



*The Cottage
service for
highly disadvantaged
children in Fitzroy*

A review

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2008



Brotherhood
of St Laurence

Working for an Australia free of poverty

Published by

Brotherhood of St Laurence
67 Brunswick Street
Fitzroy Vic. 3065
ABN 24 603 467 024

Ph: (03) 9483 1183

www.bsl.org.au

ISBN 978 1 876250 93 5

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Abbreviations

BSL	Brotherhood of St Laurence
CALD	culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Service
CCCH	Centre for Community Child Health
CSRDO	Children’s Services Resource and Development Officers
DHS	Department of Human Services
EMC	Ecumenical Migration Centre
HACC	Home and Community Care
HIPPY	Home Interaction Program for Parents and Youngsters
MCH	Maternal and Child Health
MCHN	Maternal and Child Health Nurse
MCM	Melbourne Citymission
MCM (EI)	Melbourne Citymission (Early Intervention)
NYCH	North Yarra Community Health Centre
RCH	Royal Children’s Hospital
VACCA	Victorian Aboriginal Child Care Agency

Acknowledgments

The authors would like to thank the parents who attended the Cottage and shared their stories with us. We would also like to thank the staff at the Cottage, who were willing to contribute to this research at a time where they knew they would lose their jobs due to the imminent closure of the service. Our thanks also go to the specialist service providers who contributed their expert insights as partners of the Cottage in a wider network of services.

We would like to express appreciation to the members of the project advisory group—Jill Webb, Ola Krupinska, Steve Curry and Sarina Greco—for their time and valuable advice.

Many thanks to Fiona Walters and Deborah Patterson for their work in editing this report.

Finally, we are grateful to Forest Hill Early Childhood Foundation for the grant which enabled this research to be undertaken.

Summary

The purpose of this report is to evaluate the Cottage Centre for Families and Children prior to its restructure in November 2005. The Cottage was a holistic child and family resource centre, funded by the Brotherhood of St Laurence (BSL) and located in Fitzroy opposite the Atherton Gardens precinct. It targeted families with children between infancy and school age, where there was concern about the child's development and/or behaviour. The families of children who attended the Cottage were among Victoria's most disadvantaged. Low income was a condition of being accepted as a client at the Cottage and families attending experienced a range of problems in addition to socioeconomic disadvantage, including poor education, social isolation, lack of confidence, physical and/or mental health issues, abuse, housing problems, and trauma from refugee experience and migration-related issues.

At the end of 2005, the BSL restructured the services provided by the Cottage due to difficulties in meeting the costs of the program. As a result, the Cottage closed in November 2005. The Napier Street Child and Family Resource Centre has since opened in the same premises. While the new centre retains many of the same aims as the Cottage, it was thought to be important to document and evaluate the services provided by the Cottage, prior to its restructure, to ensure the innovative and apparently successful elements of the program are incorporated in the new structure.

This report provides an overview of services provided at the Cottage and their consistency with best practice principles of service delivery, and assesses the effectiveness of the Cottage in terms of improving developmental outcomes for children and improving child and family wellbeing. It demonstrates that the model of service delivery at the Cottage was extremely effective, particularly for assisting highly disadvantaged families with complex needs; and is an exceptional example of how a social inclusion agenda can be applied in an early childhood setting.

Methodology

A combination of qualitative and quantitative methodologies was applied in this research. Semi-structured interviews were conducted with three sets of stakeholders: service participants (parents), Cottage staff and specialist service providers who had cooperated in some form with the Cottage. A review of case records was also conducted. This review collected information on children's (and parents') presenting problems, interventions and significant changes in areas of social/emotional, language, cognitive/intellectual and physical development that occurred during their involvement at the Cottage. Other information in monthly reports and material published by the Cottage was also incorporated in this review.

Services provided by the Cottage

All children attending the Cottage participated in a child development program which aimed to develop age-appropriate skills and competencies. Other services provided at the Cottage included individual programs with children and parents designed to cater to specific needs they presented or which emerged during their engagement (for example, providing counselling for domestic violence or bereavement); group programs for children and parents (including educational and activity groups that developed skills and fostered relationships between children and parents); outreach work aiming at sustainable implementation of improvements in people's homes; playgroups (providing activities for children and a place where parents could meet other parents); and a toy library (providing educational and developmentally appropriate toys for families to borrow and use at home).

The professional backgrounds of the staff as well as their different personalities helped to shape the particular programs provided at the Cottage, as did the needs of the individuals and families that presented.

Service model

Overall, the work at the Cottage was consistent with principles of early intervention to prevent later, harder to manage, difficulties in children. Promoting children's skills development was a direct or indirect objective of all the services and programs provided by the Cottage. Based on developmental theory, the child development program focused on maximising the potential of children at each stage of development, with different sessions held for children of different ages, so as to develop age-appropriate skills and competencies. Programs with parents aimed to foster child development by improving parents' skills and parenting capacities. Combined parent and child programs aimed at improving child and carer interaction and communication, and enhancing parenting capacities and children's development over the longer term.

The work at the Cottage was also guided by an ecological approach to service delivery, considering the child's issues in the context of his or her family and the wider community. This approach was based on the understanding that to successfully address the child's issues, issues in the family needed to be taken into account and addressed too, as unmet needs of the parents impact negatively on the child's wellbeing. The intake process involved a thorough assessment of parents' needs as well as children's, and these were addressed through a package of individual and group programs. Parents received individual counselling, case management, and crisis intervention. Group programs provided for parents focused on issues such as domestic violence, exploring parenting practices in relation to their own childhood experience and its influence on their parenting practices; and practical parenting and household management skills. Many group activities fulfilled multiple purposes, helping parents to make links with other parents and thereby facilitating social networking and community strengthening.

Furthermore, Cottage staff gave parents practical assistance with pressing and everyday problems and operated as a drop-in centre to vulnerable families needing additional child-care during holiday periods. It is important to emphasise that the services provided by Cottage staff were comprehensive and intensive, extending well beyond the provision of programs to include case management and practical assistance solving everyday problems, and advocacy work at the community level, seeking to integrate clients into a wider multi-disciplinary network of services to better address their multiple needs.

The Cottage also aimed to empower parents by treating them as expert partners in the care and education of their children. Their work with parents was based on a partnership model in which professionals build supportive and effective relationships with parents based on an understanding of the psychosocial nature of the helping situation. This involves establishing respect and empathy, listening to parents rather than telling them what to do, carefully exploring and clarifying the problems parents are facing, agreeing on a model and goals for intervention, and ongoing involvement in planning and feedback. This process demands highly skilled professional communication and a respectful partnership between staff and parents.

Also notable was the significant amount of outreach work conducted by Cottage staff. Home visits were seen to provide staff with a better understanding of the child and parent within the family and community context, and to enhance relationships and trust between staff and clients, as well as ensuring children's needs are met in the home environment.

Staff and other specialists who worked with the Cottage said that it provided a unique service. One of the Cottage's major strengths, as revealed in this evaluation, was its expertise in engaging and assisting families with complex needs. It is these families for whom early intervention and support services are most vital; but the range and depth of the problems these families face make engagement with mainstream services difficult, if not impossible. A central strength of the Cottage was the staff's knowledge of how best to engage the most vulnerable families and children. This involved intensive investment of time in building relationships of respect and trust with clients, and helping families deal with the issues that could act as barriers to attending the service (for example,

mobility or substance abuse issues). One factor that emerged from this evaluation was the importance of the training and expertise of staff in family therapy which helped them build supportive and effective relationships with parents and encourage them to grow and develop.

Improvements in child and family wellbeing

Reports from parents, staff and other specialists about whether and how the Cottage made a difference in the lives of families and children who attended were overwhelmingly positive. These reports, in conjunction with information in case files, suggest notable improvements in wellbeing and increased human and social capital for all families who attended, and for parents as well as children.

Children who attended the service showed improvements in cognitive, social, emotional, physical and language skills as a consequence of engaging with the service. Some children showed progress only in some of these areas, while others showed progress in all or multiple areas of development. For many of the children, the development of emotional and social skills, particularly overcoming separation anxiety, was shown to be a crucial precondition of effecting change in other aspects of children's development, and a precondition for the transition into mainstream services.

Many positive outcomes for parents were also reported, most notably in the areas of improved self-esteem, confidence, trust and positive outlook, and improved capacities and skills as parents, including capacity to access other, more mainstream, services and resources. These outcomes in turn had important effects in terms of improved relationships between parents and children, decreased social isolation of families, increased participation in community, and improved access to other services—all essential for the long-term wellbeing and eventual independence of families.

In sum, this review demonstrates that the model of service delivery in practice at the Cottage was an extremely effective one, particularly for assisting families with complex needs. The results suggest the Cottage fostered long-term, sustainable wellbeing in families and children, building the social and human capital of children and parents, and fostering their eventual independence from the program, so in the longer term they did not need help. The BSL believes this is the way forward for working with multiply disadvantaged families.

The Cottage is an exceptional example of how a social inclusion agenda can be applied in an early childhood setting. The social exclusion approach recognises that poverty is about more than low income, rather, it is a multi-dimensional problem requiring a joined up solution. The effectiveness of the Cottage results from its recognising the linked nature of the problems families face, trying to understand and address the root causes, recognising the mutually reinforcing benefits of working with parents alongside children, and working together with other services in a multi-agency context.

1 Introduction

Understanding early childhood

Childhood as a concept is a relatively modern invention, children largely being viewed throughout history as small adults (Goddard & Carew 1993). More recent still is a systematic interest in children and childhood.

In the nineteenth century, there were significant advancements in understanding about what children need to develop as healthy, 'well-rounded' adults, with the introduction of theories around child development and attachment. More recently there is increasing recognition that the child is not only a potential adult but a person with intrinsic rights to live a safe, healthy and fulfilling childhood. The needs and rights of children and their role in society comprise a subject that not only rests in science as it is also entrenched in value, belief and cultural positions.

Child wellbeing depends on the satisfaction of material, physical, affective and psychological needs (Prilleltensky & Nelson 2000). Achievement in these areas is reached through strong and healthy attachments and age-appropriate competencies (Cowen 1996) which develop through a complex and dynamic interaction between the child and significant others in his or her life. These significant others are commonly viewed as the child's mother, other immediate family members, the extended family and friends, and the community. The importance of the broader circle of people increases as the child ages, an issue described by Bronfenbrenner in terms of an ecological model (1979). Thus, the wellbeing of the child's immediate significant adults (the family) and their ability to provide a context which fosters the child's development is of great importance, especially for the very young child. Inter alia, the child's family requires the physical, social, cognitive and emotional resources with which to provide for the child's needs (Prilleltensky & Nelson 2000).

Providing these resources to children is more difficult where the significant persons caring for the child are experiencing social exclusion. Social exclusion is a term popularised through the work of the UK's Social Exclusion Unit (SEU), which was particularly active in the early 2000s. The concept of social exclusion provides a framework for government social policy to understand the impact of personal disadvantage (SEU 2003). In this context social exclusion relates to the consequences of barriers which make it difficult or impossible for people to participate fully in society. Barriers include a poor education, unemployment, low income, poor health and limited transport options. These issues tend to particularly cluster around certain vulnerable groups including new migrants and refugees, those on a low income, rurally isolated and Indigenous people.

Children and their immediate carers often belong to these socially excluded groups. Thus they may have restricted access to many resources fundamental for wellbeing. These include personal financial resources, education, transport opportunities and health services. These multiple barriers compound adverse impacts such as isolation and disadvantage. Adversity limits personal parental resources and makes it more difficult to provide emotionally responsive parenting.

However, providing resources to families can also produce a compounding impact in a positive direction. Resources may be in the form of material assistance, health improvements, emotional support or the development of cognitive understanding in parents. Similar to the negative chain effects (Rutter 2000), it is possible to have positive chain effects.

Healthy, fulfilling interactions between the child and other important people in the child's life also depend on personal factors. A person's past experience and his or her ability to positively respond to life circumstances may make it more, or less, difficult to have fulfilling interpersonal relationships. This applies to both the child and their significant adults. Thus, an adult's own upbringing, whether it had many adverse or many positive events, and they are able to adjust to

present life circumstances (such as being a refugee in a new country) will impact on both the ability to form relationships and the quality of those relationships.

In recent years, especially in Australia and the United States, considerable attention has centred on the notions of social capital and community strengthening. Social capital refers to the development of social networks, reciprocity, and trust between people (Putnam 1995). Community strengthening occurs where a sense of neighbourhood develops between individuals, families and organisations. This happens when people become actively engaged in the community. They feel socially connected and may become volunteers or leaders, and a sense of community pride is established (Vinson 2004). Like financial capital and human capital (education/training), social capital and community strengthening promote personal wellbeing including children's wellbeing, and build the capacity to overcome adversity.

Theorists have identified various forms of social capital, and different networks create different types of social capital (Stone, Gray & Hughes 2003). Bonding social capital develops trust and reciprocity in closed networks, such as the family and perhaps the workplace, and assists the process of 'getting by' on a daily basis. Bridging social capital spreads resources between networks, allowing people to 'get ahead' by accessing multiple networks and therefore resources and opportunities. Linking social capital is created through networks with those in authority or who have power and who are useful for obtaining resources. They are commonly institutional connections. As Cooper et al. (1999) note, the larger and more diverse an individual's social network, the more access he or she will have to social relationships, and the more potential health benefits there are likely to be.

Thus the concepts of social capital and community strengthening are interconnected with personal, interpersonal, and structural issues. For example, whether there is a building where mothers can hold a playgroup may influence whether supportive networks to foster social inclusion develop between mothers in a particular neighbourhood. Similarly, a major road which bisects a community may make walking and casual personal contact difficult and dangerous, and thereby impact on the development of personal and community networks.

Reducing social isolation and improving interpersonal relationships—both on a personal and a broader community level—have been shown to have positive impacts on child development and behaviour (Moore 2005). This may be through the improvement of the interaction between the child and significant adults, or through the impact on the family through better community contacts and the development of social capital.

It is the interaction between interpersonal, community and structural factors that is of critical importance to understanding the Cottage program.

Overview of the Cottage

In its latest Strategic Review, the Brotherhood of St Laurence noted that:

While there is increasing government interest in early childhood, minimal resources are going to the most disadvantaged children ... Intervention services for multiply disadvantaged children are spread very thin and many children miss out. Especially refugee children, children with behavioural problems, children with mental illness and those experiencing abuse and neglect (BSL 2005, p.6).

One such service which provided support for the most disadvantaged children and their carers was the Cottage Centre for Families and Children, located at 134 Napier Street, Fitzroy, opposite the Atherton Gardens Ministry of Housing Estate. This property now houses the Napier Street Child and Family Resource Centre.

Predecessors of the Cottage Centre for Families and Children had been providing programs in Fitzroy since the early 1970s. From 1997, the Cottage provided an integrated child and family service. The program used a model which provided a holistic service to low-income families with children between infancy and school age, and where there is concern about the child's development and/or behaviour. The service was funded through the BSL, with a small contribution made through parent fees, and grants for specific programs. Services to families, as reviewed in this report, ceased at the end of November 2005.

Due to difficulties in meeting costs of the programs offered by the Cottage, the BSL restructured these services. The intention was to link them with a new child and family service offering an integrated program comprising universal and special needs services. Hence there was an urgent need to document and review the Cottage program. Such documentation aimed to enable the program's essential and most effective features to be incorporated into the new proposed structure.

Note on terminology

This report refers to 'children', 'parents' and 'families' instead of 'clients'. The term 'parent' is used to refer to the primary caregiver, whether this is the biological parent, step-parent, foster-parent or another person fulfilling this role.

2 Aims and methodology

This evaluation aims to document and review the effectiveness of the Cottage program in terms of improving child wellbeing. In detail, it aims to:

- provide an overview of the history of the Cottage
- provide a description of service users from 2003 to 2005
- describe the services provided by the Cottage from 2003 to 2005
- examine the effectiveness of the way the program is undertaken—the process goals
- evaluate the effectiveness of the services by measuring changes in child and family wellbeing in the course of the involvement—service outcomes
- define critical service components which lead to positive changes for children and families
- place these critical components within a national and international research context.

A combination of qualitative and quantitative methodologies was applied in this research. One of the strengths of qualitative inquiry is that it illuminates the nature and meaning of quality in particular contexts. It has been suggested in the literature on evaluation methods that the best source and form of information for ‘programs engaged in healing, transformation, and prevention’ are client stories. Case studies, used in this research, have been found particularly valuable in individualised programs, where the evaluation:

needs to be attentive to and capture individual differences among participants, diverse experiences of the program, or unique variations from one program setting to another (Patton 2002, p.55).

The methodology comprised the following components:

- an overview of the literature
- semi-structured interviews (recorded and transcribed with the consent of participants)
 - a small number of interviews with service participants (parents) (n=3)
 - a small number of interviews with Cottage staff (two child development workers, two social workers, the manager)
 - interviews with specialist service providers who have cooperated in some form with the Cottage (n=5)
- review of 21 case records, four of which were selected as case studies by the manager of the service based on the variety of issues they represent. Only one member of the research team had access to the case files and produced summaries. The data prepared and analysed in the four case studies consisted of a description of the progress of the family
- analysis of service database (monthly reports, clients and program statistics).

The information on service participants has been varied to maintain anonymity.

While the number of interviews with parents is small compared to the number of case files, they reflect the richness of information provided by in-depth investigation as opposed to the more limited information of case files.

To measure change and outcomes, the following information was collated from the case files:

- presenting problems, as recorded in the Assessment Form and Summary
- the focus of work (goals/recommendations/suggestions for service involvement) as recorded in Assessment Form, Summary and/or Program Agreement, and in the case reviews
- interventions and significant changes (social/emotional, language, cognitive/intellectual and physical development) as recorded in the case notes.

The initial research team consisted of two BSL researchers and a graduate student undertaking a final year social work placement. Two staff at the Cottage each conducted an interview with a parent. A reference group (comprising the research team, a child psychiatrist, an ethicist, the service manager and the manager of childhood services at the BSL) provided assistance with reflection upon the data, the process of the evaluation and review of the final report.

