ACKNOWLEDGEMENTS

The Menzies School of Health Research team would like to sincerely thank all of the sponsors, staff, families, volunteers and collaborators for the privilege of being part of this extraordinary project. Our special appreciation to you for such generous contributions of time and knowledge over the two year evaluation research.

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Recommended citation
Darwin: Menzies School of Health Research
ISBN 978-0-9871535-1-7
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Executive Summary

The Total Learning Centre (TLC) is a strong, community based collaboration sponsored by Mallee Family Care (MFC) and Mildura Primary School (MPS). MFC is a community welfare organisation that provides a wide range of services. Mildura Primary School has approximately 300 students and is the most diverse school population in Mildura with 29% Koori children and 25% children from language backgrounds other than English. The School provides a venue and support personnel for TLC, whilst MFC provide the coordinator and operational services to engage families in activities that support and enhance parenting, early literacy, development, health and well-being for improved school readiness. This service delivery model and the programs offered are developed in a formative and responsive way to best address participants’ needs.

The driving factor behind the establishment of the TLC was an increasing awareness and understanding of the disparity in developmental outcomes of children on entry to school. Key socio-demographic characteristics that are often associated with risk factors for early development and learning and parental engagement¹ are evident in a range of population statistics for Mildura².

The concept and design elements of TLC have drawn on the evidence base for the effectiveness of early childhood investment¹³ in reducing inter-generational disadvantage and improving social inclusion and participation. The TLC Reference Group, and staff in collaboration with the Mildura Aboriginal Cooperative and other agencies, have built into the content and service delivery model a number of the features required for successfully engaging the hardest to reach families and are poised to increase the engagement of families with complex and multiple disadvantages in 2011.

The aspirational goals of the MFC and MPS collaboration are to: improve school readiness; engage local community members; improve the linkage between service providers, and increase community networks⁶.

The success of positively engaging parents is related to the ability to source and provide appropriate and responsive programs. In 2008, the first year of implementation, TLC offered approximately 20 hours per week access to a variety of child and adult focused activities. In addition, the transition to school program was offered for part of term one and term four. In 2010 families could access 18 hours of child and adult focused activities and 21 hours per week of unstructured networking contact each week. In addition, there was a short course offered to parents (Triple P) and the transition to school program. TLC has achieved partnerships between 13 agencies, 26 professionals and specialists and more than 20 volunteers to provide services to now well in excess of 70 families. Many of these families have children with specific learning needs not otherwise addressed by any other services or have been socially excluded from other services.
Major achievements for children reported by parents include: social skills; emotional development; developmental and creative play skills; language and pre-literacy skills, especially a love of reading. The major benefits experienced by parents include: improved understanding of child development; confidence; skills to support child development including language, literacy and behaviour (social and emotional skills).

Both participants and partners identified that a key achievement had been for the centre to develop in such a way that those attending had a strong sense of ownership and belonging. Although programs were offered universally, target groups for program design or implementation reported they felt activities were culturally inclusive and non-threatening. The successful processes and implementation were credited to having the right staff with a particular repertoire of interpersonal and communication skills and approachable activity coordinators for engaging families with complex and high level needs.

The location of TLC on the edge of the school campus with separate entrance and facilities has a positive effect for a number of participants who may have previously felt alienated or threatened by the idea of engaging in school activities. The ambience of a welcoming and informal setting was identified many times over by interviewees as a strong factor in inviting and engaging others to also come along to activities. The relocation of TLC to the main school campus will need to be managed well to not impact this sense of place for participants.

The security of funding in the short term for refurbishment and equipment at the new location on the main school campus is a major threat. Participants and partners expect the new location will bring many opportunities. Involving parents and volunteers in the relocation activities will minimize the threat to established atmosphere which is so critical to people’s sense of ownership. Secondly, long term funding for adequate levels of staffing, staff training, and ability to purchase in programs and formal partnerships may be a limiting factor in meeting the needs of the target population.

It is strongly recommended that a data collection system for all participants’ assessment and feedback continue to be developed including a system and protocols for sharing information with Mildura Primary School. Further, some investment of personnel will be necessary to establish the processes and tools for quality enrolment interviews and collation of data to inform TLC’s programs. Such continuous improvement systems can also contribute to the evidence base sought to close the gap in disadvantaged communities.

Marketing TLC and capturing the hardest to reach families, those who are most disadvantaged and likely to be most socially isolated, is an area of concern. The balance of universal activities and targeted programs provides a very successful way for families to transition into universal programs from specialist and targeted programs or in the opposite direction where special needs are identified through universal program participation. It is strongly recommended that a routine outreach service to be provided in the East End
community with the longer term view of facilitating families’ engagement at TLC on the school campus over time. There is an ongoing need to explore new ways of promoting and marketing TLC activities through personal contact by relevant service providers especially those collaborating at TLC and via advocacy of reference group members.

TLC has achieved a great deal in its first two years. TLC is in a critical stage of development in terms of meeting expectations of the current subscribers, whilst also reaching more of the target participants and partners. The sustained effort by sponsors, staff and reference group members to the reflective, and rigorous monitoring of appropriate, high quality and responsive programs provides excellent insurance for those families TLC serves.
Introduction
The Total Learning Centre (TLC) is a joint project of Mallee Family Care (MFC) and Mildura Primary School (MPS). The School provides a venue and support personnel, whilst MFC provide the coordinator and operational support services to engage families in activities that support and enhance parenting, early literacy, development, health and well-being for improved school readiness. This service delivery model and the programs offered are developed in a formative and responsive way to best address participants’ needs. The TLC initiative is based on the collaboration and shared knowledge between the Mildura School leadership and Mallee Family Care executive who seek to address the significant achievement gap for many socially disadvantaged children entering school.

Menzies School of Health Research was invited in April 2008 to be the research partner for the Total Learning Centre. The aim of this establishment phase evaluation is to critically examine project design in meeting the needs of participants and recommend areas of service improvement. Impact measures such as developmental outcomes for children are understood to be indicative only in this phase. Successful program delivery of any scale requires particular attention to the implementation phase. Without effective implementation planning, even effective interventions will suffer either inconsistency, be unsustainable or will achieve poor outcomes\(^3\). The strategies of strong and reflective monitoring of development by the TLC reference group, phased and well considered program expansion, with attention to building capacity to meet quality program delivery at TLC are commendable and consistent with the current science of effective implementation.

The TLC was officially opened in October 2008 and a consultancy relationship with the principal researcher has been formalised since June 2009. In line with the approach in the TLC of engaging families and then adopting programs and activities to meet needs, the more structured programs have been running since early 2009 and continue to increase in number.

Sponsors of this evaluation research are the service providers who seek to achieve clear direction about improving their service. This commissioned work, was designed under close supervision of expert researchers. The evaluation research is designed under the ethical conduct expectations and standards of the contracted research institution (Menzies) and as such has approval of the Northern Territory Department of Health and Menzies Human Research Ethics Committee (Ref 08/54) and the Mildura Base Hospital Human Research Ethics Committee (Ref 6-2010).
Section 1: Rationale

1.1 Background

The Total Learning Centre (TLC) is a strong, community based collaboration sponsored by Mallee Family Care (MFC) and Mildura Primary School (MPS). MFC is a community welfare organisation that provides a wide range of services including: family services, mental health, early intervention, community legal services, education and youth support across the Mallee Region, Victoria. Mildura Primary School is a public school based in Mildura East and at the time of this report is located on two separate junior and senior school campuses. It has an extended catchment area incorporating a high proportion of affordable public housing.

The driving factor behind the establishment of TLC was an increasing awareness and understanding of the real disparity in developmental outcomes of children on entry to school. The leadership teams of MFC and MPS observed that despite the availability of community, family, financial, mental health and early intervention services; the gaps in developmental outcomes on school entry for many children and families prevail into later schooling participation and achievement. Of particular concern was the low level of oral language and pre-literacy skills for children entering preparatory year and families with multiple or complex needs who were not accessing services or were “difficult to reach”.

These patterns of intergenerational disadvantage described in the Mildura Social Indicators Report 2006 and 2008 including: higher rates of criminality; psychiatric admissions; teenage pregnancy rates; low participation in community services; child maltreatment and household financial stress are concentrated in Mildura Central. There is also a higher proportion of Indigenous and migrant new arrival families residing in Mildura Central.

It is particularly noteworthy that the 2009 Australian Early Development Index (AEDI) collection indicates that 15% of Mildura City community children are considered developmentally vulnerable on 2 or more domains, whilst 27.3% are vulnerable on one or more domains. These rates are higher than the rest of the Mildura Region. Only 83.5% of Mildura City children participate in preschool which is also a lower rate than the rest of the Mildura Region. Other key demographic features considered to be important factors in supporting successful transitions to school from the AEDI (2009) are listed in Table 1.
Key socio-demographic characteristics that are often associated with protective and risk factors for early development and learning and parental engagement noted in the Mildura Social Indicators Report (2008)\(^2\) include: higher proportion of families on lower income compared with Melbourne, particularly for longer term residents; significantly higher (up to double the proportion) admissions of mental illness than other regions; substantially higher rates of volunteering (an indicator of social cohesion) are generally higher across the region than other parts of Victoria this is not evident in Mildura Central. There is a higher proportion of single and younger parents in Mildura City than surrounding districts at 1.26% (AEDI Results Report, 2010). Across the Mildura District the proportion of parents having completed year 12 ranges from 16.32-22.79% and Mildura City is at the highest end of the range.

Mildura city has a SEIFA score of 941\(^8\) whilst across the Mildura District SEIFA scores range from 910-1004. Mildura Primary is at the lower end of the range of Index of Community Socio-Economic Advantage scores in comparison to surrounding schools\(^9\). Up to 77% of Mildura Primary students’ have ICSEA scores in the bottom quarter compared with 28-39% of students in surrounding schools being in the bottom quarter of ICSEA scores. Despite a smaller enrolment than surrounding schools, Mildura Primary has a greater diversity of students with 29% Indigenous students and 25% Language Background Other Than English (LBOTE) students in 2010. By comparison surrounding schools have 5% Indigenous and 8-14% LBOTE students.

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**Table 1: Summary socio-demographic information about children surveyed for the AEDI in Mildura District**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children surveyed</td>
<td>410</td>
</tr>
<tr>
<td>Average age of children at completion</td>
<td>5 years &amp; 10 months</td>
</tr>
<tr>
<td>Male</td>
<td>200 (48.8%)</td>
</tr>
<tr>
<td>Female</td>
<td>210 (51.2%)</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander children</td>
<td>58 (9.0%)</td>
</tr>
<tr>
<td>Children born in a country other than Australia</td>
<td>16 (2.5%)</td>
</tr>
<tr>
<td>Children with English as a second language</td>
<td>38 (5.9%)</td>
</tr>
<tr>
<td>Children who speak a language other than English at home</td>
<td>48 (7.5%)</td>
</tr>
</tbody>
</table>

Children reported to have been in non-parental early childhood education and care in the year before school (day care, preschool, family day care, care from a relative, nanny or other person).

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children that attended preschool, including preschool in a day care centre, in the year before school</td>
<td>356 (87.5%) 6.8% unknown</td>
</tr>
<tr>
<td>Children with special needs status*</td>
<td>31 (4.8%)</td>
</tr>
<tr>
<td>Children identified by teachers as requiring further assessment (e.g. medical and physical, behaviour management, emotional cognitive development)</td>
<td>71 (11.1%)</td>
</tr>
<tr>
<td>Children who attended a school or community breakfast club</td>
<td>9 (1.4%)</td>
</tr>
<tr>
<td>Children who attended an early intervention program</td>
<td>42 (6.6%)</td>
</tr>
</tbody>
</table>

* Children with special needs are those who have chronic medical, physical or an intellectual disability that requires special assistance. Teachers were asked to base
The aspirational goals of the MFC and MPS collaboration are to: improve school readiness; engage local community members; improve the linkage between service providers, and increase community networks\textsuperscript{10}.

