 2004. The report is available online:

www.cpu.sa.gov.au/download/indig/pany-eval-june04.pdf

Quotes also taken from Jenny Higgin's Panyappi Profile, which was part of the AIFS National research on Indigenous services.

2.1.3 Describe the outcomes/impact resulting from the practice.

Panyappi's desired outcomes may be viewed in a hierarchy (as is displayed in *Appendix A: Panyappi Outcomes Hierarchy*, p.81, of attached evaluation report). The ultimate goal is a reduction in offending from the Panyappi client group. The achievement of this goal determined by a tiered sub-set of goals, which result in three desired outcomes:

1. Decreased contact with the juvenile justice system
2. Positive shift in the young person's behaviour and attitude towards reoffending
3. Development of self-discovery and self determination by the young person and their family

2.1.4 How can you verify/support the outcomes resulting from the practice? Describe the data/information that you have and how it was collected.

In 2004 the program was evaluated by an external organisation, Kathleen Stacey and Associates. The evaluation assessed the impact of the program after one year of operation. The evaluation covered a review of the effectiveness of the program through multiple means: Statistical review based on official records, interviews with young people, interviews with families, interviews with mentors and a review of the program's structure and management.

Evaluators, Kathleen Stacey and Associates, stated that the ultimate goal of

Panyappi, a long-term reduction in offending by the client group, could not be determined because of the limited time-frame in which it had been operating at the time of the evaluation, as well as the neglect to provide a structured evaluation framework and limited funding allocated to the service. Nonetheless, the practice was found to be effective in meeting a number of the project's objectives.

Outcome 1: Decreased contact with the juvenile justice system

Juvenile justice system data reflected substantial decreases in formal cautions, orders, convictions and detentions, particularly if the young person had been engaged with Panyappi for 6 months or more. Specifically, a review of offending records of 15 youths involved in Panyappi at the time of service evaluation, showed that 12 of the 15 youths (80%) were found to have decreased their rate of offending by at least 25%. Most of these youths were found to have decreased their offending behaviour by 70-100%. Five participants had not offended at all since their involvement in Panyappi. Only two participants increased their offending behaviour while being involved in Panyappi, and no change was established in one case (refer to Figure 9, page 38 *Panyappi Indigenous Youth Mentoring Program External Evaluation Report*).

Outcomes 2: Positive shift in the young person's behaviour and attitude towards reoffending; and 3: Development of self-discovery and self determination by the young person and their family

Personal and focus group interviews with key stakeholders - young people, family members, program staff, program collaborators, program funders and advisory group members - revealed that the program had been effective for the young person by providing a turning point, generating positivism and hope, strengthening relationships, enhancing school connectedness, instilling positive consideration for the future. The evaluation also found, from interview data, that many of the young people had reengaged with education and had a stronger sense of self-belief, and personal and cultural identity, had developed other interests and had improved relationships with friends and family. For example, one young person said:

"I would never be able to do the things I've done if it wasn't for Panyappi. We wouldn't have the money and my mum doesn't have a car. My mentor comes and picks me up. I wouldn't be going to school much if it wasn't for him... I read a bit better. I'm starting to go back to school and that's been a hard thing to do. I still fight but my attitude has changed and I've calmed down. I used to be a lot angrier. I still get angry but I'm not as violent as I used to be" (p. 40, Evaluation Report).

Further, family members reported they had observed positive changes for the youth as well as having improved their communications skills with the young person and were more likely to respond constructively and feel that the young person was making positive changes in their lives (*Panyappi*

Indigenous Youth Mentoring Program External Evaluation Report):

“He hasn’t been in trouble since he’s been involved” - Family member (p.41)

“Mentors are like a big brother and they look forward to them coming home and doing the big brother thing. They had a very good relationship”. – Family member (p.41)

“He looks forward to when [mentor] comes. He has got something to do, play games, can be with someone older that he tends to look up to...It was like a big brother who is involved in his life and will pick him up and help him, like a normal big brother does, take him to appointments, study, anything. He really fully trusts [mentor] no matter what the situation” – Family member (p. 45).

“It’s really a whole family thing anyway. It’s about [my child] but I feel supported, I don’t feel left out on my own. It’s given me hope, a bit of hope for my family” – Family member (p.47)

From this, there is supporting evidence that Panyappi program has been found to be effective in meeting many of the project’s objectives (as outlined in section 2.2) including: decreasing the young person’s offending behaviours; supporting young people to change their attitude towards offending; decreasing the young person’s involvement with the juvenile justice system and associated agencies; working collaboratively with other agencies that share responsibility for the young person’s safety and wellbeing; empowering young people and their families; assisting the young person to build a positive identity; and assisting young person to find a constructive direction in their lives.

**Information for the Panyappi profile has been extracted from, and is supplemented by, the *Panyappi Indigenous Youth Mentoring Program External Evaluation Report* prepared by Kathleen Stacey & Associates Pty Ltd., 2004. The report is available online:
[www. cpu.sa.gov.au/download/indig/pany-eval-june04.pdf](http://www.cpu.sa.gov.au/download/indig/pany-eval-june04.pdf)**

2.2 Supplementary information

(Note: If completing in Word please *click* in box and *type* an 'X')

Please indicate if you are responding to any of the Criteria listed below (refer to Form Guide and website for more information about the criteria)

- The practice is replicable (Criterion 4)
- The practice is innovative (Criterion 5)
- The practice is sustainable (Criterion 6)
- The practice contributes to the existing evidence base (Criterion 3)
- The practice draws on the existing evidence base (Criterion 2)

3. Background information

3.1 SFCS Stream

- Local Answers
- Invest to Grow
- Communities for Children

3.2 *Which focal area/s of the National Agenda for Early Childhood does this project cover? (Note: You may select more than one)*

- Family and children's services working effectively as a team
- Supporting families and parents
- Early learning and care
- Healthy young families
- Child friendly communities

3.3 Please tick the target groups/communities of the program, if any:

(Note: You may select more than one)

- Indigenous families/communities
- Families/communities in rural/remote areas
- Families with a child/children or parent with a disability
- CALD families
- Isolated families
- Family and domestic violence
- Other (please specify): Families Involved in the Juvenile Criminal Justice System

3.4 Program duration and frequency

Commencement date: 2000 _____

Completion date: ongoing _____

Will the program run again? Yes No

Has the program been run previously? Yes No

If yes, how many times? _____

3.5 Has the program/project/practice been the subject of evaluation?

- Yes (go to Q 3.6)
- No (go to Q3.9)

3.6 What was the type of evaluation?

- Internal
- External/independent

3.7 Who conducted the evaluation?

Local Evaluator

Facilitating Partner

Independent Evaluator

Project Manager

Other (please specify): _____

3.8 Type of evaluation instrument used

Service User survey (pre and post survey)

Evaluation/ participant feedback following attendance

with

Other (please specify): Court and Juvenile Justice System records, Service records (demographic and service-use information), in-depth interviews with participants, participants families and other key stakeholders (service providers, mentors, program coordinators)

3.9 PPP proposal prepared by

Local Evaluator

Project Manager

Other (please specify): CAFCA_____

3.10 Attachments: Please list below the attachments you are including with this proposal (e.g. Evaluation Report, Testimonials, Statistical reports, etc.)

