

Monitoring practice for continuous improvement at Samaritans Early Childhood Intervention Mid-North Coast Project

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Executive summary

Samaritans Early Childhood Early Intervention Mid-North Coast [ECEI MNC] project utilises innovative strengths-based tools and practices in its work supporting children with disabilities and their families. The ECEI MNC has a clearly articulated outcome: *for families to effectively and sustainably manage the ongoing provision of services for their child*. Work towards achieving this outcome is articulated via a team philosophy (see Appendix A), a theory of change practice model (see Appendix B) and program logic (see Appendix C).

This report details the procedure and findings of the Samaritans Early Childhood Early Intervention Mid-North Coast project monitoring project, undertaken from July 2015 – June 2016. This monitoring was commissioned as a means of supporting the team to focus on their practice, develop their program logic and to reflect on to what extent they were meeting the goals of the program. The processes and outputs of the project were also intended to assist the team to be ready for the introduction of the new National Disability Insurance Scheme in 2016.

Monitoring framework

The monitoring framework was developed collaboratively by the researchers from CSU and the Samaritans Community Services Manager and ECEI Coordinator. The sources of data used were: surveys with families, stories of change, professional observations and case notes. Participants were 12 families (clients of the ECEI) and five ECEI team members. Two key questions guided the project: 1. Is the ECEI doing what it set out to do? 2. Are the team's activities making a difference for families?

Is the ECEI doing what they set out to do?

The work of the ECEI is guided by a program logic and team philosophy. The findings of the report confirm that the ECEI team is undertaking activities consistent with, and in ways that reflect their program logic and philosophy. Findings also contribute new insights into the activities undertaken and resources required for contributing to meeting the intended outcomes of the program logic. Further, that the theory of change accurately reflects the capacity of the program for meeting its high-level outcomes.

Are the team's activities making a difference for families?

The ECEI MNC works towards an outcome: *for families to effectively and sustainably manage the ongoing provision of services for their child*. The findings of the report also confirm that the activities of the ECEI are contributing to positive changes in children's abilities and families' capacity over the course of their involvement in the program. Indeed, in some cases, families are achieving the high-level outcomes of the program.

Recommendations are detailed in the report, which might further improve the team's program logic and model. Adoption of these recommendations, the revised program logic, model and team philosophy may assist the use of the ECEI model at other Samaritans' sites. Improvements may also further assist in initial and ongoing professional development as part of activities through the NDIS, as well as in support of the aims of the NDIS more broadly.

Background

The Early Childhood Early Intervention Mid North Coast [ECEI MNC] project is supervised by the Samaritans Early Childhood Community Services Manager. The project was initially funded through Samaritans Early Intervention Coordination Team and more recently, with additional funding from the NSW Department of Ageing, Disability and Home Care. The purpose of the project is to coordinate support for children with disabilities, aged 0-8 in the Mid North Coast region of New South Wales. Areas served by the project are Gloucester, Forster and Taree. The ultimate goal of the work of the ECEI MNC project is for families to effectively and sustainably manage the ongoing provision of services for their child. To do this, Specialist Educators work in partnership with families to promote their child's development, participation and resilience, and the family's capacity to coordinate their child's involvement in community life. Specialist Educators may also offer short term support through home visiting advocacy, help in accessing community services, school visits, breaking down inclusion barriers and day to day management.

The work of the ECEI MNC (and the Samaritans Early Childhood Team of which it is part) is underpinned by the five principles of strengths-based approaches, as articulated by Wayne McCashen (2005) and St Luke's Bendigo, these being: respect, social justice, transparency, sharing and collaboration. These principles are complemented by early childhood philosophies of play-based learning and ensuring children's rights and safety, and the Samaritans values of *Compassion, Integrity, Justice*.

The ECEI MNC has a clearly articulated outcome: *for families to effectively and sustainably manage the ongoing provision of services for their child*. Work towards achieving this outcome is articulated via a team philosophy (see Appendix A), a theory of change practice model (see Appendix B) and program logic (see Appendix C).

Rationale for the monitoring project

In 2015 the Samaritans invited CSU to monitor the Early Childhood Early Intervention team's practice. In line with recommended practice (Freiberg, Homel & Branch, 2014), the project was undertaken as a means of supporting the team to focus on their practice, develop their program logic and to reflect on to what extent they were meeting the goals of the program. The processes and outputs of the project were also to assist the team to be ready for the introduction of the new National Disability Insurance Scheme in 2016.

Acknowledgments

The CSU researchers thank the Samaritans Early Childhood Team, and Community Services Manager Julie Pearson and Coordinator Kerrie Rowlandson in particular, for their willingness to trial and refine data collection processes. We thank the Samaritans for providing the opportunity to monitor and contribute to refining their strengths based practice.

The monitoring project was undertaken by Dr Tamara Cumming and Dr Sandie Wong, from the Research Institute for Professional Practice, Learning and Education at Charles Sturt University.

