Appendix B: Invest to Grow Evaluation and Progress Reports Summary

This is an appendix to the *National Evaluation (2004-2008) of the Stronger Families and Communities Strategy 2004-2009* (Muir, et al. 2009). It was prepared for the Department of Families, Housing, Community Services and Indigenous Affairs by the National Evaluation Consortium (Social Policy Research Centre, University of New South Wales, and the Australian Institute of Family Studies). This appendix should be read in conjunction with all other components of the evaluation.

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Abbreviations

ACT	Australian Childhood Foundation
ACF	Australian Childhood Foundation
ASeTTS	Association for Services to Torture and Trauma Survivors
ASPECT	Autism Spectrum Australia
BRTP	Box Ridge Transition to School Program
CALD	Culturally and Linguistically Diverse
CHEGS	Community Health Education groups
DoCS	NSW Department of Community Services
ELLI	Early Language and Literacy Initiative (KU)
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
GP	General Practitioner
GTP	Goonellabah Transition Program
ItG	Invest to Grow
KEIS	Kurrajong Early Intervention Service
KU	Kindergarten Union
LSAC	Longitudinal Study of Australian Children
N/A	Non Applicable
NPYWC	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Aboriginal Corporation)
NSW	New South Wales
PCIT	Parent Child Interaction Therapy
PEPP	Psycho-Educational Program for Parents
PIEC	Partnerships in Early Childhood
PSI	Parenting Stress Index
PSP	Parent Support Project
RIDBC	Royal Institute for Deaf and Blind Children
STaR	Special Teaching and Research
TPS	Therapeutic Preschool (Bumblebees)
TtLG	Through the Looking Glass

1 Introduction

This report analyses evidence from 'Early Childhood – Invest to Grow' (ItG) evaluations. Part of the Stronger Families and Communities Strategy (SFCS) 2004-2009, ItG funded 26 established and developing early intervention programs and resources, to help families, professionals and communities improve outcomes for young children (0-5 years).

In addition, ItG aimed to build the Australian evidence-base about what works in early intervention and prevention and support the expansion of successful program models for early childhood. To this end, each project was funded to engage an evaluator who was expected to carry out a rigorous evaluation of the project, including a process evaluation of the implementation of the intervention as well as an assessment of outcomes for children, parents and services. The analysis contained in this report develops themes arising from the ItG evaluators' reports, as part of the National Evaluation of SFCS.

The evaluation aimed to understand whether ItG projects contributed to improved outcomes for children and families; the most important factors that facilitated improved outcomes; factors that facilitated and inhibited the implementation of ItG projects and the most effective and efficient models.

This report describes the ItG projects, participants engaged in the projects, funding allocated, outcomes, factors facilitating and hindering projects and factors to consider in the broader implementation of ItG projects.

The projects have been de-identified in the discussions of the various issues raised by the evaluations. This is in recognition of the fact that the purpose of the national evaluation was not to evaluate the effectiveness of individual projects (which was the remit of the project evaluations), but rather to draw out the major lessons to be learned from the ItG program as a whole. Furthermore, as we describe below, some of the evaluation reports which were analysed here were not the final evaluation reports, and therefore many of the judgements must be seen as provisional. It is hoped that the project evaluations will all be placed in the public domain so that specific findings relating to the particular interventions will be available for interested readers.

1.1 Methodology

This report relies primarily on the evaluation reports provided by ItG projects. Secondly, progress report data was analysed.[2] As mentioned above, all ItG projects were to be independently evaluated. Of the 26 ItG projects, 22 provided evaluation reports to the Australian Government Department of Families, Housing, Community

[2] As part of the National Evaluation of SFCS, ItG was also included in the Promising Practice Profiles and the Themed Studies.

Services and Indigenous Affairs (FaHCSIA) by August 2008 (ten were draft final reports).[3] These were forwarded to the National Evaluation team for this report.

Progress report data completed as part of the contract management process for FaHCSIA was also analysed. The same 22 ItG projects completed progress report data (comprising 10 draft final and 12 final progress reports). Attachment G.1 lists all 26 projects and the status of their progress and evaluation reports.

The evaluation methodologies used by ItG local evaluators varied. Although some programs found their evaluation plans overly ambitious, evaluations generally progressed according to plan, with some feeding emerging findings into project design and implementation. Most used mixed methodologies, with many documenting difficulties with pre and post tests, including inadequate sample sizes and a lack of control group data. The methodological details of the evaluation reports are discussed in Attachment G.2.

[3] Generally this was because the program was not yet finished or had only recently been completed. For example, the Project D has received an additional $600,000 in funding for three additional intakes of children into the program (2008, 2009 and 2010). Project N, too, will not be presenting outcome results until the final meeting of their Program Reference Group in October 2008. The reason for the unavailability of the final report was not always clear. Nonetheless, it is possible to identify the main themes and learnings for project design, implementation and project outcomes emerging so far. Conclusions are necessarily tentative.

2 Invest to Grow Projects

Twenty-six Invest to Grow (ItG) projects were funded by the SFCS 2004-2009.[4] A range of established and developing early childhood projects were funded. Projects delivered practical activities for families and children and/or national tools and resource materials for use by parents, professionals, community groups and/or government organisations.[5] ItG also supported the establishment of community hubs in selected child care centres in disadvantaged areas to link families with young children to local support services and to strengthen community networks. The organisations funded by ItG and their projects are listed in Table 1.

[4] Projects were previously funded under the Child Care Support Program (2004-05) and, prior to that, under the first Stronger Families and Communities Strategy.

[5] Such as the Raising Children Network website and DVD, the Australian Research Alliance for Children and Youth (ARACY), the Secretariat for National Aboriginal and Islander Child Care's (SNAICC) National Indigenous Resource Service, and the Australian Childhood Foundation's *Every Child is Important* campaign.

Table 1: ItG projects by organisation

Project	Organisation
Bumblebees Therapeutic Preschool (TPS)	Phoenix House
Child Nutrition Program	NPY Women's Council Aboriginal Corporation
Core of Life	Core of life (Menzies Incorporated)
Every Child is Important	Australian Childhood Foundation
Good Beginnings Australia: (a) Play & Learn; (b) Working with Dads; (c) Parents & Play; (d) Contact Play & Learn’	Good Beginnings Australia Inc
Good Food for New Arrivals	Association for Services to Torture and Trauma Survivors
Goonellabah Transition Program (GTP): ‘Walking together, learning together’	Community Health Education groups (CHEGS)
Healthy Start	Australian Supported Parenting Consortium, The Parenting Research Centre
KU (Kindergarten Union) Early Language & Literacy Initiative (ELLI)	KU Children's Services
Let’s Start: Exploring Together for Indigenous preschools	Charles Darwin Uni
Mothers, Fathers & Newborns Psycho-Educational Program for Parents (PEPP)	Key Centre for Women's Health in Society
Parent Child Interaction Therapy (PCIT)	Lifeline Community Care
Parent Support Project (PSP)	Northern Rivers Division of General Practice
Partnerships in Early Childhood	The Benevolent Society
ProAQtive Early Intervention Program	Autism Queensland Incorporated
Remote Early Learning Program	Royal Institute for Deaf and Blind Children
Rural Beginnings	Kurrajong Early Intervention Service (KEIS)
Sing & Grow	Playgroup Association of Queensland
Special Teaching & Research (STaR) Inclusive Early Childhood Project	Macquarie Research Institute
Starting Blocks™ Early Intervention Service (Autism Spectrum Australia)	Autism Spectrum Australia (ASPECT)
Through the Looking Glass (TtLG)	Lady Gowrie Child Centre Inc
Vital Early Years Therapy & Family Support Program	St Giles Society
N/A	Children's Protection Society
N/A	Mercy Community Services Incorporated
N/A	Murdoch Children's Research Institute
N/A	PIP Victorian Foundation

2.1 Description of Invest to Grow projects

By their nature, Invest to Grow (ItG) projects are innovative and tailored to local needs, making them diverse and difficult to classify. However, the 22 projects, which have been evaluated, can be clustered into six groups (see Tables 2-7 below):

1. projects supporting children's transitions to school (3 projects, including 2 targeting Indigenous children);
2. projects supporting children and families with disabilities, learning or behavioural difficulties (7 projects, including 3 targeting regional and rural populations);
3. projects enhancing child care as settings for early intervention (4 projects);
4. projects in playgroup settings (2 projects);
5. projects promoting nutrition (2 projects, aimed at culturally and linguistically diverse [CALD] and Aboriginal and Torres Strait Islander [Indigenous] families); and
6. projects developing and providing information and resources (4 projects).

Table 2: Projects aimed at supporting children's transitions to school

Project name	Dates of project*	Type and scope of project	Target groups	No. of participants	Demographic range of participants
Bumblebees Therapeutic Preschool (TPS), Phoenix House	July 2005 to June 2009	Interventions for children at risk of sexual abuse in Bundaberg, Queensland; parents offered home visits, counselling, parenting course; training for care and education providers; works with Department of Child Safety.	Children under school age, traumatised by sexual or other abuse, or who demonstrate sexualised behaviours.	51 children	Highly disadvantaged area; referrals primarily from statutory organisations; 43% (22) boys, 57% (29) girls, 30 from single parent families, 7 Indigenous; parents born in Australia.
Let's Start: Exploring Together for Indigenous preschools	July 2005 to June 2009	A 10-week, 2-hour/ week program of parenting management sessions, parent-child interaction sessions, and children's social skills learning in a children's group.	Indigenous children 4-6 years in the Tiwi Islands, Darwin and rural areas around Darwin, and non-Indigenous children in Darwin.	153 children referred, 64 went to at least 1 session.	
Goonellabah Transition Program (GTP): 'Walking together, learning together'	Jan 2006 to June 2008 (refunded by another program)	Intensive, individualised early learning program for children moving from home/preschool to kindergarten – based on the Box Ridge Transition to School Program (BRTP), which began in 1999; 2 days/week; regular home visits for families; Northern New South Wales (NSW).	Children aged 3½-5 years moving from home/ preschool to kindergarten and their families.	120 children referred, 56 enrolled, 47 engaged in GTP, 41 graduated to primary school.	Of the 41 who graduated, 27 (66%) were Indigenous; 29 (71%) were boys.

* Project dates refer to the period for which projects were funded rather than the evaluation period.

Table 3: Projects aimed at children and families with disabilities, learning or behavioural difficulties

Project name	Dates of project*	Type and scope of project	Target groups	No. of participants	Demographic range of participants
Building Blocks™ Early Intervention Service (Autism Spectrum Australia)	June 2005 to June 2009	Individualised interventions for children with autism, to help them integrate into preschool and the wider community; support and information for parents; promotion of service provider awareness and collaboration.	Children aged 2-4 years with autism and their families.	2006: 23 children completed the program.	Children aged between 2½ and 4½ years at the start of the program.
Remote Early Learning Program, Royal Institute for Deaf & Blind Children (RIDBC)	June 2005 to June 2009	Support for rural and regional families with a young child with sensory disabilities. Provides parent training and resources for parents and local services.	Rural and regional families with a young child with hearing and/ or vision impairment.	111 children, 90 service providers.	Children below school age.
Healthy Start, Australian Supported Parenting Consortium	July 2005 to June 2009	Enhance the capacity of practitioners to support parents with learning difficulties through: establishing practitioner 'learning hubs', developing and disseminating practice resources, and training practitioners to deliver parent education programs.	Practitioners and parents with learning difficulties who have young children.	Online study completed: 67 learning hub members. Trials of new resources: 15 practitioners, 59 women. Online resources: 1700 professionals in the e-network. Practitioner training: around 400; programs delivered to 122 families.	Predominantly low SES, relatively high proportion of single and Indigenous parents, low CALD; children had relatively poor health and were developmentally delayed.
Rural Beginnings, Kurrajong Early Intervention Service (KEIS)	July 2005 to June 2009	Fortnightly outreach early intervention program for children with developmental delay and their families in communities in the Riverina/Murray area of NSW; in own homes or local communities; multi-disciplinary practitioner teams.	Children aged 0-5 years with developmental delay and their families in rural communities around Wagga Wagga, NSW.	138 children in 132 families (Jan 2008).	
ProAQtive Early Intervention Program, Autism Queensland	July 2005 to June 2007 (now funded by Autism Spectrum	Early intervention program for preschool-age children with autism and their families; develop children's skills and competence; 12-months, 2 days/ week; to bridge the gap between diagnosis and start of formal schooling.	Children with autism between 3 and 4 years.	12 children in 2006.	All male; born in Australia (one mother born overseas); mothers between 27 and 41 years of age; 1 single mother; fathers between 28 and 52 years; all fathers employed

Project name	Dates of project*	Type and scope of project	Target groups	No. of participants	Demographic range of participants
	Disorder branch, FaHCSIA)				full-time.
Vital Early Years Therapy and Family Support Program, St Giles Society	July 2005 to June 2009	Speech pathology outreach and psychologist-led family behaviour therapy.	Children aged 0-5 years with speech development difficulties and/or disabilities, including autism and ADHD.	Speech pathology: 656, psychology: 145.	
Parent Child Interaction Therapy (PCIT), Lifeline	July 2005 to June 2009	Short-term, voluntary family therapy to improve children's behaviours by teaching parents positive communication, effective discipline and problem solving skills.	Universal therapy, available to families at moderately functional levels; high-need, high-risk families excluded.	110 families commenced, 48 completed, further 22 families continuing.	Average age of primary carer 33; average age of child at commencement 3.6 years; middle to lower socio-economic backgrounds.

