Final report:
The use of Communities for Children program:
Cultural Community Capacity Builder Programs to improve the Social Determinants of health outcomes in Western Adelaide
Citation: Parry, YK., Abbott, S, & Grant, J, (2016) Communities for Children: Final Report: The use of Communities for Children program: Cultural Community Capacity Builder program to improve the Social Determinants of health outcomes in Western Adelaide. Flinders University, School of Nursing & Midwifery, for, Communities for Children, Wesley Uniting Care Port Adelaide.
Acknowledgements

We would like to thank the manager of the UnitingCare Wesley Port Adelaide, Communities for Children programs, Mr Craig Bradbrook for his support for this evaluation. We would like to thank the staff from the UnitingCare Wesley Port Adelaide, Communities for Children for their dedication and hard work in supporting some of Australia’s most vulnerable children and families. We would also like to acknowledge the hard work and commitment of the organisations that auspice and deliver the programs for Communities for Children.

We are extremely grateful for the assistance and support provided by the CCCB staff and CALD parents. Especially the manager, Ms Chau Tran, Ms Huong Nguyen, and their dedicated team who support CALD parents. In doing so improve and enhance the lives of vulnerable children.

We would like to thank the parents and children of the North West Adelaide region who participated in this research project for their time and commitment. We appreciate your help and candidness in answering what are sometimes uncomfortable or awkward questions. Not only the time and commitment to the research project but also to their families and communities by undertaking these programs that seek to make a difference in the lives of Australians. Your contribution
to this important research is invaluable in helping Communities for Children to support children and their families in the future.
Contents
Acknowledgements 1
Introduction 5
Background 5
Migrant and refuge families, and parenting 7
Social determinants of health (SDH) 8
Communities for Children Programs and the Western Adelaide Region 9
Our clients 9
Significance of the research 10
Aim and objectives 11
AIM 11
OBJECTIVES 11
Ethics 11
Approach to research 12
Quantitative Methodology 12
Qualitative Methodology 13
Data Management and Analysis 14
Selection of participants 15
Interview questions 15
Community engagement strategies 16
Economic rationale / Social return on investment 16
Section two: 18
Cultural Community Capacity Builder Programs 18
Introduction 18
Theoretical Basis for Program Model 18
Literature review 18
Theoretical Basis for Program Models 19
Targeted relationship based programs 19
Attachment theory 21
Circle of security 22
Tuning in to Kids 23
Addressing domestic violence and keeping children safe 24
Therapeutic Models of Care 26
Models of service delivery (applying the theories) 26
Facilitators Qualifications 27
Limitations 28
Section four: 29
Results 29
Findings 32
Mindful Attention Awareness Scale (MAAS), trait version 34
Theme 3: improved care of Children 39
Theme 4: Returning to employment 40
Theme 5: Soft entry 41
Theme 6: Theoretically based programs 41
Discussions 42
Section four: 44
Discussion and conclusion CCCB 44
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Determinants of Health</td>
<td>47</td>
</tr>
<tr>
<td>Overall conclusions of the CCCB program</td>
<td>48</td>
</tr>
<tr>
<td>References</td>
<td>51</td>
</tr>
<tr>
<td>Appendix A</td>
<td>56</td>
</tr>
<tr>
<td>PARENTING SUPPORT SKILLS GROUP</td>
<td>6</td>
</tr>
<tr>
<td>NUTRITION WORKSHOP</td>
<td>6</td>
</tr>
</tbody>
</table>
Introduction

The evaluation of the programs provided by the Communities for Children initiative (CfC) is presented here. This report is divided into five sections. The first section presents the background information on the CfC initiative including an outline of the demographic and epidemiological outcomes for children in the area of focus for this evaluation. Additionally, the introduction outlines some of the theoretical basis for the models of care and the therapeutic models of care that are common in all the programs provided. Subsequent sections provide the therapeutic models of care specific to the particular program provided by the organisation or service. The report also provides a conclusion for each program and a final conclusion for the evaluation research project as a whole.

