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| Cradle to Kinder  Evaluation Summary |
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Department of Health

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# Background

The Department of Health and Human Services (the department) contracted the Australian Institute of Family Studies (AIFS), in partnership with the Centre for Community Child Health at the Murdoch Childrens Research Institute (MCRI), to undertake an evaluation of the Cradle to Kinder program. The evaluation was undertaken between February 2013 and September 2015.

## 1.1 Limitations

Long-term evaluations and randomised controlled trials are often expensive and so difficult for governments to fund. Most evaluations funded by governments are program evaluations that aim to see whether a program overall has met its objectives.

The availability and quality of data, engaging highly vulnerable people, and having people self-select rather than being randomly allocated are limitations with many evaluations including this one. The evaluation was also commissioned after the Cradle to Kinder program had commenced in Victoria in 2012, which means data from the study cohort wasn’t collected prior to involvement in the Cradle to Kinder program.

As the evaluation was held between 2013 and 2015, a full four-year program effect could not be assessed. Post-program data was also not collected and so the sustained nature of the program also can’t be assessed.

The evaluation included one of the two Aboriginal Cradle to Kinder sites established at the time of the evaluation commencing, however the evaluation did not seek to differentiate between the Aboriginal Cradle to Kinder and non-Aboriginal Cradle to Kinder methodology. There is no specific data on the experiences of, or outcomes for Aboriginal and Torres Strait Islander families, rather the information detailed in the final report considered the experiences of program users as a whole.

However rich quantitative data was collected that gives a robust understanding of the experiences of people involved, which aspects are a strength of the program and which could be improved.

***“I feel really positive about this program. I’m really hoping it becomes part of health and community services because it’s really needed and the need will only grow. It’s an investment and saving for the long term.” (stakeholder)***

# About the Cradle to Kinder Program

The Cradle to Kinder program is an early intervention program designed to address the needs of vulnerable children and families. It targets young pregnant women under 25 years of age. It also prioritises Aboriginal parents and their families, parents who are or have been in out of home care, and parents with a learning difficulty. It provides support for families from pregnancy through to when their child reaches four years of age.

The main objectives of the program are to:

* improve child health and optimise child development and wellbeing
* promote child safety and stability
* strengthen parenting capacity
* strengthen parent/carers’ mental health, communication and problem solving skills
* increase the family’s connection to their culture and community
* promote positive parent-child relationships and attachment

The program aims to achieve these outcomes by for example:

* providing parenting support to promote play and learning opportunities
* modelling infant and parent-child communication and interaction
* engaging parents in antenatal and postnatal services including specialist services
* adopting a flexible service delivery model with a whole of family focus.

The program emphasises a model of putting the child at the centre of the work but thinking about the ecology, the context in which the child sits and looking at psychological, physical and social factors.

The program aims to be culturally aware, developmentally and trauma informed, and dynamic and responsive in relation to changes in the family’s situation. It is also emphasises professional judgement, using analysis and accurate assessments and planning effective interventions with families.

It is strength-based and focuses on outcomes for the child and families.

(For more information on the program refer to the Victorian [Cradle to Kinder and Aboriginal Cradle to Kinder Practice Guide](https://providers.dhhs.vic.gov.au/family-and-parenting-support) < https://providers.dhhs.vic.gov.au/family-and-parenting-support>.)

## 2.1 Aboriginal Cradle to Kinder

The Aboriginal Cradle to Kinder program is specifically tailored to provide a culturally competent, sensitive and respectful service for Aboriginal families. This includes working with children, parents and extended family members to strengthen connections to family, community and culture. Aboriginal people are able to engage with the Aboriginal Cradle to Kinder program, being delivered by Aboriginal Community Controlled Organisations (ACCOs), however, can also choose to have a service delivered by a mainstream organisation instead.

In recognising the additional levels of stress and vulnerability that many Aboriginal families face, Aboriginal children and their families are also a priority for all Cradle to Kinder services.