* Project dates refer to the period for which projects were funded rather than the evaluation period.

Table 4: Early intervention projects in child care settings

Project name	**Dates of project***	**Type and scope of project**	**Target groups**	**No. of participants**	**Demographic range of participants**
Partnerships in Early Childhood, Benevolent Society	July 2005 to June 2009	Early intervention worker in child care settings to train staff in understanding children's needs; services for parents; supported playgroups. Aim: strengthen relationships between children and centre staff, and between children and their parents; connect families to services and the community.	The program was implemented in 14 child care centres in 3 communities in NSW.		
KU Early Language & Literacy Initiative (ELLI)	July 2005 to June 2009	Promotion of language and literacy development of socio-economically disadvantaged preschool children seen to be educationally at-risk when starting school by (a) working with families, and (b) working with early childhood staff.	Preschool children 2-5 years, their primary caregivers, staff at two preschools in south- western Sydney.	77 children from 68 families.	Parents: most not in paid employment; modal income <$20,000 pa; lived in the area on average for 10 years; about 37 years of age.
Through the Looking Glass (TtLG), Lady Gowrie	July 2005 to June 2009 (5 of 6 waves)	Collaborative health, education and welfare early intervention strategy for high-risk families in 5 child-care settings across Australia: free/ reduced-cost child care for 2 days/week, individual and group work, video-taping for parents' self-reflection, partnerships with other agencies, staff training, and a clinician at each centre.	Mothers of children aged 0-5 years with multiple risk factors including anxiety, depression, social isolation, and early trauma in their own lives.	106 mothers, 136 children (completed the project to end of Wave 5).	Mothers – age: <35 years (56%); 35-54 (43%) – 'Australian' (89%); Indigenous (1 person) – married (41%); de facto (16%); single (27%); separated/divorced (9%).
Special Teaching & Research (STaR) Inclusive Early Childhood Project	July 2005 to June 2009	Interventions for children with disabilities in mainstream child care settings to prepare them for regular education; education, respite and social support for their families; education of regular child care centre staff.	Children with disabilities and delays (0-5 years), their families, and child care centre staff.	84 children in 81 families.	Children from disadvantaged areas in metropolitan Sydney; preference given to vulnerable families.

* Project dates refer to the period for which projects were funded rather than the evaluation period.

Table 5: Projects in playgroup settings

Project name	Dates of project*	Type and scope of project	Target groups	No. of participants	Demographic range of participants
Sing & Grow, Playgroup Association Queensland	July 2005 to June 2009	National implementation of a group music therapy program, delivered with Playgroup Associations, to promote child development, parenting skills and parent networks.	Marginalised parents and their children aged 0-5 years.	2379 families attended 242 programs (between Term 1 2005 and Term 3 2007).	Different types of disadvantage, e.g. 42% economic, 17% disability, 12% young parent, 10% multicultural, 8% Indigenous.
Good Beginnings Australia: (a) Play & Learn; (b) Working with Dads; (c) Parents & Play; (d) Contact Play & Learn'	July 2005 to June 2009	4 programs implementing strategies to boost parents' confidence and self-esteem: (a) a playgroup and education sessions for parents; (b) parenting sessions for dads; (c) a free, playgroup program in schools; (d) parenting education and playgroup for parents whose visits with their children must be supervised.	(a) families with preschool children; (b) 1st-time expectant and new fathers; (c) parents of young children; (d) parents, largely fathers, whose visits with their children must be supervised.		

* Project dates refer to the period for which projects were funded rather than the evaluation period.

Table 6: Projects aimed at promoting nutrition

Project name	Dates of project*	Type and scope of project	Target groups	No. of participants	Demographic range of participants
Child Nutrition Program, Ngaanya-tjarra Pitjantjatjara Yankuny-tjatjara Women's Council (NPYWC)	2005 to 2009	Case management, education, community development and outreach programs to ensure adequate nutrition of young children and break the cycle of statutory intervention related to nutritional deficit and child protection.	Young Indigenous mothers and their children aged 0-5 years in 26 NPYWC member communities in the most remote areas of the Northern Territory, South Australia and Western Australia.	20% of the 0-5 year old Indigenous children and their parents, across the region.	
Good Food for New Arrivals, Association for Services to Torture and Trauma Survivors (ASeTTS)	July 2005 to June 2009	Nutrition awareness; establishing good nutrition practices among parents and carers.	New immigrants to Western Australia from Sudan, Ethiopia, Iraq, Iran, Afghanistan, Rwanda, Burundi and Democratic Republic of Congo.		

* Project dates refer to the period for which projects were funded rather than the evaluation period.

Table 7: Projects developing and providing information and resources

Project name	Dates of project*	Type and scope of project	Target groups	No. of participants	Demographic range of participants
Mothers, Fathers & Newborns Psycho-Educational Program for Parents (PEPP)	July 2005 to June 2009	Promote parenting confidence and reduce parental distress by educating about partner relationships and infant sleep.	First-time parents, 4 to 8 weeks after birth, English-speaking and in a committed relationship.	116 families at 41 seminars, plus 80 families who received postal materials.	
Core of Life	July 2005 to June 2009	Promote awareness of short- and long- term consequences of parenthood among adolescents; the project trains health and education practitioners throughout Australia as facilitators.	High school-aged students in areas of high need: high teenage pregnancy rates and/or social disadvantage, cultural and ethnic diversity, Indigenous.	48 training workshops. Trained facilitators have delivered at least 1032 sessions to an estimated 25,800 young people.	
Parent Support Project (PSP)	12 months, mid-2005 till mid-2006	Expand local support services for parents of infants: website, newsletters, service directory, parenting classes	General Practitioners (GPs) Aim: engage in distributing information, and train to provide parenting classes, and parents in need but not identified by other agencies	74 parents, 7 GPs	Parents of babies; socio-demographic data not representative due to low survey response rate.
Every Child is Important, Australian Childhood Foundation (ACF)	July 2005 to June 2009	Multi-media publicity campaign affirming the value and significance of children. Four components: awareness raising; education; communicating with CALD communities; and publication of ACF research.	All parents of young children.	Parent seminars (6,000 people); more than 1 million copies of the booklet distributed since 2004.	

* Project dates refer to the period for which projects were funded rather than the evaluation period.

2.2 ItG participants and occasions of service

ItG supported the development of resources and tools, as well as activities for families. Activities themselves differed in scope, intensity and nature, with some projects providing intensive interventions to small numbers of children, whilst others delivered broad based interventions to large numbers of families. Thus, the total number of participants involved in ItG was not comparable between projects. However, progress reports provided some indication of the number of children who participated in various ItG projects and the total number of occasions of service provided to families and children.

According to progress report data, 21 ItG projects provided a total of 36,097 occasions of service. On average, each project provided 1,719 occasions of service to children during the period 2004-2008. Eleven of the funded organisations also reported the participation of 12,522 families in ItG projects (see Table 8).

Table 8: Number of participants and occasions of service by gender

	Children			Families
	New	**Continuing**	**Total occasions of service**	
Male	6,420	9,823	16,243	-
Female	4,995	7,183	12,178	-
Total male and females	11,415	17,006	28,421	-
Unassigned occasions of service	-	-	7,676	12,522
Total occasions of service	-	-	36,097	12,522

In total, 11,415 children were engaged in 18 ItG projects and these children participated in 28,421 occasions of service (an average of 40 contacts each). Of these children, 57 per cent were male and 43 per cent female (Table 8). Almost 5 per cent of these children were Indigenous and 12.9 per cent were from a culturally and linguistically diverse background (Table 9).[6] CALD children were more likely than Indigenous children to have repeated occasions of service. Children from CALD backgrounds represented 12.9 per cent of all children, yet accounted for 14.3 per cent of all children involved in ItG occasions of service; 4.9 per cent of all children were Indigenous, but only accounted for 3.6 per cent of all children involved in ItG occasions of service (Table 9 and Table 10).[7]

[6] See Attachment G.2-G.4 for more detailed information about the level of participation reported by child and family participants for individual projects.

[7] Children who were neither Indigenous nor CALD were equally represented as a proportion of all children and in occasions of service (82.2 and 82.1% respectively; Table 9 and Table 10).

Table 9: Participants by Indigenous, CALD or other

	Number of children	Per cent
Indigenous	560	4.9
CALD	1,467	12.9
Neither Indigenous nor CALD	9,388	82.2
Total	11,415	100

Table 10: Occasions of service by Indigenous, CALD or other

	Number of occasions	Per cent
Indigenous	1,019	3.6
CALD	4,055	14.3
Neither Indigenous nor CALD	23,347	82.1
Total	28,421	100

2.3 Funding provided to projects

A total of $26,096,204 was provided to 25 of the 26 ItG projects during the period 2004-2008.[8] Funding ranged from $95,516 to $3,005,699 for ItG projects with an average of $1,043,848 (Table 11). Expenditure increased from an average of $140,935 per annum in 2004-05 to approximately $288,000 per annum for each of the following three financial years (Table 11).

Table 11: Financial data July 2004 – June 2008

	Financial year ($)				Total Funds 2004-2008 ($)
	04/05	05/06	06/07	07/08	
Total Funds Across all Organisations	3,664,301	7,762,912	7,363,784	7,305,207	26,096,204
Average for reporting organisations	146,572	310,516	294,551	292,208	1,043,848

In total, 36,097 ItG-funded episodes of care, were provided at a cost of $26,096,204. It is not meaningful to derive a mean using these figures, the average cost per occasion of service or participant because it disregards the fact that there was substantial variation in the funding provided to each project, the number of episodes of care per project, and the level and intensity of the services provided.

[8] Funding details for only 25 of the 26 ItG projects were available for analysis. Projects were originally funded until June 2008, but were extended to June 2009 when the SFCS was extended.

Table 12: Funding by participation and occasions of service (July 2004 – June 2008)

	Children	Occasions of service	Families	Funding ($)
Total number	11,415	36,097	12,522	26,096,204
Average number for reporting organisations	571	1,719	1,138	1,043,848

3 Project outcomes

Reporting of program outcomes varied significantly among the ItG evaluations in quantity, quality and comprehensiveness. Of the 22 reports that were analysed, 12 were final versions, while 10 were provided in draft form. Many of the draft reports, and a few of the final reports, presented incomplete evaluation outcomes. Either the evaluators had not finished gathering outcome data or had not finished analysing the data.