Background
There are known linkages between child maltreatment and levels of economic and social stress that are generally prevalent in areas of relative disadvantage (Access Economics Pty Limited 2008, Maggi, Irwin et al. 2010, AIHW 2012). Accordingly, Communities for Children (CfC) was established in 2004 following a decision by the
then Australian Government to establish the ‘Stronger Families and Communities Strategy’ (2004–08). Communities for Children was one of four streams of the Strategy, with the aim of addressing the risk factors for child abuse and neglect before they escalate, and to help parents of children at risk to provide a safe, happy and healthy life for their children and thus circumvent the deleterious health, education and welfare outcomes for children at risk.

Underpinned by the social determinants of health (Maggi, Irwin et al. 2010), the CfC strategy’s key feature sought to engage parents and care givers in activities that enhanced their children’s development and learning. The CfC program providers have developed activities such as home visiting, early learning and literacy programs, early development of social and communication skills, parenting and family support programs, and child nutrition programs (Allen 2011, AIHW 2012, Australia 2014). The CfC is a community based strategy aimed at improving an areas’ childhood disadvantage factors through programs that target disadvantaged families living in areas of disadvantage.

UnitingCare Wesley Port Adelaide is the Facilitating Partner of CfC and, as such, acts as a broker in engaging the community in the delivery of children’s and parent’s programs aimed at enhancing community outcomes (Muir, Katz et al. 2010). The CfC initiative aimed to improve the coordination of services for children 0-12 years and their families in order to minimise the impact of area-based disadvantage (Muir, Katz et al. 2010). Further, the initiative aimed to build community capacity to provide appropriate, targeted and enhanced services delivery and improve the community context for children (Muir, Katz et al. 2010). The whole community approach to improving child development incorporated the needs of the community (Muir, Katz et al. 2010). This report presents the findings from the evaluation of the following programs: Cultural Community Capacity Building Programs

The refugee and migrant focused Cultural Community Capacity Builder programs are delivered on site at St Patricks School in an integrated Child and Family Centre. The centre provides an integrated service delivery approach supporting multiple service providers. The St Patrick School and CCCB act as a resource for the parents accessing the programs. The CCCB staff also provide individual support when the
program is not available. The majority of programs provided by CCCB are based on targeted relationship programs.

**Migrant and refuge families, and parenting**
Migrant and refugee families can have complex needs (Lewig, Arney et al. 2009). In particular refugee families have often been subjected to traumatic experiences before arriving in Australia (Lewig, Arney et al. 2009). Parents have endured human rights abuses, trauma and loss often associated with genocide, rape, war and torture (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). These life circumstances can leave parents emotionally and psychologically impacted by trauma which can impede functioning at times of parental stress, such as differing acculturation rates between parents and children (Renzaho and Vignjevic 2011). As acculturation occurs faster in children than parents resulting in different expectations of family, gender roles, domestic violence, and parenting styles (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011).

Additionally, parenting practices and styles may be vastly different than those condoned in Australia (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). For some cultural groups the use of punitive or corporal punishment styles are common place in parenting (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). This authoritarian style is often at odds with Australian parenting styles and child protection expectations (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). For example, some refugee and migrant groups use older children to care for younger children or leave children unattended while the parents are at work. This practice can, in some circumstances, constitute abuse and neglect in the Australian child protection context (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). There is an over representation of refugee and migrant families in the child protection system (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). Improving parental capacity and competencies is paramount given the increasing numbers of migrant and refugee families in the child protection system (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). Promoting culturally competent parenting practices aim to decrease child protection notifications, poorer child health outcomes, and numbers of refugee and migrant children in out of home care (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011). The CCCB program aims to increase positive parental
practices and improve family functioning thus decreasing the involvement of the child protection system and subsequent costs to the child (developmental and psychological impacts), family, and community (Lewig, Arney et al. 2009, Renzaho and Vignjevic 2011).