# Method

The evaluation is a program evaluation as opposed to an impact evaluation. Program evaluations are characterised by identifying how much the program achieved in relation to its stated objectives as opposed to assessing the long-term impact for clients.

The evaluation did seek to assess the formative stages of implementation, to provide feedback on improving implementation into the future, as well as analysing whether the program made progress in relation to achieving its objectives.

The evaluation used a mixed method approach. It utilised data from a range of sources:

* program data - collected specifically for the evaluation from 199 clients accessing the program
* administrative Child Protection data – Client Relationship Information System (CRIS)
* longitudinal qualitative study - longitudinal case studies of 30 families that included four waves of data collection over a two-year period
* key informant interviews with stakeholders (via both online surveys and qualitative interviews)—with a sample of internal and external stakeholders (44 in the first wave and 54 in the second), at two intervals during the evaluation.

Interview participants and program data was drawn from across the first six Cradle to Kinder sites, which included one Aboriginal Cradle to Kinder site. All six sites began implementation in 2012. Almost half of the 43 mothers who identified as Aboriginal (n = 21; 49 per cent) participated in the Aboriginal Cradle to Kinder program. Similarly, 25 of the 58 children identified as Aboriginal (43 per cent) had services delivered via an Aboriginal Cradle to Kinder program. The majority of Aboriginal clients were therefore accessing non-Aboriginal Cradle to Kinder programs.

The key evaluation questions were:

* To what extent have intended client outcomes been achieved by the program?
* Have the service delivery models for the programs been effective in achieving these outcomes?
* What are the successes and challenges of establishing multiple partnerships and strategic relationships with internal and external stakeholders?
* To what extent have services been responsive to clients from diverse backgrounds experiencing vulnerability?
* How have the programs interacted with the broader Child Protection and family services system – both universal and specialist?
* Has the evaluation revealed any improvements or modifications to the programs that would lead to better outcomes for clients?
* Have any unintended consequences of the programs been identified?

Families involved in the Cradle to Kinder evaluation, and Cradle to Kinder target group more generally, had a range of complex needs and histories. Many had a history of trauma, financial and housing instability and were also coping with mental health issues, substance use and family violence.

Families were provided with flexible and broad ranging support services, from pregnancy through to when their children were approaching two years of age.

Despite limitations, the evaluation provided some useful information about the enablers and challenges in implementing a program like this as well as key insights into the experiences of clients and case workers. The qualitative data captures the voices of the young mothers and their families as they face the challenges of parenting a child from cradle to kinder.

# Key findings

The key findings provide an insight into how clients, stakeholders and case workers viewed the program in terms of outcomes for both parents and children. This section also summarises key qualitative data and suggested areas of improvement for the program.

## 4.1 Overview

***“Wonderful needs to be rolled out across the state and through every Child FIRST site.” (stakeholder)***

***“If it wasn’t for Cradle to Kinder, I wouldn’t have my kids, I don’t even know if I’d be alive.” (mother)***

As illustrated by the comments above, service providers, stakeholders and parents who received the program were generally positive. Parents particularly liked the strengths-based approach, while caseworkers and service providers felt the service model worked well and had a positive impact on families. The long-term nature of the program, the connection with other community services, and the availability of brokerage funds were key factors that influenced the program’s success.

The evidence from this evaluation indicates strongly that the Cradle to Kinder was a highly valued and much-needed program by all those involved. Early intervention programs like this can assist and respond to the needs of young parents whose children may be at risk of entering the statutory child protection system.

## 4.2 Characteristics of the Cradle to Kinder cohort

From January 2015, program data shows there were 199 clients engaged in the program and were receiving support from the program.

Out of the 199 clients included in the baseline data, 145 were identified as mothers, nine of whom were not the primary carer of their baby at the time of engagement. Forty-seven of the 145 mothers enrolled after the baby was born.