All projects provided at least some outcome data. However, both quality and quantity of data varied considerably among projects. At one end of the spectrum, evaluators conducted thorough outcome evaluations by using a number of standardised and purpose-designed surveys, administering these to a large sample of program participants and conducting several waves of data collection. At the other end, small samples and a focus on gathering process data allowed only limited conclusions about program outcomes.

Analysis of outcome data was similarly varied. The majority of evaluators conducted comprehensive analyses of their data. Statistical methods were often used where standardised scales had been applied or extensive quantitative survey data had been collected. Likewise, qualitative analysis was often thorough. However, a significant number of evaluation reports provided only limited analysis of outcome data. Sometimes analysis was biased or incorrect, as it did not correspond to the data provided.

Finally, all outcome evaluations were limited to some extent by methodological or analytical challenges. As explained in Attachment G.2 of this report, challenges included small sample sizes, poor survey response rates and lack of a control group. Such factors reduced the validity of outcome data.

Due to these limitations in methodology, analysis and comprehensiveness of outcome evaluations, it is not possible to provide a definitive assessment of outcomes achieved overall by ItG. However, each individual evaluation reported that the project contributed to positive outcomes for children, parents and services. In the following sections, this report analyses in turn:

- outcomes for families (parents and children) – this includes the ItG priority areas healthy young families, early learning and care, and supporting families and parents; and
- outcomes for services – this includes the priority area child-friendly communities.

Outcomes based on findings included in the individual ItG evaluation reports. These outcomes are summarised in Table 13 and are described in more detail below.

Table 13: Reported outcomes from Invest to Grow projects

Project theme and name	Outcomes for families			Outcomes for services
	Children	Parents	Service information and access	
Projects aimed at supporting children's transitions to school				
Bumblebees Therapeutic Preschool (Phoenix House)	Improved behaviour, but attribution to the program unclear			
Let's Start: Exploring Together for Indigenous preschools	Improved behaviour (more from parents' than teachers' perspective)	High parent satisfaction with the program		
Goonellabah Transition Program	Improved behaviour as well as social, motor, language and academic skills; successful transition to school	Improved parent attitudes towards children's health and education	Improved access to allied health and support services	Improved school staff attitudes towards families
Projects aimed at children and families with disabilities, learning or behavioural difficulties				
Starting Blocks™ Early Intervention Service (Autism Spectrum Australia)	Improved functional communication and social interaction, motor skills, behaviour, self care and pre-academic skills; helped transition to mainstream programs	Increased knowledge of autism, better understanding of their child, increased confidence and coping, larger supportive networks; but: reduced family communication		Increased staff knowledge and understanding of autism, increased collaboration with other agencies
Remote Early Learning Program (Royal Institute for Deaf and Blind Children)	Improved cognitive, communication and social interaction skills	Improved parenting skills and confidence, improved family functioning		Increased staff skills and knowledge, increased collaboration with other agencies; new service delivery opportunities through video-conferencing
Healthy Start (Australian Supported Parenting Consortium)		Improved parenting involvement with the child, increased knowledge about child health risks; greater improvement to parents' social networks and mental health than similar programs		Increased staff commitment, skills and knowledge, increased collaboration with other agencies; but: trained staff not confident about delivering the program themselves

Project theme and name	Outcomes for families			Outcomes for services
	Children	**Parents**	**Service information and access**	
Rural Beginnings (Kurrajong Early Intervention Service)	Gains in social and emotional development, motor skills and self care, especially in children receiving outreach services	Improved family relationships and community engagement	Improved service access, frequency and consistency	
ProAQtive Early Intervention Program (Autism Queensland)	Improved social and behavioural development and self care, increased readiness to attend mainstream educational services	Reduced social isolation, improved ability to relate to their child's needs and development	Improved awareness of and access to services	
Vital Early Years Therapy & Family Support Program (St Giles Society)	Improved behaviour, social and skill development and language abilities	Improved parenting skills, less stress and frustration; high parent satisfaction with the speech pathology component of the program, less with the psychology component	Improved access to speech pathology and family psychology in a rural area	Improved service networks
Parent Child Interaction Therapy (Lifeline)	Improved behaviour	Improved family function		
Early intervention projects in child care settings				
Partnerships in Early Childhood (Benevolent Society)	Improved children's comfort in child care centres, positive social-emotional development	Increased parenting efficacy, but changes inconsistent over time	Access to support from project staff	Child care staff felt supported by the specialist project worker
KU Early Language & Literacy Initiative	Increased involvement with books and stories, improved literacy	Increased parental involvement in children's development		Preschool staff gained better understanding of early language and literacy development; staff learnt to sustain the program autonomously
Through the Looking Glass (Lady Gowrie)	Improved child wellbeing, involvement and emotional availability	Improved parent competence, confidence and family relationships; decreased anxiety, depression and stress; increased social support; high parent satisfaction with program content and delivery		Co-facilitators valued the training received through the program

Project theme and name	Outcomes for families			Outcomes for services
	Children	**Parents**	**Service information and access**	
Special Teaching & Research (STaR) Inclusive Early Childhood Project	Improved adaptive, cognitive, fine motor and social skills	Increased family coping; parent satisfaction with program content, staff and the child's progress increased as the program progressed		Improved child care staff knowledge, skills and attitude
Projects in playgroup settings				
Sing & Grow (Playgroup Association Queensland)	Improved behaviour, communication and social interaction	Improved parent mental health and parent-child relationships (especially in vulnerable families); use of course materials and techniques at home; high parent satisfaction with the program and staff		
Good Beginnings Australia: (a) Play & Learn; (b) Working with Dads; (c) Parents & Play; (d) Contact Play & Learn'	Improved play opportunities and social, emotional, physical and cognitive skills	Increased parent confidence and knowledge of parenting techniques; fathers involved; reduced parental isolation	Increased knowledge of services and access to parenting information	
Projects aimed at promoting nutrition				
Child Nutrition Program (Ngaanya-tjarra Pitjantjatjara Yankuny-tjatjara Women's Council NPYWC)	Crisis support, intensive case management	Crisis support, intensive case management		Increased agency collaboration and capacity to work in remote areas
Good Food for New Arrivals (Association for Services to Torture and Trauma Survivors ASeTTS)			Increased parent awareness of nutrition issues and health services	Improved service networking and partnerships
Projects developing and providing information and resources				
Mothers, Fathers & Newborns. Psycho-Educational Program for Parents (PEPP)		Increased parent health; high parent satisfaction with the program; parents applied program materials and techniques at home		Creation of service networks

Project theme and name	Outcomes for families			Outcomes for services
	Children	**Parents**	**Service information and access**	
Core of Life		Increased awareness and understanding of parenting responsibilities among adolescents		Health and education practitioners trained to deliver the program
Parent Support Project (PSP)		High parent satisfaction with program content and facilitators		Project could not establish general practitioners as a widely used first source of non-medical parenting advice
Every Child is Important (Australian Childhood Foundation ACF)		Increased community awareness; reduced parental hostility		

3.1 Outcomes for families

Local evaluators identified a range of outcomes for families. These included gains in child development and wellbeing; parenting skills and parent wellbeing; information and awareness; and access to services.

3.1.1 Child development and wellbeing

ItG projects appear to be contributing to gains in child development and wellbeing. Most of the evidence, however, is drawn from pre and post tests without control groups, making it difficult to directly attribute change to the programs.

An example of positive child development outcomes was provided by the evaluation of Project D, which showed children improved their scores on standardised tests measuring cognitive, adaptive, gross motor, social, fine motor, and expressive and receptive language skills. In addition, there was evidence of improved child behaviour, and parents all thought the program had helped their child transition to kindergarten. This was confirmed by school staff, who felt that the program had improved both social and academic school readiness.

In Project S, many parents reported that they themselves as well as the child's teacher had observed significant improvements in their child's behaviour. Similarly, Project G showed significant improvements in children's interactional behaviours, responsiveness, interest, participation, social engagement, communication and social-cognitive play skills. The evaluation report for Project P also identified positive change in child wellbeing, involvement and emotional availability. Psychological and behavioural improvements were statistically significant in nine of the eleven dimensions measured, with large effect sizes found for depression, stress and the child's wellbeing and involvement. Mothers attributed these improvements to the program at the time of the post-intervention survey and three months afterwards, but not at the follow-up interviews at 16 to 18 months, given the length of time since the project had ended. Child improvements were reaffirmed by all staff interviewed.

While Project X also appears to have improved children's behaviour, according to standardised checklists and the parents' impressions, staff of the two primary schools were more cautious in attributing outcomes to the intervention. While appreciative of the therapeutic preschool, their experience did not indicate substantial differences between those children who had undertaken the program and those with behavioural issues who had not. Both groups continued to have behaviour problems in their primary school years.

Project F improved children's communication and social interaction skills. The family surveys revealed that in 16 of 18 cases, Project F was perceived to have helped children improve their cognitive, communication, social and play skills, with the remaining two respondents indicating this was not possible because of the child's young age or their severe level of disability, which made progress slow.

Project K also appears to promote developmental gains among the children. The outcome evaluation showed that children's social and behavioural development (including feeding and communication) improved and increased their readiness to be integrated into mainstream educational settings. It also showed the importance of bringing parents of children with autism together to reduce social isolation. However, without a control group it is difficult to definitively attribute these gains to the project, although the perspectives of parents and specialists suggest the project was the most important influence on outcomes. The evaluators concluded that improvements would have been even more pronounced had the program lasted longer or been more intense, and had it been possible to group clients better, e.g. according to severity of symptoms.

Children using Project Q made gains in social and emotional development, communication, mobility, motor skills, self care and goal attainment. These gains were somewhat higher for Project Q children who had received outreach services in their rural communities, compared with children receiving services centrally in Wagga Wagga.

Other examples of outcomes come from Project I, which showed children made steady developmental improvements in adaptive, cognitive and fine motor skills, and in their social development. Very high gains were achieved between assessment rounds one and two – probably because of the provision of opportunities in the child care setting that were not available at home – while the improvement rates lessened between rounds two and three.

Project L identified significant improvements in autistic children's functional communication and social interaction, language, imitation and play, fine and gross motor skills, behavioural self-regulation, self care and adaptive skills, and pre-academic skills. Of the 18 children in the program, 16 made a successful transition to another program, including the local preschool.

Project C promoted pre and post natal health, and child health and development. While the evaluation states that the project has produced a number of outputs such as training sessions, leaflets for parents and resource materials for professionals, outcome evaluation findings had not yet been provided.

3.1.2 Parenting skills, parent stress and parent-child relationships

The evaluation reports also provide evidence of ItG's contributions to improving parenting skills, parent wellbeing and parent-child relationships.

The evaluation report for Project P, for example, shows that, overall, the project appears to be improving parent competence and style and family functioning. This is based on pre and post standardised tests (Hospital Anxiety and Depression Scales, Parenting Stress Index, Emotional Availability, Children's Wellbeing and Involvement Observations), as well as follow-up surveys at three months and 16 to 18 months. Surveys showed decreases in anxiety, depression and parenting stress. In

addition, 92.4 per cent of mothers indicated that the project had helped them to feel closer to their child.

Similarly, in Project I, local evaluators found a decrease in reported family stress, an increase in reported family coping and general satisfaction with the extent to which their child's needs were met in the program. In all these three dimensions, there was a positive change between the interim and final evaluations.

As well as providing opportunities for play, Project B appears to have helped improve parents' confidence and informal knowledge of parenting techniques. In particular, some of the playgroups encouraged relationship building between fathers and children. Project B program also included fathers, due to requests by the participating mothers. Pre- and post-statistical measures of family function showed significant, positive change in all variables.

Project C helped improve parenting competence and family capacity. The Project J evaluation reports some positive changes in parenting efficacy such as giving children a reason why rules should be obeyed. However, changes were not consistent over time. Therefore, as the evaluators point out, it is not possible to attribute changes to Project J with any confidence.