Measuring effectiveness in early childhood and family services

Early childhood intervention has been widely recognised by researchers and practitioners as showing long-term effects on children's development in relation to health, social, emotional and intellectual functioning. However, the measurement of effectiveness and efficiency of specific interventions is fraught with a number of difficulties. These are:

- ethical restrictions which prevent the use of a control group where services are withheld to a group of children in order to measure change in the experimental group
- long-term character of intervention effects on children
- invisibility of outcomes. Positive outcomes may arise from either the development of new behaviour or conditions, or the prevention of further deterioration, the latter being difficult to measure
- attribution of change. While a positive change may be present, causal attributions are difficult to make
- enduring change. Due to the lack of data on the persistence of outcomes this report draws on existing research that has shown the long-term effect of certain interventions
- the number and complexity of issues faced by children and families. As noted in the introduction, the child is part of several systems, including the family and the community. Thus, changes in and for the child are also sought by effecting changes in these different environments. This makes quantitative measurement of change very complex, and statistical matrixes not possible where the population of interest is small.

Rogers et al. (2004) have highlighted some of these issues in their evaluation of the Stronger Families and Communities Strategy:

Because of the nature of the impact of early intervention, it can be difficult to gather evidence about final outcomes, the activities that have contributed to it, and the various other factors that have influenced it (p.8).

Some of the mentioned limitations emerged also in the interviews with providers conducted for this evaluation. The long-term character of effects was highlighted, for example, by a child psychiatrist at Child and Adolescent Mental Health Service (CAMHS) who suggested, that children who access a service like the Cottage are far less likely to need a service like CAMHS in their teenage years. Vice versa, the analysis of many older children or teenagers who present behaviour or mental health problems shows that these problems originate from issues in their early childhood that would have been easier to address back then.

This highlights the connection between the long-term character of effects and the frequent invisibility of (positive) outcomes which may follow from the preventive character of early intervention and importantly also as a result of the pre-intervention assessment. The earlier the intervention, the 'easier' and the more cost-effective the intervention required.

Reflections on, and limitations of, the methodology

A number of factors need addressing as they pertain to the methodology. These are:

- the impending closure of the service (which was known at the start of the research) and its impact on all stakeholders (including the research team who felt close to the service staff)

- interviews with parents conducted only by staff members. The decision to ask the service staff to interview parents was reached based on a combination of time constraints and particularly because of the need for a trusting relationship between the interviewer and the parent given the sensitive topics
- only secondary data over time was available (case files, interviews with staff reflecting on the service and its outcomes).

While the above factors need to be noted, they do not diminish the validity of the evaluation. Following a self-reflexive approach to qualitative research, an established practice promoted particularly within feminist research (Skeggs 2001), we acknowledge that research is always informed by the values and knowledge held by the researcher. Contrary to the long-ruling paradigm of objectivity (which has now largely been replaced), this approach is based on the understanding that researchers are not 'blank pages' written upon by their informants and the data in general, but that the research process is informed and shaped by each researcher's values and politics (Keith 1992).

3 Overview of the history and evaluations of the Cottage

Early history of the service

Predecessors of the Cottage Centre for Families and Children have been providing programs in Fitzroy since the early 1970s.¹ From their inception these services have targeted low-income families. Programs have evolved over the years with some variation in their nature, scope and content. In the early years, programs focused primarily on child-care rather than broader family assistance and child development.

Early reviews of the Cottage (1988 and 1990) revealed that certain needs of the families who used the service were not being met by the existing service. Significant additional needs of the children were identified in the areas of social and emotional development, challenging behaviour and communication. Staffing arrangements, the building and services were inadequate to respond to the children's needs. Furthermore, few other services in the local community catered for these children and families and there was a lack of therapy and other support/respice services.

Due to financial restraints and organisational restructuring, only some recommendations about service expansion were implemented. The service aimed to enhance the relationship between parents and children by assisting parents to improve their parenting skills and their knowledge of child development. Additional staff were appointed in the following years (a part-time family/social worker and another full-time child-care worker in 1992). An early intervention program began to run alongside the child-care program, to which a part-time specialist children's worker was appointed in 1995.

A Strategic Review in 1995 further identified a number of changes in the local area to which the Cottage was unable to respond. Firstly, there was an increased demand for the service following a significant reduction of local family support services. This situation was aggravated by an increasing number of families coming into the area with very complex and difficult circumstances, including child protection issues and children with challenging behaviours. A need to engage with children and families together was recognised, alongside a need to develop more preventative approaches. The review identified many pressures and stress on the staff at the Cottage. In addition, it recommended the following key objectives be met: responsiveness to the high needs experienced by low-income families with children, provision of a demonstration model for working positively with very vulnerable and at-risk low-income families, and closer targeting to broader strategic efforts of the BSL (Metro Strategic Working Paper 1996, quoted in Webb 1997).

In 1996, the Cottage provided child-care to 44 families (50 children). More than 30 per cent of the children had developmental delay, many presented difficult and challenging behaviours and 20 to 25 per cent had experienced, or were found at risk of, some form of child abuse or neglect.

In 1997, the Cottage underwent transformation from a long day care centre to an integrated family centre model that combined therapeutic work with vulnerable children and families and developed social supports through community network building.

Five years later in a further evaluation, Kelly et al. (2002, p.9) described the Cottage as a 'family service that focuses on supporting families in order to prevent the development of ongoing difficulties'. Its primary aim was characterised as increasing the wellbeing and functioning of families.

¹ Its predecessor, the Limurru Neighbourhood Parent and Children's Centre, was started in 1973 by the BSL to support and complement the new local Family Day Care program.

The target group of the Cottage was characterised as low-income families who lived, studied or worked in the City of Yarra, with 80 per cent of families from culturally and linguistically diverse backgrounds (50 per cent of these families were from Vietnamese backgrounds) and many of the families described as socially isolated and experiencing multiple, complex problems.

The service was considered ‘a highly responsive and flexible service, well located and very accessible to families in the immediate community’, and significantly, ‘seek[ing] to engage with families according to their needs and experiences rather than according to any predetermined service model (Kelly et al. 2002, p.9).

Strengths identified in this evaluation were its nature as a centre-based, accessible and non-stigmatising service and its flexible and individually designed service which offered to meet families’ needs with no fixed service period. The children’s services were described as targeting children between 18 months and school age who were experiencing behavioural, emotional, social or developmental problems. The parent programs were seen to target families with diminished parenting capacity due to issues related to the child, family functioning or external stressors. Furthermore, several programs were seen to focus on improving the quality of the relationship between parent and child.

Kelly et al. (2002) recorded positive service outcomes in the following areas:

- child functioning, including improvements in behaviour (in more than 50 per cent of children), the parent–child relationship (more than 30 per cent), reduction in social and emotional delays (25 per cent)
- improvement in parent functioning (less than 5 per cent).

Advocacy and community action undertaken by Cottage staff and some parents was found not to have led to permanent systemic change, although networking and cooperation between services had improved access and responsiveness of services to the needs of families.

4 Literature overview and evaluation framework

This chapter provides an overview of the literature and a framework with which to evaluate the Cottage. The first section introduces important theoretical foundations of early childhood. The second section outlines a set of best practice principles for delivery of services to families with complex needs. Indicators which can be used to judge whether a service is following these principles are then outlined. The final section presents outcome indicators, which can be used to judge the effectiveness of a service.

Theories of early childhood

A brief overview of the major theoretical perspectives on early childhood is provided below. These theories illuminate the variety of influences on child development, and the benefits of different types and methods of intervention.

Ecological theory

Prilleltensky and Nelson argue that the sources of influence on children are so varied 'that we require an ecological perspective to understand their lives', or multiple levels of analysis (2000, p. 91). Therefore, an issue such as child abuse is viewed in the context of the individual (was the child abused herself/himself?), the micro-system (conflict and violence in family interactions), the meso-system (neighbourhood isolation, stress due to unemployment, socioeconomic pressures) and the macro-system (wider social norms about disciplining children, violence in society) (Belsky 1993; Garbarino & Kostelny 1992).

In terms of devising programs, an ecological perspective suggests we need to address issues at multiple levels in order to make the most difference in children's lives. At the individual level of the child, programs aimed at improving cognitive, social, emotional, physical and language skills are the main focus. At the micro level of analysis (parents and family), parent education and training and in-home support programs are described as the main approaches. They range from universal parent education and training programs to family preservation programs. A popular type of selective prevention program for families is home visitation. Evidence suggests that family support programs, which have been offered to families at risk of having a child placed in out-of-home care, or families who are involved with child welfare agencies, can improve family wellbeing and reduce out-of-home placements both immediately and in the long run (Prilleltensky & Nelson 2000).

Developmental theory

Developmental theory provides theoretical grounds for the emphasis on early intervention in delivery of services and development of policies concerning children and families. Developmental theory is concerned with changes and continuities in human behaviour across the life cycle. While the perspective is based on Freud's psychosexual stages of childhood development, Erik Erikson has been the most influential developmental theorist in including adult as well as children's stages of development in his model. Central ideas of the developmental perspective are that human psychological growth occurs in clearly defined stages; each stage of life is different from all other stages; stages of development are sequential, with each stage building on earlier stages; stages of development are universal; and the child's environment needs to provide the support necessary for development. Criticisms of this perspective pertain to its failure to take social, economic, political and historical environments of human behaviour into account and to its grounding in white, heterosexual, middle-class, male values. Traditional developmental models should therefore be applied with recognition of their ethnocentrism (Hutchinson 1999).

Present theorists are building on this understanding about child development, recognising the importance of the early years in healthy brain development (Shonkoff 2003). The significance of the early years as a foundation for almost every aspect of human development, including cognitive

and linguistic, social and emotional capabilities, as well as the capacity for self-regulation, is increasingly understood (Gillespie & Seibel 2005). Children are more likely to develop learning, emotional and behavioural problems with long-term effects when they lack nurturing, secure and responsive relationships with parents and caregivers. Critical to this understanding is new evidence which shows the severely adverse impact that ‘toxic stress’ (such as the death of a parent, witnessing domestic violence, or living with a parent with mental illness) may have on children (National Scientific Council on the Developing Child 2005). Adverse environments in early life, when interacting with a child’s genetic and temperamental predisposition, can even result in biological changes (such as neural connections) that determine coping, resilience and health outcomes in adult life.

Attachment theory

According to attachment theory, the relationships formed in infancy influence the nature of later relationships. The lack of at least one secure relationship in the early years impacts negatively on the child’s feeling of self as lovable and feelings towards others as sources of trust and security. Attachment research has shown that the problems associated with multiple transient and insecure attachments for the child can be ameliorated by secure attachment to another person outside the family (Howe 1995). It also shows that it is possible to increase the strength and quality of the parent/child attachment through a professional relationship.

Social learning theory

Social learning theory is based on the understanding that human beings learn through interacting with other people and modelling their behaviour on other people. It applies positive and negative reinforcement aimed at increasing or decreasing certain behaviours, especially in relation to deviant behaviour. In child and family services, social learning theory informs practices that give parents the opportunity to learn from the early childhood professional about more effective and positive ways to interact with, and raise, their children.

Service provision for families with complex needs

Drawing on early childhood theory and the broader policy and research literature, this section describes methods of service delivery which have been shown to lead to the best outcomes for children in families with complex needs. The concept of complex needs serves to emphasise the existence of multiple interlocking problems in a person’s life. As discussed in the introduction to this report, the most disadvantaged children and families often face multiple problems, such as a lack of financial resources, a lack of education, social isolation, and/or health problems. For service delivery this is crucial, in that it is often not problems in isolation, but their accumulation that makes them worthy of a response (Rankin & Regan 2004). Evidence suggests that services providing a holistic approach, that deal with problems on multiple levels, are more likely to succeed. The concept of complex needs also acknowledges the fact that different people respond in different ways to similar situations or problems.

The following principles can be drawn from the literature:

- intervening early
- promoting skills development
- a whole-of-family approach
- a focus on child and carer interaction
- user empowerment—respect for parents as expert partners
- effective integration and coordination of services

- social support and community strengthening service provision
- socially and culturally inclusive practice

These intervention principles are discussed further below.

Intervening early

Consistent with theories of child development, a wealth of research literature across different disciplines attests to the value and importance of early intervention to child development and child health where concerns have been identified. Furthermore, a growing number of national and international initiatives suggest an increasing awareness of this research at policy level. Examples of international initiatives are the OECD reports, *The well-being of nations: the role of human and social capital* (2001b) and *Starting strong* (2001a). Examples of practice initiatives at national level are *Sure Start* in the UK, *(Early) Head Start* in the US and *Best Start* in Australia.

While there is not room for a comprehensive literature review, it is important to highlight the central benefits of early intervention. As outlined by Rogers and colleagues (2004), early intervention comprises:

- intervening before problems develop (prevention)
- identifying and addressing problems before they become entrenched or lead to other problems (early remediation)
- intervening in the child's life at critical transition points (in particular, transition to school).

Access to assessment services prior to any intervention is more difficult for some parents, particularly those who are disadvantaged. This may be due to cost or due to parents' reluctance to engage with services. Reaching out to these families, and establishing good relationships with parents as well as children, is therefore an important part of early intervention.

Promoting skills development

The main objective of early intervention is to promote children's skills and capacities, thereby reducing risk factors and increasing protective factors to achieve positive outcomes for individuals and families over the longer term. Given the centrality of skills development to early childhood programs, it is worth drawing out and highlighting in this evaluation. Promoting skills development includes children's language, cognitive, social, physical and emotional skills.

A whole-of-family approach

Research evidence shows that programs that adopt a whole-of-family approach are more effective in achieving long-term benefits. This is especially so where children come from disadvantaged families and where parent/family-focused components are combined with direct work with children (Woodruff & O'Brien 2005). A whole-of-family approach recognises the interrelationship of child development problems and family dysfunction, and develops effective solutions in both domains. Such an approach enhances parents' capacities to parent and to access community support services, and thus the wider system (Rogers et al. 2004).

One illustration of the connectedness of child and family wellbeing is the way in which children's services can operate as a form of respite, which has been recognised as particularly important for parents and children under stress (Woodruff & O'Brien 2005, p.51).

A whole-of-family approach suggests the following practice in service delivery:

- recognising the interrelationship between child and parent/family problems and wellbeing
- helping parents/carers as well as children
- offering parents respite.

A focus on child and carer interaction

An important aim of a whole-of-family approach is to enhance parent–child interaction and communication, and improve parenting practices, beyond engagement with the service. This requires working with parents and children together in the same service. Improvement of parenting practices not only fosters healthy child development and supports early learning, but also tends to reduce the risk of abuse and neglect (Woodruff & O’Brien 2005).

A focus on child and carer interaction suggests the following practice in service delivery:

- working with children and families together in the same service
- enhancing parenting capacities through parent education, training and in-home support.

The expected outcomes of a combination of child-focused and family-focused services pertain to:

- improved quality of relationship between parents and children
- more positive nurturing attitudes to children and reduced use of harsh/erratic discipline
- greater confidence as parents
- cognitive gains for children
- improved social and emotional skills, and less disruptive, impulsive and aggressive behaviour
- decrease in abuse and neglect.

User empowerment—respect for parents as expert partners

There has been a growing recognition of the importance of parent–professional partnerships in early childhood settings (Hughes & MacNaughton 1999 & 2000; Rodd 1998; Henry 1996) and also in dealing with mental health issues such as autism (Wall 2004). MacNaughton’s (2004) collaborative action research in Australia and New Zealand explored the changing perspectives of staff, parents and children on parental involvement in early childhood education and identified possibilities for building respectful relationships between staff and parents. This involves viewing parents as expert partners regarding their child. Rather than identifying issues *for* the parents and prescribing certain behaviours to solve these, engagement *with* parents aims to assist them in overcoming barriers that *they* perceive to prevent them from satisfactory parenting and from achieving their children’s wellbeing.

A comparative study of three early intervention programs in Australia, New Zealand and the UK established similar indicators of good practice. According to Carpenter (1997), service delivery needs to be family-focused and be characterised by mutual respect between parents and professionals. A shared agenda and shared goals, as well as collaborative work which recognises the capabilities and limitations of all parties, are further indicators of good practice in early intervention.

Focusing on family strengths and the importance of building family strengths and skills (in turn conditional upon trusting relationships) is acknowledged in numerous analyses of early childhood intervention and family services (e.g. Carpenter 1997; Rogers et al. 2004; Unger et al. 2004).

User empowerment in service delivery involves:

- focusing on parents’ strengths and the family’s existing skills and capacity for change
- recognising parents as expert partners on their child(ren) and working collaboratively
- establishing agreement about the need for assistance and the reason for that need
- identifying clear, well-defined goals based on the needs of family members and their ability to address those goals (needs-led service provision)
- developing respectful, trusting relationships with parents.

The expected outcomes of a user-empowerment approach include:

- improved self-esteem and confidence of parents
- improved capacity of parents to develop solutions to the problems they face
- improved parenting
- increased knowledge and understanding of the needs of disadvantaged families and children (on the part of service providers).

Effective coordination and integration of services

The demand for closer integration of different services and service types not only pertains to child and family services, but forms part of a wider call for cross-sectoral partnerships and governance models in the government and community sector. The combination of child and family services is vital in the context of growing incidence of drug and alcohol abuse, mental health problems, and other issues in the community.

The 'need to move away from the separate silos for education, health and welfare to a much more integrated support' (Woodruff & O'Brien 2005, p.50) is increasingly acknowledged by practitioners and researchers alike. Woodruff and O'Brien put forward the following reasons for integrated children's and family services:

- both focus on the importance of early nurturing and development
- both share concern for common risk and protective factors in the lives of children and families
- both make a difference especially for vulnerable or disadvantaged children and families.

Woodruff and O'Brien (2005) argue that while the immediate focus of children's and family services might be somewhat different, their work overlaps significantly. Child development problems and family dysfunction emerge from the same sorts of issues, and likewise, 'effective solutions will contribute to benefits in both domains' (p.51).

Integration in service delivery for children and families requires:

- recognising the range of people's complex needs as a whole (physical, social, emotional)
- responding flexibly and creatively to people's needs
- effective coordination and intersectoral collaboration
- providing a single point of entry across health and social care services
- effective evaluation adjusted to goals, contexts and resources.