Social determinants of health (SDH)
The CCCB program aims to circumvent deleterious health, welfare and educational outcomes of refugee and migrant children. The health and educational outcomes of children is determined within the context of the environments in which they are born, grow, live, play, and learn (Krieger 2001, Marmot and Wilkinson 2006, Brandt and Gardner 2008, Solar and Irwin 2010). A range of determinants have been identified that shape the health of children and families. These education, housing, employment, health access, income, gender and social processes, such as social support and social exclusion and are coined the Social Determinants of Health (Krieger 2001, Marmot and Wilkinson 2006, Brandt and Gardner 2008, Solar and Irwin 2010). As such the SDH are the aspects of people lives in which they are born, grow, live, work, and age (Maggi, Irwin et al. 2010). This definition incorporates a variety of factors that impact on children and influence their adult health status. The SDH represent a broad array of characteristics that are not biological or genetic but result from the social, physical, and community environments(Maggi, Irwin et al. 2010).

The social determinants of health (SDH) are recognised as measures of individual and structural characteristics that can be addressed to assist families and communities to move away from vulnerability (Wilkinson and Pickett 2005, Wilkinson and Pickett 2009, Maggi, Irwin et al. 2010, Solar and Irwin 2010, Shonkoff and Garner 2011, Sinclair 2014). The concepts that define the SDH enable research into the structural and intermediary influences on health outcomes. Significantly, these concepts provide a means of understanding differences in health outcomes for different population groups (Hetzel, Page et al. 2004, Wilkinson and Pickett 2005, Wilkinson and Pickett 2009, Solar and Irwin 2010, Shonkoff and Garner 2011, Sinclair 2014).
Additionally, the Social Determinants of Health (SDH) provides a framework for exploring health inequities against services that provide supported, wrap around, models of care and intervention, which deliver individual support across a broad range of determinants of health through links with community health, education and welfare services. As the programs provided by CfC promote the community based delivery ethos then using the SDH measurements could also highlight the impact of these programs on the community.

Communities for Children Programs and the Western Adelaide Region

Our clients
The Communities for Children Facilitating Partner programs are funded by the Australian Government Department of Social Services aimed at delivering strong outcomes for Australian families with a focus on early intervention and prevention to provide programs for children aged 0-12 years and their families (AIHW 2012, Stewart 2014). Research shows that children living in poverty are exposed to higher levels of stress and this interferes with their ability to learning and meet developmental milestones (Margolin and Gordis 2004, Suor, Sturge-Apple et al. 2015). Furthermore, the differences in cognitive ability are evident at aged four (Margolin and Gordis 2004, Suor, Sturge-Apple et al. 2015). The North West Adelaide Region has been recognised as an area where children experience high rates of developmental vulnerability (Australian Early Development Census 2015).

There are five measures that outline domains of vulnerability for Australian children in the Australian Early Development Census (AEDC). The five domains are: physical health and wellbeing; social competency; emotional maturity; language and cognitive skills (school based), and, communication skills and general knowledge (Australian Early Development Census 2015). In Australia 6.8% of all children aged 0-12 years are assessed as being developmentally vulnerable in one or more domains (Australian Early Development Census 2015). In the Western Region of Adelaide 29.1% of children are assessed as developmentally vulnerable in one or more domains and a further 13.9% assessed as developmentally vulnerable on two or more domains (Australian Early Development Census 2015). Of significance, is the
decrease in the percentage of children assessed as vulnerable during the time the Communities for Children (CfC) programs have been implemented. In 2006, for example, 42.9% of children in the Western Region were assessed as developmentally vulnerable on one or more domains. This has decreased significantly to 29.1% in 2012, a change of -13.8% (Australian Early Development Census 2015). Furthermore, the percentage of children assessed as developmentally vulnerable on two or more domains in 2006 was 23.7%, and in 2012 this had decreased significantly to 13.9% a change of -8.7% (Australian Early Development Census 2015). While the Western Region of Adelaide is still behind the Australian average of 6.8% (Australian Early Development Census 2015) however, initiatives such as the CfC programs aim to address children’s vulnerability.