1.2 Evidence base

There are four convergent areas of research evidence that underpin investment in early childhood:

i) the overwhelming empirical evidence from the neuro, behavioural and social sciences for maximising human capability potential;
ii) longitudinal and ecologically based studies of the outcomes over the life course;
iii) intervention studies of proven and promising programs or strategies;
   economic or cost-benefit studies of implementing programs or strategies.

Of particular relevance to TLC’s community and collaborators is the evidence base for the effectiveness of early childhood investment in reducing inter-generational disadvantage and improving social inclusion and participation\textsuperscript{7}.

Health research has long provided consistent evidence of the importance of Early Childhood Education and Care as a determinant of health and well-being across the life course\textsuperscript{11,12,13,14,15,16}. This research shows that the gradient of this relationship is strongest where inequalities in early childhood experiences, education, income, and housing quality are greatest. International policy and research advocate the importance of health and education systems being integrated \textsuperscript{7,16} for optimal outcomes. Investment in early childhood is recognised as an effective strategy for breaking the intergenerational cycle of disadvantage and closing the gap on equality\textsuperscript{17}. 
1.2.1 Child development – first five years

Scientific advances have promoted increased understanding of the processes of brain development, micro-biology and the role of experience in shaping the brain. Some of the major scientific breakthroughs include mapping of the human genome in 2003 and functional brain imaging. More specifically, we better understand the important relationship between our genetic ‘blueprint’ and the hierarchical and progressive hardwiring through experience1.

For some time now there has been a growing and substantial body of evidence of the long term benefits of quality programs in the early years particularly for children and families living in social disadvantage. Programs aimed at supporting good health behaviours and nutrition before and after birth make significant contributions to the brain’s healthy development. Similarly, early learning programs that support parents or carers in building warm and nurturing relationships also benefit skills such as focused attention, persistence and self regulation. All of which are essential skills for success in formal schooling environments as well as life in general.

Much of the evidence drawn on comes from life-course research which has identified the link between key developmental processes and particular environmental circumstances. This area of research has provided strong evidence of the efficacy and effectiveness of programs aimed at parenting, attachment, behaviour modification and preschool learning. Longitudinal research has demonstrated over time the strong link between socio-economic disadvantage in early life and the burden of chronic disease, psychosocial problems, educational underachievement and unemployment into adult life.

One intervention in the years before school begins, rigorously tested and found to lead to substantial long-term benefits is high-quality, centre-based preschool. The best examples
are the High Scope/ Perry Preschool\textsuperscript{18} and Carolina Abecedarian Early Childhood Intervention\textsuperscript{19}. These studies confirm the lasting benefits of high quality centre-based preschool complemented by ‘in home’ support over a two year period for cognitive, social and emotional outcomes into adulthood. Combined with other large scale and replicated studies with significant outcomes particularly for socially and economically disadvantaged children, this evidence presents a compelling case for high quality preschool over two years\textsuperscript{20,21}. The importance of early childhood education and care, and particularly high-quality preschool education; to a child’s learning, development and health has been recognised in recent times at a policy level with the Australian Government announcement (February 2008) ensuring that all Australian children will have access to such a service. The prevailing gap in school achievement and life outcomes between many socio-economically disadvantaged and Indigenous children and families, and mainstream Australia is complex and in many situations not a simple issue of just being able to access a service but more an issue of social inclusion and responsive service types\textsuperscript{22}.

International social policy research emphasises the importance of building positive and supportive relationships between home and school for children’s learning outcomes\textsuperscript{23, 24, 25} supported by reviews and reports into Indigenous learning outcomes in Australia\textsuperscript{26,27}. Further, the international evidence shows a strong relationship between intergenerational, socio-economic impacts such as social exclusion\textsuperscript{28,29,30}, crime and teenage pregnancy and the interest of parents (especially fathers) in school learning\textsuperscript{31}. The need to better engage socially disadvantaged families, and in particular, Indigenous and minority groups, in educational partnerships has been a long standing matter for Ministerial Council for Education, Employment, Training and Youth Affairs (MCEETYA)\textsuperscript{32} and DETYA (2000) / DEST (2002).

**1.2.2 Integrated services**

Critical features of quality early learning services for vulnerable preschool aged children promoted in the international evidence emphasise the integration of three levels of services ie universal, targeted and treatment services, also known as vertical integration. In addition, integration of the range of early learning and care services for holistically meeting developmental needs, known as horizontal integration is required. This is a key feature of the Early Childhood Development Strategy endorsed by COAG in 2008. Universal services integrating the secondary and tertiary services needed for vulnerable groups will be different to previous universal designs because they require effective integration or collaboration (where different service providers deliver the targeted and treatment programs) and effective professionals in tertiary and secondary services with the coaching and mentoring skills to build capacity with the universal service staff. Having such expertise through the universal provision of preventative and early intervention strategies has the following benefits: greater capacity at the local level (often very remote from centralised
services) to identify and target emerging problems; reduce stigmatising already vulnerable families, and provides a collaborative base for outreach delivery33.

The provision of comprehensive community-based programs of early intervention and family support which build on existing services could have positive and persistent effects, not only on child development but also help break the cycle of social exclusion and lead to significant long-term economic gains6, 34, 35,36. This is identified as a key design strength of TLC. Successful preschool interventions in contexts of high disadvantage need to be developed from locally expressed needs; involve children and families together as well as wider community, and are holistic37,38. The staged development of TLC strongly promotes the responsive and inclusive aspects of program adoption.

As identified in the Australian literature39, the changes in social contexts in recent decades has resulted in service systems unable to keep up with demand; multiple and complex needs of families which are beyond single service providers; difficult to access information about services for families in need; lack of cohesion between services especially when provided by different levels of government and siloed agencies; funding tied to output measures rather than outcomes therefore disregarding effectiveness, and undersupply of specialist services. The articulated rationale for strong collaborations and partnerships in TLC reflect the evidence for integrated service delivery common in international and national theoretical and empirical evidence which includes the following outcomes:

• finding more effective ways of reaching vulnerable children and families
• ensuring that all children arrive at school ready to learn
• shifting services to a promotion / prevention focus
• reducing child protection rates
• monitoring children’s development and well-being more effectively
• improving the quality of early childhood services
• increasing the use of evidence-based practices

Service delivery designs that address the needs of Indigenous families and children\textsuperscript{40}, ensure Indigenous participation and consultation in all stages of a program; build parents’ and families’ capacity; acknowledge and respect different learning styles; and recognise and respect Indigenous peoples and cultures. National\textsuperscript{41} and international literature on culturally safe approaches for Aboriginal and analogous Indigenous populations identify the following key features which should be applied in any service model attempting to improve engagement of culturally diverse families:

• employ Indigenous staff
• reflexive non-Indigenous practitioners
• acknowledgement of importance of relationships in program success
• inclusion of shared care by extended family
• transport to and from services
• incorporation of Indigenous ways of knowing and being
• acknowledge the past and learning together
• design services for holistic approach to addressing needs

The TLC Reference Group have enacted a number of these features and in collaboration with the Mildura Aboriginal Cooperative are poised to increase the engagement of Indigenous families in 2011. A number of the effective strategies required for success in the Australian context such as strengths-based approaches, early learning and literacy programs that simultaneously target both parents and children, and culturally inclusive space are already evident in the characteristics of TLC.
1.3 Methodology

The evaluation partnership for the establishment phase of TLC is based on a participatory method which is formative or change oriented and seeks to bring about improvements both for the program and for those who participate. The benefits of this approach are that it will: support program development; provide accountability to the sponsors of the project, and clearly describe the processes and impact of this service delivery model on social, educational, health and well-being outcomes of participants.

The role of the evaluator in the proposed approach is that of ‘critical friend’, facilitator and enabler of the overall change process with involvement in the planning and implementation processes from early commencement or the initial start-up of the project. The evaluation design reflects a strong commitment by the project sponsors to maintain a sense of community ownership of the program. The participatory performance story reporting process\(^{42}\) begins with the development of a program logic (Figure 1) based on shared understandings; including but not limited to the aspirational goals, outcomes, deliverables, performance measures, enablers and challenges.

Figure 1: Adapted from Dart (2009)

Overall, the primary research questions for this project are:

- Does attending TLC positively influence readiness for formal learning (particularly language and literacy, social and emotional well-being) and attendance for children enrolling in Mildura Primary?
- In what way/s do programs and activities delivered at TLC impact families and children attending during TLC enrolment and in the transition to school?
- Is TLC effective in providing co-ordinated, integrated and collaborative service provision?
In this phase of project establishment these questions can be addressed in part only.

Quantitative data collections to inform the impact evaluation were collected through Mallee Family Care’s enrolment and attendance database and the schools’ routinely collected Preparatory year level assessment and attendance of students. A number of qualitative measures related to specific program objectives were collected through structured parent interview and surveys (Attachment A), and service provider interviews (Attachment B). The data for consented parents and children were used for analysis and reporting evaluation outcomes. The summit in the participatory performance story reporting process (Figure 1) was used to explore de-identified data, descriptive statistical analyses and illustrative case studies (or stories of significant change) with key stakeholders. This process included review of achievements, impact and program review (or refinement).

An absence of baseline data for pre and post comparisons or intergroup comparisons is a limitation. Further, limited data for tracking and matching children for a cohort comparison is also unavailable. However, this report seeks to describe and understand some confounding factors considered to be influential, such as attendance and participation\(^4\), parental educational and employment status\(^44,45\), parental health status (alcohol, tobacco usage and mental health), parental support for literacy and numeracy concepts and skills at home\(^46\). By understanding these factors, we expect to be able to determine the program or service components that could potentially be included or enhanced. Qualitative assessment of parental satisfaction with the services being offered, and of parents’ engagement in the educational process will inform the direction for improved processes of engagement with the target families.

All TLC participants were eligible to participate in interviews and 33% of approximately 70 families enrolled and attending the service in early 2010 were randomly selected and invited to participate in the data collection (n=24). Some screening of families by the TLC Coordinator for timeliness and appropriateness for inclusion in the sample was necessary to avoid undue pressure on some families.

### 1.4 Socio-demographic background of sample

#### 1.4.1 Language background

Only two carers reported a “main home language” other than English. This was expected to be more widely represented and may suggest some bias in the sample. Only one parent reported not speaking, reading or writing English very well. This varies from expectations for the immediate area with higher proportions of migrants than other parts of Mildura. Many of the new immigrant families were very new to TLC at the time of data collection and possibly not formally enrolled at the time of randomly selecting interviewees.
1.4.2 Parent and child ages

All parents interviewed were the birth parents of participating child/ren and the sample of families interviewed had stronger representation in the older age ranges, 25-39 years (Figure 2). A higher proportion of younger parents was expected.

The mean age of children was 4.1 years and median of 2.0 years of age (Figure 3). Only 27% of the children included in this sample were male. Although this was a very small sample there may have been some recruitment or participation bias.

1.4.3 Educational and employment status

The evaluation sample parents’ education levels seem higher than that expected from population level data suggesting that there may have been an unintended bias in sampling. Nine parents reported having certificate level qualifications, whilst two reported having a degree and five with post graduate qualifications. Of those parents interviewed that responded to the question of employment status 50% reported being currently employed. When it comes to income however, only one family in the sample reported income of less than $400 per fortnight and this is strongly reflected in the ability of most families in the sample to budget within their means (Figure 4).