One challenge for multi-agency and multi-disciplinary teams is to promote the achievement of multiple tasks whilst remaining a distinct service seeking to:

co-ordinate the efforts and involvements of agencies, avoiding gaps, duplication and fragmentation from the recipient's perspective. Collaborative interdisciplinary teams comprise two or more disciplines working in a negotiated manner, characterized by mutuality, equality, respect and trust. Shared values and goals demand active and continuous planning and interacting. Professional activities will cross traditional role boundaries and functions and lead to an increased comprehensiveness and cohesiveness in the service provided (*Journal of Early Childhood* 2005, pp.5–6).

Expected outcomes of the provision of integrated services for children and families include streamlined services and more effective support.

Social support and community strengthening service provision

Social support can have both direct and indirect influence on child development and behaviour, whether provided by formal or informal social network members, family, friends or social

providers. The benefits of social support pertain importantly to social and cognitive gains for children (through providing a diversity of interactions and learning experiences) and improvements in physical and mental health (for example, the feeling of being valued).

In well-connected communities, families have many opportunities for ‘incidental encounters with other children and other parents within the local neighbourhood’, encounters that can provide ‘information, reduce the intensity of uncertainty and alleviate parental anxiety’ (Fegan & Bowes 1999, cited in Moore 2005, p.12). A successful service helps build informal networks between individuals and families and provides bridges to community resources and services that offer long-term assistance (Moore 2005).

Consistent with ecological theory, research suggests that interventions which go beyond the individual level of the child and the micro-level of the parents/family have positive impacts on child and family wellbeing. Such interventions provide program components which target several ecological levels,² focusing on the parents and the community as well as the child. Good practice would cover all ecological levels.

Providing social support and facilitating community strengthening involves:

- providing opportunities for encounters with other children and parents within the community
- establishing networks of support and community connections
- providing bridges to broader community resources (e.g. learning networks, playgroups).

Expected outcomes of social support and a strong community are:

- ability to more easily access help of various kinds
- feeling more able to have a say on important matters and participate in community
- feeling more valued by society
- feeling that most people can be trusted (DHS 2003).

Socially and culturally inclusive practice

Research indicates that social support is most likely to be successful when it is provided in circumstances that minimise the potential for humiliation or stigmatisation. This applies, for example, when services are broadly available or universal, and accessed in everyday settings, and when both the service provider and the recipient agree about the need for assistance and the reasons for that need, perhaps through a program agreement. The success of a service also depends on clear, well-defined goals that are based on the needs of family members and the provider’s ability to address those goals. An environment of mutual respect and the normalisation of the need for social support within the community are further indicators of a successful service delivery process (Moore 2005).

Beyond the respect for social difference, respect for cultural difference is another important component of good practice in early childhood services. Research on multicultural child-care settings showed that discontinuities between childrearing practices, routines and expectations in the child’s home and in child-care negatively impacted on their developmental effect, while home – child-care continuities enhanced their developmental potential. This suggests that programs that respect cultural differences and aim at resolving cultural conflicts related to care practices through open dialogue and negotiation need to be strengthened (Wise & Sanson 2003).

Service indicators of socially and culturally inclusive practice include:

- looking for agreement between provider and recipient on the service provided
- respecting and accommodating cultural difference.

² The different ecological levels are the child, the family, the community and society.

Process indicators

Based on this wider research, the following process indicators of good practice were selected for use in evaluating the Cottage program.

Intervening early

- intervening before problems develop (prevention)
- identifying and addressing problems before they become entrenched or lead to other problems (early remediation)
- intervening in the child's life at critical transition points (in particular, transition to school)

Promoting skills development

- promoting children's language, cognitive, social, physical and emotional skills

A whole-of-family approach

- recognising the interrelationship between child and parent/family wellbeing
- helping parents/carers as well as children
- offering parents respite

A focus on child and carer interaction

- working with children and families together in the same service
- enhancing parenting capacities through parent education, training and in-home support

User empowerment—respecting parents as expert partners

- focusing on parents' strengths and the family's existing skills and capacity for change
- recognising parents as expert partners on their child(ren) and working collaboratively
- establishing agreement about the need for assistance and the reason for that need
- identifying clear, well-defined goals based on the needs of family members and their ability to address those goals (needs-led service provision)
- developing respectful, trusting relationships with parents

Effective integration and coordination of services

- recognising the range of people's complex needs as a whole (physical, social, emotional)
- responding flexibly and creatively to people's needs
- effective coordination and intersectoral collaboration
- providing a single point of entry across health and social care services
- effective evaluation adjusted to goals, contexts and resources

Social support and community strengthening service provision

- providing opportunities for encounters with other children and parents within the community
- establishing networks of support and community connections
- providing bridges to broader community resources (e.g. learning networks, playgroups)

Socially and culturally inclusive practice

- looking for agreement between provider and recipient on the service provided
- respecting and accommodating cultural difference in service provision

In Table 4.1, these indicators have been integrated across the different levels of ecological analysis described by Prilleltensky and Nelson (2000): child (individual), family/parents (micro), community (meso). While not diminishing the importance of the macro or society level, this review of the Cottage refers only to the first three levels.

Table 4.1 Process indicators in an ecological analysis framework

Child (individual)	Family/parents (micro)	Community (meso)
<p><i>Intervening early</i></p> <ul style="list-style-type: none"> - intervening before problems develop - identifying and addressing problems before they become entrenched or lead to other problems - intervening at critical transition points <p><i>Promoting skills development</i></p> <ul style="list-style-type: none"> - promoting children's language, cognitive, social, physical and emotional skills 	<p><i>A whole-of-family approach</i></p> <ul style="list-style-type: none"> - recognising the relationship between child and parent/family problems and wellbeing - helping parents/carers as well as children - offering parents respite <p><i>A focus on child and carer interaction</i></p> <ul style="list-style-type: none"> - working with children and families together in the same service - enhancing parenting capacities through parent education, training and in-home support <p><i>User empowerment</i></p> <ul style="list-style-type: none"> - focusing on parents' strengths and existing skills and capacity for change - recognising parents as expert partners - establishing agreement about the need for assistance and the reason for that need - defining agendas and goals based on the needs of family members - developing respectful, trusting relationships with parents 	<p><i>Effective coordination of services</i></p> <ul style="list-style-type: none"> - recognising the range of complex needs as whole - responding flexibly and creatively to people's needs - effective intersectoral collaboration - providing a single point of entry across services - effective evaluation adjusted to goals, contexts and resources <p><i>Social support and community strengthening service provision</i></p> <ul style="list-style-type: none"> - providing opportunities for encounters with children and parents in the community - establishing networks of support and community connections - providing bridges to broader community resources <p><i>Socially and culturally inclusive practice</i></p> <ul style="list-style-type: none"> - looking for agreement between provider and recipient on the service provided - respecting and accommodating cultural difference in service provision

These process indicators are used in Chapter 6 to help judge the effectiveness of the way the Cottage services are delivered, highlighting the extent to which they are consistent with principles of best practice.

Outcome indicators

Another way of assessing service effectiveness is to measure changes in child and family wellbeing in the course of their involvement with the service. Program effectiveness has been defined as the extent to which social programs and social services are successful in achieving positive changes in the lives of the clients they serve (Kettner, Moroney & Martin 1999). All improvements in the lives of the Cottage clients that result from engagement with the service can therefore be considered indicators of effectiveness. Despite the inherent difficulties in measuring outcomes (as outlined in Chapter 2), a set of indicators that can capture the range of effects has been selected below.

In the 1990s, the literature on early intervention moved away from narrow understandings of effectiveness in favour of more holistic analyses of the benefits of intervention programs for the whole family and in particular the central role of the quality of relationships between the child and family members (Carpenter 1997). As the above literature suggests, there is an inherent connection between developmental outcomes for children, family dysfunction and community context; and

improvements in any of these areas can be considered measures of success, likely to lead to further long-term benefits for children. As well as direct impacts on child development, we therefore also measure outcomes in the micro sphere of family processes, and the meso sphere of community connections.

Drawing on the research and literature outlined above, the following set of outcome indicators has been selected.

Developmental gains for children

- improved physical, language and cognitive skills
- improved social and emotional skills, including less disruptive, impulsive and aggressive behaviour

Successful transition to mainstream services

- successful school transition
- successful transition to mainstream kinder

Improved psychosocial environment for children in the home

- improved relationship between parents
- decreased stressors
- reduced tension, aggression and conflict

Improved relationships between parents and children

- improved interaction and communication between parents and children
- increased attachment
- mutual understanding, appreciation and respect

Increased wellbeing, skills/capacities and confidence of parents

- improved self-esteem and confidence as parents
- improved capacity of parents to develop solutions to the problems they face
- ability to more easily access help of various kinds, including mainstream services

Improved parenting

- better understanding of children's needs
- reduced use of harsh/erratic parenting
- reduced abuse and neglect

Community strengthening

- increased participation in the community
- higher levels of trust in the community
- improved social networks
- increased access to community resources and mainstream services

Improved services

- less duplication of services
- increased trust between families and service providers
- increased knowledge and understanding of the needs of disadvantaged families and children (on the part of service providers)

These have been structured into a framework adapted from Prilleltensky and Nelson's (2000) model of ecological analysis (Table 4.2).

Table 4.2 Outcome indicators in an ecological analysis framework

Child (individual)	Family/parents (micro)	Community (meso)
<p><i>Developmental gains for children</i></p> <ul style="list-style-type: none"> - improved physical, language and cognitive skills - improved social and emotional skills, including less disruptive, impulsive and aggressive behaviour 	<p><i>Improved psychosocial environment in the home</i></p> <ul style="list-style-type: none"> - improved relationship between parents - decreased stressors - reduced tension, aggression and conflict 	<p><i>Community strengthening</i></p> <ul style="list-style-type: none"> - increased participation in the community - higher levels of trust in the community - improved social networks - increased access to community resources and mainstream services
<p><i>Successful transition to mainstream services</i></p> <ul style="list-style-type: none"> - successful school transition - successful transition to mainstream kinder 	<p><i>Improved relationship between parents and children</i></p> <ul style="list-style-type: none"> - improved interaction and communication - increased attachment - mutual understanding, appreciation and respect <p><i>Increased capacities and confidence of parents</i></p> <ul style="list-style-type: none"> - improved self-esteem and confidence as parents - improved capacity of parents to develop solutions to the problems they face - ability to more easily access help, including services <p><i>Improved parenting</i></p> <ul style="list-style-type: none"> - better understanding of children's needs - reduced use of harsh/erratic parenting - reduced abuse and neglect 	<p><i>Improved services</i></p> <ul style="list-style-type: none"> - less duplication of services - increased trust between families and service providers - increased understanding of the needs of disadvantaged families and children (on the part of service providers)

In Chapter 7, these indicators are used to help identify the range of impacts of the service. This evaluation sought to identify all negative and positive impacts on families resulting from their engagement with the Cottage. These are presented within the framework above, where possible. It is important to note that it was not expected that improvements would be seen in all areas for all the families and children who attended the service. An individualised service is responsive to the varied needs of individual families and children and it is expected therefore that impacts and outcomes will also vary.

5 Services provided by the Cottage

This section contains a description of the services provided at the Cottage during the evaluation period. This information was drawn from existing documentation in monthly reports, interviews with Cottage staff and the manager, and material published by the Cottage (for example, self-descriptions, publicity material). This description is brief, providing an overview of the nature and diversity of programs. Details of the philosophies underpinning these programs, and the overall model and process of intervention, are provided in Chapter 7.

The following programs were offered at the Cottage during the evaluation period:

- child development program
- individual programs with children
- individual programs with parents
- group programs for children, parents and parents and children together (including Exploring Play, Early Intervention Group and Music Therapy for children; New Beginnings, Sharing the Moment, Exploring Parenthood, and others for parents)
- outreach work
- a toy library
- a playgroup at Atherton Gardens (facilitated by Cottage staff).

These are described further below.

Child development program

One of the core programs provided by the Cottage Centre was the child development program, attended by an average of 16 families per month during the evaluation period. The program catered for younger and older children, targeting skills appropriate to different stages of development. Three morning sessions were held each week for children under the age of three years (from about 18 months) who had high needs in the areas of language and physical development. These sessions addressed issues such as limit setting, behaviour management, toilet training, establishing routines, consolidation of gross motor skills in walking, balancing and coordination, development of fine motor skills, language development, and emotional and social development. Two afternoon sessions were offered each week for older children, from three to about five or six years of age. These sessions were designed to enable children to experience pre-school skills such as sharing and taking turns with other children, responding to other adults, and respecting limits. Sessions for older children focused on enhancing communication and exploring feelings through play.

Individual child programs

In-depth assessment of children's issues was carried out when they first presented at the Cottage, and individual sessions were offered to meet specific needs, including those that emerged in the course of their engagement with the Centre. These included responding to children's experiences of abuse and domestic violence, individual development and preparation for school, and enhancement of communication through individual play sessions and art therapy.

Individual parent programs

Assessment of parents' needs was also carried out when they first contacted the service. Individual parent programs were provided to respond to these needs, as well as other needs that emerged during their engagement with the service. These included counselling, case management, advocacy and crisis intervention. Cottage staff also gave parents practical assistance applying for funding for aides, grants and benefits to assist children's transition to schools and kindergartens. Case management included meetings with other services (such as health experts) with which the parents were involved, and facilitating access to other services.

Group programs

Many group programs for children and parents (and children and parents together) were provided by the Cottage during the evaluation period.

Group work with children included:

- Exploring Play—where children explored different mediums of play, for example, role play and dressing up
- Music Group—focus on tempo, rhythm, starting and stopping. Aimed at enhancing skills in listening and responding to instructions, collaborative working, gross motor skills, coordination and balance
- Early Intervention Group (Melbourne Citymission)—a structured skill-building program for children with developmental delays

Group programs with parents (or parents and children together) included:

- New Beginnings—domestic violence group
- Sharing the Moment—run jointly with a speech pathologist (North Yarra Community Health)
- Exploring Parenthood—encouraged parents to think about their parenting, the impact and influence of their own families (e.g. cultural) on their parenting and their own experience of being parented
- Having a Say—run jointly by a speech therapist and two social workers, focused on communication and interaction between parent and child (filmed to enable parents to track changes)
- Somali Creche Facility—aimed at assisting Somali families to access resources, using the creche as an entry point
- Parents' Group—delivered workshops on toilet training, support for children with high needs, nutrition, menu planning and diet, safety in and out of the home

Outreach

The Cottage also engaged in extensive outreach work which involved visiting families in their homes. Outreach work aimed at a range of outcomes such as sustainable implementation of improvements in parenting or assistance with improving spatial arrangements (for example, the sleeping arrangements for children).

The toy library

The Fitzroy Toy Library is a program initiated and implemented by the BSL since 1998, with some financial support of the City of Yarra, facilitated by Cottage staff. It provides a range of educational and developmentally appropriate toys for families to borrow and use at home, thus fostering child development. The purpose of the toy library is to 'improve the life chances of children by resourcing families on low incomes, from diverse cultural backgrounds and primarily living in high rise public housing' (Toy Library Description Document, 1998, quoted in information sheet on the library by Williams-Smith). It can be accessed by those who live, study or work in the City of Yarra and caters for children aged 0–7 years.

Monthly reports on the toy library showed a growing number of registered users (from 60 families in May 2003 to 101 families in May 2005) and an average of 51 visits per month, peaking at 72 in July 2004. Of the 91 registered users in March 2005, half were Health Care Card holders, a further 26 family benefit recipients and eight families had no income. The remaining 13 families were full fee-paying. The cultural diversity of library users is indicated by 24 nationalities.

The Atherton Gardens Playgroup

The playgroup run at Atherton Gardens housing estate offered a service to children and parents, providing activities for children and a place where parents could meet other parents who lived in the local community and consult professional staff about concerns regarding their children. Periodic reports on the playgroup showed that while attendance fluctuated, more and more families registered over time. Many families register and use the playgroup on and off so there is a core group of families that attend consistently and a high number of registered families that come infrequently.

Table 5.1 Playgroup attendance by families at the Cottage

Date	Registered families	Attending families
June 2003	12	16
July 2003	14	20
August/September 2004	15	20
December 2003	28	17
March/April 2004	n.a.	4
July 2004	40	8
September/October 2004	50	12
March 2005	53	12
May 2005	54	12

6 Families assisted by the Cottage 2003 to 2005

Broad characteristics

Descriptions of the families who attended the Cottage, whether by Cottage staff or by other service providers, generally contained the following elements: socioeconomic disadvantage, poor education, social isolation, physical and/or mental health issues, abuse, housing problems, and trauma from refugee experience and migration-related issues. Most families experienced many of these problems.