**Significance of the research**

Programs targeting parents of children who are at risk aim to decrease the impact of the SDH and address the children’s potential level of complex vulnerabilities that accumulate to produce poorer adult health outcomes (Keys 2009, Gibson and Johnstone 2010, Muir, Katz et al. 2010, Solar and Irwin 2010, Department for Education 2011, Nelson and Mann 2011, Kilmer, Cook et al. 2012, McCartney 2012, McCoy-Roth, Mackintosh et al. 2012). Importantly, the use of parenting programs has effectively decreased emotional and behavioural problems in children (Wyatt Kaminski, Valle et al. 2008, Sandler, Schoenfelder et al. 2011). This includes children with behavioural conduct disorder, oppositional behaviour, attention-deficit hyperactivity disorder, and anxiety disorders (Wyatt Kaminski, Valle et al. 2008, Sandler, Schoenfelder et al. 2011). In addition, there is evidence that investing economically in early childhood programming for children in disadvantaged circumstances has sustained benefits for the community and from a human resources perspective (Access Economics Pty Limited 2008, Wyatt Kaminski, Valle et al. 2008, Sandler, Schoenfelder et al. 2011).

The CfC program offered through UnitingCare Wesley Port Adelaide, provides early intervention and prevention programs, to target the most vulnerable and disadvantaged members in society, with the goal of reducing risk factors and improving family functioning and wellbeing. This report details research that aimed to explore the relationship between CfC programs delivered in Western Adelaide and
the social determinants of health for the children and families who have used the service. Whilst such programs appear sound from a theoretical perspective, unless there is evidence of the outcomes of the program, the work cannot be validated for continued funding or for wider application. This type of analysis and research provides the bridge between policy objectives and the practice applications of policy. This research provided the next keystone step in examining the broader impact of individually tailored programs.

**Aim and objectives**

The research evaluated the relationship based programs that were delivered to at risk children in Western Adelaide region (2014-2016).

**AIM**

To explore the relationship between CfC programs delivered in Western Adelaide between 2014 to 2016 and the social determinants of health for the children and families who have used the service.

**OBJECTIVES**

1. To identify the SDH impacting on the children and families using the service
2. To assess the correlational relationships between the services provided and the extent to which these address the SDH.
3. To develop a set of recommendations that would enhance the programs’ capacity to improve the SDH for this population group.

These objectives represent the first step in determining the extent to which the CfC programs impact on the children broader social outcomes.

**Ethics**

Flinders University’s Social and Behavioural Human Research Ethics Committee approved the ethics protocol on the 6th of February 2015 and is valid for three years (SBREC 6719).
Approach to research
This mixed methods research project was undertaken in two stages. The first stage involved:

1. A literature review to explore the theoretical and evidence bases for the programs provided.
2. Correlational analysis of previous local and national CfC program evaluations and comparison against the SDH identified for the populations using Western Adelaide regional services.
3. Analysis of quantitative data provided by UnitingCare Wesley Port Adelaide to inform the development of interview questions for the second qualitative stage.

Stage two included:
1. A combination of interviews and focus groups with providers, staff, parents and children.
2. Thematic analysis to provide an in-depth understanding of the impact of these programs on several SDH outcomes.

Quantitative Methodology
Data was only analysed quantitatively when data met adequate standards. For example, the quantitative data in the CCCB was of good quality and consistent with international standards on the use of the quantitative collection instrument provided to participants of the program. Further, the analysis performed on the data was consistent with approximate data analyses technique for the data provided (Almeida, McGonagle et al. 2009, Foster, Diamond et al. 2015). The daily stressors questionnaire can explore the extent to which mental health issues, such as exposure to trauma, impact on daily functioning (Almeida, McGonagle et al. 2009). Questions such as ‘I find it hard to stay focused on what’s happening in the present’ may indicate a limitation of parental capacity to engage and focus on the immediate needs of their children. The CCCB program aims to actively engage parents in the care of their children.

Conversely, quantitative data may lack the depth in information regarding issues that influence choices on many aspects of family life that can be addressed through in-
depth interviews or other qualitative approaches. This is addressed by the inclusion of narratives that allow families to express how these SDH impact on their children and families. For example, aspects of the surveys and the information from the in-depth interviews, observation data, and focus groups methods of data collection each informed the use of different types of analysis. These characteristics were explored further in the qualitative data collection process. The qualitative data will inform future survey questions and evaluations. This circular process ensures triangulation and robustness of all data collection and the research process.

