

# Best Start

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*'The evidence is clear that good early child development programs that involve parents or other primary care givers of young children can influence how they relate to the care for children in the home and can vastly improve outcomes for children's behaviour, learning and health in later life'.<sup>1</sup>*

## About this newsletter

This newsletter highlights the work being done by the Best Start projects and the achievements being made at local levels across Victoria.

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## Best Start evaluation

Evaluation finds the Best Start project provides 'good value for money'.

Complex, community-based initiatives are hard to evaluate because of their size and because they are trying to address multiple problems within shifting environments. Best Start is such a project and presents challenges to the evaluation team from the University of Melbourne.

Best Start represents an approach to prevention and early intervention for very young children and their families and communities. This initiative is designed to achieve increased cooperation, collaboration and coordination between services to improve access by communities.

The evaluation uses six methods to address the main evaluation questions:

- statewide indicator datasets
- evaluation profile
- VicHealth partnership analysis tool
- service cooperation and coordination tool
- omnibus survey of parents of three-year-old children
- site visits, interviews and focus groups.

Early indications to date are that Best Start has been successful in engaging staff working with young children in the health, education and family support sectors.

The evaluation questions provide a framework to assess the early impact of Best Start.

## Best Start – Providing leadership through local initiatives

Best Start is a prevention and early intervention project that aims to improve the health, development, learning and wellbeing of all Victorian children from pregnancy through transition to school.

Thirteen demonstration sites are breaking new ground by forming committed early years service networks that cross the boundaries of health, education and support services.

<sup>1</sup> McCain, M. and Mustard, F. (1999). *Early Years Study: Final Report*, Ontario Children's Secretariat, Toronto

Evaluation question 1 – Have the enhancements to universal early years services and their liaison with education providers introduced through Best Start, resulted in improvements in the outcome areas of health and wellbeing, education and schooling, housing and child protection?

## The success of partnerships

While it is too early to ascertain whether Best Start has led to improvements in the outcome indicator areas, the evaluation highlights that demonstration sites have enthusiastically embraced Best Start. The VicHealth partnership tool confirms those findings with 74-83 per cent of the responders rating their partnerships as very positive.

### Case study (Broadmeadows):

In Broadmeadows, the Best Start partnership identified that the value of agencies working together was a strategy in itself to improve outcomes for the children and families in the community.

An Aboriginal partnership group was established to focus on the particular needs of the Indigenous community.

Some of the strategies currently being implemented by the partnership include cultural awareness training, early parenting programs and the development of parent resources including information directories, health newsletters, baby diaries and storybooks for children.

The Northern Hospital Maternity Department was also recently presented with Aboriginal artwork to demonstrate cultural pride and identity.

## Health and wellbeing outcomes

Across all sites, there are 21 health and wellbeing projects, with another 22 projects that will have an impact on the health and wellbeing domain. These projects range from strategies to improve access to the Maternal and Child Health Service (MCH Service), improving breastfeeding rates and transition from maternity hospitals to the MCH Service.

### Case study (Wellington):

Wellington Best Start has developed a local pregnancy information booklet, which has been distributed through services and service providers such as school welfare staff,

nursing staff, doctors, bush nursing services and women's health services. A lactation clinic that focuses on young mothers has also been established and operates out of Kilmany UnitingCare.

### Case study (Whittlesea):

Whittlesea Best Start has developed a number of social marketing tools including fliers, fridge magnets and posters promoting the MCH Service. These have been translated into three community languages and have been distributed widely. Preliminary data analysis indicates a significant increase in the participation rate at the 3 1/2 year MCH Service key age and stage visit.

Postcards and bookmarks designed by local children have also been developed to promote positive parenting messages and distributed through local primary schools, libraries and other organisations.

## Education and learning

Twenty-nine education and learning projects have been developed with an emphasis on literacy activities and parents reading to their children. Other activities have been designed to improve attendance at kindergarten, with an emphasis on informing parents of the importance of regular attendance at kindergarten and school.

### Case study (Maribyrnong):

The Maribyrnong Best Start project identified literacy as a major area of concern for that community. One area that was seen as a critical focus was the development of strategies and resources to assist parents in supporting their children at home to improve their long term literacy outcomes.

A parent resource book was developed for use by schools, kindergartens, child care services and other early childhood programs, to assist parents in supporting the literacy development of their children.