Purpose of the monitoring project

The purpose of the ECEI MNC monitoring project was to monitor how well, and in what ways the team has been supporting families' capacity for effectively and sustainably managing the provision of services for their child. The results of the monitoring were to be used by the ECEI for reflection and continuous improvement. Two key questions guided the project: 1. Is the ECEI doing what they set out to do? 2. Are the team's activities making a difference for families?

Monitoring framework

The original monitoring framework was informed by a transformative mixed methods design (Mertens & Wilson, 2012), in which the CSU researchers worked cyclically with the Samaritans ECEI to develop and refine the research design and methods of data collection. As the diagram below (Figure 1) shows, the methods used were surveys (quantitative), stories of change, professional observations and case notes (qualitative).

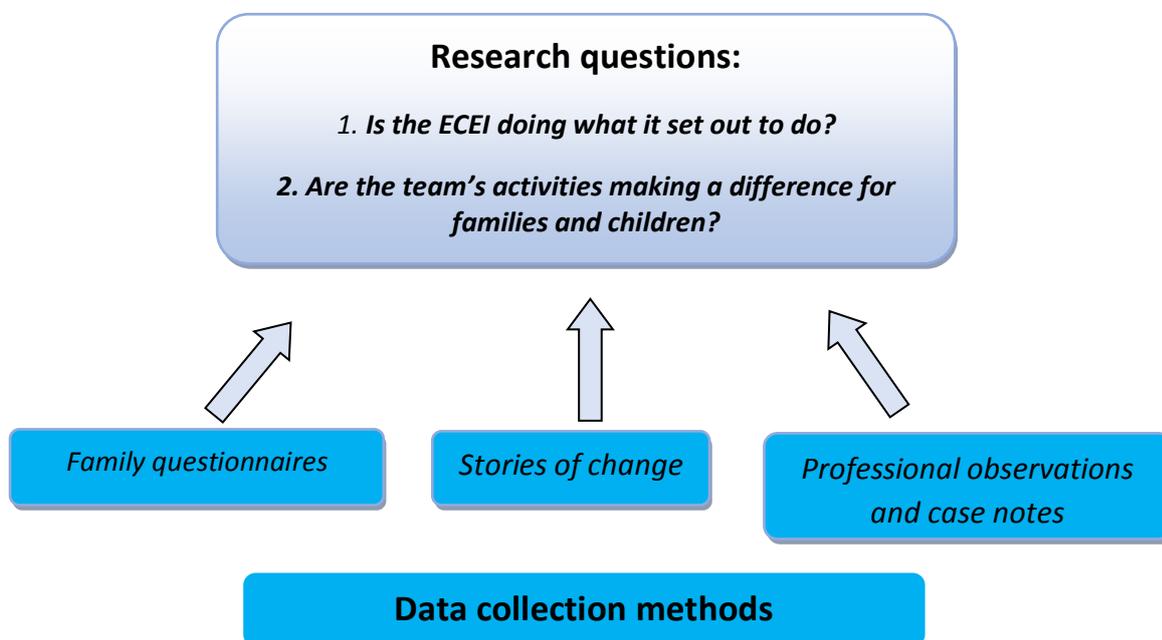


Figure 1. Evaluation data collection.

Monitoring tools

The CSU researchers, Community Services Manager and Coordinator worked closely to identify and adapt existing tools from the literature for the ECEI MNC monitoring project. This report presents a description and analysis of the data supplied as at May 2016, based on data generated through family questionnaires, stories of change and professional observations and case notes.

Family questionnaire

The family questionnaire was based on the Parent Empowerment Efficacy Measure [PEEM] (Freiberg et al., 2014) - a tool developed in Australia and based on strengths approaches. The PEEM has a 10-point scale that measures parents' confidence "to make effective parenting decisions and carry out parenting responsibilities" (p. 409), and capacity to make connections with networks and services

relevant to their family's needs. The PEEM has been assessed as a valid and reliable tool for service planning, monitoring and evaluation (Freiberg et al., 2014).

The family questionnaire included eight questions (see Appendix D for details), asking families to rate on a scale of 1 to 5 how true each statement was for them at that time. The scale progressed from 'this sounds nothing like me' to 'this sounds exactly like me'. The questionnaire was included in the intake documents that Specialist Educators used at their initial meetings with families.

Care was taken to choose a sufficient number of questions to meet the goals of the monitoring project, whilst not overburdening the ECEI and clients. To identify which PEEM questions would be most relevant, CSU researchers matched questions from the PEEM to the ECEI MNC program logic. The ECEI manager, in consultation with the ECEI coordinator and team, then verified these questions on the basis of match with team philosophy and client needs (see Appendix D for the final family questionnaire). As longer scales have been thought to be alienating or overwhelming for families with vulnerabilities (Freiberg et al., 2014), the 10-point rating scale for the PEEM was also shortened to five points.

Stories of change

Stories of change were used as a means of recording, and reflecting upon aspects of team members' practice (with a particular focus on interprofessional and strengths-based practice). Stories of change were based on a 'learning stories' model used in the early childhood sector (Goodsir & Rowell, 2010). Learning stories aim to both describe and document a child's learning, with a focus on interests, strengths, achievements, skills, knowledge, feelings, interactions and family and community belonging (Goodsir & Rowell, 2010). Specialist Educators use their knowledge of a child (and in this case, their family), along with their observations and professional judgment to interpret changes in children's learning.