The first cohort of the Cradle to Kinder programs commenced in January 2012 with 161 children enrolled in the program. By September 2015 that number had increased to 173 children (including 1 unborn child). Retention rates were high with 131 children (76 per cent) remaining involved in the program. Seventy-one of the 161 children initially enrolled were referred to the program because they were the subjects of an unborn child protection alert. The children ranged in age from 0 to 24 months. The mean age of children was 7.1 months. By September 2015, 80 pregnant mothers were enrolled in the program.

Some clients not only met one of the categories that made them eligible, but in fact were experiencing multiple vulnerabilities. Among the 145 mothers included in the baseline data, 21 (15 per cent) had three indicators of vulnerability, and 85 (59 per cent) had two indicators. The most common characteristics of mothers were that they were young mothers (n = 101; 70 per cent), were previously in out of home care (31 per cent), or had a learning disability (29 per cent). Almost one in five were Aboriginal or Torres Strait Islander (19 per cent). Nine (6 per cent) were still under a care/protection order (i.e. were still themselves in out of home care) at the time of enrolment in the Cradle to Kinder program, and 19 had recently exited out-of-home care.

The January 2015 program data provided details of a range of complex issues faced by families. These include:

* 37 per cent of parents had a diagnosed mental health issue
* 34 per cent had a suspected, but undiagnosed mental health issue
* 27 per cent disclosed drug use
* 12 per cent disclosed alcohol use
* 37 per cent had a child safety concern currently being managed or investigated by the statutory Child Protection service (DHHS)
* 28 per cent disclosed issues of family violence
* 81 per cent were unemployed.

Very few of the mothers had completed high school, and seventeen had attained other certificates or educational qualifications like traineeships and trade certificates.

Over half (n = 74; 52 per cent) of the 145 Cradle to Kinder mothers did not have a child safety concern being managed or investigated by the statutory Child Protection service in the Department of Health and Human Services at the commencement of the program. The results showed that 37 (25 per cent) children had an open case with Child Protection and one family had an open case for children other than the Cradle to Kinder child.

Among those families with a Child Protection case, 35 had multiple sources of harm identified. Emotional maltreatment, neglect, physical abuse or sexual abuse was identified for 17 families. Family violence was an issue for 10 families. Fifteen families had previously had a child removed and placed in care (five as a temporary order) and 17 had harm substantiated but no order was issued.

## 4.3 Parents’ experience of Cradle to Kinder

An important component of the evaluation was the collection of qualitative data. Interviews were conducted with clients of the program at four six monthly intervals over a two year period. The experience of the program was overwhelmingly positive for parents, particularly mothers. Themes that emerged from the interviews were engagement and support, improving parenting capacity, planning for the future and transitioning out of the program.

### 4.3.1 Engagement and support with Cradle to Kinder

The long term nature of the program was conducive to building a trusting relationship between parents and the worker. Some parents reported early misgivings about being involved in the program. These were allayed once the program had started and clients became more familiar with how it could assist them. All those interviewed (30 families) felt that their case workers had their interests at heart and went above and beyond what would normally be expected of a case worker.

“It was hard at first *because I’ve had lots of workers and they come and tell you what you have to do and then they go once they’ve told you. This is different, now she knows me and she knows how I think and what’s going on so she can trust me when I tell her something. I trust her too, if she says she’s doing something or she needs to know something I know that I can tell her and she won’t use it against me. You don’t do that with someone you’ve only known for a couple of weeks.” (mother)*

Parents commonly mentioned that workers were available to provide constructive and sensitive feedback on their parenting skills. Even in challenging situations, case workers could always find ways to encourage and support parents by highlighting positive ways to interact with their children.

#### Improving parenting capacity

Both mothers and fathers commented on the value of the relationship with their caseworker and how their input had improved their parenting ability. This included practical day to day support as well being available to answer questions relating to good parenting behaviours.