Outcomes were also reported relating to reduced parental isolation and improved mental health. Project E, for example, contributed to improvements in parents' social networks and mental health to a greater extent than similar family support programs. In Project P, around 80 per cent of mothers formed supportive friendships during the project. Almost half of these friendships were maintained three months after project completion and almost one-third after 16 to 18 months. High proportions of parents participating in Project P indicated that the project helped them to feel good about themselves as parents. They were also more confident to look for other services and supports and reported that they learnt more about parenting and attachment and felt better about responding to their children's needs. The evaluation of Project N found an increase in the percentage of parents reporting excellent or very good health.

Project F also contributed to outcomes for families, including improving parenting skills and parents' confidence to address children's specific needs; improvements in family functioning; and empowering parents to coordinate their child's educational program. In Project L, parents appear to have increased their confidence, coping, understanding of their child and knowledge of their child's condition. They have also improved their knowledge of family issues and planning. While the families' supportive networks have increased, there was at the same time a reduction in internal family communication and less satisfaction with family relationships. Evaluators have no explanation for these conflicting results.

The Project G evaluation identified improvements in parental mental health and parent-child interactions, particularly among families with young parents, parents with a child with a disability and those experiencing general disadvantage. Parental behaviour and understanding of children's development improved, and the Kessler K6 screening scale showed parents were experiencing fewer mental health symptoms

after the program and at a three-month follow-up. There was also a significant reduction in irritable parenting from pre to post intervention, however this was not evident in the smaller sample of parents who completed the follow-up survey. Further, an expected outcome was that families attending Project G would transition into other services. However, their support needs have proven to be more complex and the transition has proved unrealistic.

As well as these outcomes for parents, many evaluation reports describe high levels of satisfaction among parents. Project H received very positive feedback from the participating parents, with around 90 per cent rating the information provided and the facilitators as very good or excellent. The evaluation of Project R reports that parents were highly satisfied with their relationships and communication with staff, and with the project's flexibility, accessibility, clinical credibility, child and family friendliness and information and public relations. Parent feedback about Project N was overwhelmingly positive. Parents found the seminar useful, and a large majority indicated at follow-up that they had used the materials and techniques.

The Project I evaluation reported that families were quite satisfied with the parent education program, the parent-staff relationship and their child's progress. Satisfaction increased between the interim and final evaluations. In Project S, there was also high parent satisfaction. In Project P, client engagement and client satisfaction appeared high, with mothers reporting enjoying the sessions, as well as finding the sessions accessible regarding timing and transport, and materials easy to understand. They also felt comfortable with project workers, safe and relaxed at the centres and that childcare arrangements were satisfactory. They found overall that sessions were a comfortable, relaxed and safe way to explore freely their parenting and attachment issues. A follow-up survey showed parent satisfaction was sustained three months after completing the program.

3.1.3 Information, awareness and access to services

Several of the projects also achieved outcomes regarding increased information and awareness among families with young children. Project C, for example, helped raise parents' awareness. Project K helped parents to access advice, relate to their child's development, and gain new ideas about activities for their child.

Project Z appears to be achieving its goals of empowering local communities and adolescents to make informed decisions about pregnancy, birth and early parenting, through the provision of special information sessions. Project Z trained 978 facilitators in 48 workshops, exceeding its target by almost one-third. Feedback questionnaires showed the training workshops introduced new concepts, provided high quality materials and resources, and provided health and education practitioners with enough information to organise Project Z sessions in their community. Subsequent sessions reached an estimated 25,000 young people in two years. Of the 1002 young people who completed post-session questionnaires, around 80 per cent agreed that the Project Z session introduced new information, that they gained a better understanding of newborns, pregnancy and the effects of drugs and alcohol during pregnancy, and that they would think more responsibly about pregnancy.

ItG projects also appear to be facilitating access to services. Project D, for example, has been found to improve access to allied health and support services, with children receiving dental, hearing and vision checks through the program. The program was also found to facilitate access to paediatricians, speech therapists, school counsellors, support teachers, occupational therapists and ear, nose and throat specialists through referrals. Similarly, the outreach service model of Project Q improved access, frequency and consistency of services for children and families. The program defrayed the costs of families travelling to towns, and it established a partnership between the family and multiple professionals around a mutually negotiated plan. Project R improved access to speech pathology and family psychology, addressing service gaps in a rural area.

The evaluation of Project J found that, over time, there was a significant increase in the number of parents accessing support from the Project J workers, such as information and individual and group sessions.

Project A appears to have been effective in raising community awareness, as can be inferred from the media response to the project as well as the large number of parenting seminars held and information booklets distributed.

3.2 Outcomes for services

The ItG evaluations also point to outcomes for services and service capacity, including improved staff knowledge and skills, and increased networking among services. Often both skills and networking improved.

The report for Project Y identified positive outcomes for the service described by staff, including increased capacity to meet the needs of vulnerable families, increased agency collaboration and formal linkages, assistance in crisis intervention, and agency commitment to refinement of casework processes. Some of these improvements were due to the creation of the town case worker position, which eased the loads of the workers based ‘out bush’ and of the program manager.

The professional development activities that were part of Project T increased understanding of early language and literacy development among preschool staff. They have also helped staff to sustain the program autonomously. Project N is reported to have created successful networks among stakeholders. It has also been successful in disseminating training material to health care professionals. Evaluation results of the Project L program show an increased awareness among staff of partner organisations of the needs of children with autism and their families, increased knowledge and understanding of autism, appreciation of the collaborative process of Project L – overall, increased inclusiveness, competence and collaboration.

The Project E evaluation found a significant increase among practitioners in commitment to supporting parents with learning difficulties, in knowledge and skills, and in agency collaboration. These outcomes were reported by learning hub convenors, who had coordinated training and network meetings. The practitioners

themselves were overall highly satisfied with the training they had received, although they did not feel entirely confident about delivering the program themselves.

In Project J, child care staff found it beneficial to have a specialist worker around to focus on children's needs. In the Project P project, co-facilitators were satisfied with the content and strategies of the project and valued the training they received. In Project I, evaluators identified improvements in child care staff knowledge, skills and attitude, although they were low to modest. The staff themselves found the professional development programs very beneficial.

In Project F, service providers reported that project outcomes included increased professional skills and knowledge, as well as the establishment of supportive and collaborative networks with local agencies. Video-conferencing facilities established through the project opened increased opportunities for service delivery in remote areas.

3.3 Cost effectiveness

Few ItG evaluations discussed cost-effectiveness, and none provided a systematic assessment. The report for Project K emphasised the intense, individualised, and specialised nature of intervention programs for children with autism, pointing out that this necessarily incurred high costs per child. The report also identified the limitations on assessing cost-effectiveness in this context, due to the lack of benchmarks for autism early interventions. It gave a rough estimate of the cost per child and family in 2005 of $16,041, with parents subsidising 18 per cent of the program's costs. The evaluation noted that this must be placed in the context of the improvements gained by both the children and their families, and of the programs' effects on reducing children's subsequent dependency and their need for disability programs later in life.

Project G did not include a formal assessment of the cost-effectiveness of the project, but stated that the resources allocated to the program were less than ideal. Even though the project received in-kind support from Playgroup Associations (including telephone support, Executive Officers' time, office space, maintaining a waiting list, administrative, financial, legal and human resource assistance), Project G found there were unanticipated workloads and costs. These were associated with extra staff-related costs (such as maternity leave, recruitment and training) and the extra workload in developing supporting documents and processes; travel costs; and the costs of collaborative work relating to transitions and sustainability, suggesting further business management support could be beneficial in the planning, budgeting and establishment phases.

The report of Project F said that it was not possible to assess the cost-effectiveness of ItG because it was not possible to distinguish between what was achieved with the ItG funding and what was due to the additional funding and resources provided by the organisation to supplement and improve service delivery. The final evaluation report (April 2008) stated that, at present, the cost of the remote delivery of services appeared to be slightly higher than the cost of face-to-face service delivery – $12,183 per family per annum compared with $11,055. That could change, however, if the

costs of information technology fell and/or fuel costs continued to rise. Even so, the cost of the remote program was comparable with the cost of face-to-face services, and in time it might become even more cost-efficient.

An assessment of the cost-effectiveness of the overall ItG program is not possible because of the diversity of the projects within the initiative. As noted earlier, 25 ItG projects were provided at a cost of $26,096,204. It is not possible to divide this cost meaningfully by the total number of participants or occasions of care provided by ItG projects because of the substantial variation in the funding provided to each project, the number of episodes of care per project, and the level and intensity of the services provided. Similarly, because of these and methodological difference, outcomes across all projects cannot be indexed or aggregated.

3.4 Summary

Overall, the evaluation reports provided a range of information about the outcomes of ItG projects for children and families, and the program's impact on services and the service sector. ItG projects appeared to be contributing to gains in child development and wellbeing including improved child behaviour, communication and social skills. For parents, the program appeared to contribute to improvements in parenting skills, confidence and competence, and reductions in family stress and parental isolation. Many projects also demonstrated high levels of satisfaction among parents. In addition, the evaluations report how the projects are helping improve families' information, awareness and access to services. There were also signs that projects were improving services and service capacity through, for example, improving linkages with other services, and helping staff improve their cultural competence and specialist knowledge. However, while there are signs of outcomes in these areas, many evaluations suffered from methodological and analytical shortcomings, such as unfinished data collection, lack of control groups and limited data analysis.

4 Facilitators and Barriers to Project Outcomes

Most evaluations report that projects were implemented according to their project logic and plans, and ran smoothly. The process evaluation components highlight some of the factors contributing to successful implementation and outcomes. These include: projects' responsiveness to early feedback and experience; quality staffing and leadership; collaboration; cultural appropriateness; and sensitivity of project design to individual settings. Challenges identified in the reports include project design and targeting; staffing; staff engagement; working with other services; social circumstances of children and families; and resourcing and administrative burden.

4.1 Factors contributing to successful project implementation and outcomes

4.1.1 Responsiveness to early feedback

A strength of ItG projects was their responsiveness to early feedback and emerging evidence from evaluations. Project S, for example, demonstrated its responsiveness to early evidence of the preferences of Indigenous families in Darwin and the Tiwi Islands. In this case, Indigenous parents living in suburban households preferred to attend 'mixed' mainstream programs, as these were seen as less stigmatising than the Indigenous-specific programs that had been planned. In response, the program was split into two variants: a mainstream model (20-45% Indigenous) promoted to the general population, and an Indigenous variant, involving a more targeted approach and more collaboration and engagement with community leaders and schools.

Indeed, routine adaptation of projects in response to emerging feedback and experience is a strength shared by other projects. Project C, for example, responded to changing migration patterns by varying the cultural groups the project was seeking to serve. The evaluation of Project Z also showed evidence that project content and implementation were routinely adapted in light of emerging feedback and experience.

4.1.2 Quality staffing and leadership

Quality staffing and leadership emerged repeatedly in the reports as a critical success factor. Evaluators of Project J, for example, reported that quality leadership and commitment among staff were crucial to successful implementation. Particularly important were staff understanding of both the theoretical basis of the program and its practical components, and their acceptance and adoption of practices conducive to its smooth introduction.

Project Q identified collaboration across the professions as an element of quality staffing. In that project, multi-professional partnerships worked well, with the model of shared responsibility for the client appearing to enable holistic and flexible responses to family needs and more coordinated access to health-care professionals. Individual Family Service Plans were found to be crucial to operationalising the trans-disciplinary model.

The Project K evaluation also highlighted long-term and experienced staff as crucial ingredients of success, while Project Z emphasised the importance of engaging

midwives as co-facilitators and finding key personnel who were proactive about implementation. The passion and motivation of the program leaders were important to Project E, Project I emphasised skilled program staff; the Project F evaluation acknowledged the contribution of the care, commitment and availability of staff; and Project C emphasised the importance of bicultural workers in helping facilitate access to and engagement with communities.