Stories of change were written by the Specialist Educators during families' participation in the project, as well as at their exit. The ECEI used this model to record both individual and longer term stories of change in children's access and experiences of early childhood services, in the context of their family's changing capacity. Examples of both forms are included in the findings section of this report.

Professional observations and case notes

A number of types of professional observations were used as data: short observations from Specialist Educators attending playgroups, family support plans, reflections on interprofessional practice with an allied health practitioner, and a visit to a local school.

The SE's documentation of activities undertaken with or on behalf of families and children in the form of case notes were also used as data sources for this monitoring project. Case notes were recorded by the ECEI following contact with families, referring agencies, early childhood services and others.

When did the monitoring take place?

From July 2015 to June 2016¹, the ECEI generated data via the family questionnaires, stories of change, professional observations and case notes. CSU researchers received and analysed data measuring changes in families' capacity for coordinating and advocating for their child, and documenting families' goal achievement. The ECEI provided data to CSU researchers in two batches – December 2015, and April/May 2016.

Ethics approval

Ethical approval for the monitoring project was given by the Charles Sturt University Faculty of Education Human Research Ethics Committee, prior to the implementation of the project. The ethics approval number was 300/2015/36.

Table 1: Data generated via monitoring project

| Data collection tool | Number collected |
|---|---|
| Questionnaires | 12 (July-Sept 2015) + 4 (April 2016) |
| Stories of change | 3 |
| Professional observations and case notes | 7 |

Participants

Both the ECEI MNC team and families (clients of the team) participated in the monitoring project. The ECEI MNC team comprised seven team members (including a manager), all female and aged between 30 and 60. Data was collected from 12 families who were part of the ECEI MNC project. Demographic details of these families were not used for the monitoring project, as the purpose was to monitor the effectiveness of the ECEI MNC team's practice.

Analysis

Two key questions guided the analysis - firstly, is the team doing what they set out to do? This was answered through analysis of the data from stories of change, professional observations and case notes. Secondly, are the team's activities making a difference for families? This question was answered through analysis of the data from the family questionnaires and stories of change.

Questionnaires

Data from the questionnaires was entered into an Excel spreadsheet, recording each family's response to each question at T1 (their entry into the MNC project) and (where relevant) T2 (their exit from it). The families were identified by a number (from 1-12). Simple descriptive statistical analysis was done, identifying the average for each questionnaire item, the range of the responses

¹ The original monitoring project was to begin in July 2015 and end in November 2017. However, with the pending introduction of Australia's National Disability Insurance Scheme in July 2016, families were in transition to new program models. The monitoring project was therefore limited to one year.

(from highest to lowest) and differences between highest and lowest scores for each question at T1 and T2.

Stories of change, professional observations and case notes

The ECEI's program logic was used as a baseline to assess whether or not the team was doing what they set out to do, and in what ways. Program logics are usually constructed as a table cascading across from a high level outcome called the 'most desired outcome'. In the case of the ECEI MNC project, there were two most desired outcomes: "Families can effectively and sustainably manage the ongoing provision of services for their child", and "the Child is included in mainstream ECE setting". To assess the effectiveness of the team in working towards the major project outcomes concerning families and children, stories of change, professional observations and case notes were coded according to items in the program logic (see tables 3 and 4 for examples).

Findings

Family questionnaires

Questionnaires were collected from the 12 families joining the ECEI MNC project from July to September 2015 (T1). Four questionnaires were collected from families who exited the ECEI MNC by April 2016 (T2). Families who had not exited the project by April 2016 continued to be supported in the project, as they waited for transition to new arrangements under the National Disability Insurance Scheme. Each family was allocated a reference number (from 1-12) and their responses to each of the eight questions recorded in an Excel spreadsheet. Given the small number of responses, findings are presented for each family rather than aggregated.

There were two questionnaires where the parent indicated a range or a contingency for their rating. In one case where a parent indicated their rating as 1-2, the higher rating was recorded. This is in line with a strengths approach according to which the client is recognised as the expert. In the second case, a parent indicated that the score depended on whether or not they had help (3 with help, 1 without), the lower score was used, as the statement was asking the parent to rate their capacity when operating on their own.

Key points from family questionnaires

1. "I find it easy to talk to people like teachers, doctors and nurses about my children"

This question had the highest overall and average scores (3.9/5) at T1 and T2.

2. "I know how to get useful information about how my children's needs change as they grow"

Responses to this question at T1 were the lowest overall, and showed the greatest variance, with two of the families rating themselves at 5/5, two at 4/5, three at 3/5, three at 3/5 and one at 1/5. At T2, responses to this question showed the greatest improvement, with three of the four responding families reporting a change from two or three to 5/5.

3. “I feel good when I think about the future for my children”

Responses to this question at T1 were generally high, and responses showed the second highest improvement, notably, with the family that had initially rated at 1/5 subsequently rating at 5/5.