Here is one description of the families that attended the service:

Most of the parents we work with have experienced significant abuse and trauma themselves ... or have had difficult refugee experiences ... Sometimes we would get a child referred with a delay and the issue just relates to the delay. Then it's more working with the loss that they accept that delay and getting that child well-connected. But that would not be the typical family. The more typical family would have experienced significant abuse and trauma in their life. [Staff 3]³

One of the specialists who worked with Cottage program participants offered the following portrayal:

Predominantly ... families are from the high-rise flats, ... in Ministry of Housing [accommodation]. So they're more vulnerable in terms of, they're financially less well-off, they're often poorer educated families, they are less resourceful families. They're often more disengaged from community networks. Particularly around here, there have always been waves of families from refugee background coming into the area. [Specialist 1]

Another specialist in a health setting contrasted referrals from the Cottage with her general client base:

Certainly the families that came from referrals from the Cottage had multiple things going on. So it wasn't just the child having developmental concerns or behavioural problems. It was multiple issues with the parents or financial problems or housing problems. So there was a lot more going on than I usually see all in one family. [Specialist 2]

In terms of the children who participated in the Cottage programs, two interviewed staff described typical issues they dealt with as follows:

Typical issues would be around parent-child relationships and relational difficulties, for a range of different reasons, whether that be through refugee asylum seeker issues, experiences of trauma or domestic violence or that sort of thing impacting on the relationship of parent and child which then impacts on the child's development, particularly social emotional development ... as well as more sort of genetic developmental stuff like autism or developmental delays, speech and language delays, particularly. But then speech and language can cross over all areas, whether it's something that is related to developmental difficulties or something that's related to social emotional experiences. They would probably be the main areas. [Staff 1]

Lack of language, they don't speak English. There's either a low IQ or global delay. So ... their developmental areas, language, gross motor, fine motor, cognitive, emotional social skills are all below average ... Also, quite commonly it's behavioural issues and emotional issues for the children that come ... Challenging behaviours would be lack of boundaries,

³ 'Staff 1, 2, 3, 4, 5' refers to Cottage staff members. 'Parent 1, 2 or 3' refer to parents (participants) in the Cottage program. 'Specialist 1, 2, 3, 4, 5' refers to child specialists who worked with the Cottage program participants.

no limits, swearing, hitting, biting, just tantrums, running out of the room, basically just not listening to the parent, quite violent behaviour ... If there's a lack of language, they get frustrated and they don't know how to express themselves. And we also work with children with Down's syndrome, autistic children, who don't come in with a diagnosis but obviously concerns from the parents. [Staff 2]

One interviewed specialist described Cottage families who might not access other services due to isolation and unfamiliarity with the local infrastructure:

Refugee families, somebody who comes from somewhere else who hasn't got the language, who doesn't have much money ... who might have come from Somalia and they wouldn't have the knowledge to go to another place, and don't know ... what to look for in their own children. They're isolated because they come from another country, they don't have a husband, because they've come on a humanitarian visa ... So it's like being lost in the world and they don't have many friends, so because they're isolated the problems keep escalating ... and they don't have anyone to teach them like their mothers and aunts, so they are just left with this child or two or three children ... [Specialist 3]

Considering the above characteristics which set the Cottage families apart from clients of mainstream services, a core reason for families to come to the service is their concern for their children, as one of the Cottage staff emphasised:

Families come to this service because they're concerned about their children and the way their family functions. That's the bottom line. I mean it's about a commitment to their children and a love for their children that drives them to come here. And they want something more, they want something better, they want something different. [Staff 4]

The case-file sample

Profiles of children and their families were drawn from 21 case files (8 of which remained open at the time of analysis).

Family situation

Just over half of the families (11) included both biological parents, almost half (9) were sole-parent families and one couple were not living together but sharing custody.

Income

Low income was a condition of being accepted as a client at the Cottage. For nearly half the sample, the income source was not stated; seven caregivers received government support, three were in (self-)employment (one part-time) and one was without any income.

Residential suburb and housing status

Most families (17) lived in public rented accommodation, one family was in private accommodation, one person had accommodation through Hotham Mission and housing status was not recorded for two families.

Twelve families lived in Fitzroy (eight in Atherton Gardens); five came from Collingwood, and one each from Abbotsford, Clifton Hill, North Melbourne and Richmond.

Ethnic background

Of the primary caregivers in the sample, ten were born in Australia, two came from the Philippines, two from Sri Lanka, and one each from China, the Congo, Eritrea, Laos, Macedonia, Pakistan and Somalia. Five of the migrants had arrived in Australia in the past five years.

Age

The children's age at the time of service entry ranged from one year seven months to four years two months. The average age was just under 2½ years.

Presenting issues

Table 6.1 describes the range of issues children presented at service entry, as recorded in the case files. Each child presented between one and six issues, with an average of two issues per child.

Table 6.1 Children's presenting issues

Presenting issues of children	Number
Aggressive/challenging behaviour	9
Speech/language delay	9
Social/emotional issues/delays	6
Social isolation	6
(Global) developmental delay	3
Separation anxiety	3
Sleep difficulties	2
<i>Other issues:</i> physical or motor skill delay, abuse, hair pulling, repetitive behaviour, obesity	1 each

Table 6.2 shows the range of issues parents presented with at the time of service entry, as outlined in the case files. Each parent presented one to five issues, with an average of two issues per parent.

Table 6.2 Parents' presenting issues

Parents' presenting issues	Number
Social isolation	6
Parental lack of capacity or confidence	5
Parental conflict about child behaviour management	2
Family conflict or relationship issues	3
Depression (one or both caregivers)	2
Concern about impact of parents' mental health on parenting	2
Lack of support	2
High stress level in household (sole parent)	2
Lack of knowledge of child's development needs	2
Difficulty/inability accessing services	2
Anxiety, trauma	2
Poor quality attachment	1
Separation anxiety	1
Impact of child's separation anxiety on parent	1
Parent anger/distress at child's behaviour	1
Urgently required respite	1
Anxieties about sole parenting	1
Family of origin issues	1
Conflict re residential arrangements for child	1
Disrupted attachments	1
Lack of awareness of child safety issues	1
Grief/loss re child's disability	1
Financial stress	1
Mental health issues	1
Stress due to housing situation	1

Table 6.3 indicates the kind of issues recorded regarding the family context of the sample. Only those issues that appeared more than once in the file notes are shown here. Each column represents one client family. The table illustrates the different combinations of problems faced by families attending the Cottage, and how these issues cluster together.

Table 6.3 Family context in the sample

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Domestic violence	•		•	•				•	•	•	•		•	•							
Sexual abuse	•		•										•								
Emotional abuse									•												
Neglect/unhappy as child			•										•								
Legal/court involvement					•					•			•								
Juvenile crime								•													
Housing issues	•	•	•	•							•		•						•		
Financial difficulties				•	•				•	•				•	•				•		
Loss, bereavement	•		•	•		•			•	•					•						
Physical health issues	•	•		•							•			•					•		•
Mental health issues			•						•				•				•			•	
Depression				•				•	•		•			•							
Substance abuse			•	•				•					•	•		•			•	•	
Stress			•		•			•													
Alcoholism (in parent's family)													•			•			•		
Family tension		•						•													
Disability or delay	•		•																		
Children with disabilities or delays				•								•		•				•			
Pregnancy																			•		
Pregnancy or birth difficult	•		•		•		•	•			•	•									•
Relationship issues								•	•	•	•								•	•	
Sole parent				•				•	•				•	•			•				
Separation		•																			
Divorce			•						•												
Social isolation		•		•	•	•		•	•				•		•	•					•
No family support			•									•	•		•		•				
Refugee experience															•			•			
Migration		•		•	•	•	•	•	•	•		•		•	•	•		•			
Trauma												•				•					
NESB					•					•						•		•			
Other issues in parent's childhood	•							•					•			•	•			•	•

7 Service process and model of intervention

This section provides a detailed description of Cottage practices and the extent to which they are consistent with best practice principles of service delivery. Building on the description of services and programs provided in Chapter 5, it provides information on Cottage processes and methods of intervention, and the philosophies and principles which guided them. This information was drawn from interviews with Cottage staff and the manager, material published by the Cottage (for example, self-descriptions, publicity material), and parents' reports of their experiences.

The overall aim of this chapter is to describe the effectiveness of the way the program is undertaken. Interviews sought to gain staff and parent views on all aspects of the service process, including positive and negative aspects. Their responses are described in relation to the service goals outlined in Chapter 4, in order to aid the evaluation process. At the end of this chapter we present a summary of the service model provided by the Cottage and compare it with the best practice model in Chapter 4.

Overall, the work at the Cottage was based on an understanding that early intervention helps to prevent later, harder to manage difficulties in children, and that caregivers' needs can be addressed at the same time. The professional backgrounds of the staff as well as their different personalities helped to shape the particular programs provided (for example, as with bereavement work using narrative approaches), as did the needs of the individuals and families that presented at the service.

Early intervention

The services provided at the Cottage are consistent with principles of early intervention in that they focus on the early years of child development, until the critical point of school transition; provide early diagnosis of developmental problems; and aim to address problems before they become entrenched or lead to other problems.

Identifying problems and developing (access to) solutions

The intake process at the Cottage followed either a referral from another agency or self-referral. Sometimes clients were referred to the Cottage by the staff of the playgroup or the toy library, such as the child development workers who were also engaged in the child development program.

The intake process aimed to get a 'frame' from the family about their origin, family structure and current situation, including the difficulties that had led the family to approach the Cottage for help. This assessment ideally involved both parents and aimed at establishing a relationship with them.

The information gathered upon the first contact was discussed in a team meeting and a case manager was allocated. The case manager followed up the referral by talking to the family and the referring agent. Then an initial interview was conducted with the family to identify their needs and to gain an understanding of whether or not the Cottage could provide a service that matched these needs. Depending on this initial assessment, the family was then either referred to other services or took part in more intensive family assessment which involved several hours of contact. A team meeting followed where the case manager presented the case summary and a child development worker was allocated to the child as key worker.

The next step was the child development assessment, which involved a series of play sessions with a worker and parent(s) to observe the children's physical, cognitive, social and emotional development, self-awareness, family and social relationships, family and environmental factors and parent-child interaction. The assessment form used at the Cottage was based on UK assessment experience and psychotherapy assessment knowledge held by one of the child development workers. Its aim was to define whether or not the referred child presented any obvious

developmental difficulties. Additionally it contained information on the family context (history, family events and relationships, etc.).

Based on the assessment, an intervention or ‘package’ of interventions was offered to the family, including components for the child and the parent individually or in a group. In response to each family’s needs, Cottage staff tailored an individual ‘service package’ in consultation with the parents. Tables 7.1 and 7.2 show the programs attended by the 21 children and parents in the sample.

Table 7.1 Children’s program participation (n=21)

Service	Number of children
Child development program	19
Assessment	5
Individual play sessions/therapy	4
Playgroup	3
Toy library	3
Music therapy	2
Speech development group	2

Table 7.2 Parents’ program participation (n=21)

Service	Number of parents
Counselling	15
Referrals	13
Parenting support (group)	8
Group program	7
Advocacy	5
Case management	3
Individual play sessions	3
(Crisis) support	3
Material aid (nappies, money)	3
Information	2

As a result of consultation and assessment, a program agreement was drawn up between the service and the parent(s), which included current concerns, goals for the child and the parent, referrals and other agencies involved. After three to six months, the parents met the case manager and key worker for a progress review and goals reassessment.

Identifying issues, especially related to the child’s health, was an ongoing part of engagement with the Cottage. The importance of access to a competent professional was also recognised by one of the interviewed parents, who received help with managing her child’s head lice:

There’s finally somebody who’s competent to do something about it, and also here it’s not going to be pointing the finger and saying, ‘Well, you know, look at you, you’re a dirty person, look at you’. It’s someone to give you facts, advice ... here’s the solution, here’s the problem, let’s sort it, bang, done ... I honestly think that [the staff member] has done a really good job with sorting that issue ... in being there for us parents. [Parent 1]

Reaching out to the ‘hard to reach’ and keeping them engaged

The challenge of engaging the group that the Cottage focused on, whether described as ‘vulnerable’, ‘disadvantaged’ or ‘hard to reach’, emerged as a central aspect of its work in all the interviews, both with staff and other service providers.

Certainly most families who come to us have tried other services and for various reasons found it very (hard)—had a bad experience with that service or not been able to manage if people (live) too far away. Uncle Bob’s is a service at the Royal Children’s [Hospital] but trying to go there on a regular basis is too difficult ... Through assessment it is clear that more support for families often helps them to get over some of those more difficult processes in terms of engagement. [Staff 3]

One parent illustrated her lack of trust when she first came to the Cottage:

Interviewer: What I'm hearing you say is that ... when you first started coming here, that you were feeling like, everything ... everything was about conflict and...

Parent 1: And not only that, but the social workers, and any person like child-carers and everything like that, even my friends even said to me before we started, 'Look, don't trust them. They're social workers. They'll be the same with you as with everybody else. Keep your guard up, trust no-one!'

This mistrust might not always result from contacts with other services, but from other negative experiences in the parent's life that led this person to be on guard:

Parent 1: Well, prior to then, yes, I trusted nobody and wouldn't trust no-one or give no-one another chance.

Interviewer: Why was that?

Parent 1: Because I got to the point of being burnt, you know, being burnt by a lot of people whether it be, you know, from a boyfriend breaking a relationship, or maybe family or people that have worked for my father.

The challenge of reaching out to families who have difficulties engaging with services was described mostly in terms of parents not following up on appointments and explained by factors such as mistrust of services, lack of mobility, lack of motivation, and substance abuse issues. Overcoming these difficulties demands investing time, as both the Cottage staff and other interviewed health professionals recognised.

According to one service provider, the Cottage offered a higher level of intensive care for families than her own service could possibly provide. This had to do with the resources available at the Cottage, which allowed it to keep parents engaged where other services might have been unable to do so. This pertained particularly to the time the staff invested with each client.

The Cottage gives an intensive service. They're able during their time they're in contact with the family, they're intensively involved and they're able to allow parents to develop skills. I guess in our service when a parent doesn't have those skills, it's much harder for us and sometimes we just have to live with that. We'll do the best we can, knowing that sometimes parents just don't have the emotional energy or there are so many other things on their plate that you know trying to have to do a peg system⁴ is just too hard. So we'll try and work around that very much, whereas the Cottage being intensively involved I think really empowers parents ... What they can do is provide that family with the kind of support where life becomes more manageable and hopefully they will become more able to deal with their issues. We do that certainly to a degree, but I think for the really, really highly complex families, the Cottage has been able to do that fairly effectively for some families because of the intensity of the involvement. [Specialist 5]

The ability of Cottage staff to engage clients who presented with a general lack of trust was recognised as a particular strength by one service provider who referred clients to them.

A lot of the families around here over the years that I've worked with just have issues with developing trust with people. Or they might have had contact with Child Protection over the years. So it's very difficult to engage some of those families and I find that that's something that the Cottage has been exceptional with really, and it's often a very slow process, it can take months to really engage those families. And the staff have been fantastic! And you know people don't turn up, they'll follow them up, see what's happening with them. So it's a really—it's a family support model as well. [Specialist 1]

⁴ A peg system is used to memorise meanings of words by using signs.

As suggested by this specialist, overcoming this mistrust was partly helped by other service providers who referred their clients to the Cottage when they believed it would be able to meet a need.

I think it is really quite a unique model and an incredibly valuable process because again a lot of these families have issues of trust ... Their high priority is child-care but I often think they really need a lot of counselling as well but they're often quite resistant to counselling ... The intake process (at the Cottage) where they have contact with the social workers ... is a nice way of engaging families and working on some of those other issues later. And you never get that in other child-care settings. That's quite unique! [Specialist 1]

The Cottage way of marketing their services also contributed to reaching out to clients, according to the same service provider. This process recognises that the target group does not access mainstream services, such as the local parenting groups.

They are the families that would never normally access parenting groups, if you called it a parenting group. They'll put on some lovely thing like 'Fun with children' or 'Playing with your children' or something ... It's really a marketing process of how you sell these programs to these vulnerable families. [Specialist 1]

Staff interviewed also said that building trusting relationships was recognised as essential. A crucial factor that helped make the service accessible, and build this trust, was being open and respectful towards the families:

They could come any day with any issue and there was a face that they could talk to who they felt comfortable with ... And I think experiences showed that if you're not sensitive to those issues, families disengage fairly quickly. So the issue of developing trusting relationships and being respectful is extremely important. [Staff 3]

This representation—of staff reaching out and a supportive, caring approach—was confirmed by the interviewed parents, who compared the Cottage favourably with other services:

Well, the services that I've been involved in, in the past, they, you know, you don't mean nothing to them ... whereas at the Cottage, they really care. They really go out of their way to show you they care ... They're ringing you up and you've only been there a couple of days, they're ringing to say is everything OK, is there something they can do to help you, or if they know ... or you're a bit upset, they'll stop ... 'Is there anything we can help you with?' [Parent 1]

The same parent described how the mistrust that followed her negative past experiences was overcome by the respectful and supportive approach of Cottage staff:

Parent 1: (Cottage staff were) so nice and I'm thinking 'Hang on, you're the boss ... why are you treating me and my daughter with respect and compassion?' You know, it doesn't wash, social workers don't treat people this way.

Interviewer: So that's been your experience at the Cottage?

Parent 1: Prior to the Cottage, all social workers as far as I'm concerned were a bunch of losers, and never to be trusted. And after what happened ... I thought to myself 'No, there will never be another social worker' and I felt in my heart that I would never trust again ... But through the Cottage ... they treat you like a family, your problem is their problem. Your dilemma is their dilemma. Your priority, their priority.

Another feature that both other health professionals and the Cottage staff felt lowered the threshold of entering the service pertained to atmosphere. Compared with other children's services, the Cottage's 'homey', friendly atmosphere was an attraction, as a health professional stated:

It was a place where mothers and children felt very comfortable going, where they would go and be very comfortable and be interacting very normally ... I remember the first time I went to the Cottage and thinking the two playrooms were absolutely fantastic—I felt like playing. And there's so few playrooms set up like that in Melbourne. [Specialist 3]

Another aspect of the service that was found successful in engaging with many families was their way of addressing cultural diversity. The exercise of respect towards parents also applied to culturally different ways of parenting. Staff emphasised the importance of being open and respectful to cultural variations in doing things, which had been general practice at the Cottage.⁵ This culturally sensitive approach was found successful in engaging with many families, for example, from countries in Africa.

Finally, the community-based playgroup and toy library provided informal settings in which the Cottage staff could observe children and approach families who would not seek specialist advice for their children, partly because they did not recognise the need or could not access specialist services.⁶ When staff observed, for example, a lack of eye contact, a speech delay or poor motor skills, they started a conversation about the child to find out about the parent's awareness of the problem and offer them advice.

Having those base services is really important because you come in contact with such a wide range of families. And ... I think, it's a very informal setting and when parents don't feel threatened, they don't have to go to the hospital, the doctor. It's a very informal session, where there's lots of other families and children there, families that are you know, the same culture as them, the same nationality, they don't feel threatened. [Staff 2]

Promoting skills development

Promoting children's skills development was a direct or indirect objective of all the services and programs provided by the Cottage. Based on developmental theory, the child development program focused on maximising the potential of children at each stage of development, with different sessions held for children of different ages, so as to develop age-appropriate skills and competencies. (The age-specific activities and issues addressed were described in Chapter 5.) Children who presented within the spectrum of autistic classification were engaged in activities that involved verbal and non-verbal communication, increased eye contact, and cause and effect conditions.