4.1.3 Collaboration

The evaluation reports also highlighted interagency collaboration as a factor integral to successful implementation. Indeed, some projects were collaborative in essence, like Project S, which involved working with health, education and community services, and Project E, which established practitioner 'hubs'. The Project P evaluation reported that implementation was easier where there were strong partnerships between child care, health and education services. The project faced challenges in generating referrals because there are many other popular programs on offer. This indicates the importance of ensuring that projects are integrated into the existing service network and that they meet community need.

Projects used different collaboration strategies. Project C, for example, formed networks through both formal meetings and informal networking, and drew on principles of reciprocity to engage providers and community members and promote the intervention. That project also used its reference group to create a network through which to disseminate information to enhance project impact.

The convenors of Project E in NSW appreciated the Department of Community Services' (DoCS) directive that a member of DoCS' child protection staff join each Learning Hub in the state. Where this arrangement worked well, it facilitated collaboration and outcomes, although sometimes the child protection worker was a Hub member in name only. The Project E evaluation noted that implementation was more likely to be successful if the host agency's mission and values were aligned with those of Project E.

4.1.4 Cultural appropriateness

The evaluation reports also pointed out that cultural appropriateness was a factor contributing to successful implementation of ItG projects. Project D, for example, was built on the recognition that, although the Aboriginal English used among target families is different from the Standard Australian English used in health and education contexts, it is no less valid as a language. The project used both languages and taught the children the differences.

Project Y developed and distributed culturally appropriate health resources such as manuals, posters and music, which ensured the health-promotion materials would be useful and appropriate for the target group. Project S introduced a mainstream program delivered in a neutral venue, as well as the planned targeted program for Indigenous communities, ensuring its appeal to a wider range of Indigenous families. Project C valued the involvement of a CALD-specific auspicing agency with

experience in the sector, as this helped reach emerging communities and develop effective working relationships with other agencies.

4.1.5 Sensitivity of the project design to individual settings

A further factor conducive to effective implementation was sensitivity of project design to individual settings. A particular strength of the Project Y was its 'embeddedness' in a specific community-setting – the Indigenous community in a specific cross-border region – combined with the facts that it was community-controlled and involved flexible service delivery approaches. In particular, the nutrition education programs were used as soft entry points through which to build relationships and trust between workers and families and facilitate other aspects of the program.

One of the strengths of a multi-site project such as Project J was that it could be implemented in slightly different ways in each of the sites, in response to differences in demographics and needs. Some sites emphasised attachment between children and staff and between children and parents, while others emphasised connecting families to local services. While differences in implementation could indicate that local needs are being addressed and local skills are being utilised, they could also mean that implementation is uneven, and hence that program goals and priorities might be compromised in some sites. However, the evaluation findings (July 2008) indicate that overall Project J has supported parents in their parenting role. Over time there has been a significant increase in the number of parents accessing support from the Project J worker, and ratings of the usefulness of the program by parents and staff were high.

Sensitivity to individual settings was also reflected in how projects sought to reach families. The outreach component of Project Q, for example, reduced travel time and defrayed costs for rural families, enabling greater access, frequency and consistency of service contacts for children and families. Project E's provision of an online unit of study and web-based resources meant that those resources could be used by workers in a range of contexts and at their own pace with minimal disruption to service delivery. Project F responded to the needs of its target groups by providing support through a range of communication methods, including video-conferencing.

4.2 Implementation challenges

Most of the reports documented challenges to implementation. These related mainly to project design, context and management. Major challenges included: poor project design; projects operating under capacity; challenges of working with other services; resources; staffing; staff engagement; social circumstances of children and families; and data and administrative systems.

4.2.1 Project design and targeting

Project design and basic assumptions about project needs and targeting were challenges for some projects. Project H found it nearly impossible to engage GPs as providers of non-medical parenting advice. Therefore the planned training for GPs to

facilitate parenting classes did not go ahead. Not only was it difficult to engage GPs, those who were running the project reported that they were seeing fewer parents of infants than expected, and that those they did see did not tend to seek advice about the non-medical aspects of parenting. This could suggest either that there was insufficient need in the community for this kind of project, or that people were not aware that they could discuss non-medical aspects of parenting with their GPs.

The Project I also faced challenges relating to project design and targeting, having found that the children they were serving had higher support needs than anticipated. Other projects found the opposite, that they were serving children and families with lower levels of risk or need than originally envisaged. Project H's parenting classes found that, although the parents they were engaging with had expressed needs, they tended to be from higher socio-economic groups than anticipated, thus suggesting the project was having difficulty reaching the most needy.

Project M also served lower-risk families who normally would not have had contact with human services. But this was built into the design of the program, which was delivered as a universal therapy, available to families at many levels of functioning. It was anticipated that the program would appeal to a broad cross-section of the community, including families with no history of pathology and no experience of therapeutic interventions. Complex families – e.g. abusing and high-risk families – were specifically excluded. So the fact that the project did not cater for the most disadvantaged families, despite apparent demand in the community, was part of its project design.

4.2.2 Staffing

Staffing problems constrained implementation of many of the projects. Recruitment and retention of staff was a particular problem in regional areas. Project R, for example, found it difficult to recruit speech pathologists and family psychologists. Delays in attracting a psychologist held the project up, and there was a high staff turnover among speech pathologists and therapy assistants. For speech pathology, demand far outstripped practitioner availability. As a consequence, visiting therapists were unable to see every client once a fortnight, and clients had to be satisfied with a session once a month. Attracting specialist allied health professionals is often difficult in rural and regional areas.

Similarly, Project Q found that staff could not be recruited locally in the outlying satellite communities ('the spokes'), as had been originally planned, and this placed pressure on staff in 'the hub' to travel out to these communities. Project F had concerns about workloads when there were too few staff, and about the capacity of overworked staff to support the more complex needs of children, especially those with multiple or severe disabilities. In Project Y, the number of referrals outnumbered project capacity, and this tempted the committed staff to take on extra tasks, thus raising worker stress-levels and burnout.

Specialist staff were particularly difficult to recruit. Project Z, for example, found it difficult to find midwives to co-facilitate, given shortages in some areas and

difficulties negotiating midwives' release time from hospitals. Project G found it more difficult than anticipated to recruit suitably trained Registered Music Therapists in some areas. Because of this, recruitment and training have been ongoing for the duration of the project, and program delivery in some states was subsequently reduced. Retention was less of a problem than recruitment in Project G, although loss of a couple of staff members did mean a loss of expert knowledge and community links, and consequent risks to project viability.

Staff turnover was a problem for Project P and Project K. In Project P, the high turnover meant ongoing staff training in primary care giving and attachment theory, even though this was not included in the original program design. In addition, many families continued with child care after completing the intervention, which had a cumulative impact on staff workloads. These families (some with ongoing problems) continued to look to staff for support with their child at the same time as new Project P families joined the centre to receive the intervention. Further, in the context of a shortage of child care workers, directors found it difficult to release staff for the interventions, due to the lack of additional staffing to backfill vacancies.

In Project K, staff turnover created a major deviation from the project logic, at times threatening to interrupt the children's gains. The evaluation does not suggest a strategy to reduce turnover itself. Instead, recommendations include: adapting the program to provide some learning and development for parents before the program starts; ensuring staff involved are adequately trained; increasing the duration of the program; increasing one-on-one interventions; enhancing the provision of information about community services to families; and better engaging families in support activities.

Staff members' inadequate levels of skill and their reluctance to undertake skill development presented further challenges. In the child care settings, where Project I took place, there are normally large numbers of unqualified staff and staff with only basic qualifications. The program had to withdraw from three of its original 11 centres at the end of 2006 because those centres failed to meet the contract requirement of providing either a suitably qualified staff member to act as special needs manager, or a staff member willing to enrol in a university course to gain the qualifications.

Overall, staffing problems, primarily recruitment and retention, appear to have been a constraining factor in the implementation of a number of projects. Staffing problems were most apparent in projects in regional areas and in those requiring specialist staff. Difficulties with recruitment and retention are common in the early childhood field across the nation, and not specific to ItG. However, workforce problems have placed added burdens on project staff in some cases, and interrupted the programs' potential to contribute to outcomes.

4.2.3 Getting workers involved

As well as the challenge of recruiting and retaining qualified staff, there were also difficulties in involving staff fully in the project, especially in child care settings. Project I evaluators noted that implementation was inhibited by poor staff-child

relationships, with the project encountering difficulties getting non-specialist staff to implement its objectives. The evaluation found that staff would talk to each other or read, for example, instead of interacting with children or guiding their play. Project I staff attempted to address this by providing more support through the special education support teacher. Many centre staff also lacked the motivation to upgrade their skills and engage with the project, and attempts through staff meetings and other initiatives were met with varying degrees of success.

In Project T, staff were initially unclear about project aims. They seemed resistant to working collaboratively with families and were found to be less accustomed to dealing with families than had been anticipated. It also took time to develop the trust and confidence of the families. This contributed to the evaluator's recommendation that a higher ratio of fully trained to untrained staff should be considered optimal in communities where children and families may experience language and literacy learning difficulties.

In the Project P project, some problems were encountered in establishing a sufficiently 'multi-disciplinary' team, especially when integrating the objectives and priorities of the project in the individual sites, and when promoting the project's alternative paradigm. To this end, the report recommends that, for any future implementation, managers consider a longer planning and training period prior to first wave, to prepare staff in the host agency. Another personnel problem in Project P was the isolation of the clinicians. Misunderstandings between the clinicians and the child care workers made it difficult to implement the project according to the logic model, which had underestimated the effort required to blend the norms and practices of these professional groups. Child care workers, for example, had difficulty persuading clinicians to assess films collegially with primary carers, or to reduce home visits. The project is addressing this through training, and managers have identified other promising strategies, relating to job specifications and recruitment processes, staff representation, dialogue across sites, staff appraisals, and the clarification of roles and responsibilities.

In addition to difficulties in child care settings, engaging medical professionals also proved difficult. In project H (as already mentioned), GPs were found to be difficult to engage, despite numerous and varied attempts, probably because of the burden of their other work commitments.

Overall, staffing problems have the potential to constrain the implementation of projects, especially in medical and child care settings. This should be considered and planned for in the early stages of program design.

4.2.4 Working with other services

The reports highlight a range of challenges for ItG projects relating to working with other services. In Project G, it was difficult to integrate the program into the operations of the Playgroup Associations, and cultivating these relationships required extra work. Moreover, to the extent that relationships with Playgroup Associations were personal rather than institutional, changes in Playgroup Association staff

disrupted program processes. Inter-organisational relationships were considered unsatisfactory in Project G programs in three states, and the evaluators recommended that any broader implementation should direct more resources toward strengthening institutional relationships prior to implementation.

As well as the difficulty of engaging GPs, Project H confronted difficulties linking with Area Health Services and incorporating materials into the local hospital's routine postnatal discharge planning. Project Z similarly found it difficult to integrate sessions into school curricula, especially where facilitators were seen as 'outsiders'. For Project J, some partner organisations lacked clarity about the role of the early intervention workers, and the branding of the program was reported to make it difficult for some child care centres or preschools to incorporate it into their core business.

In Project I, relationships with other services were tense. Some services even discouraged families from participating in Project I. A small number of clients did withdraw as a result of threats of revocation of services by other early intervention agencies. For Project S, slow referrals from other services reduced the number of people able to participate to completion, while a lack of stability within state government structures made it difficult for Project C to obtain a commitment to a long-term agenda.

Overall, challenges relating to collaboration included ensuring the availability of the time and resources necessary for nurturing inter-organisational relationships, ensuring that relationships were organisational so that they would outlive changes in project staff, ensuring partner organisations had a clear sense of the purpose of the project, and integrating programs into the operations of partner organisations.

4.2.5 Social circumstances of children and families

The social circumstances of children and families also presented challenges for some projects. Life circumstances and events, including deaths and suicides, affected individual participation and group dynamics in Project S, which also found it difficult to engage fathers on the Tiwi Islands.