External Evaluation Report: *Panyappi Indigenous Youth Mentoring Program External Evaluation Report* prepared by Kathleen Stacey & Associates Pty Ltd., 2004

Thank you for your time in preparing this PPP proposal

PPP Worksheet

Instructions:

You may like to draft some ideas about your project and its key practices in preparation for a group discussion during the teleconference you are attending. Jot down ideas or notes as you think about your project.

Practice	Outcomes of practice	Evidence to show outcomes of practice
<p>Eg: train and support local parents to volunteer at the school</p> <p><i>Key ingredients:</i></p> <ul style="list-style-type: none"> * <i>Provide training in facilitation and communication</i> * <i>Run social events for volunteers to get to know each other and staff</i> * <i>Develop clear volunteer job descriptions</i> <p><i>25 parents now volunteer at school at least once per month.</i></p>	<p>Parents have increased social networks</p> <p><i>Parents have increased confidence to support child's education</i></p> <p><i>Increased school attendance by children</i></p>	<p><i>All parent volunteers (25) were surveyed.</i></p> <ul style="list-style-type: none"> * <i>95% reported an increase in social contact and networks since commencing volunteering.</i> * <i>75% reported feeling less lonely since commencing volunteering.</i> * <i>Two case studies document these changes in depth.</i> <p><i>Parent surveys: 70% report increased confidence</i></p> <p><i>Post training evaluation forms: 85% report having new skills to use</i></p> <p><i>Analysis of school attendance records of children of volunteers: 60% increase in attendance pre and post volunteering.</i></p> <p><i>Focus group with school children – report feel happy to have mum or dad at school etc</i></p>

Attachment D Frequently Asked Questions



Promising Practice Profiles

Filling out your Proposal Form - Frequently Asked Questions and Answers

Please refer to the Form Guide (<http://www.aifs.gov.au/cafca/ppp/submit.html#howto>) for specific information on completing your *Promising Practice Profile* form.

Question	Answers
<p>My program covers a broad range of activities and practices. Will I lose out if I focus on a particular part?</p>	<p>No. It is preferable if a profile focuses on a particular practice that is part of the overall project. You can include a broad overview of the project in Section 1 and Section 2 can emphasise particular parts.</p> <p><i>See next question below for other alternative ways of presenting your practice.</i></p>
<p>There are lots of promising parts to my program. Can I provide more than one proposal?</p>	<p>If your project has several promising practices, you can submit multiple profiles. If you do so, you can keep Section 1 the same across all the profiles.</p>
<p>We have a number of anticipated outcomes, but it's too soon to determine if they are effective, how can I answer question 2.1.4?</p>	<p>Objectives state hoped outcomes. It is often difficult to establish if objectives have been met early on and to attribute outcomes directly to your particular practice. If you think that based on preliminary outcomes that your practice is effective, it helps to be specific, modest and upfront about limitations on measures of effectiveness.</p> <p>Talk about actual outcomes rather than what you hoped to achieve or what you anticipate to achieve in the long run. It is fine to suggest that you are yet to have full evidence.</p>
<p>Should I use bullet-points and headings?</p>	<p>It is up to you how you structure your responses. Bullet points, headings and subheadings can be particularly helpful in structuring concise responses to the criteria.</p>
<p>We have an evaluation report or interim evaluation report, can this be included?</p>	<p>Yes this can be included as an attachment. However please bear in mind that the Review Panel are reviewing a number of proposals not just yours and they may not have the time to read through the whole Evaluation Report. It is preferable that direct referrals to particular relevant parts/sections/pages of the Report are made in the proposal so that the Review Panel can quickly refer to the relevant section for more detail/explanation. You could also include a summary of parts of report that is most</p>

	relevant to your practice proposal.
What data should I include to verify and support the practice outcomes?	<p>You can draw on a range of data and data sources, including the Evaluation Report of your project (if there is one available), analysis of feedback forms, before and after studies, minutes of meetings, agency records that contain records of outcomes, testimonials from program participants, community members, funders, media write-ups, internal reviews and assessments, feedback from other service providers, etc.</p> <p>Some proposals have included photos as part of their suite of evidence. Photos have been used to support other evidence of practice outcomes rather than as stand alone evidence.</p> <p>It is most important that the information and evidence you provide relates specifically to the claims you make. Specific examples, such as case studies, can help demonstrate your outcomes, and should be linked back to your findings.</p> <p>A good approach for section 2.1.4 is to list the outcomes provided in section 2.1.3 and bring together the information you have to support these in turn. Sometimes it is difficult to separate your findings as they may be intricately connected. In this case, it may be helpful to cluster your outcomes together. This structure has been used in the PPP Proposal example, Panyappi, available on this website.</p>
I have used The Round 1 Submission Form; can I submit in this format for R3?	Yes you can. However, feedback from participants and reviewers strongly suggests that the Rounds 2 and 3 form is easier to use as they allow you to focus on a particular practice. If you would like assistance with restructuring your Round 1 form into the Round 2 and 3 formats, CAFCA staff are happy help!
I have drafted a proposal but would like some feedback prior to submitting, is this possible?	Yes. We encourage you to engage with the CAFCA staff regarding your proposal. We can provide feedback on ideas, drafts and ways of presenting information.
I'm having trouble with sourcing literature, is there help available?	Yes. CAFCA library and research staff are trained in sourcing relevant literature, including specific information that may be relevant to your proposal. If you would like to use this service, please contact us. If you have narrowed down your focus for the proposal, this will help in sourcing the most relevant literature.
How long does it take to prepare a profile?	The time to prepare a profile depends on the availability of materials and documents that you need – for example, evidence to support your claims. Based on an informal survey from a number of Local Evaluators and Project Managers it has taken about 1-2 days to complete a

	profile.
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<p>What's in it for me?</p>	<p>A profile of your project up on the web is a great way to share practice learnings with other service providers and professionals working in the field of early childhood intervention and community development. The profiles that appear on the web would have undergone an independent review process and would have been assessed of high quality. The profiles could be used as evidence to support further funding applications.</p> <p>Exposure for your project - the PPP webpages are hosted on the AIFS website which is widely accessed not only by researchers, academics and students but by policy makers, service providers and the general community both nationally and internationally.</p> <p>Feedback from those who have submitted said that preparing the profile gave them the opportunity to pause and reflect back on their practice and what makes it work. It has also encouraged projects to be more proactive in the collection of different kinds of evidence to support claims about effective aspects of their practice.</p>
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Attachment E Program of Activities



Promising Practice Profiles

Sharing your practice and building the evidence based on practitioner knowledge

Round 3 - project support for PPP

Teleconferences

This method of providing direct support to projects was hugely successful in Round 2. Teleconferences save time, allow greater flexibility and encourage those working in rural and regional communities to attend the PPP information sessions without having to leave their office!