Much of the group work with children in the evaluated period also focused on developing children's skills and capacities. For example, the music group focused on enhancing skills in listening and responding to instructions, collaborative working, and gross motor skills, coordination and balance. And the Early Intervention Group conducted in conjunction with the Melbourne Citymission is a structured skill-building program for children with developmental delays.

While the child development program was attended by all children, many other individual and group child programs were offered in response to particular needs. In response to a growing community demand, more therapeutic interventions were incorporated into programs. These interventions included joint work with the Child and Adolescent Mental Health Service, and additional sessions for older children focusing on social and peer group development, preparation

⁵ See Coll and Magnuson (2000, p.110) on the role of cultural differences as sources of developmental vulnerabilities and resources. They argue that the acknowledgment of cultural difference is often limited to theory while it is missing in practical interventions, where it is often neutralised in favour of the dominant culture: 'Service providers must contend explicitly with the cultural mismatches that occur between families and professionals' expectations of the intervention experience'. They acknowledge that this requires 'greater knowledge as well as respect for different cultures' disparate beliefs and practices'.

⁶ See Plowman (2003) on the role of playgroups as access point to a wide range of family and children's services for families who have high needs but may lack the social and community networks that help make these services accessible.

for school and general transition from the program. The increased capability within the team, the addition of a family therapist and an art therapist, enabled the service to be responsive to community needs. Given family context issues such as high levels of financial stress, bereavement, depression and domestic violence, therapeutic work to develop emotional skills was important for many children and families. One staff member of the Cottage described her one-on-one work in more detail:

My interventions have been very much around providing a safe outlet frame with my background in art therapy and training, I guess using art and play as a way of allowing them to express anger to understand the feelings that they have. And providing some containment for that anger so that they are able to actually let it out and calm down and learn ways of calming themselves down ... I'm working one on one with some of the children, doing individual sessions that allow them to explore and understand all different emotions, but then also working out ways of expressing particularly difficult ones such as anger and grief and to allow them to play out different relationships and experiences that they've had through art and play or using dolls and figures and things like that. [Staff 1]

A key aspect of the practice model at the Cottage was the allocation of a child development worker, called a 'key worker', to each child. This enabled the developmental needs of each child to be monitored closely. While all the child development workers at the Cottage engaged with all the children in the room, every child had one key worker who spent more time with the child to build attachment so as to develop social and emotional skills.

The Fitzroy Toy Library also fosters all areas of children's development (physical, social, emotional, language and cognitive) by providing a range of educational and developmentally appropriate toys for families to borrow and use at home.

A whole-of-family approach

From the intake process to engaging in group and individual programs with children and parents, work at the Cottage was guided by an ecological approach to service delivery, considering the child's issues in the context of his or her family and the wider community. This approach was based on the understanding that to successfully address the child's issues, issues in the family needed to be taken into account and addressed too, as unmet needs of the parents impact negatively on the child's wellbeing.

As outlined above, the intake process at the Cottage included the assessment of both the child's and the parent's needs. Not all parents were equally aware of the integrated nature of the service offered to them at the Cottage at the time of their first contact. While some parents were referred by other service providers because they were looking for assistance for themselves, others were referred primarily because of their need for child-care. However, referrals were often based on the referrer's recognition of the parent's needs in addition to the child's needs and her knowledge of the family focus at the Cottage.

As well as each child being assigned a key worker (the child development worker), each parent was allocated a social worker, referred to as the case worker. The combination of a 'key worker' and a 'case worker' working with each family was based on the understanding that changes for the children can only be achieved through working with the parents alongside.

Parents' needs were addressed individually through counselling, case management, crisis intervention and group programs. Furthermore, Cottage staff gave parents practical assistance applying for funding for aides, grants and benefits to assist children's transition to schools and kindergartens. During holiday periods, which can be a very stressful time for families, the service operated as a drop-in centre to vulnerable families needing support. Case management included meetings with other services (such as health experts) with which the parents were involved. The

Cottage acted as advocate for the families to communicate what they wanted. Another aspect of assisting parents consisted in facilitating access to other services, such as health services.

Many group programs were provided for parents as well as children during the evaluation period. These focused on issues such as domestic violence, exploring parenting practices in relation to their own experience growing up and the potential influence of this family history and cultural context on their parenting practices, and practical parenting and household management skills such as toilet training and menu planning (details provided in Chapter 4). Many group activities fulfilled multiple purposes, helping parents to make links with other parents and thereby facilitating social networking and community strengthening. In certain cases, however—for example, when the parent went through the process of psychiatric assessment—individual programs were given preference to group programs.

It needs emphasis that the service the Cottage provided to families exceeded the delivery of programs and included being available for the parents' calling-in for support if needed.

The family-centred nature of the service meant that 'it does not look at the child without looking at the mother who drops the child off', as one of the interviewed health professionals put it. This set the service apart from other child-care facilities, according to the same interviewee, who highlighted the skill base of the Cottage staff as a crucial precondition:

When the families go there they are welcomed. The staff will recognise if the mother is having a bit of an off day, so I suppose it gets back to that family therapy type model in a way, that both the mothers and the children feel nurtured by the organisation and ... although we have got fantastic child-care centres around this area, none of them work on that model because they haven't got the same staff skill that they've got at the Cottage. [Specialist 1]

A consequence of the family focus was that the Cottage took on some aspects of 'extended family' or 'extended community', as another child health professional observed.

In the evaluation, providers were asked to compare the Cottage with other services (for example, child-care services, parenting programs) and to assess how the Cottage service overlapped with or differed from those. The wider perspective on the family emerged as one of the added values of the Cottage, confirming the findings of the last evaluation in 2001–02. This was seen as especially important in assisting children and families with complex needs.

In relation to child-care centres, one of the interviewed health professionals said about the Cottage:

It differs in huge ways I think because ... they're used to a group that has special needs and so they're able to cater for that, focus on that, rather than one child with developmental needs getting lost in a child-care class for example. They're also able to work with the families, so they often know the issues that contribute to that child's special needs and can look at it from all different angles rather than just from the child's point of view. [Specialist 4]

The connectivity of children's concerns with parents and family issues was recognised and highlighted in all interviews with referring service providers:

From the point of view of the children, the children are quite needy. But so are the parents quite needy and I think what's unique about the Cottage is ... their intake process and their referrals. It's not like a normal child-care centre where the kids just go into care and mum goes off or dad goes off. It's actually really family-focused. [Specialist 1]

A focus on child and carer interaction

Working with children and parents together in the same service is a way of improving child and carer interaction and communication, and enhancing parenting capacities and children's

development over the longer term. This was central to the philosophy behind the key worker and case worker model implemented by the Cottage. The ultimate aim of the key worker was to promote the child's emotional attachment to their parent, which was achieved in cooperation with the social worker who was the parent's case worker. This involved educating the parent about the child's developmental needs, encouraging the parent to be sensitive to the child's needs and explaining to the parent that a child who feels safe and secure can change his or her behaviour.

Despite their focus on the children, both the child development workers interviewed displayed a strong sense of the interconnectivity of their work with that of the social workers, in addition to external influences in the family's life. This systemic view also underpinned the work of these 'children's advocates', as the following interview extract illustrates:

We can make all the changes I think with children and they can change their behaviour in external environments aside from their home, here and at kinder. But if you don't get to the core of the issue, which is the parent, if the parent's not going to change, if the parent is not going to make some alteration into their own raising of their child, then the child will understand: I behave a certain way at home and I behave a certain way at kinder or at school. But because we have the social worker, they really get to deep issues with the parents and they can ultimately change them, and once the parent changes, well then that's just going to follow through to the child ... I'm not saying that the child's not going to change their behaviours if the parent doesn't change, 'cos I have observed that children are able to do that. But what I am saying is there is a consistency and as an easy flow for the child—and for that child also to be emotionally happy in their home environment, obviously the parents have the huge impact really. [Staff 2]

Consideration of impact of the family and the family history on the child's wellbeing and development shows the influence of systemic and psychodynamic theory on the work carried out at the Cottage. This involved reflection on social, economic and cultural issues in the family context, as well as health issues and the occurrence of violence, not only in the child's but also in the parent's biography. Rather than focusing only on the child, staff worked with both the child and parent(s) in order to achieve the best possible outcomes for the child. Viewing the child and the parent not in isolation but as part of a wider system in turn made outreach work an essential part of the approach. It aimed at understanding the child's issues in the context of the family and the family's environment.

Improving child and carer interaction was also the focus of the many parent and child programs at the Cottage. Joint play sessions aimed to improve parent and child communication. They focused, for example, on supporting parents in encouraging children's speech development through verbal prompts. Another dimension was to teach parents about the importance of play by pointing to the child's reactions and interactions.

Parent and child programs involved cooperation between the child development worker and the social worker. While the former was playing with the child, the latter drew the parent's attention to details of the interaction between their child and the child development worker, such as the worker's questions and the child's responses. The social worker also talked to the parent about the meaning of play and its value for the child.

Some of the joint work involved videotaping of the parent-child interaction. After playing back the video, the staff talked with the parents about their observations about responses such as lack of encouragement and sanctioning behaviour.

The child development worker operated as a role model both for the children and the parents, who were encouraged to adopt the Cottage staff's practices in their parenting at home. This form of teaching is illustrated in a parent's account:

(The staff said) ‘Why don’t you try modelling ... What we say to [the child] is “No, you have to give it back, and you have to say sorry ... You ask nicely, you say ‘Can I have a turn of that when you’ve finished?’” ... And you feel, hang on, I’ve got something to hold onto, something that an expert has just given me, a tool that I can use at home. For instance ... I used to give her a smack and send her to her room, but [staff member] said, ‘No, don’t smack, don’t keep saying “no”. Otherwise the poor kid’s going to go bananas. ‘Say to her “You can’t jump on the couch. I’d like you to come ... with me, to have a story, or let’s watch a show on cable or something”’. [Parent 1]

Working with the parents occurred not only within the Cottage but also in their homes. The important role of home visits was highlighted by all interviewed staff. They aimed at a range of outcomes such as sustainable implementation of improvements in parenting or assistance with improving spatial arrangements (for example, the sleeping arrangements for children) and the related positive influences on the relationship between parent, children and staff, particularly the forming of attachment. The role-swapping involved in the visit (parent turning host and staff turning guest) further contributed to the relationship and trust building between staff and parents.

Another space for working with children and parents together was provided by the playgroup, where the child development worker made observations and worked with the parents on an emerging issue.

User empowerment—respect for parents as expert partners

A central foundation of the partnership approach pursued at the Cottage was the Parent Advisor Model that Davis and colleagues have developed in the UK (2002). It is a training model for health professionals working with parents and children, and incorporates the above-mentioned understanding of the importance of partnerships. Its overall aim is to help professionals build supportive and effective relationships with parents based upon an understanding of the psychosocial nature of the helping situation. The model was derived from psychotherapy and counselling literature, including cognitive and behavioural theory, child development theory and the study of parenting.

One of the frameworks of the model concerns the helping process, which follows a series of interrelated stages or tasks from the development of the parent–helper relationship, the detailed exploration and clarification of the problems parents are facing, the establishment of a model and goals, the planning of action and its implementation to regular reviews of the process and its ending. The second framework establishes partnership as the most effective parent–helper relationship. The third and fourth frameworks state the basic helper qualities (for example, respect and empathy) and skills (for example, attending and listening). The fifth framework is informed by the study of psychosocial functioning and adaptation (Rogers 1959; Egan 1990 cited in Davis, Day & Bidmead 2002) which has shown that every person (parents and children) makes sense of the world and the issues they face and uses their personal skills and knowledge to adapt to processes and people. The helping process should build on the personal models of the parents’ world instead of overriding those by ‘expert’ knowledge. Finally, all these frameworks are applicable to providing guidance to parents and their helpers.

This process demands highly skilled professional communication and a respectful partnership between parents and advisor. Its ultimate goal is to help parents develop strategies to optimise the psychosocial development of their children. Parents should be intimately involved in the process, ‘so that their experience, expertise and ideas are used to the full, and so that they take credit for what happens, feel good about themselves, feel effective, and more able to deal with future problems themselves’ (Davis, Day & Bidmead 2002, p.12).

Cottage staff contrasted their approach of ‘joining up with parents’ and ‘walking alongside them’ with the ‘expert approach’ pursued by many health professionals. They described the Cottage’s approach as follows:

The thing that we all have in common is that we have this respect, a respect that families know what it is they want, it's just that something's blocking their way. And rather than be very directive in how we work, we really try to draw on the strength in people and what it is that they can actually take away from here, that they have in themselves that can make things work for them ... It is really working in partnership with parents. It is really walking alongside with parents. It's not directive, it's not prescriptive. It's open. It's a real joining with people to work through it together. [Staff 4]

I've always found it most helpful to start where the parents' concerns are and work with them to try and address those problems. So usually that will involve some parenting work and counselling, some case work from me in my role. [Staff 3]

This approach both demanded and also facilitated a respectful relationship between staff and families and a focus on strengths rather than weaknesses. It also required time for each parent to regain confidence in order to 'function' independently.

One of the interviewed parents illustrated the significance of respectful treatment by the staff with her experience at the Cottage, highlighting also the importance of showing parents ways to take control of their lives, for example by tackling a drug addiction:

[They treat you] like you're their family, they don't look down on you because you didn't have the perfect looks or ... They didn't judge you because you have different religious beliefs [A staff member] said to me 'Look, there might be a way you can get off the stuff. You've been in remission. You've had ... control' ... And now I'm off it now ... And she said ... '[this will] help you with your self-esteem ... counselling and stuff like that' ... Just being understood ... you really know they care for you. You're not just another number. [Parent 1]

Asked to name one thing in the service that stood out for her at the Cottage, the participant named the respectful and also compassionate way parents and children were cared for:

Compassion ... the way the staff treat the children and the way the staff treat the parents. Nobody judges anybody here, no-one's nasty to anybody. You don't hear any swearing and being abusive and being nasty. They're always caring and kind and concerned. And ... they treat you like you're their family, not some client in a folder or something. And also the fact that you know if there's a problem they will mention it back, so you won't get a surprise at four in the morning from the welfare. [Parent 1]

The building of parents' trust also means that they can confide in the staff without fearing exposure or unwanted consequences:

You know that if you talk to the staff about anything ... they won't discuss it with anybody else without your permission ... You feel that there's someone you can talk to ... You'll have one worker talk to you about the problem, and they will try more than anything to help you ... They'll try and help you sort the problem before it gets to that stage. Compassion and honesty and trust ... And the fact that you know that there are people here that will help you without pointing fingers, and you know that what you say is kept. [Parent 1]

An important aspect of the work with parents, aimed at strengthening parents' capacities in solving problems themselves, involves showing them alternatives to their present parenting.

[A Cottage staff member] has been the one to say 'Look, why don't you try it this way or try it this way', and she'd give you options ... Instead of saying to her 'no, no, no, no', tell her what you want her to do. Give her another choice ... 'You hop off the couch and read a book, you hop off the couch and you help me slice up some fruit', or ... whatever. But [staff] said 'Give options'. [When she] cleans up the toys, thank her for that, that's what the staff here do ... a lot of praise. [Parent 1]

From the perspective of one of the interviewed social workers at the Cottage, the relationship-building process demanded some time, given that the parent had often had few trusting relationships herself. The emerging issues on the parent's side would be framed in psychodynamic theory and attachment theory terms, considering the parent's own experiences. Only when some trust was established, would the case worker start working on issues around the parent's own attachments and childhood experiences and relate these to her parenting experience. Depending on the parents and their struggle with behavioural issues, staff might try to use cognitive approaches to deal with managing these. On top of cognitive strategies, parents often needed a lot of additional support. For example, grief and loss were addressed by giving parents the time to talk through the underlying issues. However, much of the work remained focused on the parent's concern for their child and on gaining the assistance needed to achieve positive outcomes for the child.

The consequences of following the contrary approach and telling parents what to do, was described by one of the staff members:

Families get lost because they're told so many different things that don't fit into their life, that don't fit their lifestyle, that don't suit them, that they become overwhelmed and ... lost, and their own strength and resilience is lost. [Staff 4]

An important aim of the work carried out at the Cottage was hence finding out what the parent wanted and helping the parent to achieve this. This started at entry point into the service, where a parent was, for example, only interested in child-care, assistance in managing certain presenting issues and consequently respite for herself, while she actually needed more than just that. Then in the course of a few weeks or months, a family crisis might add to the child's issues, and more intensive engagement between Cottage staff and the parents would begin, with the offer of counselling. Through case managing the family, a trusting relationship developed between key worker and parent.

Rather than 'doing things for parents', staff allowed parents to learn how to do certain things and do them independently the next time. For example, a refugee whose English skills were limited received a medical bill that he could not pay. By going to Centrelink with him once or twice to demonstrate the necessary process, this person was helped to become able to do it himself.

Below follows one parent's perspective on the kind of relationship the Cottage staff established with parents, which illustrates the balance between providing support and treating the parent as a partner in the management of change:

Interviewer: Can you tell me ... what made you feel like you could ring the Cottage?

Parent 1: Because the Cottage had always stood with me, they'd always been brutally honest with me, me ... and all the other parents. All the other parents have said to me they've never, ever, you know, been lied to ... when they had their own difficulties ... And also the social workers at the Cottage treat you like a family, always just treat everyone in the program, like they're their own children ... You get straight answers. When [the child] had a problem ... [the staff member] said 'Look, you need to get this done', and she facilitated, she didn't say 'Right, go ahead, sort it out' ... she said 'I'll organise something' and she gave me support and all of that, and she and all the other workers, if they have concerns about your parenting, about your behaviour, about your health, whatever, everything, you know, they would come to your face and they'll say 'Look, we need to sort this, these are the problems ... They would come and talk to you first and they will try to help you find solutions.

The readiness to *learn from* the clients pertains also to clients from CALD backgrounds, towards whom the Cottage adopted a culturally sensitive approach. Investing in a good translator and letting the parent tell their story were two components.