Figure 2: Distribution of Carer Ages in Sample

Figure 3: Distribution of Child Ages in Sample

Figure 4: Parent perceptions of household budget
1.4.4 Health

Mental health
The average number of life stresses experienced by the sample group of parents was 2.8. Five parents reported having no life stresses at the time of interview. The most common life stresses experienced by the sample group (ref Table 2) are having family members with a serious medical problem or being badly hurt or sick. Family upsets, split ups and the impact on children were experienced by approximately one third of the sample. Feeling crowded and financial burden were also reported by one quarter of the sample group.

Physical Health
Only 4 of 18 interviewees reported smoking cigarettes in the last month, whilst 12 interviewees reported drinking alcohol. Only one carer reported that alcohol caused a problem in the family. Only two carers reported that they had an illness or disability that “sometimes” impaired their ability to care for their children.

Table 2: Frequency of Life Stresses in sample families

<table>
<thead>
<tr>
<th>Life Stresses</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close family member had a serious medical problem (illness or accident) and was in hospital</td>
<td>9</td>
</tr>
<tr>
<td>A close family member was badly hurt or sick</td>
<td>7</td>
</tr>
<tr>
<td>A parent / caregiver was involved in or upset by family arguments</td>
<td>7</td>
</tr>
<tr>
<td>Parents or carers left because of family split-up</td>
<td>7</td>
</tr>
<tr>
<td>You have felt too crowded where you lived</td>
<td>7</td>
</tr>
<tr>
<td>Your child/ren were involved in or upset by family arguments</td>
<td>6</td>
</tr>
<tr>
<td>Your family didn’t have enough money to buy food, for bus fares or to pay bills</td>
<td>6</td>
</tr>
<tr>
<td>A close family member had an alcohol or drug problem</td>
<td>4</td>
</tr>
<tr>
<td>An important family member passed away</td>
<td>3</td>
</tr>
<tr>
<td>A parent / caregiver lost his/her job or became unemployed</td>
<td>2</td>
</tr>
<tr>
<td>Your child/ren were badly scared by other people’s behaviour</td>
<td>2</td>
</tr>
<tr>
<td>A close family member has a physical disability</td>
<td>2</td>
</tr>
<tr>
<td>Your child/ren had to take care of others in the family</td>
<td>1</td>
</tr>
<tr>
<td>A close family member arrested or in prison / gaol</td>
<td>1</td>
</tr>
<tr>
<td>Your child/ren have been in a foster home</td>
<td>0</td>
</tr>
</tbody>
</table>
Stories of significant change - Vignette 1

We’re considered to be a family in crisis due to a range of circumstances and that one of the children has multiple allergies and intolerances. There wasn’t any service that could or would accommodate us. None of the Day Care Centres or Playgroups, would take away the things our child was allergic to, not even for just the days she would attend. Usually they would say, “No, we can’t do that. It’s just too hard”. Everyone said, “It’s just too hard”. All I could think was, “it’s just too hard for you to do it for a couple of hours, I have to do this my whole life, well 24/7, hopefully she’ll grow out of it.” I couldn’t even get definite answers from the doctors at that time. The best they could do was tell me to keep all the family off all foods known or possibly containing ingredients known to cause the allergy until I could get an EpiPen. We were shocked by the attitude of some people like at day care when they suggested that my older child (not with the allergies) could sit outside the room while the rest of the group join in for birthday cake. They were just really thoughtless. I wished none of this was happening and I was angry because I thought the child with the problem is meant to be included not excluded and made to be left out. You are meant to want to make an effort to try and include them. It was absolutely horrible. A lot of people didn’t even want to socialise or make friends – like it was like a lot of families had sort of told their children that we were a bit strange– people are sort of scared of you if you’re doing something a bit different.

We have come so far in 12 months, and I didn’t realise we’ve actually been going to TLC playgroup for 12 months. A friend mentioned going to TLC and she said, “It’s going to be fine”. I called in just to talk to them because I was still very scared about going anywhere. And so I went and spoke to Mel and I took over a couple of boxes of biscuits that the kids could eat. We do quite a few activities now but it’s the only place really where I know that other people are looking out for the kids as well and they’re really relaxed there, the kids all love it. And they just go in and they’re so at ease and they just go off and play and it’s the only place where I can walk into the other room to get something out of our baby bag and not take her with me or not have to have her on my hip. It’s so relaxing. It sounds so silly but it’s just – even if the other kids want to go to the toilet and she is still playing, staff will say, “She’ll be right with me”. There is no way I could do that in any environment where there was the food that she is allergic to, I just wouldn’t do it. I wouldn’t feel comfortable about it.

There is nothing I’d change about TLC. I think it’s great that they have the “call in and have a cuppa” thing in the afternoon. I think now that we’re sorted out, I don’t feel anxious any more. I think having the open house time is really important, even if you don’t use it, just knowing that you could use it if you needed to is massive. I went to one playgroup when the kids were really young before I knew about her allergies, and I walked in 10 minutes after the start time. It had been a huge achievement for me to get there, and the facilitator said to me, “It’s a structured playgroup so could you just try to be on time.” I didn’t realise a playgroup was like that. And I just never went back. TLC is always clean, it’s always friendly, it’s always very relaxed and casual but they still have their structure.

Selection basis: This family provide an insight into the often, hidden or covert social exclusion and isolation for families that might otherwise be assumed are tracking fine and within mainstream community. They deal with extreme circumstances and complex needs for their children, although hopefully not long term.
1.5 Program Logic

During the 2010 TLC Roundtable, members of the Reference group and invited stakeholders critically reviewed and tested the TLC program logic (Figure 5) for clarity and accuracy, underlying assumptions, gaps and local preferences and perspectives on appropriate progress measures (Attachment C). This resulted in a very comprehensive range of progress measures that will help to inform and guide the monitoring, reporting and design of information systems, especially those between MPS and TLC for the longer term.

**Figure 5: Program logic for TLC as revised in the February 2010 reference group roundtable**

**TLC Living Vision:**

*Building community partnerships to engage families in positive learning*

Enablers

- Time
- Reciprocal and balanced power relationships
- Increasingly collaborative (cross sectors and agencies) environment
- Increasing effort towards building an evidence base specific to context
- Enabling policy and resource (human and financial environment)

**Sustaining factors**

- Strategic alignment of vision & purpose
- Stakeholder commitment & involvement
- Effective communication and trust
- Systematic service delivery maintained
- Monitoring of programs & outcomes
- Reflective practice and continuous improvement through +ve use of data and community feedback

**Activity examples**

- Beyond the Rainbow
- Transition to School
- Munch and Move
- Goannas
- ASD
- Young Mums gp
- Dad’s gp

**Intermediate Outcomes**

- Children fit, healthy and well adjusted – Enabled to reach full potential
- Families and carers with competence and confidence for active and positive agency for themselves, children and community
- Cohesive, resourceful, employable and community of contributors

**Aspirational Outcomes**

- School Readiness
- Community Engagement
- Resilient Community

**Indicators of human development**

- Knowledge
- Health
- Income
- Participation

**Partnerships and Collaborators**

- Reference Committee – Best Start, Mildura Aboriginal Corporation, Justice (Indigenous Coordination), Sunraysia Community Health Service, Sunraysia Mildura Ethnic Community Council

**Partnership and Collaboration Principles**

- Promote and strengthen community assets and equity of access
- Underpinned by sound educational theory and informed by an evidence base
- Improved linkages between service providers and community
- Program design that takes proper account of the place-based, capability profile of community populations
- Strategic pooling and direction of resources will increase capacity
Section 2: Results

2.1 The TLC Project Implementation Process

The process evaluation describes the progress of TLC’s implementation against key aspects of the program logic. These results are summarised in Table 4 at the end of section 2.1. The results in this section are drawn largely from the key informants, sponsors, staff and collaborating or partner service providers. Importantly, the perceptions of families are included on key program enablers, limitations and sustainers that impact how the services are received.

2.1.1 Enablers and Limitations

Funding
Mallee Family Care’s ability to continue funding key personnel at each point in the developmental phases is a critical enabler but also a matter of concern in planning for sustainability. This was mentioned in many of the partner and collaborator interviews as well as some participant interviews. The coordinator role has been instrumental during the establishment phase to engage families, identify needs and preferences of participants and negotiate with partner organisations to provide appropriate programs. The ability of TLC to be responsive and inclusive is dependent on this role. In addition, two other key roles have been identified over the establishment phase which require consideration. These roles are discussed further below with regard to impact on the centre’s operations.

The pending co-location of the junior and senior school campuses, along with re-location of TLC to the same campus is perceived as a risk by partners and some participants. The refurbishment of the new space and recreating the welcoming environment will require an estimated investment of $50,000 by the end of 2011. The relocation onto one campus is also perceived as an opportunity to provide outside play areas, more space and improved integration with junior school activities.

The third major area highlighted by partners at this stage of TLC’s implementation that requires funding consideration and planning, is the ability to purchase proven or promising programs to meet participants needs. These needs may potentially be met by either formal partnerships or entrepreneurial opportunities.
Timelines
The identified timelines for the TLC’s incremental development phases have been achieved overall and within the current budgetary limitations. TLC is in a critical stage of development in terms of meeting the expectations of the current subscribers, whilst also reaching more of the target participants and partners (Figure 6).

Figure 6: Implementation phases and expected activity design for TLC from 2008 - 2012

<table>
<thead>
<tr>
<th>Program development</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported programs / community directed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community negotiated family learning programs Eg computer literacy or first aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal playgroups eg, BTR, transition and some specific target group playgroup based interventions eg post natal, Goanna’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The perceptions of long term participants suggested that the introduction of one structured program in conjunction with ongoing unstructured access to the very welcoming and non-threatening environment has promoted a strong sense of belonging and ownership for families with complex and specialist needs, who may not be accessing services elsewhere. This is consistent with implementation science findings of the need to “bed down” program activity successfully in a staged manner which also enables fidelity and considered adaptations³.

Staffing
Key personnel and the level of staffing are significant enabling factors and are essential to sustainability of the centre. In all aspects of data collection for evaluation, strong and frequent mention of the coordinator’s particular interpersonal skills and deep commitment to community development have been identified as a key success factor in the establishment phase. The ability to have a full time coordinator is desirable and necessary to achieve the full potential of TLC in becoming a community hub with maximum access including out-of-hours engagement of working parents, especially fathers in occupations with inflexible or less flexible hours.

During TLC’s second year of operation there was an increasing level of awareness of the need for developing systems and processes such as data collection on enrolment, attendance, formalised partnerships and collaborations, assessments and referrals, and staff or volunteer professional learning. This is not uncommon for programs of a collaborative and integrated nature which begin to increase in complexity and gain momentum in subscriptions. An area of need to be addressed with some urgency is access to staff with required expertise to develop the operational support systems and the data or monitoring
systems. This may need to be done through sharing resources with key partner organisations or securing funding to ensure access to part time staff.

**Hours or training to support staff**
Approximately 20 volunteers have been trained with Reading Discovery. More training would be ideal and in a number of interviews with collaborators and staff from partner organisations there is a strong desire to provide all TLC staff and volunteers with some general skills. Some examples include cultural awareness training, but also to provide specific and targeted training for programs such as Positive Parenting Program.