Four teleconferences have been scheduled through February and these are open to all streams. The teleconferences are scheduled to run for approximately 1.5 hours. More teleconferences may be scheduled subject to demand.

Dates of teleconferences

Monday, 11 February 2008 at 11:00 am AEST

Friday, 15 February 2008 at 11:00 am AEST

Monday, 18 February 2008 at 11:00 am AEST

Thursday, 21 February 2008 at 11:00 am AEST

What to expect:

- The teleconferences will set the scene by highlighting where the PPP lies within the SFCS.
- What evidence is expected? Know how to respond to the PPP criteria.
- There will be an example of a completed PPP proposal form to help guide participants prepare their proposal.
- Time will be allocated for discussion of individual proposals.

Ongoing support

A Help-desk is available to provide ongoing support through Round 3. If you have any queries, please phone CAFCA on freecall 1800 352 275 and ask for a CAFCA Research Officer.

Please confirm your attendance at any of the teleconferences by calling the number above or emailing your details to: ppp@aifs.gov.au

Dates to remember!

<p>4 February 2008 – commencement of Rd 3 11, 15, 18, 21 February 2008 – support teleconferences 14 March 2008 – Rd 3 close March – April 2008 – Peer review and validation process</p>

Attachment F Peer Review Panel Briefing Paper



Promising Practice Profiles

PPP Round 2 Peer Review Panel Briefing Paper

This briefing paper has the following objectives:

- To provide a background to the SFCS to ensure that assessment of the projects take into account the context and focus of each of the streams under which the projects have received their funding
- To provide the Peer Review Panel with a background to the processes used in Rd 2 of the Promising Practice Profiles and highlight the key changes to the Proposal form
- To provide a guide to using the Rd 2 PPP Proposal Validation Template

I Background to the Stronger Families and Communities Strategy

The Stronger Families and Communities Strategy is an Australian Government initiative which was established in 2000. In early 2004, following consultation feedback from the National Agenda for Early Childhood (NAEC), the then Prime Minister announced the renewal of the Strategy to provide a greater focus on early childhood initiatives and resources that can be used to achieve better outcomes for children, their families and communities. Funding of \$490 million has been committed for 2004–2009.

The Stronger Families and Communities Strategy (SFCS) has the following aims and objectives:

- o To help families and communities build better futures for children
- o Build family and community capacity
- o Support relationships between families and the communities they live in
- o Improve communities' ability to help themselves.

The Strategy has four streams to help achieve its aims – Communities for Children (CfC), Invest to Grow (ItG), Local Answers (LA) and Choice and Flexibility in Child Care.

A national evaluation of the Strategy will measure the effectiveness of the Strategy in improving outcomes for children, their families and communities. This evaluation focuses on the first **three** streams (CfC, ItG and LA) of the SFCS and is being undertaken by the National Evaluation Consortium comprising the Social Policy

OVERALL KEY EVALUATION QUESTIONS

- Have outcomes for children and families in relation to the four key action areas improved as a result of the Strategy?
- Which lessons have been learnt on how to achieve and sustain better outcomes for children 0-5 and their families /communities?
- Is early investment effective in terms of cost and outcomes for children?
- For which children, families or communities is your program effective?
- What aspects of the model are effective (particularly applicable for ItG projects)

Why have Promising Practice Profiles?

One of the key objectives of the national evaluation of the SFCS is to identify ‘what works’ in early childhood, early intervention and community development services. A **cross-strategy evaluation** will be used to analyse findings across the three streams of the SFCS to draw out core themes and lessons learnt. This component of the overall evaluation will consist of *Themed Studies* (designed to explore particular topics in-depth to enhance understanding of ‘what works’), a *Synthesis Report* (which will combine information from each stream and draw out common themes relating to early intervention and community development) and the *Promising Practice Profiles* which will identify “what works” across the three streams and, beyond this to consider “why it works” “under what circumstances” and “for whom”.

Promising practices will be identified through a call for proposals. There will be up to three calls over the life of the Strategy. This aspect of the evaluation will be led by the Communities and Families Clearinghouse Australia (CAFCA) on behalf of the National Evaluation Consortium.

Role of the PPP Reference Group:

A PPP Reference Group (comprising volunteer Local Evaluators, a representative each from FaCSIA and SPRC National Evaluation Consortium and a representative from the FaCSIA Local Answers stream) was formed to assist the National Evaluation Consortium with the design and development of the validation process and to provide advice and guidance with the overall PPP process through the three rounds. This group meets monthly via teleconference.

Role of the Peer Review Panel:

Submission to the PPP is a non-competitive process where projects are encouraged to submit practices they think look promising and that they think are working to produce positive outcomes for children, families and/or the community. At the same time, the National Evaluation Consortium is keen to ensure that the profiles that appear on the

webpage are credible and of high quality. All proposals received are therefore subject to a validation process. An independent Peer Review Panel (comprising a representative from the National Evaluation Consortium and two other members whose individual skills, expertise, background and interests complement each other and reflect important domains under each stream of the SFCS) has been appointed to review and assess the proposals.

The PPP aims to provide a valuable resource for practitioners, policy makers, and researchers working in the early childhood and community development sectors by providing access to information about effective practices and ideas for adaptation by highlighting models or examples of what works in different settings. It will assist in the planning of appropriate programs; provide a vehicle for peer learning and information sharing and enhance the quality of services provided to families and communities.

The overall evaluation framework is designed to address the various elements of the SFCS Outcomes Framework (which reflects the key priority areas of the National Agenda for Early Childhood (NAEC)). Across the SFCS these are:

- *Healthy young families*—focusing on pregnancy and post-natal care, promoting healthy lifestyles and support for children with additional needs;
- *Early learning and care*—focusing on better integrated service delivery, early learning from birth and the transition to school;
- *Supporting families and parents*—strengthening relationships and support for parenting; and
- *Child-friendly communities*—creating environments that support children and families.

And additionally for CfC:

- *Family and children's services working effectively as a system*—focusing on partnerships and flexibility

Communities for Children (CfC) – an overview:

Communities for Children takes a community development approach to improving outcomes for young children and their families by incorporating key principles such as collaborative action, building on community strengths and contributing to family and community capacity building.