For the Project X, parental compliance with the project model was found to present challenges, as not all parents agreed to have home visits. Only one-third participated. Some parents were wary of participating, due to their involvement with child protection authorities. This is not surprising, as most participants had histories of abuse, including sexual abuse, neglect and domestic violence. The difficulties of engaging this group in home-visiting made it difficult to meet output targets. Project G aimed to facilitate the transition of clients from the program to mainstream community playgroup settings, but this was difficult, given their high support needs.

For the Project L project, the lack of transport for families in some parts of the region limited their participation. Project Y also faced a set of challenges relating to travel due to the geographical dispersion of the population. There were also concerns about the safety of the workers, children and parents involved with the program. For the Project I project, staff found they could support fewer children than anticipated

because of higher than expected levels of disability. Confining Project N to parents with a functional level of English limited the recruitment of minority populations. This is an issue in areas with large overseas-born populations, since many of them would be ineligible to participate in the trial.

4.2.6 Resources and administrative burden

Some reports identified resource levels and administration as challenges. The Project X report, for example, attributed lower than anticipated levels of output to inadequate resources and a subsequent lack of staffing capacity. The final report concluded that current funding levels did not permit the Project X vision to be fully implemented. A review of all aspects is required – the preschool program, and the methods used to assist children and families and to support and involve hard-to-reach families – but this could only be achieved with significantly increased funding.

Project E also identified limited resource levels as a problem, given the input of time required by convenors. The time-limited funding also made it difficult to maintain staffing.

In the Project P project, the directors of child care centres raised concerns about the resource impact on their centres of the program itself, particularly the effect it might have on child care places. The process of keeping places available for Project P families was found to impact on the centre’s financial operations (e.g. if a family withdrew from the project at late notice). Finding places for the wide age-range of the children was also identified as a challenge, especially because of higher staffing-ratio requirements for babies.

Data management and administrative systems also caused difficulties for child care centres and hence impeded project implementation. In the case of Project I, the fact that many families wanted care only for one day a week placed an administrative burden on staff. The administrative burden on centre directors was also found to be higher than expected in the case of Project J. While centre directors needed to be engaged and committed to the project, the evaluators saw the administrative burden to be unsustainable, even though the Project J worker was, in some ways, lightening directors’ loads by providing information to staff and parents.

4.3 Summary

In summary, the factors identified as contributing to successful implementation include: responsiveness to early feedback and evaluation findings; quality staffing and leadership; collaboration; cultural appropriateness; and sensitivity to individual settings. Some of these factors have also been identified as challenges for projects, including recruiting and retaining staff (especially specialists in regional settings); getting workers involved in projects (in child care settings); and working with other services. Challenges also included project design and targeting; the social circumstances of children and families; resources and administration. Factors to consider for broader implementation include the degree of institutional support which is available to the program, the degree to which the program is able to integrate with other local services and its flexibility to operate in different circumstances.

5 Broader implementation

One of the objectives of ItG was to fund projects which were operating well in one context, and appeared to be suitable for broader implementation. This issue also became one of the stated objectives of the ItG evaluations. There are no strict criteria for assessing suitability for broader implementation, but the following seem to be reasonable characteristics of a project which would be suitable to be implemented more broadly:

- It was successfully implemented without too many challenges in at least one but preferably a number of contexts or locations;
- It improved outcomes for children and families;
- There were no serious barriers to implementation such as unrealistic requirements for staff training, involvement of specialists or other aspects which are not easy to implement; and
- There is no indication that the success of the project was dependent on it being in a specific location or context.

Some projects were designed to meet the needs of specific client groups or locations (eg Indigenous families in rural areas, families of children with autism spectrum disorder etc), and for those projects the question of broader implementation related more to transferability to other similar contexts rather than the general population.

However, the question of broader implementation is really a matter of degree rather than a 'yes/ no' judgement. All the ItG projects could be modified or adapted to be implemented and 'taken to scale'. The most important barriers to implementation, as we have mentioned above, tend not to be the intrinsic aspects of the projects themselves, but rather factors such as the staffing requirements, management structures, inter-agency relationships etc.

Issues for broader implementation

The Project T project model is replicable provided that staff are well prepared beforehand, both to avoid intruding on existing workloads and to ensure that staff expectations are consistent with those of the model. Project L requires experienced staff, who may be difficult to recruit in regional and rural areas. The project also requires suitable partner organisations in the local area. While it has high set-up costs, it can be broken down into its components, making wider implementation easier and less costly.

The learning hub model established through Project E requires adequate agency support and adequate funding for learning hub convenors, so they can devote enough time to the program. According to the evaluation, any broader implementation would achieve desired child and family outcomes much better if the service system were

enhanced: staff need to be appropriately qualified, in stable, continuous employment, well supported by their organisation, and able to work with parents in their homes.

Similarly, inadequate funding for staff is a major hurdle for broader implementation of the Project G program. In addition, effective collaboration with local partner organisations needs to be established as a prerequisite to further roll-out.

From the evaluation reports, it is often difficult to establish whether projects are likely to be suitable outside the area in which they have been implemented. For some, such as the multi-site projects, this is because although interventions were implemented in different contexts, evaluations did not fully capture the implications of cross-site differences. Project P project, for example, extends an intervention into five child care centres. While the project demonstrates its flexibility to successfully adapt to, and be adopted by, different centres, the evaluation report does not provide sufficient detail as to the differences between the sites and which contexts might be most appropriate for the intervention.

Similarly, Project I project was funded to expand to new centres. The report does note difficulties in forming the requisite partnerships with councils in some areas and in engaging disadvantaged families, but it does not clearly establish principles for successful engagement, collaboration and partnership in different contexts, which would inform further expansion of the project. The evaluators do conclude, however, that any future replication of the model should involve a link to a university that can provide the relevant training for child care centre staff.

The multi-site Project J is an example of an intervention which appears to be implementable, with adequate support, in a large number of different contexts. For example, the project has shown that a specialist worker can be successfully introduced into various child care settings. Since the program first started, it has already been expanded to other centres, demonstrating that it is replicable in different settings and locations. Throughout the implementation period, structures and processes have been refined and clarified so that broader application should be relatively smooth. It is not clear, however, whether the model is sensitive to particular settings, and which settings make it most appropriate.

Other projects have been implemented in the specific local or socio-demographic communities for which they were designed, making it difficult to establish how and where they could be more broadly implemented. Projects like the Project Y, aimed at communities in remote desert border regions, for example, could not be expected to be suitable throughout Australia given the project’s local specificity. However, elements could be adapted to other locations, for example the use of cooking classes as soft entry points through which to engage families in nutrition and early intervention projects.

The course materials and seminar design of the Project N project are currently tailored only to English-speaking, literate parents who live in a committed relationship. This limits broader implementation to CALD and minority populations. However, the

organisers are planning to develop tailored programs for young, single mothers and women who have conceived through in vitro fertilisation.

Some projects are already being implemented in different environments and show signs that they could be extended. Project Z, for example, appears effective in Indigenous and non-Indigenous contexts, and in high-needs areas across urban and regional communities. Project C created resources – information for parents and professionals as well as a training manual – that would allow it to be implemented more broadly. The project has also demonstrated potential to be integrated with existing programs and infrastructure. Further, its creation of 'nutrition champions' could be extended to other refugee or CALD communities and other hard to reach groups, to improve their access to information and mainstream services. However, trialling the project in different contexts is beyond the scope of the Evaluation, so suitability for broader implementation is difficult to establish.

Project D is already a broader implementation of a pre-existing model, demonstrating that it can be applied in different communities, for children and families from a variety of backgrounds and experiencing a range of life challenges. However, from the evaluation it is not clear how much of the program's success depends on the nature, approach and expertise of the coordinator, and hence the extent to which those skills need to be found or recreated in other classroom teachers.

Particular aspects of some projects may be suitable beyond the early childhood context. The local evaluation for Project F, for example, identifies that the development of pedagogical approaches to support young children with sensory disabilities could be applied to support other people with disabilities in remote areas, and even for supporting frail and aged people living in areas where specialist services may be limited. The technologies employed, e.g. video-conferencing, allowed strategies to be observed, modelled and demonstrated, despite physical separation (remoteness). The use of these technologies would have advantages in other areas of service delivery.

Similarly, the 'hub and spoke' outreach model of Project Q seems to be having a positive impact in increasing access to services for families with a child with a disability, and could be adapted to other services for rural communities. However, any broader implementation of the hub-spoke outreach model should take into account the high costs of recruiting staff within the satellite communities.

All projects mentioned so far appear to be suitable for wider implementation, usually under certain conditions, or there is no evidence to suggest they would be unsuitable.

Projects not suitable for wider implementation in their current form

The evaluation of the Project X indicates that the model should not be rolled out to other communities without further research comparing different intervention approaches. Project X suffered significant implementation problems, due to, among other factors, insufficient funding, a lack of linkages to other support services, inadequate parent support and too narrow a range of treatment approaches. If

ItG funding continued, it would be useful to design a robust evaluation methodology (with accompanying resources) to test an adequately funded project against other intervention models being trialled in Australia. This would not be too difficult, as there are a number of programs working with similar families and children that have standardised measures in place.

Project H may be suitable for implementation, but only where the configuration of services is appropriate. In addition, the current project clients are mostly from higher socio-economic backgrounds. Before any further roll-out, the demographics, needs and preferences of potential participants need to be explored, and the program needs to be tailored to these parent groups.

Summary

All of the ItG projects, or at least aspects of them, were suitable for broader implementation, albeit that many of them require modification to adapt them to different circumstances. Nevertheless, there were some projects which were more easily adapted to new circumstances or which were easier to implement. On the whole, the main barriers to broader implementation seem to relate to staffing issues – in particular recruitment and retention of trained staff, management issues and relationships with other services locally. Where these issues had been addressed then the projects tended to be successful, irrespective of the particular nature of the intervention itself. Projects which required high levels of training for the staff, close links with other agencies or inflexible manualised interventions were therefore more difficult to ‘take to scale’ than those which were flexible, relatively self sufficient and reliant on lower levels of training. However, it should be recognised that some client groups have very complex needs, and therefore any intervention for those families will require high levels of training and intensive interventions (and consequently will incur high costs). Another significant issue for broader implementation is that some programs rely on the personality and drive of the project leader to ensure effective implementation. These programs suffer when they are taken to scale because the leadership has to be spread too thinly for one person to be effective.

6 Conclusion

Twenty-six organisations were funded by ItG. Over $26 million was invested into these ItG projects.

Of the 26 ItG projects, 22 had progress and evaluation reports available for analysis. According to the reports, 36,097 occasions of service were delivered during the life of the program. Funded organisations reported that these occasions of service were used by 12,522 families and 11,415 children.

ItG projects appear to be contributing to gains in child development and wellbeing including improved child behaviour, communication and social skills, although the extent to which these gains can be attributed to projects would only become apparent if data from control groups were available. For parents, the program appears to be contributing to improvements in parenting skill, confidence and competence, and reductions in family stress and parental isolation. Many projects have also demonstrated high levels of satisfaction among parents. In addition, the evaluations report how the projects are helping improve families' information, awareness and access to services. There are also signs projects are improving services and service capacity through, for example, improving linkages with other services, and helping staff improve their cultural competence and specialist knowledge. However, while there are signs of outcomes in these areas and promising projects, few studies use control groups, and those which do tend not to have a full set of comparative results available.

There are a range of factors contributing to successful implementation and outcomes of ItG projects. These include responsiveness to early feedback and evaluation findings; quality staffing and leadership; collaboration; cultural appropriateness; and sensitivity to individual settings. Some of these factors, which were identified as contributing to success, have also been identified as challenges for projects. Recruitment and retention of staff (especially specialists in regional and rural settings) and engaging workers (especially in projects in child care settings) appear to be particularly difficult. Challenges also include working with other services, project design and targeting, the social circumstances of children and families and resources and administration.