**Programs Matched to Need**
TLC opened in October 2008, and began with a Transition to School program. By November 2010, the TLC offers three universal programs directed at impacting child outcomes in the area of “school readiness”; particularly language, literacy, social and emotional development. There are two universal programs aimed at impacting parent outcomes including social networking and job ready information technology skills. Four targeted programs are offered and are aimed at impacting children’s developmental outcomes for children on the Autism spectrum, Young Mothers, Pacifica and Indigenous families. In addition, the centre offers the community over 10 hours per week of unstructured access to social networking and family friendly resources. The community profile of capacity building needs and strengths, outlined in the background to this report, are well matched by program design and content.

**Effectiveness rating and perception survey**
Overwhelmingly the most effective aspect of TLC for partner and collaborating organisations has been the engagement and participation of parents and children from diverse backgrounds across Mildura. The provision of structured and semi structured activities in a welcoming and non-threatening atmosphere has achieved a very positive sense of community in a centre based program. The timeliness and design of the transition to school program to support the immediate needs of families in preparing for formal schooling was particularly effective. For many families, the socio-cultural context of promoting parental involvement in developmental play with their child, and being in the school environment has helped to address the negativity of engaging in school. A number of key staff and volunteers also referred to the importance of strong school leadership ensuring that structurally and culturally TLC users and staff feel that they are part of the school organisation.

The areas identified for improving effectiveness of TLC programs, other than those related to funding or resources (ref section 2.1.1) in the future, were largely associated with the expansion of activities. This included the availability of the transition to school program earlier in term four and for the transference of information about children from TLC programs to their receiving teachers to be better facilitated. This will need to be planned
carefully to maintain parents’ (active) supportive and positive engagement and role in school learning and school life. Associated with this improvement is the need to address specific assessment tools and individual tracking systems including data sharing to better measure program effectiveness but also improve accountability at the individual level. Adult classes such as certificate level computer courses, first aid or food handling were viewed as areas of need by parents and partner or collaborator organisations.

2.1.2 Sustainers

**Alignment of Delivery, Monitoring and Communication**

Routine reference group and the community advisory group meetings are used as an effective means of information sharing about needs and monitoring progress in addressing program design but also in clarifying shared expectations and goals between the represented organisations. These two governance structures provide important review and reflexive processes and are coherent with the inclusive and responsive characteristics of TLC. This strong organisational cultural aspect was observed by the researcher over the two year period including during developing shared policies and procedures, communication tools and data collection systems, and importantly for reporting and monitoring the effectiveness of the partnerships and collaborations. In terms of maximising the benefits of the primary partnership between Mallee Family Care and Mildura Primary School, the co-location of all activities onto the one campus is anticipated to improve and enhance communications.

“...the friendliness and the activities available mean that TLC will get its own momentum to keep going. It’s evolving at a nice steady pace and changing by itself as it needs to.”

**Marketing messages**

All partner and collaborator representatives recognised the great progress made in establishing the reputation and recognition of TLC with families and servicers providers. At the end of the two year establishment phase there was widespread acknowledgement that the success of connecting and engaging families had increased the level of service providers’ awareness of the extent of unmet need across the Mildura population. In particular, the increase and subscription to new groups such as the Autism Spectrum Disorder support sessions, and the SPROUT group. Discussions to expand partnerships with early intervention and child maternal health services to incorporate both
intensive interventions and the universal preventative programs were evident in a number of interviews.

Evident in most of the interviews with partners and collaborators was a great deal of attention on getting the messages about TLC and particular programs to the ‘right people’, lower socio-economic status families and new immigrant families. Many partners and collaborators would like to see more East End families participating, and key interviewees anticipate that now TLC is established and relationships have begun with some families and services there will be more appropriate ways of connecting with this community.

“Inclusion not exclusion and make the most of the diversity. For some families they need to start in the small groups and get their confidence.” Mildura Aboriginal Coop Representative

A number of suggestions were offered to enhance the marketing of TLC. These included a range of standard tools such as flyers, brochures and community radio announcements. The suggested distributions included paediatricians, medical centres and doctors’ surgeries, school newsletters and the Early Years Directory. Some partners felt that some information needed to be provided from research findings on the importance of a good start in the early years to promote access and engagement of families.

At the same time, most service providers recognised that for vulnerable families the more effective strategies for sharing information include taking a satellite activity or outreach program into publicly accessible venues in the hardest to reach or smaller communities. Strategies such as “word of mouth” have also been very effective in the referrals from Maternal Child Health, Family Services and through Reading Discovery home visits. With the recent training of approximately 20 volunteers, it is expected that many more opportunities to advocate with families will be achieved. Similarly, strategies such as that used by the school to provide information in the enrolment package for first point of contact with families could be used by all service providers in conjunction with the personal invitation to attend TLC.

Communications and marketing contributors will need to be mindful of the overarching aims of TLC to support connectedness and build everyone’s capacity to reach full potential. Marketing messages need to be sensitive and careful not to place judgement on parents, but rather offer the best information available, for informed decision making and make the invitation to participate.
Access and range of services provided

In the first year of implementation, 2009 TLC offered approximately 20 hours access to a variety of child and adult focused activities. In addition, the transition to school program was offered for part of term one and term four. In 2010 families could access 18 hours of child and adult focused activities and 21 hours of unstructured networking contact each week. In addition, there was a short course offered to parents (Triple P) and the transition to school program (Table 3). A summary of the more formal programs’ enrolment is provided in Table 4.

The success of positively engaging parents is related to the ability to source and provide appropriate and responsive programs. The commencement of TLC with the transition to school program in the term prior to children commencing their preparatory year and targeting those families expected to attend Mildura Primary who had not accessed kindergarten was extremely successful. The success is based on focused and explicit, meaningful skill development for children and parents with a structured but non-threatening approach. Further, many partners and collaborators suggested that commencing with one smaller but well targeted or focused program allowed for a positive experience and a demonstration like situation of the role and relationships expected by the school and Mallee Family Care staff. Gradually building on universal programs focused on early language and developmental needs important to school readiness, was perceived by interviewees to be a natural progression and expansion of the roles and relationships.
<table>
<thead>
<tr>
<th>Activity / Program</th>
<th>Focus</th>
<th>Target Participants</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition to School</td>
<td>Content: BTR program</td>
<td>Chn enrolled for prep the following term but have not had kinder exp</td>
<td>Term 1 &amp; 4</td>
<td>Dependent on funding Term 4</td>
</tr>
<tr>
<td>Beyond the Rainbow Story-play Family literacy support</td>
<td>BTR family literacy</td>
<td>Referred from Family services and Early intervention mainstream</td>
<td>1h30m/wk 30m/wk</td>
<td>1h30m/wk 30m/wk</td>
</tr>
<tr>
<td>Goanna Playgroup</td>
<td>Unstructured program. Social and developmental experiences – carer networking</td>
<td>Indigenous focused in collaboration with MAC</td>
<td>2h/wk</td>
<td>2h/wk</td>
</tr>
<tr>
<td>Outreach – East End Community House</td>
<td>BTR</td>
<td>Neighbourhood with high levels of disadvantage</td>
<td>2h/wk</td>
<td></td>
</tr>
<tr>
<td>PlayConnect ASD playgroup</td>
<td>Possible therapy (Applied Behavioural analysis)</td>
<td>Referral and support with therapy for families with limited supports or not yet diagnosed but have concerns</td>
<td>2h/wk</td>
<td></td>
</tr>
<tr>
<td>Autism Family Network</td>
<td>Possible therapy (Applied Behavioural analysis)</td>
<td>Referral and support with therapy for families with limited supports or not yet diagnosed but have concerns</td>
<td>2h/wk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sharon Middleton – Developmental worker Cognitive BT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Munchers and Movers</td>
<td>Health Promotion unit, SCHS link with OTs</td>
<td>Open but will also take referrals</td>
<td>1h15m/wk</td>
<td>1h15m/wk</td>
</tr>
<tr>
<td>Young Mums</td>
<td>Topics identified by those attending and specific input or support brokered by staff</td>
<td>Transition for mums from CMH * as well as word of mouth</td>
<td>2h/wk</td>
<td>2h/wk</td>
</tr>
<tr>
<td>Friendly Island Playgroup</td>
<td>Pacifica families – mostly grandparents</td>
<td>Transition and orientation to school</td>
<td></td>
<td>Only short term</td>
</tr>
<tr>
<td>Cert I in ITC (MADEC)</td>
<td>Basic computer literacy</td>
<td>Adult focused</td>
<td>Short Course</td>
<td></td>
</tr>
<tr>
<td>Scrap booking / Craft</td>
<td>Social networking, supportive</td>
<td>Adult focused</td>
<td>2h/wk</td>
<td></td>
</tr>
<tr>
<td>Unstructured support network space</td>
<td>Social networking and connectedness for families</td>
<td>Anyone including service providers, adult focused but inclusive of children</td>
<td>10h45m access/wk</td>
<td>All hours of opening (21 hrs/wk)</td>
</tr>
<tr>
<td>Positive Parenting Program (Triple P)</td>
<td>Parenting strategies – general group intervention</td>
<td>Self nominating or recommended</td>
<td>Short Course</td>
<td></td>
</tr>
<tr>
<td>SPROUT</td>
<td>specific developmental play support</td>
<td>Targeted families referred by key workers in services or in other TLC activities</td>
<td></td>
<td>1 ½ hrs / fortnight</td>
</tr>
</tbody>
</table>

*currently about 20 programs for young mums in Mildura – transition from CMH (child 3moths) and focus on child development and learning then move them onto more universal program at child age 1yr
2.1.3 Significant change achieved by partnerships and collaborations

Partner and collaborating organisations expected TLC to provide families with a safe environment to build social networks and connect with the early childhood services that they may need. The two sub elements to this overarching expectation are: for TLC to be a hub of services (holistic model) that are more accessible to those families that have had particularly poor experiences with schooling or services themselves, and services are focused on building the capacity and skills of parents and children for optimising school readiness. The clarity and consistency of this message across partners is a milestone achievement in the first two years of operation.

“due to the partnership with Maternal Child Health a family that were particularly socially isolated have been attending and staff from that service have commented on the positive changes in the family including social interactions, confidence, parent-child relationship and child behaviour.” Activity Co-ordinator

A number of organisations in Mildura are involved in recruitment of participants, delivery of programs through, or partner with TLC in some way (Figure 7.).

![Figure 7: 2010 Personnel Contributed by Partner Organisations](image)

The major themes for partner and collaborators perceptions of significant changes include the degree of social cohesion and connectedness; impact on parent child interactions, and access and engagement.

Social cohesion and connectedness

The degree to which a very diverse range of people interact and connect without stigma or prejudice has been specifically commented on by service providers and participants alike. In interviews several references were made to behaviours and attitudes experienced by all who attend TLC regardless of their role and include being treated with respect and a
welcoming from the very first visit. Reference was made in interviews to staff and other participants who do not “drill you about your parenting or other services you attend”. The close proximity of TLC to lower socio-economic areas with high proportion of public housing is recognised by many as important, although it is also seen as embedded in community generally with very accessible facilities. The major success factors attributed to this achievement are the approachable and high level interpersonal skills of the TLC coordinator, and the sense of community and safety associated with TLC space. The location on the edge of the school campus provides an ideal and non threatening portal to formal schooling where many of the hardest to reach families expect to send their children.