Non-government organisations are funded as 'Facilitating Partners' in 45 community sites around Australia to develop and implement a strategic and sustainable whole of community approach to early childhood development, in consultation with local stakeholders. The notional allocation for the Nominated Site is between \$2m-\$4m.

The logic model of the CfC initiative asserts that the Facilitating Partner (FP) approach will lead to improved services in CfC communities and these will in turn lead to improved outcomes for children and families and stronger communities. The concept of “improved service” within the SFCS has been operationalised into four elements:

- *Coordination* - e.g. formal and informal joint working arrangements between service providers; families not being subjected to multiple assessments; co-location of services in non-stigmatising venues, front-line practitioners being

able to access advice from experts within community without having to make formal referrals, etc;

- *Quality* - e.g. innovation, evidence-based services and interventions; sustainability and replicability;
- *Reach* - e.g. able to reach out and engage “hard to reach” families by informing, engaging, involving and retaining them so they complete activity; and
- *Sustainability* - e.g. increased levels of training and development of workers; continuation of infrastructure of joined-up working; sustainability of skills of participants and/or sustainability of resources developed by the community.

PPPs will reflect those CfC projects which have achieved or are working towards any of the key areas contained in the SFCS Outcomes Framework (which reflects the NAEC priority areas + families and children’s services working effectively as a system (which reflects any of the 4 elements mentioned above)) as well as practices that demonstrate the ability to reach the most disadvantaged communities and those that include ingredients of successful change and ways of overcoming barriers to change.

Invest to Grow (ItG) – an overview:

Invest to Grow supports the expansion of successful programme models, fosters innovation and builds the evidence base around what works. It aims to contribute to improved outcomes for young children through prevention and early intervention and to build the Australian evidence base about what works in prevention and early intervention in early childhood. ItG projects also include those that are developing tools and resource materials for use by families, professionals and communities supporting families and young children. These projects include a wide range of interventions with a common theme that the projects have the potential for broader application. Funding for the ItG stream is \$70.5 million over 4 years to 22 established and developing programs as well as programs that are developing national tools and resources to support positive early childhood development.

The ItG initiative shares many characteristics of the CfC because both are aimed at children in their early years and their families. However ItG is structured and targeted differently to CfC: ItG projects do not operate a FP model; interventions are not focused on designated communities; ItG interventions tend to be much more structured and large-scale; more emphasis is given to direct service provision (and less emphasis on joining up different services) and suitability for broader application is a key criterion for ItG evaluation.

PPPs will include ItG projects that consider factors which facilitated improved outcomes; the factors which facilitated and inhibited the project logic models being implemented in different contexts; the efficiency/effectiveness of the model and the suitability for national or broader application. The SFCS Outcomes Framework is also relevant in assessing promising practice as well as the elements of “improved service” (where this applies).

Local Answers – an overview:

Local Answers stream has been allocated \$60m over four years to strengthen disadvantaged communities by funding local, small-scale, time limited projects that help communities to identify opportunities to develop skills, support children and

families and foster proactive communities. The aims of LA projects include: building effective parenting and relationship skills; building opportunities and skills for economic self-reliance in families and communities; strengthen support to families and communities by delivering better services and addressing unmet needs through the building of partnerships between local services; to assist young parents in particular to further their education or access to training and other services; to assist community members to get involved in community life through local volunteering or mentoring of young people or training to build community leadership and initiative.

PPPs will include LA projects that have shown to be locally responsive, those that have involved the participation of local stakeholders and/or demonstrated impacts (either significant or micro-level change), etc. Where this applies, the SFCS Outcomes Framework may be relevant in assessing promising practice as well as the elements of “improved service”.

II The Revised PPP Proposal Form:

In Round 1, projects were asked to respond to at least two of the six criteria of promising practice in order to be considered and to provide evidence to support these claims. These criteria are:

- (1) the practice is effective
- (2) the practice draws on existing evidence base
- (3) the practice contributes to the existing evidence base
- (4) the practice is replicable
- (5) the practice is innovative
- (6) the practice is sustainable

The criteria used were developed following consultations with National Evaluation team, local evaluators and project managers at various CfC and ItG fora and feedback solicited via *e-evaluate* and *cafca-chat*.

In the second round, projects were asked to **focus** on the *criterion of effectiveness* by discussing the key components and ingredients of their practice and focusing on the key questions of:

“what works?”	<i>what is it about the practice which seemed to have the most impact?</i>
	<i>Justification from research and/or practice evidence and wisdom about “what works”</i>
“why it works?”	<i>what is it about the program that works (activities, tools, processes that made a practice work)</i>
“under what circumstances does it work ?”	<i>reflect background circumstances - Was the practice universal or specific to one group? Were varying results achieved in different contexts?</i>

“for whom does it work?”	<i>characteristics of those for whom the practice works</i>
Outcomes	<i>How did the project operationalise success (quantitative and/or qualitative evidence)</i>

In Round 2, projects were given the **option** of responding to the four other criteria of promising practice by providing supplementary information (brief explanation) indicating why and how their project demonstrates: replicability, sustainability, innovation or contributes to the existing evidence base.

The revised PPP Proposal Form (attachment A) and the PPP Form Guide (attachment B) are attached for reference.

III How to Use the Validation Template: Assessment Guide

The Validation Template has been designed to aid informed judgement in the Peer Review Panel’s assessment of PPP proposals.

The Validation Template was developed based on the *UK Quality Framework* which has been found to be relevant for a range of types of qualitative evaluations including practice evaluation, policy development and appraisal as well as evaluation of particular interventions, schemes or programmes. The framework is built on a set of principles around which to frame and structure appraisal questions that might be asked of a piece of work in order to critically assess its quality. It is then for the assessor to judge overall merit, based on the questions and indicators that are most relevant to the evaluation concerned. Further information on the *UK Quality Framework* could be found on www.natcen.ac.uk.

It is inherently acknowledged that we need to honour the kind of work that the projects do hence we highlight the need to assess each project in its “own terms” within the boundaries of the projects’ objectives and specific strategies employed (the ‘fitness for purpose’ or how well the practice addresses the objectives for which it was undertaken) vis-à-vis the extent to which the practice meets the pre-determined criteria of promising practice. At the same time, the assessment of each project must be linked to the overall SFCS Evaluation questions and underlying principles and outcomes identified for each initiative within the Strategy (ie. CfC, ItG, LA).

Another important consideration in the assessment of PPP proposals is that all the projects received funding from the SFCS and the focus and objectives of the projects will reflect the key directions under the stream (CfC, ItG or LA) they received their funding from.