The needs and families-led nature of the services offered at the Cottage applied also to the process and duration of engagement with the service. For example, the observation of families becoming 'dependent' on the service did not lead to a withdrawal by the service but, rather, to a recognition that dependency might be a transient stage in the process of change. On the contrary, the period of engagement was defined above all by the families' needs. This view also dominated the staff's approach to the issues the family presents, as illustrated below:

The whole point of this is that it's family-led. What I consider to be issues might not be what the family considers to be issues. So their process of engagement, their process of dependency and their process of disengagement might not be going at the same rate as mine, but I'm not the one that's receiving the service. [Staff 5]

Integrated services for children and families

An understanding of the need for a broad range of flexible and integrated support services responsive to particular needs underlay the services provided at the Cottage. In the words of one service provider this meant:

the children may attend a program there or may not, or may attend kindergartens close to the Cottage or child-care centres, but the staff also work with the family, providing emotional support, financial arrangements, housing arrangements, support with applications, forms, so quite a broad extensive support service. [Specialist 2]

The fact that all the families attending the Cottage not only needed child-care but presented other problems explains why mainstream services such as parenting programs were commonly not sufficient for them. Aside from financial constraints that prevented vulnerable parents from using existing mainstream services, they often fail to cater for clients with complex needs. Parenting programs, for example, tend to cater for parents who are willing and ready to learn about good parenting but fail to engage parents who are not, according to an interviewed professional:

(Families) in the Cottage wouldn't go there (to parenting programs), often they don't speak the language. People who get there are usually pretty good and get better. If you feel that you can't do it, being told what to do doesn't help because you can't do it. You have to kind of really show somebody or look at other ways, finding out why they can't do it and helping them overcome it. In the Cottage you can see what they can't do, don't know, what they're not doing. [Specialist 3]

The flexibility of the Cottage in responding to the complexity of a family's needs was vital. This flexibility applied also to the mobility between program components where needed. The very combination of therapeutic work with more recreational activities can be viewed as another example of the way of meeting complex needs that is not available in mainstream services.

Beyond the services provided by the Cottage staff, the interlinking of clients with other service providers also reflected an understanding of complex needs. These referrals formed a regular part of the Cottage's engagement with families. The Cottage maintained contacts with Maternal and Child Health (MCH), Child and Adolescent Mental Health Service (CAMHS), Early Intervention at Melbourne Citymission (MCM), Department of Human Services (DHS), the Centre for Community Child Health (CCCH) at the Royal Children's Hospital, Strengthening Families, other BSL services such as the Ecumenical Migration Centre (EMC), Breakfast Club and HIPPI (Home Interaction Program for Parents and Youngsters), several local child-care facilities and local primary schools, Fitzroy Learning Network and Centrelink. Where necessary, staff also communicated with the Department of Immigration, Multicultural and Indigenous Affairs (and with relevant embassies of migrants' countries of origin).

The relationships the Cottage maintained with these service providers went beyond mere referrals. Rather, they sought to integrate clients into a wider multi-disciplinary network of services to better address the multiple issues Cottage client families presented. Case management included meetings

with other services (such as health experts) with which the parents were involved. The Cottage acted as advocate for the families to communicate what they wanted. One parent illustrated this:

They do their best to help you. Like when DOCS [intervened] ... they stepped in ... and said, 'Hang on, yes, we agree she does have parenting issues, but we are helping her. She's been working on these things. We have no concerns. If we did we wouldn't be letting the kid go home.' And knowing that the Cottage would step in for you ... they'd step in and help you. And if my daughter got really seriously ill and was in hospital, I know the Cottage would step in and organise things and do things to let him know that she's cared for. [Parent 1]

Just as the child was viewed as part of the family as a bigger system, and the family in turn as part of wider systems such as the community, the service itself only 'made sense' in the context of a whole network of service providers. The expected outcome of this way of working was both better meeting families' needs and avoiding duplication. This perspective is illustrated with statements from two Cottage staff:

The Cottage is one little component in a bigger community. If we only did what we do like this and we didn't take into account all the other components, well, it wouldn't be very effective. There's the Office of Housing, the Network Committee, the Maternal Child and Health, the long-day child-care, the kinder, us ... It's like a family and if we only focused on our one bit then we would be really 'un-insightful' in using all the other services that we could to assist this family to belong to a community. We're a community. We're in a community of services that's in a community that's in a suburb and if you don't look at it in that 'eco map fashion then you never really step out of your zone! ... If you really want to make a sustainable intervention, you've got to be able to see all the other components that are going on as well. [Staff 5]

The City of Yarra is like a jigsaw and we are all representative of a piece of the jigsaw. And we all fit together. We work very closely with Maternal and Child Health and the community health centres and the kindergartens, the preschool programs and the local child-care centres and the various others, Fitzroy Learning Network, EMC, lots of services. And the Cottage is just a part of that. It's an integral part of that. And we all work very closely together ... also with the City of Yarra. And we all complement each other and what one is unable to do, the other is. [Staff 4]

From the initial referral through the intake process and beyond, information was regularly exchanged between specialist services and the Cottage, based on their respective relationship with the family:

It will be starting I suppose when I make the initial referral about why I am referring the family, speaking to the staff about how the intake process is going and then continually having contact with them over the time, because I also have an ongoing relationship with the families as well as they bring the children in here, the same as the staff are having an ongoing relationship. [Specialist 1]

Such exchanges were not limited to families who entered the service, but also included those who did not actually qualify for the service, for example because they were not socioeconomically disadvantaged. The aim was to integrate 'whoever comes through the door' into the wider system of service providers in the local area.

It's part of a big community service. It's one component in maybe 20 that makes the whole community and I do see it as pivotal. I'd describe it as a community family centre and it's part of the bigger picture here. We're linked, we see people every day that provide other services and we're having coffee and chatting and ... that. It's a component in a bigger system. [Staff 5]

Cooperation included, for example, informal communication between services, temporarily hosting other service providers to provide services to the Cottage children, and assisting the transition of children to mainstream services such as kinder by supporting the staff in those services.

Both paediatric and early intervention professionals came to the Cottage to deliver their service. For example, in the first half of 2005, a paediatrician came about once a fortnight to the Cottage for a session of three to four hours. Each referred child would usually be seen three times, first for an hour, then twice for 30 minutes. Typical reasons for referrals from the Cottage to the paediatrician were concerns with developmental delay or language delay, problems with socialisation, and behavioural problems.

The paediatricians who attended the Cottage were trainees based at the North Richmond Community Health Centre and supervised by the Centre for Community Child Health at the Royal Children's Hospital. Their practice formed part of a training cycle, which led them to different community health centres across Melbourne.

Contact with Early Intervention at Melbourne Citymission (MCM) had developed since 2000. Starting with a speech pathologist visiting the Cottage to see some children individually, MCM proceeded to run a group at the Cottage for children who exhibited developmental delays. Over the last year the program shifted to outreach work in homes. When interviewed, the manager of Early Intervention at Melbourne Citymission commented favourably on the increasing quality of the cooperation, achieving its best level in the year that ended with the closure of the Cottage.

We've worked very hard to work with the Cottage staff. So that we're not working in conflict but we're working together. We work on the early intervention stuff but there's a lot of crossover between what we do and what they do. So we've had regular meetings.

While there is little research so far into the practicalities of 'joined up thinking' and 'joined up teams' of developing new versions of their services and presenting a common set of understanding to their users, it has been recognised that multi-agency teamwork in the service delivery puts high demands on professionals in 'juggling the competing demands of their traditional, professional values/beliefs with each other and at the same time with those of their host communities' (Anning 2005, p.43). The cooperation between the Cottage and Early Intervention at Melbourne Citymission is an example of facing up to this challenge.

Another benefit of the in-house provision of other expert services such as early intervention was the opportunity it afforded Cottage staff to implement this external advice in the child development program. By contrast with a mere referral of parents to other services, the sharing of this service's advice by parents and the Cottage staff was expected to increase the likelihood of positive outcomes of that very expert intervention, as they could assist the parents in the process.

The Cottage also facilitated the assessment of children who were not yet eligible for early intervention and linked them with the Melbourne Citymission Early Intervention service. In order to qualify for early intervention, children need to present delays in at least two areas, which commonly requires paediatric intervention and diagnosis. The very identification of a need for further assessment operated as a pathway to an otherwise inaccessible but vital service for a child with a delay.

That's the early intervention that we provide. We pick up children that are pre-eligible and they become eligible through this process of coming here, so it's almost pre-assessment assessment. [Staff 5]

The critical value of this pre-assessment conducted at the Cottage consisted in linking to specialist services children whose families could not afford to send them to kindergarten or preschool where developmental delays were usually noticed and referred.

Also, parents valued the assessment or pre-assessment of developmental delays and/or health issues and found relief in knowing their child would get the help needed:

Parent 2: I think it's about having somewhere to go. But not for myself, 'cos I wouldn't have done this for myself.

Interviewer: That's an important point isn't it, that you wouldn't have sought help for yourself?

Parent 2: No way! No way!

Interviewer: So this was about getting help for [the child]?

Parent 2: Yeah. This was me trying to get help for the lot of us by getting the youngest one of us a bit normal. Yeah. I don't remember what [the child] was like. I remember she was no way near the person she is now.

Community strengthening service provision

Through facilitating the toy library and the playgroup at Atherton Gardens in particular, the Cottage services reached beyond the child and family level to facilitate social networks in the wider community. The expected outcomes of these services were networks of support in the community and stronger community connections that take their own momentum outside the Cottage and facilitate self-help.

The very form of service delivery at the Cottage provided for more social interaction between different clients than other early childhood and family services such as Early Intervention Centres or CAMHS, for example, by providing a room where parents could drop in and have a cup of tea.

The playgroup run at Atherton Gardens housing estate provided activities for children, but also a service to parents, offering a place where parents could meet other local parents, as well as consult professional staff about concerns regarding their children.

Assisting children and parents with the children's transition to mainstream services—for example, applying for funding for aides and joint work with services—formed another pillar of the community-based work of the Cottage. At the time of transition to mainstream services such as kindergartens and day care, the child often still attended the Cottage. The child development worker who had worked with a particular child visited the new service and assisted the staff by demonstrating a process that enabled the child to integrate in the group, based on her experience as a key worker. Where appropriate, the key worker provided information about the family context which the mainstream service staff would normally not access yet which would help them to understand the child's behaviour (for example, a history of trauma). The social worker's role in that process was mainly to help the conversation between the parent and the service.

Finally, while the main focus of many Cottage programs was on improving child and parent skills, capacities and confidence, it was expected that such outcomes would in turn lead to increased levels of engagement in the community, particularly for families who had only recently moved to the area or who were isolated due to language or cultural differences.

Socially and culturally inclusive practice

In interviews with staff, one question related to their way of addressing cultural diversity issues. While staff admitted they were still learning, they emphasised that being open and respectful to culturally different ways of doing things had been general practice at the Cottage. This included being respectful of parenting practices which one staff member described as 'very challenging'. One staff member noted that the service questioned what is 'okay' and 'suitable' for the children and what is not, rather than taking this for granted. Rather than teaching parents Australian ways,

the staff suggested that that they learnt from families through listening to them and their interpretations of what they were doing. As noted earlier, this culturally sensitive approach was important in successfully engaging with many families, for example, of African origin.

Summary of service model

The service model at the Cottage included interventions at several ecological levels of analysis, from the individual child, to the family/parents to the community. A comparison between this service model at the Cottage and the good practice model derived from the literature in Chapter 4 (see Table 4.1) shows that the Cottage model contains *all* the indicators we identified for the latter.

In addition to the good practice model (Table 4.1), several practices emerged as exceptionally important to the work of the Cottage. This included their capacity to engage hard to reach families and keep them engaged, a particular strength of the Cottage. Essential to effective intervention in children's lives, it requires focusing on the child's family and community context, and considering and addressing the range of issues that may prevent families from engaging with mainstream services.

The skills of Cottage staff in counselling and therapeutic work were also noteworthy, given their importance in assisting children and families who have experienced conflict and trauma.

Also notable was the significant amount of outreach work conducted by Cottage staff. Home visits were seen to provide staff with a more comprehensive understanding of the child within the family and community context, and to further develop relationships and trust between staff and clients, as well as ensuring children's needs were met in the home environment. As discussed further in the next chapter on service outcomes, this was particularly important in terms of sustainable implementation of improvements in parenting.

Finally, it is important to reiterate that the services provided by Cottage staff were comprehensive and intensive, extending well beyond the provision of programs to include case management and practical assistance solving everyday problems, extensive advocacy work at the community level, facilitating families' integration into and access to other services through referrals, and assisting staff in mainstream services in helping with children's transition. This was seen as important given the extensive problems and issues faced by the families attending the Cottage.

8 Service outcomes

The following documentation of outcomes draws on information from case files as well as interviews with parents, staff and service providers. Case file reports contained information on changes over time in the lives of the children and families attending the service. Interviews with parents and staff sought to elicit the changes they had experienced or observed. They were semi-structured, exploring changes, both positive and negative, on a number of levels, consistent with an ecological perspective. Specifically, parents were asked about changes in themselves, their child, their feelings about their child, relationships within their family, their relations with the community (including use of community resources), and their relations outside the community (in terms of their use of other services). Staff were asked what changes they had observed in families during the period of their engagement.⁷

These outcomes are reported below within the ecological framework developed in Chapter 4. The separation of subsections on children, parents/family and the community distinguishes between the levels of ecological analysis. However, following the ecological approach Cottage staff always viewed the presenting issues in a wider social context and the wellbeing of children as interdependent with parents' issues and wellbeing. The separation makes sense also at the level of service delivery in that some interventions focused on *either* children *or* parents. Again, it should be noted that outcomes at the level of the child or the parent are not necessarily direct outcomes of interventions carried out at these respective levels. Likewise, change is usually a consequence of a number of factors beside the actual interventions implemented, so that the outcomes in each section cannot be attributed directly and exclusively to the interventions in that section.

Another crucial issue to keep in mind when comparing the case file notes at entry and exit points is the nature of 'presenting issues' recorded. These are the issues clients presented in the initial assessment. The underlying issues only emerged in the course of working with the parent and the child. This process varied considerably in duration from client to client. In fact, the identification of 'the real' issues needs to be considered as a vital intermediate outcome of the work undertaken by the service in partnership with the client. According to staff, parents often found their presenting issues were not so central, once they had uncovered the core reasons for their engagement with the Cottage or once they had overcome some of the presenting issues and begun to address other needs. The review process hence fulfilled the role of 'keeping tracking back with parents' and 'checking back in about expectations' (quotes from interview with staff member) when starting to engage with the service.

Developmental gains for children

Information recorded in case files and interviews with staff and parents suggests that children who attended the service showed improvements in cognitive, social, emotional, physical and language skills. Positive developmental outcomes were recorded for 19 of the 21 case files in the sample, as summarised in Table 8.1.

Table 8.1 Developmental outcomes (n=19)

Significant changes	Number of children
Language and/or communication skills	18
Social (interaction) skills	14
Gross and/or fine motor skills	4

⁷ The questions asked of staff varied somewhat depending on their role. For example, the child development workers were asked more specific questions about the child's responsiveness to interventions; while social/case workers were asked for examples of change in the parents, child-parent relationship and children.

As Table 8.1 shows, outcomes in the area of **language and communication skills** were recorded for 18 of the 19 children, where changes were recorded in the case files. More specifically these changes referred to:

- improvements in articulation and pronunciation, more spontaneous conversation, the use of 3–4 syllable words, an extensive vocabulary
- a child becoming talkative and using language to communicate her needs and wants effectively
- a child who was diagnosed with autism spectrum disorder and global development delay had gained the ability to count and say numbers, use some sign language and several words
- a child of non-English speaking family background showed increased use of English language and more sophisticated language concepts
- a child with undiagnosed speech delay learned to use full sentences and engaged more frequently in verbal communication, which led to improved confidence.

As Table 8.1 shows, outcomes relating to **social (interaction) skills** were recorded for 14 children in the case files. These included:

- an increased interest and confidence of a child in her interactions with other children and other children enjoying playing with that child who had initially been assessed as playing aggressively with other children
- in a child diagnosed with autism spectrum disorder and global development delay—gaining the ability to play alongside other children (and briefly also with other children), engaging with and playing directly with other staff
- in a child who presented with challenging behaviours such as aggression, hitting, anger, unwillingness to share—learning to play well with children
- in a child who had presented with social and emotional delays—interacting with peers more spontaneously and frequently.

Improved social skills were also noted in interviews with parents and staff, and reflected in the development of social and peer groups among children. One mother spoke about the following outcomes of attending the Cottage for her child:

She's more confident in herself, she's happy because she's got friends to play with, to do stuff with, and even come to their flats. [Parent 1]

When asked how her child would describe the experience of being at the Cottage, this parent said:

I'd have to say, fun, making friends ... She loves being in the program ... She loves the sandcastles, she loves the dress-ups, she loves the cars and the physical activities, and whatever else they do ... She seems to really enjoy it ... Since going to the Cottage she's improved, she's made friends. [Parent 1]

Another parent described how her daughter dearly missed the friends she had made at the Cottage during a holiday trip and kept talking about them.

Providing children with a safe place to express their emotions was identified as a very important precondition of effecting change in other aspects of children's development. Keeping a child from getting out of control requires a trained staff member who is able to show the child a safer way of expressing their emotion. A positive outcome was thus to see children who had been anxious and aggressive learn different forms of expression, by improving their language skills or by teaching them to take themselves away from other children or put themselves in a safe position, as illustrated by one of the Cottage staff:

One boy in particular, who would get quite angry in his interactions with his peers, I saw him be able to notice himself getting angry and move away from his peers and sit at a table,

where I had materials set up, so that he could then start to just use those himself. Also he often found it very difficult to be spoken to or interact with. That escalated his anger actually. But after learning to take himself there and use some materials, he would then call me over to look at it and talk about what he made. So he was then able to call you back in and rejoin the group. So, I'd say that was a positive outcome. [Staff 1]

Further areas in which changes were recorded in the case files were: physical, emotional and cognitive skills including toileting, separation, play skills and concentration.