4. “I can work out what to do if any of my children have a problem”

Responses to this question at T1 were quite varied across T1 and T2.

5. “I can find services for my children when I need to”

Responses to this question at T1 were quite high, though much more varied at T2.

6. “In my family there is more to enjoy than to worry about”

Responses to this question at T1 had the second highest overall and average scores (3.8/5).

7. “I feel that I’m doing a good job as a parent”

Responses to this question at T1 were also high, while at T2, two families rated lower than their initial score.

8. “I feel part of a community”

Responses to this question at T1 had the second lowest overall and average scores (3.2/5). At T2, responses had the greatest decrease in rating.

Discussion

While questionnaires can seem to be an ‘easy’ data collection tool, this can depend on families’ ability to accurately assess their situation. Families’ initial ability to accurately assess their capacity for supporting their child was sometimes in question. For example, Family 1 rated their overall capacity at 5/5 for seven of the eight questions. From the Specialist Educator’s perspective, this rating seemed inaccurate, as the family had been referred for assistance with the very issues at which it rated itself as not needing assistance. This situation posed a challenge to strengths-based approaches that see a family as the expert about itself, and that requires practitioners to meet a family where it is at, and in relation to the goals it wishes to address.

During discussions about this situation, practitioners suggested that perhaps their model of a family working effectively and sustainably to support their child differed to those of the families themselves. From this perspective, the difference was in the point of comparison (i.e. how a very well-functioning family works) rather than whose assessment of a family’s competence was the more accurate. This hypothesis was supported by findings suggesting that families’ ability to self-assess became more accurate over time. In particular, Specialist Educators noted that by the second meeting with the ECEI MNC staff, some families reflected that they could now appreciate that their initial ratings of their capacity might be inaccurate. In addition, changes from higher to lower ratings between T1 and T2 for questions 4-8, could be explained by families becoming more aware of their abilities and connections, and those areas in which they needed more assistance.

These experiences have implications for when this kind of questionnaire is implemented within the family registration process. Changing the procedure for when families are asked to make this assessment might change the accuracy of initial assessments. Initial assessments could also be done by SEs to compare with families' assessments.

Responses at T2 were only based on four responses, and it might be expected that families who were ready to exit the program would report improvements. However, it is notable that the changes were so marked for families' belief in their ability to get useful information, and feeling good about the future. These changes, as well as those discussed below, are in keeping with the aims of the PEEM itself, for: *families [to] develop an awareness of the factors within their environment that can either help or hinder their capacity to achieve their goals and take effective action to determine the course of their life* (Freiberg et al., 2014, p. 407).

Table 2: Family questionnaire responses

| SCORES | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------------|------------------------|------------------------------------|-----------------------------------|-------------------------|---------------|---------------|------------------|------------------------|------------------------|------------------------------------|-----------------------------------|-------------------------|---------------|---------------|------------------|------------------------|
| Family reference number | Easy to talk to people | Know how to get useful information | Feel good when think about future | Can work out what to do | Find services | More to enjoy | Doing a good job | Feel part of community | Easy to talk to people | Know how to get useful information | Feel good when think about future | Can work out what to do | Find services | More to enjoy | Doing a good job | Feel part of community |
| 1 | 5 | 5 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 3 | 4 | 4 |
| 2 | 5 | 2 | 1 | 1 | 1 | 3 | 2 | 1 | 5 | 4 | 5 | 5 | 5 | 3 | 5 | 1 |
| 3 | 5 | 2 | 4 | 5 | 5 | 5 | 4 | 1 | | | | | | | | |
| 4 | 1 | 1 | 3 | 4 | 2 | 3 | 2 | 3 | | | | | | | | |
| 5 | 4 | 3 | 4 | 2 | 2 | 3 | 3 | 2 | | | | | | | | |
| 6 | 4 | 3 | 5 | 5 | 5 | 5 | 5 | 5 | 3 | 5 | 5 | 4 | 5 | 5 | 4 | 3 |
| 7 | 5 | 3 | 4 | 4 | 5 | 4 | 3 | 4 | | | | | | | | |
| 8 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | | | | | | | | |
| 9 | 2 | 4 | 4 | 3 | 3 | 3 | 3 | 3 | | | | | | | | |
| 10 | 5 | 4 | 3 | 5 | 5 | 4 | 5 | 3 | | | | | | | | |
| 11 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 5 | 5 | 4 | 5 | 4 | 4 | 4 | 3 |
| 12 | 5 | 5 | 4 | 3 | 1 | 5 | 5 | 5 | | | | | | | | |

Stories of change

Three stories of change were submitted as data for the monitoring project (see Table 3 for an example). Each story recorded the progression of a particular child whilst enrolled in the ECEI MNC project. As the following example shows, information included in stories of change included: reasons for the entry of the child and family into the program, some of the activities and resources offered by the ECEI in response to identified needs, families' challenges and ways of overcoming these for their children.