Section assessment:

The main headings in the Validation Template reflect the key sections in the PPP Proposal Form. The peer reviewer rates the extent to which the essential indicator/s have been met by indicating if the section:

- Exceeds the criteria (2)
- Meets the criteria (1)
- Does not meet the criteria (0)

Additional indicators mean that the projects have not been explicitly asked to provide this information but if the project has provided such information then this will more than qualify the project an “exceeds the criteria” rating for the section.

Given the diversity of the projects across the different streams, leeway is provided for the reviewer to determine if quality has been achieved by the proposal in some other way. An accompanying explanation is required if this is the case.

The reviewer is also given the option of providing **comments** (e.g. rationale for rating given, suggestions for improvement, etc) at the end of each section.

Section 1

Word limits apply which may have constrained the capacity of the projects to respond fully to the indicators in this section. Ratings are to be made in light of this possible constraint

- Program overview – 500 word limit
- Objectives – 300 word limit
- Issue or problem the promising practice is addressing – 300 word limit

Section 2.1

Projects have been informed that this is the **crux** of their proposal and the Panel’s assessment will focus mainly on this particular section in determining promising practice.

Section 2.2

This section is **optional**. However if the projects have highlighted areas of their practice which they felt met any (or all) of the four other criteria, supplementary information needs to be provided to justify claims. This section could tip a proposal over the line if response to section 2.1 is not fully adequate or for a proposal to be assessed as exceeding the criteria.

Summary section:

CAFCA will provide feedback to all projects and this feedback will need to be clear about:

- Strengths of the proposal;
- what needs to be done for the proposal to be assessed as promising; or

- why the project cannot be assessed as promising

Overall assessment of the proposal:

In deciding whether to accept the proposal; reviewers should include consideration of:

- the extent to which the NAEC priority areas and the SFCS focal areas have been adequately addressed;
- the extent to which the supplementary information provided to justify claims of having met any or all of the four other criteria (if the practice has demonstrated innovation, replicability, sustainability and contribution to the existing evidence base) has been adequately provided; and
- the limitations confronted by Local Answers projects in terms of evaluation, funding and staffing resources.

NOTE: The PPP Proposal Form and the attachments provided from the projects will be used as *basis* for the preparation of the promising practice profiles. While most of the projects have appropriately filled out the Proposal Form, there are some projects that have not strictly followed the requirements of some sections of the form. For instance, information meant for section 2.1.4 could be found in other sections of the form (or in an attached Evaluation report). Also, one project has used Round 1 form. Where the Panel thinks that a proposal has met the requirements of identifying key ingredients, presenting the outcomes and the evidence, albeit not in the preferred format (and that it is possible to prepare a profile based on information provided), then the Panel can accept the proposal.

Attachment G Validation Template



Promising Practice Profiles

PPP Proposal Validation Template – Round 3

Project Title:

1. About your program

*Program overview, objectives and issue/s or problem/s the promising practice is addressing**

Essential Indicator

Clearly sets the scene by describing the organisation, the client group, and general activities as well as the objectives of the project and the issue/s the promising practice is addressing

Additional Indicators (tick where provided)

- Discussion of how the practice was designed to meet the aims of the project
- Clear rationale for basis of selection of target sample/location (how and why they were chosen)
- Discussion of access and methods of approach and how these might have affected participation and coverage
- Aims and design of the project/practice set in the context of existing knowledge/understanding; identified new areas for investigation

Comments

Overall section assessment

- 2 Exceeds criteria
- 1 Meets the criteria
- 0 Does not meet criteria

** Word limits applied to this section*

2. Demonstration of promising practice: the effectiveness criterion*

**this section is the crux of the proposal*

2.1.1 What are the key activities, ways of working or ingredients of your practice?

Essential indicator

Clear description of the major components of the practice that have produced the desired results (*how the practice works*) (provides procedural information and/or identifies the key components of the practice)

Additional indicators (tick where provided)

Clear rationale for different features of the practice (reasons given for different components/ingredients/context of the practice)

Discussion or convincing argument for *why* the practice works

Discussion of limitations of practice ingredients

Documentation of reasons for why some approaches did not work or go according to plan (e.g. non-participation among some participants approached) where relevant

Clear description of new ways of working (activity, process, tools) where this applies

Comments:

Overall section assessment

2 Exceeds criteria

1 Meets the criteria

0 Does not meet criteria

2.1.2 The practice draws on existing research, practice wisdom and practice-based evidence

Essential indicators

- Key ingredients of the practice set in the context of existing research and/or practitioner knowledge and experience. Proposal clearly describes the existing evidence that was used to justify mode of intervention
- Literature review (if conducted) summarises relevant knowledge/key issues raised by previous research
- There is a theoretical and analytical context to data cited, not simply description
- Description of data that identifies specific needs and issues addressed by practice (eg local/regional demographics, data about characteristics or needs of a specific client group)

Additional indicators (tick if provided)

- Clear rationale for choice of intervention/approach
- Clear conceptual links between existing evidence and project implementation and outcomes (ie. existing theory and cited outcomes relate)
- Discussion of how/why particular components of the project relate to existing theory (may contain illustrative extracts or original theory/evidence)
- Discussion of limitations of evidence and what remains unknown/unclear or what further information/research is needed
- Description of alternative positions

Comments:

- Overall section assessment*
- 2** Exceeds criteria
 - 1** Meets the criteria
 - 0** Does not meet criteria

2.1.3 Describe the outcomes/impact resulting from the practice

Essential Indicators

- Program is effective in creating positive change within children, families and/or communities in which it operates
- Outcomes are stated and clearly linked to: immediate aims of the practice, overall project aims and/or to the SFCS and other policies

Additional indicator (tick if provided)

- Identification of unexpected outcomes (positive or negative)

Comments:

Overall section assessment

- 2** Exceeds criteria
- 1** Meets the criteria
- 0** Does not meet criteria

2.1.4 Presentation of evidence - how credible are the claims of positive outcomes?

Essential indicators

- Clearly links/ aligns (ie via coherent logic) the key ingredients of the practice, the outcomes and the evidence that support the outcomes.
- Provides evidence to verify outcomes claimed

Additional indicators (tick if provided)

- Presents a range of data to evidence methods
- Utilises a range of methods to collect and/or analyse data
- Demonstrates link to aims of project and/or practice
- Credible/ clear discussion of how outcomes were achieved
- Discussion of how outcomes may relate to wider theory
- Shows significant or academic rigour of methods used to gather evidence
- Discussion of limitations of evidence and what remains unknown/ unclear or what further information / research is needed
- Context of data sources (how well are they portrayed?) – participants' perspectives / observations placed in personal context (e.g use of case studies/ vignettes/ individual profiles/ textual extracts annotated with details of contributors)
- If qualitative evidence used as evidence – how well has detail, depth and complexity (ie. richness) of the data been conveyed?
- Presentation of illuminating textual extracts/ observations