In a number of case files, outcomes in several areas of development were reported. For example:

- One child showed improved social skills (increased eye contact, increased interaction with other children, ability to copy and make facial expressions), improved communication skills (attempts to make sounds, signs, words), improved cognitive skills (understanding of cause and effect, ability to use musical instruments correctly) and improved physical development (hand–eye coordination, climbing and running, feeding independently).
- Another child gained verbal and numeric skills, became able to respond to simple questions, showed significant progress in fine and gross motor skills (improved hand–eye coordination) and an increase in social play/interactions, learned to understand routines, and showed improved concentration skills.

A small number of children showed more limited outcomes in some areas of development, but significant improvements in others.

- One child still showed aggressive behaviour and presented emotional issues (e.g. low self-esteem) after participating in the child development program. However, significant improvements were observed in speech and comprehension and fine and gross motor skills, and he became more responsive to instruction. The initial assessment had shown speech delay and moderate fine and gross motor skills, as well as social and emotional issues which were expressed through biting, spitting, hitting and swearing.
- Another child's language development was still inconsistent and limited to single words after taking part in the child development program. However, the child, who had initially presented severe delayed receptive and expressive language skills, and delayed attention and play skills, as well as separation anxiety, had begun to show more interest in a broad range of activities, developed the ability to play alongside other children, was able to separate without distress on most occasions and to toilet independently if reminded.
- One child had experienced physical and verbal aggression and social isolation; presented a possible speech delay; showed inconsistent receptive language skills and difficulties with concentration and attention as well as some difficulty in cooperating with others and in negotiating conflict without becoming aggressive; and showed poor impulse control and difficulty separating. However, having participated in the child development program, individual play sessions and music therapy, the child showed significant progress in expressive language, was more talkative, used longer and more coherent sentences, and showed improved speech clarity.

Parents interviewed all noticed changes in their children through participation in the program. This helped one parent to understand that their child actually presented issues which demanded intervention, and helped them appreciate the child's strengths.

I just got really really, really proud of him. He has certainly proven me wrong. I thought that he was just a reclusive little boy. I thought that he was just a clumsy little boy. I thought that he had all these factors about him that were him. And he's NOT clumsy. He's NOT unintelligent!! He is not distant. He's none of what he was when he came here! ... I thought they were his traits which they weren't. They were my traits that he'd lived with. So he's grown! [Parent 2]

They help the child, you know ... like ... toilet training, learning to take turns ... tolerance ... and they come down really hard ... My daughter ... loves being here. [Parent 1]

The same parent illustrated the following outcomes in her child's social and emotional development, which she noticed since she started attending the Cottage:

She didn't seem to know how to play with other children, take turns and things ... The worker would say 'It's time to put things away, sit on the mat' or whatever, and just general at home (now she is) able to say, 'I'm sad', and when I then say 'Why are you sad?' she's able to say '... You've hurt my feelings'. Or someone at the Cottage might one day have been really rude to her, and [a staff member] said she wasn't happy, and she cried that night [and when I asked her] 'Why are you sad?', she said, 'They hurt my feelings'. And she's more confident now. She will come and talk to me. [Parent 1]

The following interview extract points to the interrelation between developmental outcomes for the child and for the family:

We've grown independently rather than all clammed together. He's done just big leaps every few months. He just changes and develops more and more. Even myself ... It's like massive, massive change. Like people change anyway in that time but we wouldn't have changed so much for the better. We would still be dragging our little feet ... So it's been a big, big change, not just little change ... and I feel different too. I feel grown up ... I am happy like I am a bit proud of where we've gone. And I'm only just realising yeah ... we've grown, and even the other big kids, they're proud of [him] as a person rather than ... as their little instrument you know. [The child] does his own work, he does his own dressing, he does his own organising and before he came here, we did it all for him. [Parent 2]

One service provider commented on the positive outcomes of the work done at the Cottage based on her continued engagement with the referred families:

I can't separate the children and the parents because I think they are integral to each other and, look, fantastic outcomes really! There've been very few children who I would say have made no progress there and it would be because they work out such detailed programs for each individual child and they work on that specific child's need. [Specialist 1]

Another service provider replied based on the changes that parents reported to her:

I haven't seen, but reports from the parents that the child had significant problems in socialisation, couldn't do many things with their fine motor skills, had significant behaviour problems, like running out of the room all the time or across the road. So these are different children and over months at the Cottage, they would have improved to interacting with children, doing age-appropriate activities, learning how to talk and play and sit in a group and things like that. [Specialist 4]

Successful transition to mainstream services

Transition to school was recorded for only five of the children in the sample, mainly due to the ages of the children. A transition to kindergarten was recorded in a further three cases. However, the earlier discussed outcomes in different developmental areas (cognitive, social, emotional, physical and language skills) contribute to the children's school readiness.

A crucial precondition for the transition into mainstream services is overcoming separation anxiety. The following example illustrates how such outcomes were achieved in the case of one child who had made a successful transition to kinder:

The child and the mother presented separation anxiety when the child was first enrolled at the Cottage: the child's distress led to the mother's stress. Furthermore, the child had little language and an extremely anxious presentation in general. The initial involvement with

the family aimed at facilitating the separation process, by making both of them comfortable with, and gaining trust in, the case worker. This meant the mother needed to be able trust that she would be contacted if necessary, which would in turn help the child relax and settle. The staff member started working very closely with the child and helping the child's attachment to develop with her. Built on this attachment was further work around routines and anxiety in relation to other things, such as hand washing, toileting, and developing language. Language emerged as a major way of decreasing the child's anxieties by preparing her in advance for routine changes, by communicating expectations towards her, etc. The child had a smooth transition to kinder, helped by the Youth Service's *Social storybook* to prepare her in advance for going to kinder and for her mother to be more involved in helping her cope with that transition. Furthermore, she has gained social skills and is no longer anxious about contacts with other children but can sit with them at the table. She has become more independent. The mother gained confidence in preparing the child for the transition to kinder and more generally to deal with the child's anxiety and look after her needs.

From this case story, we can see the close interrelationship of the work done with the parent and the child. The key worker facilitated the child's attachment to her, while the case worker worked on gaining the mother's trust, which became the basis for working on routines with the child for the key worker and other issues with the mother for the case worker. The aim was to effect change in a problem that concerned them both and help the child in her transition to kindergarten and school.

Improved psychosocial environment for the child at home

A number of case file entries indicate improvements in the psychosocial environment for the child at home in the following areas: parents' increased coping ability; reduced social isolation; reduced tension at home due to intervention by the Cottage regarding parental agreement of child behaviour management; increased ability to manage relationship difficulty; hygiene, personal health and budgeting issues being addressed; improved settlement; and parent undertaking training and looking for work.

Improved relationships between parents and children

Improvements in parent-child relationships were reported in interviews with staff and parents. In many cases this was the result of improved parent-child communication, which manifests itself, for example, in a (more) mutually respectful relationship between parent and child. One mother described this outcome of the work done at the Cottage:

Parent 1: (The child) and I get along much better as a team ...

Interviewer: When you say you're getting on much better with [the child], and you're working together as a team, are you able to pinpoint particular things that have changed?

Parent 1: Yes, well, one, she sleeps much better ... When I first went to the Cottage, until about six months ago, she slept in my bed, she'd have nightmare after nightmare after nightmare. She couldn't settle, she wouldn't eat properly. Now she sleeps in her own bed ... and she's proud of herself, because she sleeps the whole night, and I can also say, I'm [instead of] yelling and smacking, I'm now using time-out ... if it's a really important issue ... And also I guess I've learnt too that, just because I'm an adult I ain't perfect, and if I do something wrong ... or I say 'stupid' or 'you really pissed me off' or whatever, well then I go back and I say I'm sorry because that way she learns that you don't say that and when you do stuff up, you go and say sorry...

The same parent also spoke about her own rewards from the changes she has implemented in her behaviour:

When your own daughter turns around, like the other day ... she pinched a flower out of someone's garden and she gave it to me and she said 'That's to say thank you, Mummy, for all you've done ... I just wanted to say thank you for cooking dinner, for tucking me in, for giving me all the things I need', and even having her say to me, like the other night when we were packing the toys away, packing the clothes away in the cupboard, she said 'Can I help you?' ... and I guess I appreciate her more, and I appreciate myself more, and I'm liking myself more because I think since I've been to the Cottage, I've learnt how to be nicer to my daughter. [Parent 1]

One of the interviewed staff members also highlighted the significance of changes in parent-child communication, including how it leads to less aggressive parenting:

I have seen some really amazing changes. And I think some of the changes may be only small changes but I think they're quite big, even the way a parent speaks to her child. She has become more aware of her own interaction with their children. Parents who have physically hit their children, that was the only way how they knew how to discipline them. And now they're not doing that anymore. That's huge! [Staff 2]

Another staff member illustrated positive outcomes at the level of parent-child communication and attachment. This example highlights also the staff commitment to work towards sustainable results for children and the parents:

Some of my work has involved looking at ways that she can stimulate her son more at home and she's certainly very receptive to doing those sorts of things at home. Certainly in the child development program he's separated very well from her and is making enormous progress ... there was very great concerns about her capacity to cope with two children, (but she) has been developing really well, making great gains. She appears to be very attached and very responsive to this child. [Staff 3]

Enhanced wellbeing, capacities and confidence of parents

Countless examples were provided of improvements in parents' wellbeing, capacities and confidence as a result of their engagement with the Cottage. Examples of parents' enhanced capacity to develop solutions to the issues they face included, in one case file, a report that a mother was seeking medical assistance to reduce dependence on prescribed medication. Interviews with parents and staff provided more information. One parent spoke about the strength she gained through attending the service, which provided some respite and made her more capable of coping with difficult issues (for example, financial difficulties):

We've gotten strength. We've gotten heaps of strength! And from me being able to give him a teacher, a whole group of teachers, sort of hand him over to you guys and know, all right: so what do I need to do for either me or my family or blah, blah, blah. Yeah and the money thing ... just hasn't come into my brain, so it hasn't been a massive fear factor. Do you know what I mean? There's no way I should be going anywhere else because I've been harassed every day about all this stuff that I forget about anyway. But yeah, we've grown. [Parent 2]

Finding respite for herself and improvements in her child's wellbeing had changed the following parent's life substantially, from experiencing considerable somatic disorders to recovering and experiencing growth:

It was full on because I didn't sleep. I was dead awake every night until about six in the morning. And then I would be going to sleep. Then I'd be trying to get up at eight, eight thirty, nine o'clock trying to get the kids off to school. It was a very slow long process. [After attending the Cottage] then I just got into the habit of going home and sleeping and so after six to seven months, maybe a year of it, of just resting, and finally having energy ... but I wouldn't have got that rest, ... I'd still have, you know, bad sleeping habits ... But [her child's] sleeping habits got all normal. It all just fell into what it is now and ... no-one

would believe what we have come from in just a couple of years. We've actually done fifteen years growth in only just a short amount of time. [Parent 2]

The capacity to cope with everyday life is a vital outcome of parents' engagement with the service. This is illustrated by Cottage staff:

Over the course of two years gradually [a specific parent] would tell me that at the point when she came to the Cottage she was desperate and had been thinking of killing herself and her children, but by the time she left and her child went to school, she had grown enormously in her confidence in managing her child, her child who had refused to eat was eating, still very fussy, but she was eating. She was well linked with services and I now know that she's moved and bought an apartment, she's shifted out from here. So it was a long and at times slow journey, quite slow, but very significant changes in her life. [Staff 3]

This staff member also highlighted another parent's reduced dependence on other services:

She's much more contained in her involvement with agencies than previously. Previously she'd tended to just contact anyone and very quickly without trying to use some of her own resources and she's much better at just having a few people who she will contact and just growing confidence again in her own capabilities as a parent. [Staff 3]

Another example is provided by a case worker who observed a parent gaining skills which allowed her to take care of her children's high needs:

I saw a family where I felt helpless. I felt hopeless. I thought, 'My gosh! I feel extremely concerned about this woman and her children'. And two years later I feel so confident that this woman can find the best opportunities for her children—she has two with high needs. She'll seek out the best opportunities, the best services. She's assertive enough now to seek out the help she needs ... I mean it is really difficult, it is difficult to show these outcomes but they're there. They're really there. [Staff 4]

In three of the 21 case files, reduced anxiety about engagement with the service and/or better engagement with service(s) was recorded as one of the outcomes. The following outcomes were recorded for Parent 1:

When [Parent 1] came to the Cottage, she found the demands of parenting overwhelming, and was unable at times to be a mother to her children. She struggled to meet the most basic of the children's needs and found them very demanding of her and lacking awareness of her own needs. Her defence against constant chaos and demand was to shut down and sleep for lengthy periods of time, leaving the children to fend for themselves. After engaging with the Cottage the parent managed to arrange child-care for three of her children as well as engage with another agency. She secured educational funding for her fourth child to receive assistance at school.

This parent spoke about the changes she had personally gone through which were a crucial precondition of accessing other services.

You know when I first came here, I wouldn't have dressed properly at all, I would have looked bloody ragged. And now I am up in the morning and I care about the whole day ... I don't ignore the whole day now. Not just because I've got things to do, but because I'm interacting with people I actually care about. [Parent 1]

The following example of a parent's enhanced capacity to access help from other services was reported by one of the Cottage staff:

She has two children, the younger one aged two seems to present delays. The mother's partner is very abusive, which led to DHS becoming involved. With the support of the

Cottage she managed to make DHS help her get the abusive partner out of the house. This had positive effects on the children, one of whom was cot-bound till then. [Staff 3]

Other service providers that cooperated with the Cottage also acknowledged the contribution of the Cottage program to enhancing parents' capacities:

What we notice particularly is the effect that the parents are able to go on and do things because they get the support of the Cottage. There's been an increase in parenting skills I would say because of the support that they have. The Cottage ... is able to point in the direction of where they get further support, extra support, how to see a paediatrician, encourages them to go and see a paediatrician, encourages them to deal with perhaps not all but many of the complex issues they're facing because there is no doubt the families in that area are more complex than most families you deal with and they've got many issues to deal with that might be economic, social, emotional. And I think the Cottage has really been able to support them, to often clarify where they're at but then support them to go on and I guess encourage them to go out and to go beyond the Cottage, get other services, to also increase the parenting skills, increase the awareness and really enable them to become I think more able in society. [Specialist 5]

Increased self-esteem and confidence of parents was recorded in one case file entry and all interviews with staff and parents. Good parenting relies upon the parents' confidence, which many clients of the Cottage were lacking. Gaining self-confidence is therefore a critical outcome for parents. Respectful behaviour towards parents impacted positively on their personal development and feelings of self-esteem, as the following parent illustrated:

Like mind-wise I haven't been looked down at in any way. I've had long hair, short hair, blue hair, green hair sort of thing and I haven't been looked at differently, not once! My clothing factor and my self-factor has improved dramatically! [Parent 2]

Increased confidence of parents also resulted from the Cottage approach of building on parents' strengths rather than focusing on weaknesses. This allowed parents to see positive changes in their way of managing things, as this parent described:

Feeling that you've got support, feeling that you are a good mother. And the Cottage also points these things out to the parents. If they see a parent who might be struggling with certain issues, they can see that you've taken on their advice and ... and they'll come up and say 'Look ... I can see you've improved in that area, you've come a long way in that area', and they always try and look for good points, (are) concerned about things, they still try to say 'Look, these are the good things I've noticed in the last three months ...' In my case, they said to me 'You're more organised, more patient with him, you're willing to learn, you're willing to try ... It makes you feel valued, it makes you feel that you are to be trusted. And ... even though you know in your heart that there are other parents that are better at being parents, you know in your heart that you're doing the best that you can, and you feel better with yourself. [Parent 1]

The child and parent work at the Cottage enabled the parents to see their child interact with other children and with the child development staff and to see their child do things they did not know they could, which has positive outcomes for the confidence of parents:

They're really surprised about what the child can do in the program and they can see their child can do things, which often then gives them the confidence to do it at home as well. [Staff 3]

The following parent described outcomes she observed in relation to herself:

I'm a lot more at peace with myself ... I'm sleeping better. I'm seeing a lot of changes in (the child) for the good. I'm feeling better at my, at parenting. I've got more confidence that—yes, I can handle it. [Parent 1]

Improved parenting

From the sample's 11 case files in which changes related to caregivers were recorded, two entries related to the improvement of parenting (distinguishing between 'normal' and 'naughty' behaviour, understanding child's need), two related to dietary changes implemented at home and three recorded (beginning) acceptance of child's disability/delay. Reports of improved parenting were also provided in interviews with parents and staff.

A central precondition for improved parenting is that parents recognise and accept that their child presents an issue that needs addressing. Without this realisation, children's issues remain unaddressed and grow into bigger problems. The following interview extract from a parent highlights this:

I was very aware that she wasn't where she should be, but then I was able to verbally ask about it and look at the other kids and think: OK that's where she's supposed to be at and I think it took me a while before I actually spoke to [staff] about where she was at, but ... it would have been a while after I am like 'she really is a little bit behind in this', but ... before it would have been an admittance of fault on my behalf, you know. So—but now I can admit it and not be at fault. [Parent 3]

The interviewed staff also spoke about changes in parents who began to accept their child and the positive impact of this acceptance on parent-child interaction:

I've seen big changes in parents' attitudes towards their own child and ... there's some parents that really accept the fact that, OK their child has a diagnosis of Down's syndrome or autistic or global delay—and parents over so many months of being here and having the support of the social worker, have really come to terms with that. Whereas initially when they first found out the diagnosis they were like ... Admittedly obviously it's normal to be devastated and to be in denial—but over a period of maybe ten or twelve months, I've seen the difference, and in their own interaction with their child it's really quite clear, compared to a year ago, and that's phenomenal really. [Staff 2]

Another important element in improving parenting behaviour is that parents respect the staff so they are ready to take on the advice given. One parent commented:

I've learned to be a better parent because the workers will actually work with you on your parenting ... These people have actually been in my situation ... [they] may be social workers, but they're people who've got children of their own so they know what they're talking about, not some smart-arse who's never had kids and doesn't know ... I'm a better mother ... I've learnt a lot of patience and ... now [the child] and I get along much better. [Parent 1]

This statement highlights the parent's acknowledgement of the life experience, expertise and constructive nature of assistance she received at the Cottage.