“TLC has a very broad cross section of people from low and middle socio-economic status, new arrivals and non English speaking backgrounds. It’s almost like the diversity of people coming to TLC really encourages people to be more inclusive and accepting.” Volunteer

Engagement and impact on observed parent child interactions
Many service providers report that the engagement and impact on families have exceeded their expectations. Some of the observed changes in parent child interactions include positive parenting or discipline strategies including a higher representation of fathers than was expected. Facilitators of ongoing programs such as Beyond the Rainbow are able to observe developments with parents over a period of time. In addition, the sharing of individual background information on development has been beneficial for parents and receiving Preparatory teachers for children who did not access kindergarten programs. Success in this level of engagement is attributed to the high level of expectations by service providers and activity leaders that parents are the key active agents for their child’s development. The very safe, well resourced and positive (encouraging) environment provides participants with a sense of working toward specific goals. The notion of not having to leave your child with someone else or somewhere else whilst developing your own networks, knowledge or skills is an important socio-cultural factor for families in the target population that was noted in many interviews.

Access and engagement where none previously
At the very superficial level of attendance and engagement, there are many groups and areas of need that have been met in the programs offered by TLC such as the Autism Spectrum Disorder support and playgroups. The difficulties for families who are just diagnosed or awaiting diagnosis for ASD or through other early intervention referrals are now being met through TLC, including particular needs for support in transitioning to school. The knowledge that there are options for attending playgroups with other families of similar background, needs or smaller groups has been a very successful way for families to transition into other mainstream activities at TLC.
**Stories of significant change - Vignette 2**

When I was first employed one of the main focuses the school asked was to try and encourage the Aboriginal community, with young children to attend the TLC. So I found certain members in the community that had children that TLC would benefit, or within that age range that they were looking to cater for, and did sort of a bit of follow up work with those families, tried to encourage them to come here. We met twice with Mel at the beginning of the year with the parents and we had about six families attending. Of course there’s often dropping off of numbers and trying to keep at the follow up. In conjunction with the Aboriginal Co-op and their playgroup we still have attendance happening here. Our other big focus is transitioning to the school, whether it be from another school or starting school orientation from kindergartens around the area who aren’t already utilising the TLC on Wednesdays or Thursdays.

There are many families out there that need to be made aware of TLC. We spread the news and work hard at motivating families to come. It’s good to see that it’s not just for the benefit of the children, but for the parents as well. TLC provides a safe place for parents and carers to get together and maybe learn from each other. I’m so happy to see others recognising that important role of supporting parents to join in early learning and children’s activities. For a lot of people in my community at the moment they are uncertain and unsure of actually leaving their kids in an environment that they have no control over. It is the same issue for many Pacifica families transitioning into school culture. The kinders and preschools don’t usually allow or invite the parents in to see what their children are doing. For families to take their kids to kindergarten and other activities with the support of TLC will be really great for my community in the future, especially if we be able to work together.

TLC focuses on getting parents involved in the developmental play, learning about developmental needs and in a space where they can learn what the school environment is like. Mel has been key to establishing a really safe and welcoming environment and it is good for parents to have someone like that as a first point of contact to support their transition to school. I think having a knowledge about the cultural background of some of our people would be great for staff or facilitators in terms of the little signs like body language when people are a bit shame or shy. And letting families know that they are always welcome.

It’s all about the one thing, it’s about making the kids feel comfortable, safe, and also letting the parents identify themselves that it’s a safe environment and quite a nice and pleasant environment for the kids to be growing up in and learning. And so whatever we can do to make it come across to our carers like that, I’m 100% for it. Our parents think that TLC stands for “Tender loving care”. And I just sort of look at them and think “Yeah, well that’s true, that’s correct”.

**Selection basis:** This perspective from key partners reflect the diversity of family cultures and the importance of transitioning to school.

At a deeper level, the sense of ownership among participants and service providers at TLC has exceeded expectations also. Interviewees indicated at the 18 month and two year stages of implementation that they had a strong sense of community ownership, and indeed that the natural development was for TLC to be community driven. This is attributed to two
elements. Firstly, the TLC coordinator and key staff having absolute belief, commitment and skill in developing empowerment and ownership in anyone who attends TLC. Secondly, all three principals since the inception of TLC have had a strong commitment to the development of TLC. There was strong recognition given to TLC coordinator’s passion and the ability of her and key staff to successfully develop partnerships for funding and programs. The particular skills of the TLC coordinator have achieved a more engaged community advisory group who willingly take on new and different roles. A number of the parent participants have become volunteers and activity leaders in the first two years of implementation.

“It is the kind of place that once you've been here, your name goes on the board with how you take your coffee or tea and the next time you come when someone sees you arrive they'll be making you a coffee or tea and it might not be staff, it could be one of the parents.” Parent
## TLC PROJECT IMPLEMENTATION RESULTS SUMMARY

<table>
<thead>
<tr>
<th>+ Enablers &amp; Limitations</th>
<th>Indicators</th>
<th>Results</th>
<th>Evidence</th>
<th>Issues for Consideration and Data Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program Delivery</td>
<td>total 12 distinct activities/ programs have been run at TLC over period Oct 2008 – Nov 2010</td>
<td>3 Universal 2-hours 45 minutes each per week 2 with adult focus at 2-hours each per week 3 Targeted at 12-hours 15 mins total per week 10 hrs 45 mins of unstructured access per week</td>
<td>Ongoing process evaluation requires an agreed methodology for tracking how program/ activities are decided upon. Policies and resources that support monitoring systems require planning in the next phase of TLC, including collecting information for building an evidence base to decision making.</td>
</tr>
<tr>
<td></td>
<td>AEDI</td>
<td>Community level only</td>
<td>All measures below regional results including preschool enrolments <a href="http://www.aedi.org">www.aedi.org</a></td>
<td>The AEDI will inform overall progress of school readiness, and a small range of other socio-demographics at the community level.</td>
</tr>
<tr>
<td></td>
<td>Individual development at family and child level, engagement and achievement</td>
<td>Increased enrolments and attendance overall Individual activities using distinct measures</td>
<td>Qualitative Themes: Deeply felt sense of ownership by participant parents and providers due to staff investment of time and particular interpersonal skills</td>
<td>Each activity has a moderate to high degree of definition with proposed key measures (CHIPA, SDQ, KS, VET). Appropriateness of these measures to objectives and outcomes of each activity to be tested in next phase of implementation. Continue to align new activities objectives with overarching TLC outcomes and appropriate measures at activity level.</td>
</tr>
<tr>
<td></td>
<td>Resourcing: Funding</td>
<td>NA</td>
<td>School refurbishment plans and negotiations with TLC staff</td>
<td>Mildura Primary contributions to facilities – estimated SS0k required. End 2011 timeline Opportunistic grants and submissions based on solid baselines and continual tracking for evidence. Develop business case and costing.</td>
</tr>
<tr>
<td></td>
<td>HR</td>
<td>Directly employed</td>
<td>0.6 FTE Co-ord, 0.2 FTE Support and 0.6 FTE Koori Support 23 Professionals and support personnel work at TLC Associated but not direct – 20 Volunteers for Reading Discovery</td>
<td>Building strong collaborations and community capacity potentially enhanced by opportunities to do generic (eg Bridges Out of Poverty) or new interventions training across provider groups.</td>
</tr>
<tr>
<td></td>
<td>Partner Contributions</td>
<td>Program facilitators / consultants</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volunteers training</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partners perception of significant change</td>
<td>Informal feedback observed in reference and advisory groups Formal interviews</td>
<td>Top line themes: Plus - sense of belonging and ownership acknowledgement of the key role of the right staff Challenge - facilities (capacity and maintaining ambience when re-located) awareness of TLC in broader community (for potential participants and collaborators)</td>
<td>Routine or regular follow up with partners with genuine feedback loop will promote responsiveness of programs to meet participants’ needs.</td>
</tr>
</tbody>
</table>
2.2 The TLC Program Indicative Impact on Participants

In providing a snapshot of the indicative impact on participants in the establishment phase of TLC, it is important to first acknowledge that the major outcomes of interest are not measurable in this time frame. Secondly, this evaluation report on the establishment phase will provide a good understanding of baseline descriptive data and what TLC stakeholders and participants perceive to be key indications of impact on outcomes. Most parents when they first heard about TLC, expected that it would have playgroups like other playgroups; offer developmental stimulation; social connection for parents and support language and literacy development.

2.2.1 Enrolment and attendance

Although attendance data was not consistently collected across all programs throughout 2009, data suggests that programs were very well subscribed to and sustainable. Modifications to the data systems and recording processes saw much improved attendance data collections in 2010. A number of activities have been sustained over the first two years. Those activities no longer offered are those which require specific funding and formalised partnerships such as the Certificate I and II in Computer Technology. Programs of a targeted nature have been introduced such as Playconnect (ASD support) and SPROUT. The opportunities for services to maximize their reach to TLC’s community have also contributed to additional activities such as Triple P.

The comparison of weekly attendance serves to highlight improved data collection in 2010 and also the stabilizing of attendance across the range of activities between 2009 and 2010 with the spikes in 2010 for activities representing special events such as special morning tea or National Simultaneous Story Time.

Figure 8: 2010 Enrolment by major activities
Most families access just one program on a routine basis. However, there are 24 families accessing 2-3 programs routinely, five families accessing 4-6 programs routinely and 1 family attending nine programs.
The impact of TLC attendance on Preparatory year enrolments and attendance is only indicative at this stage. Since TLC’s first transition to school program in 2008, there has been a positive trend in improved attendance rates and a reduction in late enrolments for Preparatory year students at Mildura Primary School.

**Importance of attending TLC and barriers**
For almost all parents in the sample group it is very important or important to attend TLC regularly. The most commonly reported barriers to attending included children being sick or tired, appointments or life events that could not be moved. These combined interruptions accounted for 50% of the barriers to attendance reported. The other 50% consisted of carer’s work; children having tantrums or behaviour; transport; other activities; carer tired or unwell, and visitors or holidaying.

**2.2.2 Outcomes for Children and Parents**
Over time the activities offered at TLC expect to introduce specific assessment tools such as the CHiPPA and Brigance, a child development screening tool. These tools have not been used consistently over the establishment phase of TLC and are not suitable measures of activity impact at this stage. The process evaluation has highlighted the need for the school and TLC to be able to track and share information about program or activity impact on children in the future. There are also systems being developed to improve continuity for individual support from TLC to school.

**What would they tell others about it?**
There are three major themes about how surveyed parents would describe TLC to others. The most common theme revolves around the social environment being positive, supportive and inclusive. Comments included references to the diversity of families attending without discrimination or judgement about race, beliefs or disabilities. This is reflected by the following two quotes from parents about their experiences:

“[you are] not told you are doing it [parenting] wrong” and “[TLC is] not cliquey, everyone is part of the TLC family”.

The surveyed parents made strong reference to not only the relaxed, friendly and caring approach of staff but also the interaction and supportive relationships with other parents.

The second most common theme is around the variety of activity groups and purposes offered with a balance of unstructured and structured activity. The activities are perceived to address a range of different needs with access to staff or activity leaders with expertise. Many surveyed parents referred to the availability and inclusive programs for children with special needs.
Thirdly, the surveyed parents made frequent mention of the interactive focus of activities to promote healthy play, love of reading and imaginative play. An important feature of TLC referred to in this theme was the notably safe environment and excellent resources.