*“She’s always there … just always there. Sometimes I just want to talk, maybe ask a question, like: ‘Is this normal?’ or ‘How do I know how to do something?’ She gets it and talks to me and is happy just to do that. I know I can rely on her.” (mother)*

The case workers actively taught parent’s to engage positively with their children through play. This was demonstrated when interviewers came to the client’s home. The parent was engaged in the interview while the case worker sat and played with children, modelling positive parent-child interactions. Case workers saw this as an important part of their role:

*“If we get on the floor and build towers or play then the parent sees that as normal behaviour and they will eventually understand. I can tell them why they should but it means more if they see me doing it and then they go, ‘Oh wow, he really likes that, I can do that too,’ and they’ll do it when I’m not there.” [case worker]*

Many of the parents had not had positive experiences of their own parents, or their experiences of being parented were limited. They also had limited, or no role models, mentors or supports in the task of parenting. These two parents reflected on what they had learnt from their case workers:

*“She teaches me what it’s like to be a good mum. She told me I had to talk to my baby! Who knew you had to talk to a baby? It’s not like they talk back or anything.” (mother)*

*“Now I know being a mum is about more than making sure he has a clean nappy and isn’t crying. I thought that if he wasn’t crying then everything was done.” (mother)*

The additional support provided by the Cradle to Kinder Program meant that parents felt more optimistic and spoke about wanting to “do things better” for their children. They were able to reflect on the importance and value of the work they were doing with case workers.

#### Building a future for the family

The support provided by the program meant that parents felt more empowered and were able to make plans for the future. One of the tools available to assess clients and help them plan for the future was the Family Outcomes Star Plus.

This tool was used by caseworkers to help parents consider how they were doing across 10 domains. Families were generally positive about the use of this assessment tool as it provided a useful guide to identify the issues they needed to focus on. Case workers viewed the assessment tool as a good conversation-starter. However, they indicated that it needed to be completed over a number of sessions which was an issue for some clients with learning difficulties. Although the Family Outcomes Star Plus was useful, it did not take into account the cultural and community context of clients and in particular clients from indigenous backgrounds.

Reflecting on the support provided by case workers, one client notes how a plan was developed to help guide them from the present into the future:

*“They’re already doing everything they can; they’re helping and pointing us in the right direction. Now it’s really up to us to just do it and stick to the plan. They’ve shown us what to do and how to do it.” (mother)*

#### Transitioning to independence

One of the core objectives of the program was to encourage and facilitate parents’ access to widely available existing government supports via universal services such as early childhood education and care, Maternal and Child Health, and TAFE/training opportunities and to give clients confidence to utilise those services independently post-program. Perceptions were mixed among those interviewed, with some feeling a sense of self assurance that they would have the necessary skills to parent alone:

*“I don’t think I’ll need them anymore by then. They do so much and I’ve come such a long way that by then everything will be OK and we can do it alone.” (mother)*

Others were less confident. Parents with complex needs, such as learning difficulties, intellectual disability, or alcohol or other drug problems expressed concerns about their ability to cope without a support worker once the program had finished. Some felt that the program should continue until their child started school.

*“Four years is great. I should be alright by the time they leave. It would be better to make it longer if they could. Having support when the kids start school kinder makes sense – that transition to school is going to be hard, not just financially but knowing how to get the right school, talk to the teachers, get to know other parents and organise everything they need.” (mother)*

Stakeholders and service providers had a similar view. A number saw value in extending the program until the child commenced school. They felt that there was a role for the case worker to be the conduit between the family, the school and the school community to make this important transition.

Quantitative analysis revealed that parents in the program were connected to other community services during their time in the program. Twelve parents who were not connected to a community support service in 2012 were connected in September 2015. Program data also indicated that 142 families were connected to 211 different services (some families connected to multiple services). Mental health services were the most commonly used community support services. Eleven families were specifically linked to financial counselling services over the course of the program.