Mum has been told that her child has ADHD and was prescribed with Ritalin, on this medication her child had an adverse reaction he became very fragile and teary; constantly crying over small matters, his personality completely changed. Mum chose to stop the medication. Mum is consistently told that she needs to do parenting courses to help her manage her child's behaviour; family and friends continually describe him as "naughty" which is distressing for Mum as she feels that this is not the case that there is something else going on.

Mum came to Samaritans for help on the recommendation of St Joseph's School Taree.

Since being in the program Samaritans have been able to assist Mum to access ENT Surgeon, her child had been missed in the system, and we were able to assist with the tracking of his referral and his placement on the surgery list. This child has now had surgery which was very successful. Samaritans has also assisted Mum to get a referral to a speech therapist.

Samaritans SE was able to identify that this child was experiencing lots of sensory challenges and referred him to SEICT Occupational Therapist for assessment and follow up. The OT has been able to offer lots of assistance to this child within both home and school environments.

Mum reports that she is feeling very relieved that her child is being helped and his needs are finally being understood.

The class teacher and learning support teacher at the school report that Mum is much more relaxed since she has been supported by Samaritans and they are seeing positive changes in the child.

Professional observations and case notes

Seven sets of professional observations and case notes were submitted as data. Two were in the form of observations of multiple children, made by a specialist educator during her visits to a supported playgroup. One was a record of a visit to a local primary school, and others provided family support plan goals, contact notes for multiple children and families and a reflection on the activities of Samaritans specialist educators and allied health staff. These records were in the form of individual child and family anecdotes, and noted activities and highlights from each contact between the specialist educator and child and family.

For example, in notes from an observation at a supported playgroup one of the Specialist Educators noted that:

Mum was very positive today when speaking about D, I have noticed in the past she would often seem overwhelmed by his behavior, she only had positive comments this week.... D has regularly been attending Preschool, Mum reports that he has not missed a session, even when the family was camping on the island, she managed to get D to Preschool.

This short observation records many aspects of the program logic at work, for example: the Specialist Educator's use of a strengths focus, her support of the family in the playgroup setting, the mother noticing change in her child's behaviour and her commitment to supporting her child's development.

On the following pages, examples of analysed stories of change and professional observations also illustrate how the ECEI was doing what it set out to do, and, how it was making a difference to families. In the analysis column, items beginning with 'F1' relate to the intended outcomes for the family in the team's program logic, and those beginning with 'C1' to the intended outcomes for the child in the program logic.

Items that are not highlighted are from the existing program logic. Items highlighted in blue or green are suggested additions to the success criteria, program logic in relation to factors affecting the program, and program activities and resources. Those in blue concern F1 (outcomes for families), and those in green concern C1 (outcomes for children). A complete list of these new success criteria, factors affecting the program, and program activities and resources is also included as Appendix E.

Table 3: Stories of change

| Story of change text | Analysis |
|--|--|
| <p>The goals were as follows:</p> <ul style="list-style-type: none"> • J to attend an Early Intervention Service • J to be able to have a Better Start Funding Package • J to attend therapy sessions <p>Samaritans ECEI intentionally set three achievable goals, with the aim of empowering the family and strengthening the initial relationship. For example, on one occasion, we organised a neighbourhood walk to the park. It was evident that J and his mum had a strong connection and delighted in each other's company. The key worker was able to coach mum on ways to support her son's play opportunities as well as coach and model successful communication strategies through play.</p> | <ul style="list-style-type: none"> • F1: ECEI builds a trusting relationship with families • F1: ECEI liaises regularly with family, in response to their needs • F1: ECEI and family create and share a family support plan • F1: Family sets goals • F1: Family is engaged with child's development • F1: ECEI advocates for and models team philosophy • F1: Educator has knowledge of and skills in applying strengths based approaches |
| <p>The Samaritans ECEI supported [Mum] to enrol J into Manning Gardens EI Program. J's transition into the EI classroom was supported by the keyworker in the following ways:</p> <ul style="list-style-type: none"> • A reminder telephone call the day prior to starting to ensure that the family were prepared • Meeting the family at Early Intervention on the first day to support J in the classroom and ensure that his, and the family needs were advocated • Working in partnership with EI service to ensure continuity of care • Being a communication conduit between the EI service and the family • A second visit to speak with the EI teacher about any supports that Samaritans ECEI could resource to support any barriers to inclusion • Ongoing consultation with the EI teacher regarding J's progress. | <ul style="list-style-type: none"> • C1: Availability of ECE places • C1: ECEI spends time with child and educator in learning environment • F1: Family is committed to supporting child's development • F1: ECEI identifies appropriate services to recommend to family • F1: ECEI attends learning environment with child and family to support their inclusion |

During this time, an application for the Better Start Funding was completed and approved. In consultation with mum; an Occupational Therapist and a Speech Therapist were engaged to start work with J. Samaritans ECEI supported mum in organising the sessions, acting as the communication conduit.