<table>
<thead>
<tr>
<th>Stories of significant change - Vignette 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been coming here basically from day one because my midwife runs a young mums group for pregnant mums, and she introduced me to coming here before my baby was born, and it’s like “Yeah, I’ll go, gives me something to do once a week that gets me out of the house”. So she told me where to come and what activities are on in the week. I turn up and Mary turns up and I was feeling awkward because I didn’t know anyone and I didn’t have any friends or anything, and then suddenly I had three new people inviting me to come in and sit with them.</td>
</tr>
<tr>
<td>I’m feeling like “Yeah, I’ve got friends, almost”. And it’s felt good to be able to come here every week and every now and again there’s someone new that comes in.</td>
</tr>
<tr>
<td>Some people just don’t attach to the mother’s group thing, coming and seeing all your friends and sitting there with your babies, but most do.</td>
</tr>
<tr>
<td>At first I thought “I have no friends and so I won’t know anyone there”, but I just thought “At least it gets me out of the house and gives me something to do”. When I come to TLC I don’t feel so bad anymore because there are lots of people here willing to talk to me.</td>
</tr>
<tr>
<td>Now I talk to three of the mothers from the mothers group outside of the TLC group. I might only see them once or twice a week but I still talk to them outside of mother’s group, which is fairly good.</td>
</tr>
<tr>
<td>I think there’s only one thing that would make this a little bit more popular because I know there’s quite a few people in Mildura who are under the age of 18 who are pregnant and don’t know about this place, is a leaflet, even if it’s just a single page leaflet that you can stick on people’s mailboxes and they’ll read it and go “Oh, this sounds like a good idea, maybe I’ll go”. And then they come and they figure out “Hey, this is cool, maybe I should have come sooner”.</td>
</tr>
<tr>
<td>Because we are here at the school I’m getting to see exactly how the school is operating, we’ll hear the bells go off, we’ll hear some of the and it shows me some of the programs and ways the staff work with the kids which are things to consider and check out before she gets old enough.</td>
</tr>
</tbody>
</table>

**Selection basis:** This family provide an insight into the stigmatisation of young mothers and the added complexity of social networks and support when the child is in care.

**Strengths and challenges of TLC for parents and children**

The positive features that that families report coming back for are, not surprisingly, correlated to the aspects that they would promote about TLC mentioned above. The features perceived as strengths and that bring families back each week include:

- friendly people, the company of other mums and leaders, and time to socialise;
• feeling comfortable to seek support and advice about routine parenting issues like toilet training and fussy eating, "even if it is just getting re-assurance";
• activities are organised and purposeful, but non-threatening or obligatory;
• weekly routine or structure is predictable but flexible and easy to come back or re-enter if parents have to miss sessions;
• cost is free; and
• positive changes in child/ren including socialising, confidence, attachment / separation, and building relationships with other adults and children.

The surveyed parents’ perceptions of aspects of TLC that could be improved were most commonly related to the need for more space and in particular an outdoor area. The themes around improvement were limited to the following:
• more sensory play or activities such as play dough and finger painting which may be more easily facilitated when on the main campus with outdoor area;
• large and gross motor activities which also may be more easily facilitated when on the main campus with outdoor area; and
• inclusion of a music program.
Australian Early Development Index (AEDI) 2009-10 as Baseline

The AEDI was completed in Mildura between May and July 2009 and again in 2010 with surrounding smaller communities. Mildura City had 410 children, the majority of the Districts 641 children included in this survey. The estimated resident population (ERP) for Mildura District is 720 resulting in a survey rate of 89% of all children who reside in the community. This includes 58 (9.4%) Aboriginal and Torres Strait Islander children, 15 (2.4%) born in a country other than Australia, and 37 (6.0%) children with English as a second language.

Following the 2010 collections, data were available for the following Local Communities: Irymple/Nichols Point, Koorlong/Cardross, Merbein and surrounds (Birdwoodton, Cabarita, Merbein, Merbein South, Yelta), Mildura, North West Mallee (Linga, Meringur, Murray-Sunset, Murrayville, Ouyen, Underbool, Walpeup, Wargan, Werrimull), Red Cliffs and surrounds (Colignan, Nangiloc, Red Cliffs). AEDI result for Mildura District are summarised in Table 6.

**Table 5: Summary of Mildura, Mildura District and Victorian AEDI results for % of Developmentally Vulnerable (lowest 10%)**

<table>
<thead>
<tr>
<th>Domains</th>
<th>Mildura</th>
<th>District</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>11.8</td>
<td>10.6</td>
<td>7.7</td>
</tr>
<tr>
<td>Social</td>
<td>12.3</td>
<td>11.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Emotional</td>
<td>10.5</td>
<td>9.4</td>
<td>8.3</td>
</tr>
<tr>
<td>Language</td>
<td>9.9</td>
<td>8.39</td>
<td>6.1</td>
</tr>
<tr>
<td>Communication</td>
<td>11.8</td>
<td>10.3</td>
<td>8.3</td>
</tr>
<tr>
<td>One or More Domains</td>
<td>27.3</td>
<td>24.8</td>
<td>20.2</td>
</tr>
<tr>
<td>Two or More Domains</td>
<td>15.0</td>
<td>13.2</td>
<td>10.0</td>
</tr>
</tbody>
</table>

Parent Perceptions of benefits to children and themselves

The majority of parents surveyed identified social and emotional development as the expected benefits to children through attending TLC. The second most common expectation was for the parents social connections to be of benefit to children also. This was followed by an even distribution of expected benefits for children’s general development, language and communication skills and school readiness.

When parents were asked how they would benefit from participating in TLC, the most common theme identified was for developing social connections and making friends, followed by building a support network in a safe environment. Having access to information on child development was a strong theme, whilst carer learning, developing confidence and observing school based programs were mentioned less frequently.
I found out about TLC when I went to the Young Mums Group at Pasadena and we were getting a bit old for there so they told us to come here, because it’s for more the younger babies.

I thought TLC was great. I didn’t know what to expect until I came. I think that it is a good environment and everyone is friendly so I just wanted to come back.

It would be good to maybe have longer groups, because the some sessions only go for an hour so we just start to get into things and then it’s pretty much over.

Ben is getting a lot out of the sessions and I’ve made lots of friends and I get all my questions answered by staff or group co-ordinators.

I don’t think many young mums know about TLC but if they did, they’d probably come. If someone asked me about TLC I’d say, “it’s a great environment, they really help you out and you can ask your questions and get them answered.” I was always worried about whether I was doing the right thing for Ben’s development and sometimes you fell like people think you should know these things. People don’t make you feel like that at TLC.

He’s really developing the way I want him to and doing everything a 3 year old would do. He’s not clinging anymore and he’s talking more. He’s learned how to jump and sing and do the hokey-pokey, and kick a ball and throw and everything there.

It’s different here they tell you about different things, like courses and stuff. I was able to do a computer course through TLC.

I used to be shy and now because I’m always meeting new people here, I’ve just come out of my shell. I think Ben has as well. I feel more confident.

Selection basis: This young family are chosen for an insight into the importance of the social and information resources provided by TLC that may have been assumed to be available to a young Mum with extended family available.
Impact on home activities or relationships
A very equal distribution of themes occurred in response to the impact of TLC on home activities and interactions. Parents reported an increase in reading to children and storytelling activities, child directed play and children’s social skills and self help. Improvements in diet, positive parenting strategies or parent : child interactions, and specific knowledge and confidence were also reported.

Perceived significant change for child and parent (themselves)
The significant changes for children also reflect some areas of significant change for parents in their understanding or confidence in understanding child development needs and building skills to support their child’s development.

The strongest theme for significant change in children as perceived by the surveyed families is around the social and emotional skills of children both in the centre activities and at home. These skills include: sharing, confidence in co-dependent or independent activities, separation, self regulatory behaviour, and more lively or active engagement in activities. Some parents related examples of the significant changes in their own capacity to support their child/ren or their confidence in handling aspects of their child/ren’s behaviours such as handling confrontation and tantrums, or their child’s adaptation to new places and people.

Another common theme was the significant development in speech, vocabulary and self expression. These language skills were also observed by parents in significant changes or improvements in children’s interest in reading and enacting stories or singing songs from TLC activities.

Minor themes included more general developmental skills such as crawling or eye-hand coordination and the changes in parents’ knowledge about development including information about nutrition. A number of parents expressed a significant change in their knowledge and confidence had come from staff and activity leaders including access to therapists to field questions.
Stories of significant change - Vignette 5

We started using TLC about eight months ago. The main reason for going to TLC is for Bill. We do physio and OT and speech all through Early Intervention with Mallee Family Care. We do Special Kids playgroup on Fridays and then we’ve got the reading, we have someone come to us and then we go in on Friday mornings. I found out about TLC through Mel, in her role with early intervention was really keen on the reading because I want to get Bill used to books and reading and another thing to socialise the kids and give them another aspect in dealing with kids from a variety of backgrounds.

They’re right into books, which is good. Yeah, and it exposes them to other books and things that we don’t have. We don’t tend to get to the library very much these days because we’re too busy, so yeah, just different books, different stories and having other people who are interested around them as well, because with the other playgroups, they’re not focused on that sort of thing there. They’re focused on playing.

The kids have really developed more of a tolerance of different people. For the kids themselves, just their self confidence is a major thing. I mean Bill has got plenty of self confidence, I can see how other kids with developmental delays may find it hard once they hit the school system because kids can be so cruel. The best thing we can do is give him a good head start so that it is easier for him to fit in and be accepted by other children.

I can see more funding for more books and other resources is going to be an issue. The centre staff are promoting lots of groups so I don’t know whether they would look at doing individual things or not. I don’t know whether there is something for meeting early intervention needs that might be of interest or pose an opportunity for TLC. There are no other places that actually offer those sorts of services for disabilities that I can find at a reasonable price. At his age group, it doesn’t seem to be important. It’s not important to services until they hit school but because he’s got Down’s Syndrome, he needs to have a basis to start from a bit sooner than the others too.

Selection basis: This family are outside of the anticipated target group for TLC reach on a socio-economic level but have complex needs for a child with disabilities.
### Table 6: Summary Results Chart for Program Indicative Impact on Participants

<table>
<thead>
<tr>
<th>Indicators of Expected Results</th>
<th>Results</th>
<th>Evidence</th>
<th>Issues for Consideration and Data Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics of Participants</strong></td>
<td>Survey Sample = majority over 25 years, Mean age of children = 4.1 years with median = 2.0 years, 27% of sample children were boys, Majority of parents participated in education beyond year 10.</td>
<td>Parent interviews and surveys (Attachment A)</td>
<td>Some bias may have influenced the results of the sample with higher than expected age, education, employment and income of carers than expected.</td>
</tr>
<tr>
<td><strong>Enrolment and Attendance</strong></td>
<td>Beyond the Rainbow 32, Mountains and Movers 22, PlayConnect 23, Young Parents 22, SPROUT 8, Goanna 5 (As at November 2010)</td>
<td>MFC Database shows significant variation between months and between programs (Ref Figures 6-10)</td>
<td>Consistency in data collection protocol across activities. An unobtrusive and supportive “interview” process as part of enrolment procedure could be helpful for future planning and tracking. Standard enrolment schedule and process will be very informative over time.</td>
</tr>
<tr>
<td><strong>Outcomes for Carers</strong></td>
<td>Social connections and friendships, networking, safe environment, information on child development and building confidence</td>
<td>Parent interviews and surveys (Attachment A)</td>
<td>Interview / story reporting</td>
</tr>
<tr>
<td><strong>Carer Perceptions of TLC</strong></td>
<td>Strengths - sense of belonging and ownership; access to school site for familiarity; targeted programs for school readiness in culturally inclusive and non-threatening environment; importance of interpersonal skills of staff; Challenge - facilities (capacity and maintaining ambience when relocated), awareness of TLC in broader community (for potential participants and collaborators)</td>
<td>Parent interviews and surveys (Attachment A)</td>
<td>An extended interview as part of a delayed enrolment process has been developed to support the collection and application of parents expectations and perceptions of TLC and also specific programs</td>
</tr>
<tr>
<td><strong>Outcomes for Children</strong></td>
<td>Improved social and emotional skills eg confidence and independence, language and love of reading, developmental and child lead play, school readiness skills such as following routine</td>
<td>Parent interviews and surveys (Attachment A)</td>
<td>Align individual activity objectives with overarching TLC outcomes and appropriate measures at activity level. CHPPA, SSD, KS. Each activity to identify key measures.</td>
</tr>
<tr>
<td><strong>Outcomes at School Entry</strong></td>
<td>Not available at this stage of implementation</td>
<td>School enrolment and attendance of TLC participants in comparison to other groups of children</td>
<td>Procedures for sharing the necessary information have been developed and are expected to not only provide program monitoring data but also provide continuity of care and programming for children.</td>
</tr>
</tbody>
</table>
Section 3 Implications

3.1 Strengths of Implementation and Processes

Access to the school site to encourage and develop familiarity with the school environment and to observe staff was noted in participant and partner interviews. The location and situation of TLC on the school campus but with separate entrance and facilities had a positive effect for a number of participants who may otherwise feel alienated or threatened by the idea of engaging in school activities.