#### Improving outcomes for parents

The findings from the evaluation research suggest that the Cradle to Kinder program had a positive impact on parenting skills and wellbeing. Although the evaluation time frame does not allow a complete assessment of program outcomes for clients, it still provides some useful insights into elements of the program that worked well.

The close working relationship between case workers and clients meant that a whole range of issues could be addressed in a timely way. These ranged from providing necessary referral to family violence services in the case of a disclosure, addressing health problems, ensuring stable housing and accessing employment and education to safeguard the longer term stability and future of the family unit. Making linkages to early intervention services like Maternal and Child Health and pre-school education services was also a positive outcome noted by both clients and caseworkers.

## 4.4 Summary of quantitative data

The following is a summary of the quantitative data on outcomes, noting that it is subject to limitations (see earlier note in 2.1).

#### Education

Only a small proportion (3 per cent) of the mothers had completed high school when the program commenced, 22 out 118 (19 per cent) were participating in education, and the number significantly increased over the period of the intervention to 36 (23 per cent) parents in September 2015.

#### Employment

At the commencement of the program, the Longitudinal Family Study interviews indicated that one-third (n = 10) of mothers had never worked for two weeks or more. Four of the mothers had full-time work when they enrolled in the program and another 16 had some form of casual, seasonal, intermittent or part-time employment. The largest proportion (n = 110; 76 per cent) was unemployed.

As at September 2015, the number of Cradle to Kinder mothers who were working full time had increased from four to nine. At commencement, four were seeking to work, but by September 2015, this had increased to12.

Most of the families in the program were in receipt of some form of income support and/or family payment. Only one family said that they did not receive any government payment.

Data on financial independence highlighted the increase of the mean family income compared to baseline. The average family income was $1,249 per fortnight compared to $1,106 at the commencement of the program. At program commencement, almost half (n = 15, 50 per cent) of the participants said they did not had enough money to purchase food in the previous 12 months. This reduced to 39 per cent of families over the course of the Longitudinal Family Study interviews.

The program helped them to find employment by providing them training and by connecting them to employment agencies.

#### Housing

Baseline program data showed that families were living at their address for an average period of 13 months. Program data indicated that by September 2015 no family was living with friends, and fewer families were living with other family members. Initial program data indicated that 13 families had been referred to a housing service at the start of the program but by September 2015 43 families had been referred to housing services. This represents an increase of 30 (70 per cent) families referred during their time in the program.

Program data at baseline and in September 2015 on families’ accommodation accessibility indicate that it was a combination of both private and public rental that was mostly represented. The majority of families were living in their own rented accommodation (50 per cent at baseline) and this increased to 59 per cent by September 2015, indicating higher levels of independence and self-sufficiency.

#### Drug and alcohol use

Statistical analyses of data on alcohol and drug use at home found significant differences between baseline and September 2015. The proportion of families that disclosed an issue with use of alcohol in the home increased from 13 per cent at baseline to 17 per cent in September 2015, while the numbers of families with no alcohol problems remained stable at 71 per cent. Therefore, more families were identifying an issue with alcohol consumption, enabling caseworkers to connect them to services to address these issues.

The number of families with no indication of problem drug use between baseline and September 2015 increased from 54 per cent to 60 per cent, while the number of families with reported or disclosed drug use dropped from 28 per cent at baseline to 23 per cent in September 2015.

#### Improving outcomes for children

Evidence from this evaluation also highlights the positive impact of the Cradle to Kinder Program for children. The children and families who participated in this program were less likely to be in long-term out-of-home care or to have permanent care and protection orders from the Victorian Children’s Court. Having regular contact with Maternal Child Health Services meant that any health issues with children could be identified and addressed. Parents were more likely to understand the importance of immunisation, and were provided with information about whether children were meeting developmental milestones as well as how to protect children from injury through safety measures at home.

The fundamental premise of the program was to identify those families who are at risk and to provide them with the necessary supports to circumvent the need for children to enter the statutory child protection system.