- F1: ECEI liaises regularly with family, in response to their needs
- F1: ECEI identifies appropriate services to recommend to family
- F1: ECEI establishes and maintains a positive working relationship with relevant community services
- F1: ECEI establishes and maintains knowledge of relevant community services
- C1: ECEI liaises with relevant allied health professionals regarding child's needs
- F1: Family are engaged with child's development
- F1: Family is committed to supporting child's development
- F1: Families' consistency of acting on strategies 1: Families' capacity for acting on strategies

Table 4: Playgroup observations

| Playgroup observation | This shows... | Connection to program logic |
|---|---|--|
| <p>A small group today with many of the regular families away, the children were very settled, it was really encouraging to see A move away from her mother and engage in a variety of activities independently. A was confidently talking with me, and I observed her engage another child in play with some dolls. A really enjoyed the cotton bud painting and did 6 paintings</p> <p><i>EYLF: Outcome 1 - Children have a strong sense of identity; Outcome 4 - Children are confident and involved learners</i></p> | <p>Child gaining confidence in the environment and with ECEI member</p> | <p>F1: ECEI attends learning environment with child and family to support their inclusion</p> <p>F1: Services' inclusive capacity</p> <p>C1: Child demonstrates confidence and comfort in mainstream ECE setting</p> |
| <p>Z also enjoyed the cotton bud painting he only did one painting but he took a lot of time and care with it.</p> <p><i>Outcome 4 - Children are confident and involved learners.</i></p> | <p>Child gaining confidence in the environment and with ECEI member</p> | <p>F1: ECEI attends learning environment with child and family to support their inclusion</p> <p>F1: Services' inclusive capacity</p> |
| <p>F's mum commented on how good a painting activity this was for F and that it is an activity that she can do at home with him, she also asked for a play dough recipe as F showed a lot of interest in this today where previously he did not want to touch the dough.</p> <p><i>Outcome 4 - Children are confident and involved learners.</i></p> | <p>Mother notices what the child is enjoying and makes the connection to continuing this at home.</p> <p>Mother notices change in child's interest in an activity</p> | <p>C1: Child demonstrates confidence and comfort in mainstream ECE setting</p> <p>F1: Families' capacity for acting on strategies</p> <p>F1: Families' confidence using services</p> <p>F1: Family have trusting relationship with ECEI</p> <p>F1: Family are engaged with child's development</p> <p>F1: Family are committed to supporting child's development</p> |
| <p>D was more independent today and showed interest in the other children, it was very exciting to see him share some play dough with F. D did a cotton bud painting he also used this time to sit and watch other children playing.</p> | <p>Changes in child's social play</p> <p>Child observes others at play</p> | <p>C1: Child demonstrates confidence and comfort in mainstream ECE setting</p> |

Discussion

Through the analysis of the stories of change and professional observations, the skills and capacity of the ECEI for engaging families, and for families to feel comfortable and confident in the team's guidance became visible. These skills and capacities are also evident as key aspects of the project's theory of change – the way that the team and families work towards meeting the most desired outcomes.

Both the example of the story of change and observation illustrate the theory of change underpinning the ECEI's program logic at work. Program activities and resources work with factors that affect the efficacy of the program to support the achievement of the intended outcome – the increasing capacity of a family to effectively and sustainably manage the ongoing provision of services for their child (in the story of change), and the child's inclusion in a mainstream setting (in the case of the observation).

Summary of findings

Although it must be acknowledged that this is a small study, some useful observations and conclusions can be drawn in relation to the two key questions:

1. Is the ECEI doing what it set out to do?

- Findings from the professional observations and case notes confirm that the ECEI team is doing what they set out to do.

Analysis of observations and case notes (such as in the tables above) evidence the program activities, resources and success factors contained in the original program logic. In addition to confirming existing activities, the study also contributes new insights into the activities undertaken and resources required for contributing to meeting the intended outcomes of the program logic. Examples of additional activities undertaken by the team included: working to build a family's capacity in the home environment, attending learning environments with children and family to support their inclusion, and, identifying appropriate services to recommend to families. The study also made visible some additional organisations with whom the ECEI liaises to support families – namely medical services and schools.

The study has also made visible additional factors affecting the program, that relate to families and educators respectively. In respect to families, these include: the family having a trusting relationship with the ECEI, being engaged with their child's development, being committed to supporting their child's development and having confidence in their capacity to support their child's needs. In relation to educators, factors that came to light included: flexibility in ways of communicating with team, health and education professionals, having knowledge of and skills in applying strengths based approaches, and having expertise in play-based approaches.

2. Are the team's activities making a difference for families?

- Findings from the questionnaires and stories of change confirm there is change in children's abilities and families' capacity over the course of their involvement in the program.

In this way, it is evident that the theory of change is accurate in illustrating how the program is capable of meeting its high-level outcomes. As the sample story of change (p. 12) illustrates, in some cases the intended outcomes of the program for child and family are clearly being met.

3. Additional findings

- Findings from the qualitative data demonstrated that the team philosophy is enacted in practice.

This is evident in the first part of the story of change on page 12, where the team's philosophies concerning empowerment and capacity building are clearly at work. Similarly, these findings clearly demonstrate the integrity of the ECEI's strengths-based approach in their everyday documentation.