The ambience of a welcoming and informal setting was identified many times over by interviewees as a strong factor in inviting and engaging others to also come along to activities.

The sense of ownership and belonging is typified by the level of advocacy and decision making by the Young Mums’ group in determining their preferred program of activities. Their understanding and aspirations for short courses such as first aid and nutrition are indicative of the positive and proactive beliefs supported by TLC and the staff, including volunteers. Of note in the ongoing monitoring of TLC partners is the focus on the strengths of participating families.

3.2 Notable achievements

Points of significant note in the qualitative data collection from participants and partners or providers give clear indication of the major markers of achievement for the design and implementation of TLC.

Both participants and partners identified that the key achievement had been for the centre to develop in such a way that those attending had a strong sense of ownership and belonging. Although programs were offered universally, target groups for program design or implementation reported they felt activities were culturally inclusive and non-threatening.

The successful processes and implementation were credited to having the right staff with a particular repertoire of interpersonal and communication skills for engaging families with complex and high level needs, and approachable activity coordinators. Not only has this been effective in engaging families but also in the important relationship building, promotion and collaboration with other service providers in Mildura. The enrolment of families in the range of programs offered and the perceived benefits are strong indication of the appropriateness of both activity content and delivery methods.
3.3 Risks

The security of funding in the short term for refurbishment and equipment at the new location on the main school campus is a major threat. Although the new location will bring many opportunities, the greatest concern is for involving parents and volunteers in the process to minimize the threat to established atmosphere so critical to people’s sense of welcoming. Secondly, long term funding for adequate levels of staffing and staff training, and ability to purchase in programs and formal partnerships may be a limiting factor in meeting the needs of the target population.

The major ways in which the funding risks might be addressed include wider sponsorship or exploring entrepreneurial opportunities. In the interest of developing an evidence base for the impact of TLC, it is strongly recommended that a data collection system for all participants’ assessment and feedback continue to be developed. Further, some investment of personnel will be necessary to establish the processes and tools for quality enrolment interviews and collation of data to inform TLCs programs.

The relocation to the main school campus was identified as a risk on the basis that it could potentially threaten the established connections to the space felt by participating families. A range of mediating strategies was recommended in discussions with parent and key stakeholders. These strategies include: orientation and preparatory visits to the new site as part of the current activities; a small representative group (possibly coordinated by the community advisory committee) be involved in the purchase of furnishings and layout; highly visible signage; side gate or entrance from street and well planned outdoor area including seating.

The final area of risk identified is the marketing and reach of TLC to adequately capture the families with greatest need but also often hardest to reach. The balance of universal activities and targeted programs provides a very successful way for families to transition into universal programs from specialist and targeted programs or in the opposite direction where special needs are identified through universal program participation. These programs continue to expand in a response to identified needs of the families participating in TLC. The area of concern is the known target audience who are most disadvantaged and likely to be most socially isolated. Strong recommendations in discussions are for a routine outreach service to be provided in the East End community with the longer term view of facilitating families’ engagement at TLC on the school campus over time. There is an ongoing need to explore new ways of promoting and marketing TLC activities through personal contact by relevant service providers especially those collaborating at TLC and the advocacy of reference group members.
Section 4 Program Overviews

TOTAL LEARNING CENTRE

BACKGROUND

The Total Learning Centre (TLC) was established to build community partnerships to engage families in positive learning. The idea and founding partnership behind TLC evolved through a series of conversations between Mallee Family Care (MFC) and the Mildura Primary School (MPS). It is a partnership founded in the awareness and understanding of localised issues, the capacity to build bridges with community, and an underlying commitment to nurturing within families and community a positive engagement with learning – especially for our children.

Mildura’s Social Indicators Report 2006 undertaken by Professor Tony Vinson points to entrenched disadvantage within the localised Mildura East area. In particular, the Report points to a low level of school completion and post schooling qualification in the Mildura district when compared to both metropolitan and regional Victoria. For many within our community such indicators reflect a more systemic issue of children not being engaged positively in education (including through playgroups, kindergarten or preschool) from a young age.

Research indicates that children who start school with language and behavioural problems that go unassisted are faced with ongoing failure. More importantly, Professor Vinson identifies very clear linkages between gaps or delays that may occur in the early education of a young child, and longer term poor outcomes for individuals across education, health and employment. It is clear that inadequate education is central to the onset and persistence of social disadvantage.

The Mildura East community, like all communities, is unique in its composition, needs and aspirations. The TLC approach is to provide new thinking grounded in community development principles around:

- positively engaging families and young children in a range of new learning opportunities in the family and community model;
- supporting our most vulnerable families by tapping into integrated service provision across health, education and community; and
- enhancing community strengths and relationships.

TLC has been set up in an available teaching facility on the Mildura Primary School grounds. Initial funding sourced by Mallee Family Care through the Alfred Felton Bequest provided for a Project Coordinator to work directly within the community to develop TLC as a community learning hub - providing new possibilities for families with young children, for whom life currently presents little opportunity or possibility.

A Reference Group was established to guide early decision making and linkages with service delivery, and this group continues to support and advise around the provision of programs at TLC.

TLC REFERENCE GROUP PARTNERS

Key service and community-based agencies supporting the establishment of TLC include:

- Mildura Aboriginal Corporation
- Mildura Rural City Council and Best Start
- Sunraysia Community Health Service
- Sunraysia Mallee Ethnic Communities Council
- Menzies School of Health Research
- Mildura Early Intervention Service

The role of the supporting partners is solely that of gentle facilitation – opening up doors, encouraging conversations and participation, building connections and networks, supporting leadership in unlikely places, and building positive relationships – especially within families.

A community advisory group (CAG), made up of TLC users and service providers, has also been formed so that the community using TLC’s facilities also has the opportunity to contribute to its operation.
PROGRAM OF LEARNING ACTIVITIES
TLC is open Monday to Friday during school hours, programs are facilitated by a range of people including volunteers, the coordinator guides the development of the programs. The program of activities is being developed on an ongoing basis through conversations within the community, and as a result is constantly evolving. All learning opportunities are founded in strong positive personal relationships – for children and adults alike. We aim to provide real opportunities for participants to reflect on their own parenting skills and relationships, and to build strong parenting and leadership role models through all of the TLC activities.

Current activities include:
- PlayConnect Autism Spectrum Disorder playgroup
- Munchers and Movers Playgroup – a playgroup focusing on activity and nutrition.
- The Goanna’s playgroup, an Indigenous focused group
- Young parent’s group;
- Beyond the Rainbow story-play playgroup;
- 
Activities are constantly evolving and changing according to the need expressed by the TLC community, and the community at large.

LONG TERM OBJECTIVES
The overall objective of TLC is to enable better connections between the Mildura East community and key health, education and community services including the child and maternal health nurses, the toy library and the Mildura library.

Specifically, the TLC partnership is focused on the following key indicators of success which we aim to realise over the next two years and more, including:
- Improved school readiness;
- Improved relationships between the community and services; and
- Improved community networks.

TOTAL LEARNING CENTRE – PROGRAM OBJECTIVE AND ASSESSMENT STRATEGIES
PlayConnect Autism Spectrum Disorder Playgroup

About the playgroup:

This playgroup offers play based learning opportunities for children and social support networks for their parents, families and carers. The playgroup aims to inform and educate parents, families and carers as well as connecting them to resources available in their local community. The playgroup supports parents, families, carers and children who have ASD or ASD like symptoms, including those from Indigenous or culturally and linguistically diverse backgrounds. The playgroup focuses on children aged zero to six with ASD or ASD like symptoms. Children do not require a formal diagnosis of an ASD to attend this playgroup.

Objectives:

- **To create opportunities for families to develop social support networks within their community;**
- To provide information to families about local, state and federal support services and resources available to them;
- To provide play based learning opportunities and experiences to children;
Assessment strategies:

- Site reports (to PlayConnect);
- **Anecdotal evidence around families being proactive in creating their own social support networks outside of the group and feeling more connected to their community**;
- Family surveys;
- Greater access by families to a range of support services and resources;
- Goal setting and reviewing goals.

**Munchers and Movers Playgroup**

**About the playgroup:**

*This playgroup aims to provide social networking opportunities for families and children whilst promoting healthy eating and physical activities. The playgroup promotes healthy eating experiences for children based around fun and healthy snacks, play activities with food based themes and opportunities to taste foods that children may not have experienced. Parents have an opportunity to discuss nutrition related concerns and gain information about healthy eating for children and families.*

**Objectives:**

- **To create opportunities for families to develop social support networks within their community**;
- To provide parents with information about the importance of healthy eating and exercise;
- To provide opportunities for parents to discuss any nutrition related concerns;
- To give parents hands-on opportunities in preparing healthy snacks and ideas for engaging in physical activities with their children.

**Assessment strategies:**

- **Anecdotal evidence around families being proactive in creating their own social support networks outside of the group and feeling more connected to their community**;
- Parent surveys, both anecdotal and formal.

**Goanna’s Playgroup**

*This playgroup aims to provide social networking opportunities for families and children, with a focus on Indigenous families both within the East End community and families who have children already attending Mildura Primary School. This playgroup will offer a range of play based learning activities for children with a focus on language and literacy as well as*
school readiness, and will give families an opportunity to familiarize themselves with the school environment.

Objectives:

- To create opportunities for families to develop social support networks within their community;
- To expose children to a range of play based learning activities which will promote the development of language, literacy and school readiness skills.

Assessment strategies:

- Anecdotal evidence around families being proactive in creating their own social support networks outside of the group and feeling more connected to their community;
- Parent surveys, both anecdotal and formal;
- Anecdotal information from prep teachers within the school.

Young Parents Playgroup

This playgroup aims to provide an outlet for young parents, where they can come together to share ideas and challenges in regard to parenting and receive support in a non judgmental environment. This group is encouraged to be proactive in terms of programming in order to meet their specific needs.

Objectives:

- To create opportunities for families to develop social support networks within their community;
- To provide information on a range of topics to support the group in their parenting;
- To provide a range of play based learning opportunities to support children’s development.

Assessment strategies:

- Anecdotal evidence around families being proactive in creating their own social support networks outside of the group and feeling more connected to their community;
- Parent surveys, both anecdotal and formal;

Beyond the Rainbow Story play playgroup

About the playgroup:

Beyond the Rainbow Playgroup is a fun playgroup with a strong focus on early literacy development through stories and play. Sessions are run through a supported playgroup
environment, allowing parents and children the opportunity to socialize with others as well as encouraging children to learn.