# 5. Strengthening the program

The following section discusses how the program was implemented and identifies key enablers, challenges and opportunities for improvement

This evaluation has demonstrated that there were elements within the Cradle to Kinder program that worked well, meeting its main objectives and supporting families to make progress towards their goals. The program offered enhanced responses that were embedded within local service systems and child protection services to assist vulnerable families with complex needs. There were many more eligible families who were unable to access the program because of a lack of capacity in the service.

## 5.1 Success factors

Cradle to Kinder has been a highly valued addition to the service system supporting vulnerable children and families in Victoria. This evaluation has found that service providers and stakeholders viewed the program as effective and that it had the potential to change the cycle of intergenerational vulnerability by empowering parents to enhance their children’s developmental trajectories and to build a solid foundation for their families’ futures.

The evaluation revealed key success factors in achieving program objectives and outcomes for families. These included:

* the antenatal focus (early intervention in the first years of life)
* the program length (four years of consistent support)
* an emphasis on building relationships of trust with families, promoting their engagement with services and the community, working in partnership to empower them to achieve lasting change
* the access to peer support for workers and managers by connecting with other Cradle to Kinder sites
* the flexibility of the program to adapt and change in accordance with client needs
* a whole of family focus.

From an operational and implementation perspective, key leadership and workforce success factors included:

* establishing and maintaining high performing Cradle to Kinder teams with extensive multidisciplinary expertise and experience
* providing teams with sufficient support, supervision and ongoing training
* staff and leadership embracing a collaborative, proactive approach to working with families and services, and
* co-location of Cradle to Kinder workers with other key services in the broader service delivery network.

## 5.2 Challenges

The evaluation identified a number of key challenges that may have impeded effective and efficient program implementation and service delivery. These included:

* + It was difficult to prioritise families who were referred into the program. Case workers observed that families with the most need were not necessarily those with the greatest capacity to benefit from the program. For example, some people with an intellectual disability may not be able to sustain learnings in the longer term. There was a need to include some assessment of capacity in the referral process.
  + Lack of clarity around what happens if the Cradle to Kinder target child is removed from the mother’s care and the extent to which the program could support children who were in alternative care arrangements. Equally there was a lack of clarity around the program’s capacity to engage fathers and extended family.
  + Communication and collaboration with other services. While many service providers and stakeholders indicated that relationships between program teams and other services were positive, there remained some challenges in establishing and maintaining consistent communication and collaborative working arrangements with some services.
  + Underestimating and understanding the complexity of the issues facing the families involved.
  + The emotional investment and the intensity of the Cradle to Kinder worker role and their relationship with families requires that workers have additional support via supervision or reflective practice.
  + Consideration should be given to supporting families when children enter four-year old kinder, as they prepare for transition to school.
  + Managing families’ transition out of the program to independent self-management is difficult, requires longer-term and considered planning, and can take longer than expected.

# 6. Aboriginal Cradle to Kinder

Young indigenous parents were one of the priority groups for the program. The Aboriginal Cradle to Kinder program provided a holistic response for Aboriginal families, which included working with children, parents and extended family members, and strengthening connections to family, community and culture. The evaluation only included one Aboriginal Cradle to Kinder site and did not employ methodology that sought to assess cultural sensitivity. The evaluation findings are preliminary and only relate to the effectiveness of the service delivery model in general. There is no data on the experiences of, or outcomes for, Aboriginal and Torres Strait Islander families specifically. The views of service providers about the Aboriginal Cradle to Kinder program have been included in the technical report.