In addition, details of the attributes required of educators to positively affect the program have already been integrated into staff selection, performance management documents and are a focus of ongoing professional development and/or mentoring. The sustainability of this approach is supported by the appointment of a new ECEI coordinator based on these identified attributes.

Recommendations

Based on the findings, we offer the following recommendations regarding the ECEI's program logic and model:

- That the family questionnaire continue to be used, but at a time the Specialist Educator interprets as appropriate to the context of their relationship with the family.
- That the results of the family questionnaire be used as tool for reflection for individual or team reflection, particularly concerning benefits and challenges of strengths approaches.
- That the ECEI MNC program logic be amended to include the new activities, factors affecting the program and success criteria. This would therefore more accurately reflect what needs to be done, by whom and in what ways to meet the intended outcomes of the ECEI MNC program.
- That in more clearly articulating details of activities, resources and factors affecting the program's effectiveness, the ECEI MNC model may be further developed for use at other sites within the Samaritans services.
- That the more clearly articulated model, and program logic be used in support of the aims of the NDIS and to be used in professional development as additional staff join the ECEI as part of activities through the NDIS.

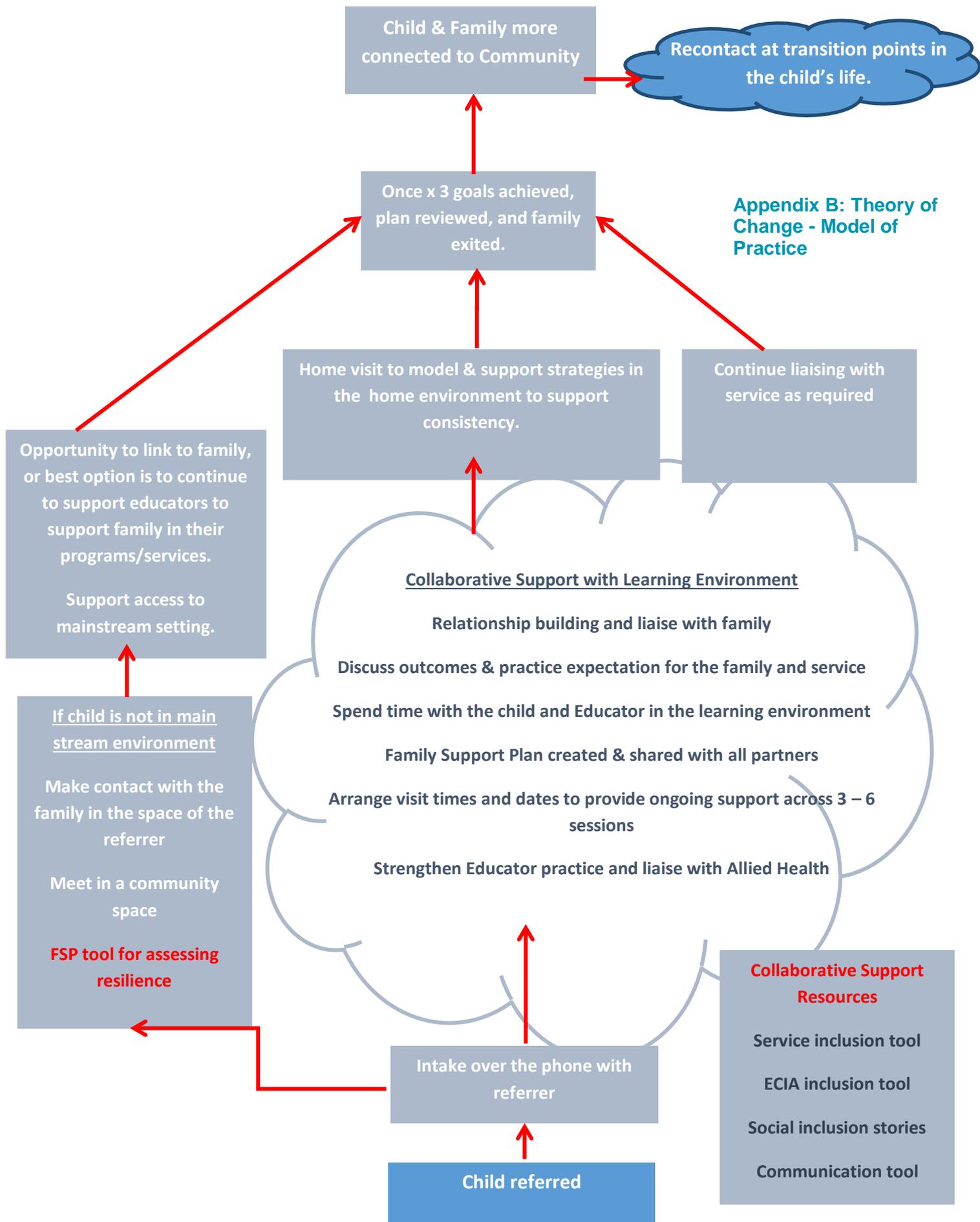
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Appendices