The resource book provides an insight into how children learn and develop literacy skills and the importance of early exposure to a range of reading and writing materials, as well as adult engagement.

There is an emphasis in the book on the importance of speaking, listening and questioning as an integral component of literacy development.

For further information about the parent resource please contact Liz Rouse, Maribyrnong Best Start Education Project Officer, [rouse.elizabeth.j@edumail.vic.gov.au](mailto:rouse.elizabeth.j@edumail.vic.gov.au)

Evaluation question 2 – What local strategies were deployed to implement Best Start by each of the partnerships in order to improve ‘outcomes areas’ – as measured by the Best Start indicators? How successful were they?

Evaluator’s comment – ‘The level of activity is impressive.’

## Service cooperation

Six sites have *service cooperation* projects.

Providing professional development opportunities and establishing and extending early childhood service networks are common strategies used by partnerships to promote service cooperation and collaboration.

The use of a small grant scheme was a helpful strategy to quickly engage organisations and generate enthusiasm for Best Start.

Other common strategies included social marketing techniques to promote services. Some sites established new services such as playgroups and parenting programs that could be sustained in the longer term.

The evaluators noted that the level of activity is impressive, but indicated that it is too early to determine the outcomes of these strategies.

### Case study (Frankston):

Frankston Best Start, service coordination and access sub committee hosted the ‘Putting Children First’ forum, which was attended by primary school, kindergarten, childcare, maternal and child health, early intervention and other health professionals.

The forum topics included definition of school readiness/school transition, continuity of curriculum and creating an environment for individual learning.

Evaluation question 3 - What local strategies were deployed to engage vulnerable children and their families who are currently not using universal services?

## Access to services

Ten of the sites have developed significant projects in the area of this subsidiary Best Start aim. Common projects have included the development of service directories and information guides and early literacy and parent groups.

A number of other projects are generic and designed to improve access to all parents and young children including vulnerable families. Some projects, such as parenting projects aimed at improving parental confidence, or improving local literacy culture, directly target disadvantaged groups

### Case study (Shepparton):

Within the Shepparton Best Start project, the Breaking Cycles Building Futures initiative focussed on developing inclusive practices that increase vulnerable children and their families’ access to universal early childhood services.

A facilitated playgroup operates concurrently with the MCH Service. This has attracted new families, including families from Indigenous, non-Indigenous and different cultural backgrounds.

Cricket and football activity evenings for dads and their children proved to be effective in building relationships with families.

Evaluation question 4 – Where and in what way can the identified local strategies be widely applied to other services and communities?

The evaluator reported that it was too early to recommend which strategies would be transferable to other communities. However, information will be available to assist in identifying successful strategies that can be transferred to other settings.

Evaluation question 5 – What other improvements have been achieved as a result of Best Start?

The evaluator has noted that the most important improvements resulting from Best Start have been increased collaboration and communication between all early childhood services – health, learning and wellbeing.

## Breaking Cycles Building Futures

### The Brotherhood of St Laurence report on vulnerable families and their access to universal early years services

The report recognises that antenatal and universal early childhood services (maternal and child health services, kindergartens and primary schools) are key resources for promoting the wellbeing of all children and their families. It is imperative that these services are universally accessible.

The report notes that the majority of families make good use of the available services. However, it is also clear that service use varies and that there appears to be a small but significant minority that under uses some of these services.

Groups underrepresented include: families with low incomes, Indigenous families, families from some culturally and linguistically diverse communities, families experiencing unstable housing or homelessness, families experiencing family violence, families with a parent with a disability and families who have been in contact with child protection services.

The researchers noted that it appears that 'retention' rather than initial access is the key issue. Parents make contact with services but then cease attendance, attend infrequently or do not become fully engaged in the services' activities. Thus, there are often multiple opportunities for engagement with parents and families, though these are not always maximised.

The report identified key barriers to inclusion: service level (structural) barriers and barriers specific to children, parents and specific situations.

In addition, the report provides some key 'practice wisdoms' that may assist services to be more inclusive. These 'practice wisdoms' have been trialled in three Best Start sites and the experiences will be reported upon soon. The entire project is subject to an evaluation being undertaken by the University of Melbourne.

For further information regarding the project and to view a copy of the full report visit [www.beststart.vic.gov.au](http://www.beststart.vic.gov.au) or [www.bsl.org.au](http://www.bsl.org.au)

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