## 6.1 Benefits

Service providers identified a number of benefits relating to the Aboriginal Cradle to Kinder program. These are:

* The program may facilitate access to culturally appropriate services through referral to Aboriginal and Torres Strait Islander services ranging from Aboriginal Community Controlled Organisations (ACCOs), specific Aboriginal health services, childcare and housing services through to cultural support groups that incorporated Aboriginal dance and music.
* Service providers felt there were improved opportunities for interaction as a result of the co-location with the relevant ACCO delivering Cradle to Kinder, Child FIRST and the Community-based Child Protection practitioner. The co-location improved information-sharing and opportunities for collaboration.
* The program recognises the role of strong kinship connections and networks in supporting families and young children in the early years and aimed to strengthen ties to Aboriginal culture. Some Aboriginal families adopt a collective model of parenting which is shared with family and community members. Where young people have been placed out of their parents’ care, the Aboriginal Cradle to Kinder program can access the support of these communities and family members to maintain their cultural connection.

## 6.2 Challenges

Service providers provided insight into some of the challenges faced by the Aboriginal Cradle to Kinder program.

* Some Aboriginal Cradle to Kinder workers reported difficulty “switching off” at the end of a work day. The small and close nature of their community meant that in some instances work issues affected them personally.
* The assessment tool NCAST was considered by workers to be unsuitable for use with Aboriginal and Torres Strait Islander clients. The Family Outcomes Star Plus was seen as a better alternative, but still problematic because it did not consider culture and community.

## 6.3 Stand alone or mainstream service model?

Interviewees also noted that there could be several reasons why families might not choose to access a dedicated Aboriginal Cradle to Kinder service. These included:

* Complexity of kinship networks and relationships among kinship groups—families who fall outside of particular groups or who are from other geographical areas may be reluctant to engage with those groups.
* Aboriginal communities can be small and some families may not want other members in the community knowing their business.
* Families may already be involved in or be familiar with another service and may find it easier to stay engaged in a mainstream program in a familiar environment.

Some workers felt that having Aboriginal workers within Cradle to Kinder teams would help build cultural sensitivity among the team more broadly. It would also have the added benefit of expanding options for Aboriginal and Torres Strait Islander families in catchments where both the dedicated Aboriginal Cradle to Kinder and mainstream Cradle to Kinder models operated, by offering families a choice between the two models.

Service providers noted that three models were operating in practice: (a) programs with Aboriginal organisation workers as part of the team (b) co-location with an Aboriginal organisation; and (c) the Aboriginal Cradle to Kinder site funding an Aboriginal-specific worker within the mainstream program. Service providers and stakeholders considered variations of all of these models to work well. Service providers noted that joint home visits with the Aboriginal workers had been useful. Some felt that having an Aboriginal-specific worker operating in a mainstream program not only benefitted the workers professionally, but helped to develop and build cultural competence and understanding.

# 7. Opportunities for review and improvement

Analysis of the evaluation data available after the first two years of operation suggests that the design, implementation and delivery of the Cradle to Kinder program has been successful and that the program has been an important addition to the suite of services available to vulnerable families in Victoria. The evaluation has identified some opportunities for change that address the challenges identified in implementing the program.

## **7.2 Nursing Child Assessment Satellite Training (NCAST) and Family Outcomes Star Plus Assessment Tools**

The implementation of the NCAST has been mixed and most service providers have found it unsuitable for Indigenous families. Those that have implemented it noted that the training for use of the tool is inadequate. Although the use of video images is useful as a conversation starter for some parents, on the whole the NCAST tool has not been successfully utilised. Continued use of the tool as part of the Cradle to Kinder suite requires an ongoing commitment to training and skill development for new staff.

Families were generally positive about the Family Star Plus. Most of the mothers saw it as a useful guide to identify areas to work on. For workers it was a good conversation starter that was less confronting and more empowering for clients than NCAST. However, service providers identified a number of difficulties with the Family Star Plus assessment tool. They indicated that Family Star Plus needs to be completed over a number of sessions and concentration was noted as a barrier to completion, especially for clients with learning difficulties. The Family Star Plus does not consider culture and community, making it particularly problematic for Indigenous clients.

## **7.3 Flexible support packages**

Additional support is required to assist service providers with the use and management of brokerage funds. This could include offering examples of creative, appropriate ways to spend brokerage and advice on tracking expenditure, including practical accounting tips.