Comments:

- Overall section assessment*
- 2 Exceeds criteria
 - 1 Meets the criteria
 - 0 Does not meet criteria

Supplementary information*	Overall Section Assessment ₁			Comments
<i>*optional section</i>				
Essential Indicators	2	1	0	
<p>The practice contributes to the existing evidence base</p> <p>Clear discussion of how practice has contributed to knowledge (including policy development, service provision, or community knowledge) or might be applied to practice or theory</p>				
<p>The practice is replicable</p> <p>Evidence supplied to support claims of replicability in other contexts (ie. project context detailed sufficiently in earlier sections to assess replicability). May also include discussion of limitations to replicating project</p>				
<p>The practice is innovative</p> <p>Information provided on how practice offers new insights in the area of early childhood/early intervention/community development</p>				
<p>The practice is sustainable</p> <p>Clear discussion of how the effect of the program will be felt in the community after funding finishes (and will therefore be able to be sustained in some form over a longer period of time) and/or who the program will continue in some form after funding ends.</p>				

¹ 2 = Exceeds criteria; 1= Meets the criteria; 0 = Does not meet criteria

Summary

Strengths of this proposal are:

Accept this proposal?

- Yes (no revisions required)
- Yes (with revisions required (listed below))
- No (resubmit in Round 3)

How does the proposal need to be reworked to make it a promising practice?

(e.g. What additional information or clarification are required for the proposal to be assessed as promising practice?)

Attachment H Definition of Semi-Blind Process

Attachment H: Definition of Semi-Blind Process



Peer Review of submissions

The Promising Practice Profiles (PPP) will be submitted to peer review as part of the validation process. This will allow an expert to select practices for inclusion in the PPP on the basis of their relevance, innovation and effectiveness. Peer review will help to ensure that the submissions included in the PPP are of high quality.

There are a variety of approaches that can be taken to peer review. In the context of the peer review for publication in a journal, a person chosen by the journal's editor to be an expert in the field usually reviews the article. This review can be blind, semi-blind or open review (ALPSP/EASE, 2000; Houghton et. al., 2003). In a blind review the reviewer and the author do not know each other's identity. In a semi-blind review the reviewer knows the identity of the author but the reviewer is anonymous. The open peer review system is a more recent approach to peer review in which the reviewer and the author know each other's identity (Houghton et. al., 2003; Kaufman-Willis Group, 2005; Smith, 1997; Walsh et. al., 2000). In this approach the article is often posted on the Internet prior to publication and in some cases the journal's readers are able to post comments on the article before it is accepted or rejected for publication in the journal.

The system of peer review to be used for the PPP will need to be relevant to evidence-based practice rather than a review of academic research per se. The focus of the peer review in this instance is an appraisal of the evidence of promising practice. It is likely that the semi-blind review is the appropriate process to adopt, especially because there are important differences in the resourcing of programs that will need to be taken into account, and it will be difficult not to reveal the identity of the applicants. An open review would also be an option. One benefit of this system is that there would be greater transparency (Houghton et. al., 2003; Walsh et. al., 2000). The downside is that reviewers may not be willing to be on the panel if their identity is made known to the submission authors.

Peer Review Process for the PPP

The PPP peer review will be conducted by a team of examiners with experience in the areas of the practices submitted. Amongst the members of the PPP peer review panel there will need to be skills and experience in evaluation, early childhood practice and early childhood research. AIFS recommends that there are 3 to 4 reviewers on the panel, and a member of the National Evaluation team. Each panel member will review all submissions, according to the criteria in the validation template. The peer review panel will then meet to discuss and finalise their decisions. AIFS will manage the composition of the peer review panel, the contractual arrangements, the requirements of FaCSIA and deadlines associated with the panel. AIFS would welcome the reference group's suggestions of potential reviewers. The reference group will not know the identity of the peer review panel.

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Promising Practice
Profiles

Attachment I Example Promising Practice Profile *Rural Beginnings*

Attachment I: Example Promising Practice Profile *Rural Beginnings*

Project title	Rural Beginnings Project
Project practice	Team Around the Child
Project undertaken by	Kurrajong Early Intervention Service 2 Grampian Place Wagga Wagga NSW 2650
Start date	January 2005
End date	June 2008
NAEC Focal areas	<ul style="list-style-type: none"> • Healthy young families • Creating child friendly communities • Supporting families and parents • Early learning and care
SFCS Stream	Invest to Grow
Issue	The evidence clearly states that if a child has a disability or delay in their development, early intervention and providing the necessary therapy and education in the first few years will help the child reach their maximum potential. It is also evident that there are limited early intervention services for children with disabilities in rural areas. Early intervention services in rural areas are often hampered by skills shortages in some disciplines. Further, there is evidence to suggest that families receiving early intervention services can feel disempowered, overwhelmed or confused as a result of services delivered by multiple professionals working in isolation from each other.
Program Context	<p><i>Rural Beginnings</i> is an expansion of Kurrajong Waratah's innovative and successful early intervention and prevention model delivered through their Kurrajong Early Intervention Service (KEIS).</p> <p>The <i>Rural Beginnings</i> project assists families in nine local government areas in the Riverina Region of New South Wales. It covers a total population of approximately 5,000 children aged between birth and school age within a catchment population of approximately 45,000 people. The project is committed to providing quality early childhood intervention services to around 60-70 families in rural areas per annum.</p>
Practice Description	<i>Rural Beginnings</i> has adopted the 'Team around the Child' concept, which was established by Limbrick (2005), as a central tenet of their transdisciplinary practice. A transdisciplinary team approach, brings together a team of professionals from the allied health, education and social welfare disciplines. The team provides individually tailored early intervention



Promising Practice Profiles

services, including early education, therapy, counselling and parent training to families who have babies and children with disabilities and developmental delays. The following describes the key ingredients of this practice.