There is some unstructured time during the session to allow children and parents to play and socialize as well as some structured activities including story reading, singing/rhymes and story telling through pretend play (story-play).

Each session usually finishes with a shared morning tea (please bring a piece of fruit) and a short play before children and parents help pack up and go home.

Playgroup sessions are currently run out of the Total Learning Centre located at Mildura Primary School (senior site) on Friday mornings between 9:30 and 11:30.

Please note that this playgroup is nut, egg and dairy free.

Objectives:

- To create opportunities for families to develop social support networks within their community;
- To promote the development of children’s language and literacy;
- To support the parent’s development of skills and attitudes in regard to their children’s language and literacy;

Assessment strategies:

- Anecdotal evidence around families being proactive in creating their own social support networks outside of the group and feeling more connected to their community;
- SipDC checklist;
- Parent surveys, both anecdotal and formal;

Drop in sessions

These sessions provide an opportunity for families to access the facilities at TLC, spend time playing with their children, have a cuppa, and chat with other families. This is also an opportunity for families to tailor the resources at TLC to meet their needs in a more informal way.

Objectives:

- To create opportunities for families to develop social support networks within their community;
- To provide information on a range of topics to support families in their parenting;
- To provide a range of play based learning opportunities to support children’s development.
Assessment strategies:

- *Anecdotal evidence around families being proactive in creating their own social support networks outside of the group and feeling more connected to their community;*
- Parent surveys, both anecdotal and formal;
- Continued and increase uptake of these sessions.

**Special events, activities and celebrations**

At TLC we hold one off events, activities and celebrations such as “National Simultaneous Story Time”, birthday celebrations and “National Mothering Week Morning Tea” to enable families to connect with other families at TLC as well as in the wider community, to raise awareness of current affairs and what is happening in the local community.

**Objectives:**

- To create opportunities for families to develop social support networks within their community;
- To provide information on a range of topics to support the group in their parenting;
- To celebrate and participate early childhood and parenting focused initiatives within the community;
- To provide a varies range of play based learning opportunities to support children’s development.

**Assessment strategies:**

- *Anecdotal evidence around families being proactive in creating their own social support networks outside of the group and feeling more connected to their community;*
- Parent surveys, both anecdotal and formal;
- Increased uptake of activities at TLC, including a wider range of families than those attending regular programs.

**SPROUT**

A therapy focused playgroup in a community based setting, i.e. the Total Learning Centre.

**Objectives:**

SPROUT will have the multiple benefits of providing families, not currently accessing any services, to participate sessions which would up-skill them to provide appropriate activities and experiences to their children to promote their development, and also inform them of pathways for other services which they could access to benefit both themselves and their children. SPROUT will also be open to current active MECIS families who will benefit from
attending a supported playgroup, where they can be empowered to discover play and its benefits. The group may also provide a “soft” entry point for families to access therapy based services as well as a stepping stone between home and mainstream early childhood education services.

**Target groups:** Maximum number of children: 10 (perhaps 15 on the list though to allow for DNAs)

- Selected/invited families who have been identified by their Key Workers as being a family who would benefit from a supported playgroup.
- Wait list families
- A small number (2-3) of families already attending the TLC have been flagged by Mel Watson as needing further support and assistance with play and supporting their child’s development

**Session Plan**

1 ½ hour session. 1:15pm- 2:45pm Thursdays fortnightly.

Session activities to include:

1. Free play time- parent and child choose a toy/activity together and play together and opportunities for small-group activities at a table.
2. Group: circle time/story time/language/music/movement
3. Outside time: active play
4. Snack time (coffee and chat time for parents)

Developmental areas to target: fine motor; gross motor (floor time, tummy time for babies); imaginative play; oral language (include a storybook area), and social/emotional development
Mallee Family Care – Mildura Primary
Total Learning Centre Evaluation
Discussion guide – Stakeholders

Introduction
- Explain purpose, audio recording, confidentiality and how feedback will be used
- Clarify any questions

Background
1. Role, involvement with TLC, length of time involved
2. Can you tell me a bit about the TLC in relation to your work or your perception of it’s role in the community?

Understanding of program
3. If you had to explain the TLC to someone who had never heard of it, what would you tell them?
4. What outcomes do you hope that TLC will achieve in it’s current format?
5. What vision do you hold for TLC in the future?

Value
6. To what extent is TLC valued within the early childhood service community, or the broader community?

Program implementation
7. To what extent has the TLC been implemented as planned? What are the main differences?
8. What are the reasons for these differences?

Perceived effectiveness
9. In your opinion, does the TLC lead to increased school readiness? How do you know/what are the key signs? (probe for specific stories)
10. In your opinion, does the TLC lead to improved health, development or well-being outcomes for children? Provide specific examples if needed – e.g. reduced ear infections, skin sores, hospitalisation etc How do you know/what are the key signs? (probe for specific stories)
11. Are there any other outcomes of TLC? Discuss
12. In your opinion, is the TLC model an effective and sustainable way to deliver early learning and parent engagement in your community? Explore why/why not

Service delivery context
13. Do you believe families have adequate access to crèche, playgroup or other early learning and parent engagement activities?
14. Do any of the other services available impact on participation in TLC? (probe for negative and positive influences)
15. Have partnerships with other early childhood services been established? Explore benefits and barriers

Strengths
16. What are the characteristics of the TLC that work well? (probe for specific examples)

Challenges
17. What parts of the program are challenging?
18. If not already discussed, ask: To what extent are the following factors a challenge:
   - Attendance
   - Community engagement
19. How do these challenges impact on the quality of the preschool program? (probe for specific examples and internal and external factors)
20. How have these challenges been overcome? (probe for specific examples and internal and external factors)

Program improvement
21. How can the TLC be improved?
22. What can the major partners in TLC do to support these changes?
23. Are there other promising partnerships that would enhance the outcomes for TLC?

Wrap up
24. Are there any other comments you have about TLC?
25. Do you have any other thoughts about how to improve the program?
SECTION 1  Admin
Interviewer:
Cultural consultant or interpreter
Interviewee:
Name of child 1 including Indigenous name

SECTION 2 Background information
Before we talk about TLC, I want to ask some questions about your relationship with <<child 1>>, 
For <<child 1>>, are you the: Birth parent – GO TO Q,D / Other primary carer / Don’t know/refused
If other, are you (child 1): aunt/uncle sibling / grandparent / other
How long have you been looking after ... (child 1)

SECTION 3
Now I’m going to ask you some questions about your child/ren and Total Learning Centre. 
Does <<child 1>> go to any other little kids activities?When did <<child >> start going to TLC?
How many days does <<child>> go to TLC each week?
Before you came to TLC what did you expect TLC to be like?
What did you hope for <<child/ren>> to benefit from coming to TLC?
What did you hope for yourself or other family members by coming to TLC?
What do you think about TLC? If your friend asked you about TLC, what would you tell her?
What do you do when you go to TLC with your child?
How important is it for you that your child goes to TLC?
Why?
Does your child/ren like going to TLC?
Why/why not?
What are some of the things that stop <<child>> from going to TLC? Researcher Note: It may be necessary to explain that it is sometimes normal for little kids not to go to TLC, for example, when they are sick PROBE FULLY
Have you seen any changes in <<child/ren >> since they started going to TLC? Explain. PROBE for learning and health changes
What are the activities at home that you think help <<child’s>> learning and growth? Who does these activities with <<child/ren>>? Researcher note: PROBE for things that carer 1 and 2 do
Thinking back to before you started coming to TLC is there anything you do with <<child/ren>> that has changed because of coming to TLC?
If you could change anything about TLC or make it better what would that be? Describe what it would be like.
Why do you think TLC works for you – what keeps you coming back or enjoying TLC?

SECTION 4 - First Language
What is the main language at home?
What other languages are spoken at home?
Does <<child>> speak another language?
Do you speak English

SECTION 5 English literacy proficiency
Do you read English

SECTION 6 – Housing
Do you feel your home is overcrowded?
Do you feel your home is safe?
How long have you lived in this home for?
Do you stay in Mildura all year?
How much of the year do you go away for?

SECTION 7 Education
Did you go to school?
Have you completed any study since finishing school, for example, a certificate?
Do you have a: apprenticeship / certificate / Undergraduate degree / post graduate degree / other?

SECTION 7 Workforce participation
At the moment, do you have a job?
Is this paid work?
Where do you work?
How long have you had this job?
How many hours did you work last week?
Have you ever been in a job where you got paid?
How long have you been without work?

SECTION 8 Income
About how much money do you get each fortnight from work and centrelink?
Do you receive any money from Centrelink?
Thinking about money, does your family: Spend more money than you get? / Have just enough to get through
till the next pay? / Have some money left over each week but always spend it? / Save a bit of money now and
again / Save a lot of money? / Don’t know

SECTION 9 Health/Social issues
During the pregnancy, did you/birth parent: Smoke cigarettes? / Smoke marijuana? /
Drink alcohol?
In the last month have you: Smoked cigarettes? / Smoked marijuana? / Drunk alcohol?
Do alcohol or drugs cause a problem in your house?
What sort of problems does it cause?
Do you have any illness that makes it difficult for you to care for <<child/ren>>?

Life Stresses (from WAACHS)
Did any of the following life stress events happen in your family in the last 12 months:
A) Close family member had a serious medical problem (illness or accident) and was in hospital
B) A close family member was badly hurt or sick
C) A close family member arrested or in prison / gaol
D) Your child/ren were involved in or upset by family arguments
E) A parent / caregiver was involved in or upset by family arguments
F) A parent / caregiver lost his/her job or became unemployed
G) A close family member had an alcohol or drug problem
H) Your family didn’t have enough money to buy food, for bus fares or to pay bills
I) A close family member has a physical disability
J) An important family member passed away
K) Parents or carers left because of family split-up
L) You have felt too crowded where you lived
M) Your child/ren had to take care of others in the family
N) Your child/ren have been in a foster home
O) Your child/ren were badly scared by other people’s behaviour

SECTION 10 Other main carer
Do you have a partner?
How long have you been together?
Does your partner live with you? OR Where does s/he live? Why does your partner live in <<location>>?

SECTION 11 Safety
In <<community>>, during the last year, did you worry about <<child/ren’s>> safety?
What did you worry about?
In your home, during the last year, did you worry about your child/ren’s safety
What did you worry about?

ATTACHMENT C
The process used in the roundtable discussions drew on the local wisdom of the group to address the following questions:
What strategic alignment is there for vision and purpose between community and partners' expectations?
What assumptions or needs were identified in the development phase?
How were these identified? What population/community baseline data pre project exists regarding needs?
What evidence supports the logic for program selection to identified need?
How is the fidelity and quality monitored?
What resources (money, people and time) are required?
Are the identified tools the most reliable and valid for individual outcome measures in this context?
What level of reporting is feasible for impact evaluation?
What monitoring and tracking systems exist for program outputs?
What is the impact experienced by participants?
What are the “Improved linkages between service providers and community”?
What are the communication methods across stakeholders, reference group, clients and service providers? How effective are they?
How are collaborators contributing to the program? (intensity, formality, nature)
What are the inputs including resources, money, people, time, HR, training, volunteers, specialists, hours of access available?
What are the assumed structural and procedural artifacts that support operations (policy, governance)?
What are the routines for reflexive practice, feedback loops and continuous improvement?
What are the cultural features needed for positive engagement and agency or empowerment and ownership (trust)?
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