Attachment G.1: Organisations, Progress and Evaluation Reports

ItG Project	Organisation	Evaluation Report
Starting Blocks™ Early Intervention Service (Autism Spectrum Australia)	Autism Spectrum Australia (ASPECT)	Draft Final Report, April 2008
Bumblebees Therapeutic Preschool (TPS), Phoenix House	Phoenix House	Final, Nov 2007
Child Nutrition Program, Ngaanya-tjarra Pitjantjatjara Yankuny-tjatjara Women's Council (NPYWC)	NPY Women's Council Aboriginal Corporation	Final Report, June 2008
Core of Life	Core of life (Menzies Incorporated)	Draft Final Report, June 2008
Every Child is Important, Australian Childhood Foundation (ACF)	Australian Childhood Foundation	Draft final, Oct 2007
Good Beginnings Australia: (a) Play & Learn; (b) Working with Dads; (c) Parents & Play; (d) Contact Play & Learn'	Good Beginnings Australia Inc	Final Report, June 2008
Good Food for New Arrivals, Association for Services to Torture and Trauma Survivors (ASeTTS)	Association for Services to Torture and Trauma Survivors	Draft Final Report, May 2008
Goonellabah Transition Program (GTP): 'Walking together, learning together'	Community Health Education groups (CHEGS)	Draft final, June 2008
Healthy Start, Australian Supported Parenting Consortium	The Parenting Research Centre	Final Report, June 2008
KU Early Language & Literacy Initiative (ELLI)	KU Children's Services	Final Report, 2008
Let's Start: Exploring Together for Indigenous preschools	Charles Darwin Uni	'Draft Final', no date (missing sections)
Mothers, Fathers & Newborns Psycho-Educational Program for Parents (PEPP)	Key Centre for Women's Health in Society	Final Report, May 2008
Parent Child Interaction Therapy (PCIT), Lifeline	Lifeline Community Care	Final Report, April 2008
Parent Support Project (PSP)	Northern Rivers Division of General Practice	Final Report, September 2006
Partnerships in Early Childhood, Benevolent Society	The Benevolent Society	Final Report, July 2008
ProAQtive Early Intervention Program, Autism Queensland	Autism Queensland Incorporated	Final, Jan 2008
Remote Early Learning Program, Royal Institute for Deaf & Blind Children (RIDBC)	Royal Institute for Deaf and Blind Children	Draft Final Report, April 2008
Rural Beginnings, Kurrajong Early Intervention Service (KEIS)	Kurrajong Waratah	Final, June 2008
Sing & Grow, Playgroup Association Queensland	Playgroup Association of Queensland	Draft Final Report, March 2008
Special Teaching & Research (STaR) Inclusive Early Childhood Project	Macquarie Research Institute	Final Report, June 2008
Through the Looking Glass (TtLG), Lady Gowrie	Lady Gowrie Child Centre Inc	Final Report, May 2008
Vital Early Years Therapy & Family Support Program, St Giles Society	St Giles Society	Draft Final Report, 2008

N/A	Children's Protection Society	N/A
N/A	Mercy Community Services Incorporated	N/A
N/A	Murdoch Children's Research Institute	N/A
N/A	PIP Victorian Foundation	N/A

Attachment G.2: Methodology and ItG Evaluation Reports

The evaluations overall progressed according to their evaluation plans. A few documented the changes made when the evaluation plans were found to be overly ambitious. Project X, for example, limited the use of repeated outcome measures and cut down the number of site visits, as a result of budgetary pressures. The final evaluation report (November 2007) stated that no measures were used in relation to improved family resilience, both because of difficulties in administering the instruments and because of the small numbers of parents who allowed home visits.

For Project G, the evaluators modified the amount of data collection proposed, particularly the qualitative components. A single interview each was held with Playgroup Executive Officers and senior program staff (rather than the three originally planned), and the follow-up period for parent questionnaires was reduced – from six to three months – to make it easier to maintain contact. The evaluation report (March 2008) said that, while all the planned for resources were received, they proved inadequate.

The evaluation of Project Q was also scaled down for 2007, due to signs that respondents (particularly parents) felt 'over-evaluated', although the report did not document which particular aspects of the plan were being scaled down. According to the final report (June 2008), parents were being engaged less frequently but more intensively; the evaluators themselves did not have direct contact with the children but relied on data supplied by staff; and there was no control group because they believed it was unethical to include families in the scope of the project but not give them services.

ItG projects utilised a range of evaluation approaches, allowing evaluations to be tailored to local circumstances and information needs. In some sites, the formative aspects of local evaluations appeared to be particularly successful, with emerging evidence being fed into projects to inform improvements in design and implementation. Project F, for example, demonstrated strength as a formative evaluation, with management responding quickly to emerging findings by adapting practices, structure and documentation. Similarly, Project S was highly responsive to experiences in the pilot and in the early stages of implementation.

In summary, the evaluations generally progressed according to the original plans. However, where necessary, programs modified the design to meet changing needs or address emerging lessons from the early findings.

Evaluation methodologies

Most evaluations opted for participatory, mixed or action research methodologies rather than experimental design. A description of each project's evaluation methodologies is included in the table at the end of this section. Evaluation tools included interviews, feedback forms, administrative data, case studies, client demographic data, client satisfaction measures, site and practice observations,

standardised tests for children and parents, goal attainment scores, surveys and questionnaires, and focus groups.

Some evaluations documented their evaluation tools more thoroughly than others, although a few omitted details of the instruments used.

A number of the evaluations attempted to build on measurement tools and reporting mechanisms that were in place prior to ItG funding. Many process evaluations sought to maximise the use of routinely collected data and examine available resources (like samples of policies and procedures), to minimise the need for additional collection. Some evaluations also attempted to integrate tools into existing program delivery processes, like reflective journals.

Pre and post tests

Standardised tests and scales were widely used in outcome evaluations, being administered before and after interventions to assess change. Project J, for example, used repeated standardised scales to ascertain changes in relationships between staff and children, between parents and children, and in child and parental wellbeing. Project L used pre- and post-scales and schedules, including the Childhood Autism Rating Scale (observation schedule) and measures of developmental language. Across the projects, the Parenting Stress Index (PSI) and Strengths and Difficulties Questionnaires seemed most widely used.

Experiences with pre and post tests were mixed. Some local evaluators found the tests difficult to apply in the context of the projects. In Project L, for example, transience of the population made it difficult to collect parent questionnaires. The Project X evaluation found it challenging to use standardised tests with marginalised populations, with disrupted care patterns making some questions difficult for parents to answer. It was also difficult to obtain complete data from families who were only marginally attached to the project.

The evaluation reports also noted problems with data analysis. Project F reported difficulties in interpreting pre and post survey data because of changes to improve service delivery between the waves of data collection. The response was to add questions documenting any changes, in order to retain the strong formative focus of the evaluation and improve interpretation.

A different analytical challenge arose from the outcome evaluation for Project D, which also used a pre-post test design. Instead of using a control group, the evaluation made internal comparisons between subgroups of participants (i.e. children in preschool A with those in B; and children leaving the program with those not leaving). The result was an extensive range of data, which needed to be prioritised to generate clear conclusions.

The problem of extensive data was also evident in the Project K evaluation. That report presents a wide range of data collected: 300 data items for each child based on three standardised tests, as well as the results of the PSI and of a parental satisfaction

survey. Moreover, the instruments had had to be adapted for the purposes of this particular evaluation: the questionnaires for the children overlapped and were difficult to administer, and the PSI was found to overburden parents. The extensive range of evaluative information collected from the children meant that results were highly individualised, and the large number of weak patterns identified across the sample made it difficult to draw overall conclusions.

Most of the evaluations used pre and post testing, in order to assess the extent of change experienced by program participants. This is good evaluation practice, but some programs faced challenges because of the demands this placed on parents, the difficulty maintaining the same group of respondents, and the changes to service delivery.

Control groups

Control or contrast groups are important for outcome evaluations because they are the only real way of testing out the counterfactual – i.e.: they answer the question 'What would have happened if the intervention had not been delivered?' Without some sort of control, it is very difficult to interpret changes in child and family outcomes, because there is always the possibility that the changes would have taken place anyway.

Few evaluation studies included control or comparison groups, thus making it difficult to attribute change to the interventions. Only one project was designed and introduced as a controlled trial (Project N). This was based on sequential group recruitment, with Phase 1 involving a community sample not exposed to the Project N intervention, and Phase 2 being the intervention sample. Baseline and follow-up data were collected from both groups. The interim report included information only on the group who did not receive the program, with the intervention group to follow. At the time of the most recent report (May 2008) the second group had been recruited and followed up, and data cleaning and preliminary analysis were underway but not yet completed.

As already mentioned, the evaluation of the Project D also used controls – comparing the achievements of Project D participants with two groups from partner primary schools.

Reasons for not including control groups were both ethical and practical. Staff were reluctant to include people who needed services within the project's scope without providing them with the services. Practical difficulties included the formative nature of many of the projects, whereby the project was reassessed and reformatted in response to further evidence as it emerged. Comparisons were not possible in situations where changing conditions were built into the project design. People on waiting lists could provide a source for contrast or matching groups. But while this might solve the ethical difficulty – these people would eventually receive the services – it does not solve the practical difficulty of conditions that change over time. Moreover, the waiting lists for many projects were too short to be practicable, or they were non-existent.

The evaluation of Project P did not initially use a control group, because this was seen as inconsistent with the formative aims of the evaluation. The project needed to be revised in response to emerging evidence so could not be implemented with the level of consistency required for a controlled trial. Staff also did not want to deny the intervention to some families in need, and felt that it might be difficult to identify and recruit enough subjects for the control group. The final report (May 2008) indicated that, by the time wave 3 of the data collection was concluded, there were eligible parents at two sites who could not be immediately accommodated into the project and who constituted a de facto 'waiting list'. It was suggested that these parents could be used as a contrast group. However, the suggestion was eventually rejected on the grounds of increased costs and ongoing problems – including raising people's expectations unduly, selection bias (program participants were likely to be more needy than those waiting), and client objections to home-videoing. It was also felt that the current triangulated methodology was adequate for exploring causality.

Other evaluations encountered problems because they had assumed there would be a waiting list which could be used to collect control group data. Project X found its waiting list was too short, and the evaluation needed to proceed without the planned wait-list controls. Evaluators of Project K had also planned to use a comparison group, but found that the expected waiting list did not eventuate, possibly due to the opening of a new autism program in the area, which decreased demand on the program. Similarly, Project S found referrals were slower than anticipated, so the waiting-list underpinning comparison research methodology was unable to be maintained, making a comparison group untenable.

The Project J evaluation also originally intended to compare children at the three intervention sites with those from another centre. However, due to problems in matching family demographic and centre characteristics, comparators were not used. The final report (July 2008) said that the instruments used in the analysis were based on those used in the Longitudinal Study of Australian Children (LSAC), and that comparisons could be made with this survey, albeit at a state level rather than nationally. The investigation included in the final report was only exploratory. There is little empirical data in Australia using these outcome measures longitudinally. However, further analysis would be possible once the longitudinal LSAC data using these measures became available.

Hence, only a few evaluations used control or comparison groups, and their absence makes it difficult to attribute any changes to the interventions. Where programs have endeavoured to use control groups, there have been problems with locating comparative groups (small waiting lists or none at all, difficulty matching demographic/characteristic details), and thus the evaluations lack a full set of comparative data. These findings confirm the very difficult challenges faced by evaluators of early interventions who wish to use control groups.

Sample sizes and response rates

The table below lists sample sizes for each evaluation (where provided in the evaluation report). Because of the small size of many of the interventions, few ItG

evaluations had large sample sizes, a problem compounded by poor response rates in some cases. Small sample sizes are in part inevitable where projects are small and highly individualised. Project K, for example, provided highly specialised and individualised autism interventions to small numbers of high-needs children, and Project X also served small numbers of high-needs children (29 in a 12-month period), making systematic analysis difficult.