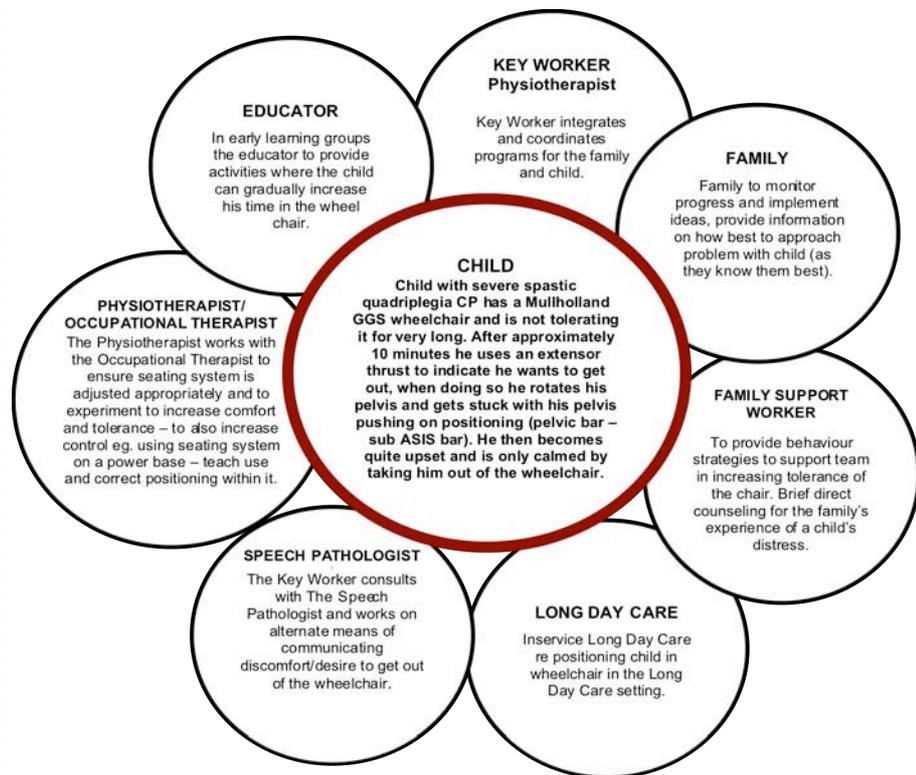


Figure 1 Team Around the Child Example Family centred practice and the family role

The transdisciplinary team model is seen as a family friendly approach, operating within a family centred practice model. Families are always members of the team and are respected and valued as equal members. Although all team members participate equally, the family is the final decision maker.

Discipline involvement and co-ordination

The transdisciplinary team at KEIS consists of Physiotherapists, Occupational Therapists, Speech Pathologists, Family Support Workers and Educators who work together as a team with the family sharing, learning and working across disciplines, with a key worker for each family coordinating services. Flexible boundaries and interchangeable roles and responsibilities encourage the exchange of information, knowledge and skills.

To be effective each team member needs to be knowledgeable and 'upskilled' firstly in their own discipline and then in other disciplines (ie. multi-skilling). Once team members are multiskilled, the team can 'role release' consistent with the training and expertise of individual member. Role release involves the sharing of expertise. It is where *'a team member puts newly acquired techniques into practice under the supervision of team members that have accountability for those practices'* (McGonigal et al, 1994). The emphasis is on a more holistic approach in which all team members (including parents) feel comfortable in following through program recommendations across disciplines.

It is not possible to work in an effective transdisciplinary model without the

upskilling of all staff involved in the teams. This requires management to provide the necessary inservice time and training for the development of the individuals and teams. Newly formed teams or ones with relatively inexperienced members will need more time initially. Teams need to work on clear processes and guidelines for assessment and intervention, including feedback to the primary therapist.

Shared meaning, co-ordination and open communication

At KEIS, workers view creating 'shared meaning', or the development of a mutual vision among the team and family, as the most important feature of the transdisciplinary team approach. In addition, team members develop shared meaning about the terminology and principles about disciplines other than their own. This facilitates a shared understanding and good communication for the child, family and team across disciplinary boundaries.

Co-ordination of activity and planning is also an essential aspect. In other models of service delivery opinions from different therapists can be conflicting and families can be left to try to work through the different programs suggested and reach their own compromise. By contrast, within the transdisciplinary model, early childhood intervention service is integrated, meaning that transition between disciplines and other services is as 'seamless' as possible.

Although all team members may not be involved in direct service delivery for every family, all members are involved in planning and monitoring aspects of intervention. The team works together in an arena assessment where members will take roles either as facilitators or observers / assessors within their own discipline. After assessment and planning, the team meets regularly to share information and to teach and learn across disciplines.

Key worker

The transdisciplinary approach to service delivery creates a more ideal social situation for genuine inclusion of the family as a 'team member' by appointing a key worker from the outset. The key worker is the primary contact for the team, and it is their role to develop a relationship with the family based on a thorough understanding of their background, situation and needs. There needs to be careful and thoughtful selection of the key worker, taking into consideration the concerns and priorities of the family as much as possible. Ideally, the key worker is chosen in consultation with the family.

The role of the key worker includes advocating with (rather than for) the family within the organisation in order to obtain services and resources within their local community. The key worker also co-ordinates the assessment process, report and feedback to the family, along with all interventions delivered to the family to meet their needs.

Using Individual Family Service Plans

Families are serviced according to their individual needs as detailed in the Individual Family Service Plans (IFSP). This is the family's plan of action for the year for their child. From the IFSP, an Individual Education Plan (IEP) is also developed for each child.

The IFSP process involves the key worker and family developing functional development goals. This process includes setting a 'baseline' statement about the child/family's level of functioning at the beginning of the IFSP, for use as a comparison later. In effect, the Individual Family Service Plan sets the family's goals, which guide the therapeutic team's treatment strategies. The plan is reviewed at six months and again at one year. The family comments on the amount of progress they believe has been made with respect to their individual goals and the child's former level of functioning.



Promising Practice Profiles

This review opens the way for discussion around how the family have been agents in their child's progress, and the way in which the service can better assist the family.

<p>Research Base</p>	<p>Key components of the KEIS transdisciplinary model have been adapted from the work of Linder (1983); Peterson, (1987); Garland et al, (1989), Fewell; (1983); United Cerebral Palsy National Infant Project (1976) and based on the KEIS experience with family centered practice and transdisciplinary team work.</p> <p>The transdisciplinary approach was developed in the mid 70s in response to budget constraints as a way for under staffed and under funded teams to pool their knowledge and skills to provide better, more cost-effective services. This led to a service where all team members were involved in planning and monitoring services for every child and family but all were not involved in direct service provision (UCP National Collaborative Infant Project, 1976). Transdisciplinary teams share roles, crossing disciplinary boundaries to maximise communication, interaction and cooperation among members. Team members make a commitment to teach, learn and work together across disciplinary boundaries to implement coordinated services (UCP National Collaborative Infant Project, 1976; Orelove and Sobsey, 1991; McGonigel et al., 1994).</p> <p>Since its emergence in the 1970s, the second generation research of Briggs (1997); Guralnick (2001); Carpenter, (2005) and Bruder (2000) in early childhood intervention recognises the transdisciplinary approach as best practice for early intervention and the key worker role as essential in the provision of coordinated, integrated services for families. As Doyle highlights, <i>'if we aspire to be truly family centred, we should aspire to the transdisciplinary approach'</i> (1997, p.151). This suite of research recognises the importance of services being responsive, flexible and inclusive of the families whom they are working with.</p> <p>The transdisciplinary team model overcomes many of the disadvantages of other predominant approaches, such as the multidisciplinary model (and to a lesser extent) the interdisciplinary team model. These disadvantages include fragmentation of services, confusing and conflicting reports for families and lack of service coordination. It is the model that best meets the needs of families who have children with complex needs and therefore have many disciplines involved, as it provides an integrated and coordinated service for the family (Carpenter, 2005).</p> <p>Recently, Limbrick (2005) in England applied the transdisciplinary model to develop the 'Team around the Child' concept as a way of coordinating early interventions for young children who have complex needs and require intervention from a number of practitioners. It has helped to explain and simplify best practice elements of the transdisciplinary team approach including the key worker role, the empowerment of the family as an equal member of the team and the importance of a collaborative and coordinated team.</p>
<p>Outcomes</p>	<ul style="list-style-type: none"> ▪ Positive outcomes for children and families ▪ Increased parenting capacity ▪ High parent satisfaction and engagement ▪ Positive outcomes for staff
<p>Evidence Of Outcomes</p>	<p>The <i>Rural Beginnings</i> project has been externally evaluated by the Centre for Rural Social Research at Charles Sturt University. Whilst it is difficult to attribute outcomes solely to the 'team around the child' practice approach,</p>