Appendix A: Samaritans Early Childhood Team Philosophy





Appendix C: Samaritans MNC Project Program Logic

| Hierarchy of intended outcomes | Success criteria and definition | Factors that affect the program | Program activities and resources | To be measured by what tools? | At what intervals? |
|--|--|--|--|---|---------------------------------------|
| <p>F1 and C1: Child and family are more connected to the community</p> | <p>F1: Family exits the program</p> <p>F1: Family achieves 3 goals it has set at outset of program</p> | <p>F1: Quality of ECT practice</p> | <p>F1: ECT recontacts family at key transition points in the child's life</p> <p>F1: ECT continually reflects and improves its practice</p> | <p>F1: ECIA <i>Reflection on Inclusive Practice</i> tool</p> <p>F1: ECIA <i>Family Feedback on Inclusive Practices</i> tool</p> | <p>3-6 monthly</p> <p>3-6 monthly</p> |
| | | <p>F1: Families' consistency of acting on strategies</p> <p>F: Families' capacity for acting on strategies</p> | <p>F1: ECT visits family at home 3-6 times and models and supports their capacity for acting on strategies consistently</p> <p>F1: ECT supports educators to support the family and child in the mainstream ECE setting</p> <p>F1: ECT builds a trusting relationship with families</p> <p>F1: ECT liaises regularly with family, in response to their needs</p> | | |

| | | | | | |
|--|--|---|--|---|-------------|
| | | | <p>F1: ECT and family create and share a family support plan</p> <p>F1: ECT meets family in space of the referring agency or community space</p> <p>F1: ECT conducts intake call with a referring agency</p> | | |
| | C1: Child consistently attends and is included in mainstream ECE setting | C1: Availability of ECE places | C1: ECT supports child's access to mainstream setting by... | F1: ECIA <i>Reflection on Inclusive Practice</i> tool | 3-6 monthly |
| | | <p>C1: Inclusive capacity of mainstream ECE setting</p> <p>C1: Sustainability of ECE settings' inclusive capacity</p> | <p>C1: ECT provides inclusion support to educators at mainstream service</p> <p>C1: ECT spends time with child and educator in learning environment</p> <p>C1: ECT liaises with relevant allied health professionals regarding child's needs</p> | F1: ECIA <i>Family Feedback on Inclusive Practices</i> tool | 3-6 monthly |

F = family

C = child

Appendix D: Family Questionnaire

Appendix D: Family Questionnaire

QUESTIONNAIRE

Name:

Date:

Being a parent is rewarding, but its also hard work! Most don't feel completely satisfied with the job they are doing because life is complicated.

Here's a list of things most parents want. They may not be completely true for you right now, and that's OK.

Use a scale of 1 to 5 to show how well you think each statement describes the way you feel. For example you would say "5" if it was a perfect match and described exactly how you feel, but you would say "1" if it is a poor match and nothing like the way you feel.

Rate how well each statement describes the way you feel right now

| 1 | 2 | 3 | 4 | 5 |
|---|---|-------------------------------|---|-----------------------------|
| This sounds nothing like me | | This sounds sometimes like me | | This sounds exactly like me |
| | | | | Your rating out of 5 |
| 1. I find it easy to talk to people like teachers, doctors and nurses about my children | | | | |
| 2. I know how to get useful information about how my children's needs change as they grow | | | | |
| 3. I feel good when I think about the future for my children | | | | |
| 4. I can work out what to do if any of my children have a problem | | | | |
| 5. I can find services for my children when I need to | | | | |
| 6. In my family there is more to enjoy than to worry about | | | | |
| 7. I feel that I'm doing a good job as a parent | | | | |
| 8. I feel part of a community | | | | |



"Adapted from: Freiberg, K., Homel, R., & Branch, S. (2014). *The Parent Empowerment and Efficacy Measure*. *Australian Social Work*, 67(3), 405-418

Appendix E: Potential Additions to Program Logic

F = family outcome

C = child outcome

F1: ECT supports educators to support the family and child in the mainstream ECE or school setting

F1: ECT establishes and maintains a positive working relationship with relevant community, educational and medical services

F1: ECT establishes and maintains knowledge of relevant community, educational and medical services

F1: ECT attends learning environment with child and family to support their inclusion

F1: ECT identifies appropriate services to recommend to family

F1: Family have trusting relationship with ECT

F1: Family are engaged with child's development

F1: Family is committed to supporting child's development

F1: Family has confidence in their capacity to support child's needs

F1: ECT advocates for and models team philosophy

F1: ECT is flexible in ways of communicating with team, health and education professionals

F1: Educator meets with family in place of their choosing

F1: Educator has knowledge of and skills in applying strengths based approaches

F1: Family sets goals

F1: Educator supports family and child's transition into mainstream ECE setting

F1: Educator has expertise in play-based approaches

F1: Educator works to build family's capacity in the home environment

C1: ECT liaises with relevant allied health, education and other health professionals regarding child's needs

C1: ECT provides inclusion support to educators at mainstream service or school

C1: Child demonstrates confidence and comfort in mainstream ECE setting