Some low response rates relate to the nature of the intervention and target group. The evaluation of Project F, found it difficult to gain responses from some professionals. Low numbers answered the baseline survey, presumably due to their busy schedules, and they recalled little about the project, even with prompting. For evaluators of Project R, low response rates related to challenges in using evaluation tools with marginalised groups. Evaluators identified difficulties in engaging service users in focus groups, for example, parents that avoided contact with other parents were unwilling to participate in the groups.

Summary

In summary, most evaluations used mixed methodologies. Evaluators experienced a range of challenges relating to the use of pre and post tests, including obtaining adequate sample sizes and control-group data. Notwithstanding their limitations, the evaluation reports together highlight key factors contributing to successful implementation of ItG projects, as well as challenges confronted by the projects, and they provide some evidence of project outcomes. Implementation and outcome findings are analysed in the following sections.

ItG Project	Evaluation Methodology	Number Evaluation Participants
Starting Blocks™ Early Intervention Service (Autism Spectrum Australia)	Pre and post scales and schedules, parent interview.	18 children and their families.
Bumblebees Therapeutic Preschool (TPS), Phoenix House	Measurement tools and reporting mechanisms already in place; pre and post measures administered to children, PSI to parents; telephone conferences with staff; case studies of 3 families, each 6 months; data on home visiting; one site-visit.	29 children from 22 families
Child Nutrition Program, Ngaanya-tjarra Pitjantjatjara Yankuny-tjatjara Women's Council (NPYWC)	Systematic review of documents and reports produced in the last 3 years; review of relevant literature; staff and stakeholder interviews; workshops with staff to reflect on practices and outcomes.	-
Core of Life	Literature and documentation review, discussions with program managers, project administrative data, questionnaires to all facilitators after training workshops and first education session, five case studies (phone interviews, pre and post session surveys).	556 of 978 facilitators completed surveys after training. 49 facilitators returned post education session surveys. Participating young people: 890 pre and 1002 post session surveys.
Every Child is Important, Australian Childhood Foundation (ACF)	Analysis of the media strategy; interviews with program staff and professionals who distributed the program materials; a survey of parents (treatment group and comparison group)	Program staff: 4, professionals who distributed the program materials: 6, survey of parents: treatment group 53, comparison group 42.
Good Beginnings Australia: (a) Play & Learn; (b) Working with Dads; (c) Parents & Play; (d) Contact Play & Learn'	Collection of attendance numbers and participant type breakdown; reflection journaling by local site coordinators; case studies; site visits by the CCCH; and parent surveys.	-
Good Food for New Arrivals, Association for Services to Torture and Trauma Survivors (ASeTTS)	Dynamic design, participatory approach. Stakeholder interviews (to evaluate change in practice among service providers and target audience), observations, and notes/reflections on consultations and training.	-
Goonellabah Transition Program (GTP): 'Walking together, learning together'	Quasi-experimental, pre-post design using routinely collected data wherever possible; some additional information collected: child surveys, family surveys, home-visit worksheets, GTP and school staff surveys.	-
Healthy Start, Australian Supported Parenting Consortium	Outcomes evaluation: Pre and post surveys with participants of parenting education and learning hub convenors. Process evaluation: 3 waves of interviews with 16 learning hub convenors (case studies).	Outcomes: Participants of parenting education: 41 families (30%); learning hub convenors: 64 pre, 36 post. Process: 16/13/13 (waves 1/2/3).
KU Early Language & Literacy Initiative (ELLI)	Action research; 2 standardised measures of receptive language and 2 of expressive language; Family Survey.	-
Let's Start: Exploring Together for	Family Functioning and Life Stress component of Parent Interview Questionnaire administered twice: at	Evaluation not due for completion until August 2009

Indigenous preschools	baseline and at 6-month follow-up; child behaviour measure adapted for the 17 cultural contexts of the Tiwi islands; Strengths and Difficulties Questionnaire (SDQ) for Indigenous families; a parent mental state measure and Parent Satisfaction Questionnaire.	
Mothers, Fathers & Newborns Psycho-Educational Program for Parents (PEPP)	Research trial with intervention and control groups. Intervention group: baseline and follow-up data; Control group: one-off data collection; feedback from key stakeholders.	Intervention group: 285 persons (mothers and fathers); Control group: 360.
Parent Child Interaction Therapy (PCIT), Lifeline	Therapist assessment, client data, client survey (pre and post measures of family function) and interview, agency feedback, staff interviews.	12 family and 9 parent surveys; no. of families in pre/ post survey and no. of agency surveys and staff interviews not stated.
Parent Support Project (PSP)	GP and parent surveys (baseline, follow-up, training feedback), staff feedback interview, parent database.	GP surveys: 6/7 per survey; Parent surveys: 18/28/51; Staff interviews: 4; Parent database: 74.
Partnerships in Early Childhood, Benevolent Society	Longitudinal design. Outcome evaluation: surveys to assess relationship between staff and children, and between parents and children. Process evaluation: interviews with representatives from partner organisations, program staff and parents.	6 centres in 3 areas; 218 children and 130 parents participated in all 4 outcome data collection rounds; around 40 people participated in each of 2 rounds of interviews for the process evaluation.
ProAQtive Early Intervention Program, Autism Queensland	Mixed methods approach; standardised instruments for children and parents; parent Satisfaction Survey; for teachers: continuous improvement survey; pre and post scores collected on 3 instruments.	-
Remote Early Learning Program, Royal Institute for Deaf & Blind Children (RIDBC)	Surveys of families and local service providers at beginning and end of program; interviews with families, providers and program staff; documentation review; five case studies.	Surveys: 19 and 29 families in two rounds respectively, and 14/10 service providers (only 1 family and no provider completed both surveys). Interviews with a small number of families and providers.
Rural Beginnings, Kurrajong Early Intervention Service (KEIS)	Data on children gathered by staff and made available to evaluators; no control group; self-reporting by parents/ carers, KEIS staff and managers, community organisations; staff surveys; parent exit surveys and telephone interviews; semi-structured interviews with managers; phone and written surveys with community agencies; focus groups with parents and staff; focus groups with staff.	-
Sing & Grow, Playgroup Association Queensland	Document analysis, administrative data, staff interviews and questionnaires, parents' pre and post self-report questionnaires, observational checklists.	Parents: demographic data from 1837 families (93%), pre 1444, post 940, follow-up 303; Staff: 20 session leaders (56%); all 8 state directors
Special Teaching & Research (STaR) Inclusive Early Childhood Project	Performance Management data (administrative, program implementation, annual questionnaires/ interviews with teachers and parents), and Outcomes data (surveys of parents and professionals, annual staff	-

	and family surveys, child development measure, Individual Child Engagement Record ICER).	
Through the Looking Glass (TtLG), Lady Gowrie	A series of pre and post measurement tools to collect data from mothers and children; from TtLG staff: email surveys, interviews, focus groups; follow-up surveys of mothers from the first 3 waves 3 months after the program, and of Wave 2 and Wave 3 16 to 18 months after; procedures more elaborate than initially envisaged (i.e. video), because of lack of an instrument to measure parent/child attachment.	
Vital Early Years Therapy & Family Support Program, St Giles Society	Pre and post intervention surveys, focus groups with clients and service providers, semi-structured interviews with staff and parents, document review.	Speech pathology: 225 pre-intervention surveys, 123 post; 10 parents and 10 staff in focus groups.

Attachment G.3: Reported number of child and family participants by level of participation, by gender

Organisation Name	Children											Families
	Male			Female			Both Genders			Un-assigned episodes of service	Total episodes of service	
	New	Cont	Total male episodes of service	New	Cont	Total female episodes of service	New	Cont	Total gender-assigned episodes of service			
Autism Spectrum Australia (ASPECT)	115	46	161	19	8	27	134	54	188		188	
Association for Services to Torture and Trauma Survivors	186	-	186	116	-	116	302	-	302		302	
Australian Childhood Foundation[9]										6,000	6,000	
Autism Queensland Incorporated	25	50	75	-	-	-	25	50	75		75	
The Benevolent Society	1,974	2,841	4,815	1,837	2,538	4,375	3,811	5,379	9,190		9,190	7,980
Charles Darwin University	123	14	137	18	8	26	141	22	163		163	185
Community Health Education groups (CHEGS)	95	26	121	65	20	85	160	46	206		206	26
Children's Protection Society	1,090	2,598	3,688	959	2,278	3,237	2,049	4,876	6,925		6,925	
Core of life (Menzies Incorporated)[10]												
Good Beginnings Australia Inc	1,391	1,550	2,941	972	502	1,474	2,363	2,052	4,415	1,306	5,721	3,204
Key Centre for Women's Health in Society	292	674	966	307	725	1,032	599	1,399	1,998		1,998	
KU Children's Services	123	221	344	114	166	280	237	387	624		624	
Kurrajong Waratah	85	205	290	69	103	172	154	308	462		462	
Lady Gowrie Child Centre Inc										135	135	115
Lifeline Community Care	80	81	161	30	19	49	110	100	210		210	4

[9] Data on participants identified by SPRC researchers from progress reports; not included in spreadsheets provided by FaHCSIA
[10] Progress reports provide rough estimations of participation which appear to be inaccurate, and have not been included

Organisation Name	**Children**											**Families**
	Male			**Female**			**Both Genders**			**Un-assigned episodes of service**	**Total episodes of service**	
	New	**Cont**	**Total male episodes of service**	**New**	**Cont**	**Total female episodes of service**	**New**	**Cont**	**Total gender-assigned episodes of service**			
Macquarie Research Institute	64	104	168	25	43	68	89	147	236		236	
Mercy Community Services Incorporated[11]												
Murdoch Children's Research Institute3												
Northern Rivers Division of General Practice										196	196	216
NPY Women's Council Aboriginal Corporation	101	188	289	83	160	243	184	348	532	39	571	277
The Parenting Research Centre1												122
Phoenix House	3	6	9	-	12	12	3	18	21		21	
PIP Victorian Foundation3												
Playgroup Association of Queensland	57	-	57	62	-	62	119		119		119	86
Royal Institute for Deaf and Blind Children	61	138	199	72	139	211	133	277	410		410	307
St Giles Society	555	1,081	1,636	247	462	709	802	1,543	2,345		2,345	
Total	6,420	9,823	16,243	4,995	7,183	12,178	11,415	17,006	28,421	7,676	36,097	12,522

[11] No progress report received by time of SPRC reporting

Attachment G.4: Child participation rate from reported data, by organisation, by gender and attendance (%)

Organisation Name	Children, assigned by gender		Children, assigned by attendance	
	Male (%)	Female (%)	New (%)	Continuing (%)
Autism Spectrum Australia (ASPECT)	85.8	14.2	71.3	28.7
Association for Services to Torture and Trauma Survivors	61.6	38.4	100.0	0.0
Australian Childhood Foundation				
Autism Queensland Incorporated	100.0	0.0	33.3	66.7
The Benevolent Society	51.8	48.2	41.5	58.5
Charles Darwin University				
Community Health Education groups (CHEGS)	59.4	40.6	77.7	22.3
Children's Protection Society	53.2	46.8	29.6	70.4
Core of life (Menzies Incorporated)				
Good Beginnings Australia Inc	58.9	41.1	53.5	46.5
Key Centre for Women's Health in Society	48.7	51.3	30.0	70.0
KU Children's Services	51.9	48.1	38.0	62.0
Kurrajong Waratah	55.2	44.8	33.3	66.7
Lady Gowrie Child Centre Inc				
Lifeline Community Care	72.7	27.3	52.4	47.6
Macquarie Research Institute	71.9	28.1	37.7	62.3
Mercy Community Services Incorporated				
Murdoch Children's Research Institute				
Northern Rivers Division of General Practice				
NPY Women's Council Aboriginal Corporation	54.9	45.1	34.6	65.4
The Parenting Research Centre				
Phoenix House	100.0	0.0	14.3	85.7
PIP Victorian Foundation				
Playgroup Association of Queensland				
Royal Institute for Deaf and Blind Children	45.9	54.1	32.4	67.6
St Giles Society	69.2	30.8	34.2	65.8
Average rate of participation	65.1	34.9	44.6	55.4