this evaluation reported a range of positive outcomes.

Positive outcomes for children and families

The external evaluation found that one hundred percent of parents of children continuing to participate in the project reported in September 2006 that the service they received from KEIS has made 'a big difference' to their children and families. Similarly, most parents of children exiting the project reported a positive impact as a consequence of *Rural Beginnings*, with seventy five percent reporting the service made 'a big difference' to their family and twenty five percent reporting the service made 'a little difference' (Alston et al, 2007).

There is evidence to suggest that levels of service outcomes in the *Rural Beginnings* project are equitable with those in the larger centre in Wagga Wagga. A generic outcome measurement tool based on Goal Attainment Scaling was used to assess the progress each child and family makes against the yearly goals set by the family. In February 2007, the KEIS team conducted structured interviews with a combined total of ninety-six Wagga Wagga and Rural Beginnings families to assess the families' progress against the goals they had set for themselves and their child in February 2006. Scores were collated and standardised t-scores were calculated to allow comparisons across locations. Overall, there appeared to be similar levels of outcome attainment across services, with the *Rural Beginnings* families achieving higher scores in two categories than families receiving services in the larger regional centre (Alston et al, 2007).

Increased parent capacity: uptake of interventions by parents

Therapists and Educators in the *Rural Beginnings* project are consistently reporting much greater uptake of their interventions by parents between visits and with greater consistency because of the common understanding and reinforcement of strategies (Alston et al, 2007).

High parent satisfaction and engagement

The external evaluation utilised surveys and interviews with parents to evidence a significant level of satisfaction with communication with *Rural Beginnings* staff. One parent reported: '*KEIS team have always listened and explained everything and make sure I understood...*'

The evaluation found that parents consistently reported they are consulted and directly engaged in the development and implementation of IFSP's and this continues regularly throughout their participation in the project. Most parents report they find the IFSP useful, to varying degrees, in clarifying numerous aspects of their relationship with KEIS staff. This includes the role of different therapist interventions and the progression of their child toward agreed objectives (Alston et al, 2007).

Project staff state that parents are reporting more consistent and focussed interventions by KEIS workers and that these are more related to the parents' needs and hopes for their child.

Summary of outcomes for children and families

The external evaluation made the following conclusions:

The findings to date reveal that this project is having a profoundly positive impact on the targeted children and subsequently their families. Parent's quality of life is improved due to:

Ease of coordinated and regular access to health care professionals;

Reduced need to invest family time and money into constantly travelling long distances to seek therapies;



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Felt included in the development of the Individual Service Plans and felt that their child's needs were discussed.

Flexibility in implementing individual programs

KEIS provided them with enough information so that they could make informed choices about their children.

KEIS staff took into account their family's needs and concerns

Rural Beginnings had given greater access to services; and

The project has made a big difference to the lives of their children and families. (Alston et al, 2007).

Positive outcomes for staff

The external evaluation collected data from staff on four occasions through surveys and focus groups over two years. Alston et al (2007) report that a significant finding is that staff have an increasing commitment to the service model of *Rural Beginnings*. This commitment is fostered through a strongly collaborative organisational culture that staff report as being the most appealing feature of working for the organisation. Staff favourably contrast KEIS as an organisation with other practice contexts.

Staff also report significant benefits for each other and their clients from the trans-disciplinary approach. These include a more positive response from clients during visits; a decreased burden of rural visits as these are shared among colleagues; and resulting flexibility and responsiveness to the needs and circumstances of the child and their family. All staff affirm the adoption of IFSPs as critical and report a more positive relationship with parents as a result (Alston et al, 2007).

<p>Policy Analysis</p>	<p>The <i>Rural Beginnings</i> project is a positive example of a Stronger Families and Communities Strategy's Invest to Grow (ItG) funded project (see http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-early_childhood_invest_to_grow.htm). It has expanded the ready-established early intervention and prevention program, KEIS, and has demonstrated improved outcomes for young children with a disability or delays in their development, contributed to the Australian evidence base about what works in early intervention in early childhood, and has developed tools and resource materials for use by families, professionals and communities supporting families and young children with a disability or developmental delays.</p> <p>Resources that have come out of the project, particularly the 2007 publication <i>Team Around the Child: Working together in early childhood intervention</i>, as well as various conference papers, provide an evidence base about what works to a wide audience, provide the capacity for others to learn about transdisciplinary approaches, and create the scope for the approach to be employed more widely.</p>
<p>Project Evaluations</p>	<p>The <i>Rural Beginnings</i> project has been evaluated by the Charles Sturt University's Centre for Rural Social Research under the leadership of Professor Margaret Alston. An interim report was released in 2007 reflecting an evaluation at a three quarters point of project duration.</p>
<p>Project Related Publications</p>	<p>Davies, S. (2005) 'Rural Beginnings Project' <i>The Bulletin</i>, The Australian Government's Stronger Families and Communities Strategy, No. 7 Spring.</p> <p>Davies, S., Harrison, J. & Luscombe, D. (2006) 'A Transdisciplinary Team Approach – Combining Practice with Theory in the Australian Context' presented at <i>Australian Early Childhood Intervention Conference</i>.</p>

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More information

More information on the Rural Beginnings Project and *Promising Practice Profiles* can be found on the PPP pages of the Communities and Families Clearinghouse of Australia website at <http://www.aifs.gov.au/cafca/ppp/ppp.html>.



Promising Practice
Profiles



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