## 7.4 Prioritisation

Additional guidance is required to assist service providers to navigate the process of prioritising families referred into the program due to the limited availability of places. Clear eligibility guidelines need to be produced to enable the assessment of a family’s capacity to engage with an intensive support program as part of the prioritisation process. There is also a need to recognise that there are families who at the time of referral may not be ready to become involved in the program.

## 7.5 Support for fathers and extended family

Additional guidance for service providers should be provided about how the program should support fathers and extended families, particularly when a child has been removed from the mother’s care. This is particularly important in the context of the benefits of a holistic approach to children’s development, as embedded in the *Best Interests Case Practice Model*.

### Male mentorship

Gender was identified as a key challenge to Cradle to Kinder workers engaging young fathers in the program. Engagement of fathers may be improved through the addition of a male mentor role to multidisciplinary Cradle to Kinder teams. This had been trialled successfully at one site. More evidence is required to test the veracity of this type of approach.

## **7.6 Aboriginal-specific workers at Cradle to Kinder sites**

Some sites found that including an Indigenous or Aboriginal-specific worker to be an effective approach to promote cultural sensitivity within the mainstream program. Extending this to all sites would expand the options for Aboriginal and Torres Strait Islander families in catchments where both the dedicated Aboriginal Cradle to Kinder and mainstream Cradle to Kinder models operate. This would offer families a choice between the two models.

## 7.8 Improving Workforce supports

The program guidance should be revised to reflect the evaluation findings on workforce issues raised. Cradle to Kinder roles require workers to establish and build long term relationships with complex clients. In order to support workers it is useful to have an emphasis on reflective practice, appropriate supervision and staff support to maintain high performing teams and guidance on ideal timeframes for acceptance of referrals and approval of brokerage requests.

Worker training

Worker training and professional development was identified as an area for improvement and findings from this evaluation suggest that frequent, high quality, training would benefit workers and improve performance. Training topics could include: child development, Child Protection systems and processes, Circle of Security, counselling, cultural awareness, drug and alcohol abuse, family violence, mental health, parenting strategies, program closure and disability.

## 7.9 Extension to school-age

Service providers, stakeholders and parents all discussed the transition of families from the program. Many felt that it would be beneficial to extend the program beyond kinder to school age. This longer term support would see children embedded in another support system and community to assist parents to make the transition. This may not require the intense involvement of case workers but could possibly be done as an outreach program. It would have the added benefit of transitioning clients out of the program and to ensure families’ continued engagement with services and inclusion in the community.

## 7.10 Improved communications

An opportunity was identified to improve the information provided to external organisations and programs about the philosophy and structure of Cradle to Kinder to achieve lasting change for families and better outcomes for children. Information sharing may also lead to more effective collaboration between Cradle to Kinder workers and other services.

7.11 Improved data collection

It is preferable that high-quality data is collected that can be used to monitor program impacts and outcomes. Data collection should be supported with a framework of clear definitions and recording instructions and training to enable staff to document client information in a consistent and timely way across intervention sites.

This will enable longer-term tracking of outcomes for Cradle to Kinder families and facilitate evidence-based modification of the program to suit changing needs and priorities of families and service providers.

# 8. Conclusion

The evaluation found that based on the available evidence (program data and key informant interviews), Cradle to Kinder model has largely met its objectives. It provided intensive and long-term support that made progress on addressing underlying issues such as mental illness, unemployment and unstable housing that contributed to the risk of families entering the statutory Child Protection system.

The strengths based approach and the long term nature of the program means that a trusting relationship was forged between case workers and families. This has enabled case workers to identify and respond to the unique circumstances of each child and their family. The availability of brokerage funds also means that case workers have had the capacity to provide practical, timely support to families to maintain stability.

The consensus from all those involved was that Cradle to Kinder was a highly valued and much-needed program that provided flexible support to meet the needs of young parents whose children were at risk of requiring Child Protection.