For this parent videotaping of parents' interactions with their child and playing these recordings back was vital:

Parent 1: ... had a workshop a while ago ... video the parents interacting with their children, and they showed you how you actually interacted with your child. And it was a big eye-opener ... you can think what you think, but when you see it smack-bang, you can't deny it, can you?

Interviewer: How did you feel when you saw that film?

Parent 1: I was shocked. Shocked because it made me realise, really, that you're not ... how I was not, you know, willing to play with her ... and now I'm more willing to try to play with her.

Reduction in harsh parenting can be viewed as one of the effects of improved parenting and improved communication between parents and children. The parent quoted below illustrated this interconnection and what this outcome means for the wellbeing of both her child and the family:

Before, my impatience was my worst fault. But then at the Cottage there were courses ... about how to talk to your kids. What I learned is, I don't shout across the room, I go to her, tap her on the shoulder, get down to eye level, talk slowly, ask her to repeat what you've said and don't give her too many, ten instructions at once, give one. And get her to do that and then come back and say you need to do something else, come here. And I learnt new ways of talking to her. I learnt, you know, that smacking her only teaches her to hurt other people and also it affects me, and also it hurts me, and ... when to give her time out. Now especially she can come back and I can say, 'Well why did you get time out?' and she can say very clearly, 'I was running in the lounge room and that is not allowed' and that way we can make up and say sorry to each other. And sometimes when she does get time out, she can come back later and she'll say 'I'm sorry Mummy ... for whatever it was that I've done', and then I'll say 'I'm sorry for yelling at you' ... I've learnt a lot about communication. [Parent 1]

This parent also indicates her reflective understanding of the relationship between her parenting and her own childhood experiences, and understanding of how improved parenting leads to improvement in children's behaviour:

Parent 1: She used to chuck tantrums while I was having a coffee, and now, well only the other night, she chucked another [tantrum] over ice-cream ... And ... said, 'There's only enough for one, but we can share it', and then I said 'Is it worth chucking a tantrum just because you're not getting it to yourself'? And within five minutes she'd finally composed herself and sat down and tucked into the box...

Interviewer: So what's different between that and what was happening?

Parent 1: Well, what may well have happened, of course, if I hadn't had people like [Cottage staff member] to rely on ... I probably would have been very harsh and smacked her and yelled at her ... You know, I don't want my daughter to be afraid of me, like I was of my father ... There's a lot of bad vibes between me and my father and I wouldn't want that with [the child].

A parent's ability to reflect on her reactions to the child's behaviour and respond in a controlled way instead of losing her temper and using violence is a crucial outcome of improved parenting. The following mother described how her use of violence towards her child has decreased:

I'm more mindful of when I get angry and I say 'Listen, hang on a minute, do you want to be like your father?' I wait a minute, go into the bedroom and shut the door and count, and listen to two songs on the CD player before I go out and talk to her again, because I know, my father, he would belt first and ask questions later, for every little thing. Even if I might have knocked over a cup of milk on the table, you'd get a thrashing for that ... And it makes me more aware of how I am with [the child]. Because if I even had to smack her now, I only smack now for safety issues, like for going near a power board or things like that which she knows she's not allowed to do ... and then it's only on the hand. But you still feel bad, because you're causing someone you love pain ... Because I've lost my temper and said really nasty things ... and I'll ... say, '[Child's name], Mummy's sorry for calling you stupid, Mummy's sorry for saying "Go away". Mummy's sorry for saying these things'. I think the Cottage has taught me that. The Cottage has taught me my own failings, and even though I have these failings, there's no reason why you can't learn from them and be a better parent. [Parent 1]

A particularly powerful outcome of improved parenting is that parents can stay with their children because they ensure their wellbeing rather than having them removed by welfare services. The same parent acknowledged this as an outcome of her engagement with the Cottage:

You guys ... should find a way to keep you open ... My daughter ... to be honest, I wouldn't have her. I'm sure welfare would have taken her off me. [Parent 1]

Community strengthening

As described in Chapter 6, providing a place where children and parents can meet, and building bridges between parents, are central elements of the Cottage programs. For children, this led to expanded peer groups and improved quality in their relationships with other children, as reported in the earlier section on children's social development outcomes. Reduced social isolation was also another outcome recorded in case file entries in relation to improvements in the psychosocial environment for the child at home. Improved social networks for parents in the community can also be deduced from the staff accounts of the benefits of the toy library and playgroup:

They provide a place for parents to meet other parents and then what happens is when they meet in the street they start talking and then they go to the park together and then suddenly they're babysitting for each other and it's a really, really nice way of parents creating that satellite network in a community. They are community development services for families. They're somewhere for them to go, they know it's there. There are professionals there that they can get help from but mainly what they get is connection with the community. [Staff 5]

One aspect of community strengthening is the fostering of increased levels of participation and trust in the community. One parent described her increased ability to trust people generally, as a consequence of the assistance she received at the Cottage:

Even (after) a year of being here, I was still staring through the wall sort of. I wouldn't have been living coherent but something's happened throughout the whole time where I've just gotten to a point where I do trust. I do trust that other people can help us, rather than refusing to help because they think it's a waste of time. You know what I mean. And that's what I was doing. [Parent 3]

Note that this change came about after more than one year of engagement, which points to the need to invest time in building trust in relationships with parents.

Many examples have been provided of how parents' self-confidence increased as a result of their engagement with the Cottage. Gaining confidence allows parents to cope better with a whole range of things, including interactions with people, even with strangers in public spaces. This translates into increased ability to participate in the community, illustrated by one parent below:

It's been a massive, massive impact on me. It's taught me to speak to people, it's taught me to be confident about myself ... I wouldn't have walked down this street, Brunswick Street, and I went walking down there ... about six months ago for the first time and it was like: Oh shit, I should've been doing this all the time. But it's taken me that long to adapt to just being able to be in all these different people's faces and walk into shops ... but it's different now. I can now. I don't know why I wouldn't have been able to do that before, I don't know what was really wrong with me but I know that socially I wouldn't have walked down that street ever. I wouldn't have gone on a tram. Me and my kid have caught trams here now. And I was an absolute paranoid freak to get on the tram ... I wouldn't even get on the tram if there was people on it. No way I'd catch a tram! I've adjusted and [the child] is loving it and you know, when I haven't got my car, it isn't even a big deal at all! [Parent 2]

Integration of disadvantaged families into a network of services has also been discussed in the context of successful transition of children to mainstream services and improvement in parents' capacities and confidence in accessing services. Many examples were provided of parents' increased confidence in engaging with service providers, which required the development of trust. These showed how this can increase levels of general trust in the community, and the feeling of being valued by the community.

Table 8.2 illustrates the embedding of the Cottage in a network of services. It shows firstly the other agencies that referred a child, parent or family to the Cottage or were also involved with the family, and secondly that the Cottage linked parents with other services in response to their needs.

Table 8.2 Service integration

Case	Referral source	Other agencies involved at service entry	Referred to	Complementary service	Transition to other services on exit
1	Strengthening Families	Sleep Disorders Clinic (RCH)	MCM (EI)	Kindergarten	
2	MCHN	Family Support City of Yarra	CAMHS	Kindergarten School psychologist	Primary school
3	MCM (EI)	MCM (EI)	Occupational therapy	Family Support Kindergarten RCH	Primary school
4	MCH		HACC RCH Soulmates CAMHS	Kindergarten MCM (EI)	Special Development School
5	MCH				Planned for child to attend kinder
6	MCH	MCH	MCM (EI)	Kindergarten	Primary school
7	North Yarra Community Health		CAMHS	MCM (EI) Specialist Children's Services	Special Development School
8	MCH			Kindergarten	Primary school
9	Self	MCH	MCM	Kindergarten	School
10	NYCH	Family Court		Women's Support Group Parenting course (NYCH)	Kindergarten
11	MCN	City of Yarra Family Services Mercy Hospital Outreach Nurse VACCA		Mercy Respite Care	
12	Self	Specialist Children's Services	HACC Services	Specialist Children's Services	
13	Strengthening Families	CAMHS Bouverie Centre Shared Care Drop-In Centre, Holden Street Community House City of Yarra Family Services DHS	RCH paediatric fellow NYCH		
14	Sibling attends service	MCH	RCH MCM (EI)		
15	Self	Hotham Mission			Kindergarten City of Melbourne Family Services (after Cottage closure)
16	MCHN	MCHN	MCM (EI) CCCH		Child-care (relocation of family)

17	MCHN	City of Yarra Family Services Merri Outreach Clarendon Clinic NYCH DHS		Kindergarten Playgroup Share Care	
18	Self		NYCH RCH paediatric fellow RCH Audiology Education Department CSRDO Travancore		
19	Strengthening Families	Family Support, Community Paediatric Fellow RCH, NYCH	Specialist Children's Services NYCH		Kindergarten

Note: See page iv for list of abbreviations.

Improved services

One outcome of Cottage practices at the community level was increased understanding of the needs of disadvantaged families by service providers. Examples of Cottage staff listening to and learning from the families that attended the Cottage were provided in Chapter 6, this being a core principle of their approach to service delivery. The approach of being led by clients' needs was informed by the Parent Advisor model described earlier which involved looking at the parents as partners who bring their own skills, capacities and understanding of their life, their children and their needs, and the readiness to *learn from* the clients. Improved staff knowledge in turn leads to further improvement of services for families and children.

We are a needs-led service, so that means that we'll talk to you about what you feel you need help with, and then we'll try and see if we can fit some of the services that we have into that. The dilemma there is that people say, 'Oh well, it doesn't make you very good at anything really, you're a bit of a jack-of-all-trades' kind of thing. One of the benefits about that is that the parents inform the service. We learn so much from families that come in here. [Staff 5]

Information provided by Cottage staff to staff in mainstream services also contributed to the latter's understanding of the child and in turn to the quality of care that child would receive. The following case description by one of the child development workers illustrates such outcomes of cross-sectoral cooperation:

A child came from living in a refugee camp and arrived at the Cottage without using language and not following instructions. Observations led to the realisation that the child could not hear. A hearing check was arranged and a behavioural management plan put in place, both at the Cottage and the kindergarten the child attended. Cottage staff visited the kinder to support staff there. Furthermore, early intervention services like language and cognitive assessment were arranged. Within twelve months, the child's responses, development and language improved. His confidence increased through getting more positive responses from staff also in the mainstream service. With the staff knowing about the child's hearing problem, their reading of his behaviour as disobedient changed.

Increased trust between families and service providers was another outcome of parents' engagement with the Cottage Centre. This was illustrated earlier in two cases parents' enhanced capacities (and willingness) to access other services.

Summary of outcomes

As expected, given the model of service delivery outlined in Chapter 7, the outcomes of the services provided at the Cottage correspond to all the expected outcomes of good practice in service delivery as discussed in Chapter 4. Positive outcomes for children were recorded in all areas of development (social, cognitive, emotional etc); positive outcomes for parents were recorded in key areas such as parental wellbeing, increased skills and capacities and confidence; and positive outcomes at the family level were recorded with respect to improved psychosocial environment at home, improved relationships between parents and children, and improved parenting. These outcomes in turn had important effects in terms of decreasing social isolation of families, increasing participation in community, and improving access to other services—essential for the long-term wellbeing and eventual independence of families. Further, the advocacy and networking role of Cottage staff can be seen to improve the expertise and knowledge of mainstream service providers about how best to assist disadvantaged families with multiple and/or complex needs—the kinds of families most in need of early intervention.

9 Concluding remarks

The purpose of this report has been to document and evaluate the services provided by the Cottage Centre for Families and Children prior to its restructure in November 2005.

The Cottage provided an integrated service for some of Victoria's most disadvantaged families and children. Focusing on the early years, the services targeted children between 18 months and school age who were experiencing behavioural, emotional, social or developmental problems. The parent programs were seen to target families with diminished parenting capacity due to issues related to the child, family functioning or external stressors, such as financial and housing problems, physical and mental health issues, family dysfunction and violence, and social isolation. Several programs focused on improving the quality of the relationship between parent and child.

Psychodynamic, attachment and systemic theory informed the philosophies that underpinned the Cottage practices. This includes an emphasis on responsiveness to family needs, understanding the context and cause of family and child problems, looking at families within their communities, and working in conjunction with other agencies to provide a holistic, joined up service.

Examination of the programs and practices of the Cottage showed that the service met all criteria for good practice as identified in the literature on service delivery for families with complex needs. These included a focus on early intervention; a family-centred approach; a focus on parent and child interaction, attachment and communication; developing parenting skills and capacities; providing an integrated service and a strong advocacy role; and integrating families into a network of support and other services in the community. Also, awareness of socially and culturally inclusive practice was expressed by staff and demonstrated in the success of the Cottage in engaging families of diverse cultural backgrounds.

In case file reports, outcomes for children were recorded in all areas of development—language, cognitive, physical, social and emotional. Outcomes at the level of the family and community were also reported by staff, parents and service providers. These included improvements in parent wellbeing (improved self-esteem, confidence, trust and positive outlook), improved capacities and skills as parents (including capacity to access other, more mainstream services and resources), improved relationships between parents and children, and decreased social isolation. In addition, networking and cooperation between Cottage staff and other services had improved access and responsiveness of mainstream services to the needs of disadvantaged children and families.

One of the main aims of the Cottage was to foster sustainable wellbeing in families and children, so in the longer term they did not need help. This involved building the social and human capital of children and parents, and improving relationships and interaction within families, as well as connections to the wider community.

While the evaluation method does not allow outcomes to be attributed directly or solely to the services provided by the Cottage, it was clear that parents, staff members and specialists interviewed for this study thought that the Cottage made a real difference in the lives of the families who used it. Specialists working in conjunction with the Cottage praised the skill and expertise of Cottage staff and the unique service it was able to provide. Parents expressed pride in the progress they and their children had made as a result of their engagement with the service.

A major strength of the Cottage as revealed in this evaluation was its expertise in engaging and assisting families with complex needs. It is these families for whom early intervention and support services are most vital; and yet, as the burgeoning international literature suggests, the range and depth of the problems these families face makes engagement with mainstream services very difficult. The Cottage's effectiveness was closely linked to the staff's knowledge of how best to engage and support the most vulnerable families and children, building their strengths and assisting

their eventual transition into mainstream services. In particular, the training and expertise of the staff in family therapy helped them build supportive and effective relationships with parents.

The Cottage is a model of how a social inclusion agenda can be applied in an early childhood setting. The social inclusion approach recognises that poverty is about more than low income, rather it is a multi-dimensional problem requiring a joined up solution. Cottage clients are some of the most socially disadvantaged members of our community. The effectiveness of the Cottage resulted from its recognising the linked nature of the problems these families face, and their complex root causes. In addition, their success derives from assisting families in a holistic way, recognising the mutually reinforcing benefits of joint family and child services and assistance.

Critical service components identified in this evaluation included:

- a whole-of-family approach—looking at the child in the family context. This confirmed findings of the previous evaluation
- working with families as well as children to assist parents to deal more effectively with the many issues they face. This meant being responsive to parent/family problems and helping assist or solve them, whether directly or by providing information/education or by linking families to other services
- a case management model—helping parents resolve multiple issues, rather than focusing narrowly on particular programs
- building trusting, respectful relationships with parents (in particular, learning from and listening to families, being open to and respecting culturally different ways of parenting)
- long-term commitment (open-ended, not time-limited, involvement)
- individualised rather than one-size-fits-all, approach
- providing advocacy and assisting with integration into other forms of support and services.

Reports of negative impacts on families as a result of attending the service were very few. As acknowledged earlier, this may partly reflect the evaluation methodology, which relied on records kept by staff and a limited number of interviews with staff, parents and other service providers. However, this is thought to be less likely given that the many contacts over the life of the evaluation elicited no negative comments.

One area of ongoing challenge was working with families from diverse cultural backgrounds, in a neighbourhood (the Atherton Gardens precinct) which is increasingly home to immigrant and refugee families. While Cottage staff expressed awareness of cultural diversity issues, they acknowledged the need for continuous learning and practice development.

It is also important to note again that the success of the Cottage service derived from the intensive nature of the support provided, which makes it a relatively expensive service. It is clear that the assistance provided to families far exceeded the simple delivery of programs—staff went out of their way to help families deal with many issues. In addition, their support for families was not time-limited. Given that difficulties in meeting the cost of the service provided the major rationale for this review, tough decisions about how best to channel existing resources will need to be made. Such decisions should take into account the critical service components outlined above.

The evidence provided in this evaluation suggests the uniqueness and expertise of the Cottage lies in the provision of a holistic family support service for disadvantaged families, rather than in the delivery of child-care or child development programs alone. Advantages of the Cottage approach include their contribution to collective knowledge about how to work with these most vulnerable families and children, and their flexible approach—they are able to work over the longer term with

families because the length of support and engagement is not dictated by government or corporate funding arrangements.

Since the Cottage service closed in November 2005, the Napier Street Child and Family Resource Centre has opened in the same premises. The new centre maintains the same philosophies as the Cottage but programs have been significantly restructured. It continues to run the Atherton Gardens Playgroup and Fitzroy Toy Library and to operate as a child-care centre and respite centre where parents can drop in at any time and leave their children. However, alongside child-care services there is a greater emphasis on humanitarian and settlement support services for recently arrived refugee families. As noted above, refugee groups make up a large proportion of families now attending, meaning the current service may be assisting a client group with an even broader range of presenting problems than at the time of this evaluation. In achieving these ends, there is a strong emphasis on multi-agency work, with staff seeing themselves as a node in a network of services, and programs being developed in conjunction with other local service providers.

The work of the Napier Street Child and Family Resource Centre, and its predecessor, the Cottage, provides a successful integrated model of assisting highly disadvantaged families and children. Rather than just removing children from risk, it aims to foster long-term, sustainable wellbeing in children, and at the same time support families to solve multiple problems and engage more thoroughly in the community. In the current social and political environment, the Brotherhood of St Laurence believes this is the way forward for working with disadvantaged families and furthering the social inclusion agenda.

10 References

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