The predominant research methodology used in this evaluation is qualitative. However, quantitative data collected by CCCB staff as part of their program performance analysis and quality improvement of their programs and was fundamental in the analysis in the first instance as it informed the qualitative data collection. Using this mixed-method approach (Patton 2002) ensures that this evaluation will be more robust. The inclusion of qualitative data is important as it bridges the current gap in evidence provided by quantitative data.

**Qualitative Methodology**

The qualitative component of the study was undertaken within a broad framework of critical social theory. This enabled the researchers to consider multiple positions, such as gender, race and poverty as they affect the SDH outcomes of children and families. Importantly, it situates the research as inquiry to inform change.

The subjective nature of qualitative enquiry has a number of relatively stable criticisms. The qualitative researcher selectively collects and analyses data that is not representative (Bogdan and Taylor 1975). Generalisations are consequently not appropriate. Qualitative enquiry is only appropriate as a research design where an in-depth understanding is required of a group of people who have been purposefully selected (Patton 1990). Here the data selected specifically explores the outcomes of the UnitingCare Wesley Port Adelaide programs on the mothers, infants and children’s outcomes.

While quantitative data provides a broad understanding of some influences on family circumstance, such as perinatal depression, qualitative data, stories and narratives
provide a personal perspective on life and family circumstances. Both sources of information are useful and highlight the influences on how children and families cope with adverse life circumstances and make decisions (Bogdan and Taylor 1975). Given this, this research employed a mixed method approach.

**Data Management and Analysis**

All copies of transcripts and any other pertinent qualitative and quantitative data sets are kept in a locked cabinet at Flinders University for seven years and then destroyed to comply with A.F.I. legislation.

Quantitative data analysis used correlational analysis to discover the relationships between data sets and participation in the program. For example, the Day-to-Day questionnaire data was explored to provide an understanding of the interactions between the variables and changes in these measures that occurred during participation in UnitingCare Wesley Port Adelaide CfC programs. The researchers used databases, such as ABS to determine the SDH present in the areas targeted by the CfC programs and establish the SDH as measurable variables. The inclusion of qualitative data is important as it bridges the current gap in evidence provided by quantitative data.

Qualitative data management and analysis were completed in two separate but related steps in a procedure recommended by Patton (Patton 1990). The recordings were transcribed verbatim and pseudonyms assigned as the initial step to managing and analysing the data. The qualitative data was analysed manually. Transcripts were disseminated into their component parts with reference to the original question categories. Respondent selections were separated and colour coded in a procedure outlined by Cavana et al (2001). Care was taken at this point as all data taken at the first instance as relevant and useful. There was a need to carefully identify statements that were made by the participants on issues that were not core to the focus of study, yet remained important, and those statements that were more clearly relevant.

The data was then inductively analysed. Patton (1980, p.306) describes inductive analysis as patterns, themes and categories of analysis come from the data; they
emerge out of the data rather than being imposed on them prior to data collection and analysis. Themes that emerged from the data were analysed in terms of the constant comparative method as described by Glaser and Strauss (1967). This method requires that themes be examined as they emerge directly from the raw data and compared to each other to ensure they are not different aspects of a previously designated theme (Glaser and Strauss 1967, Cavana, Delahaye et al. 2001).

Marshall and Rossman (1999) note that an alternate understanding will always exist and the job of the researcher is to argue and reason why the explanation associated with the data is a better explanation than the alternate understanding. Patton (1990) warns that researchers are always at risk of being accused of imposing an understanding that reflects the researcher’s world better than the world being studied. The search for alternate understandings was considered and one method that could be used was to counter this accusation.

Selection of participants
The use of multiple sources of information and informants enhances the validity and robustness of the findings (Parry and Willis 2013). Therefore, selecting the participants in the qualitative phase consisted of an evaluation of their provision or use of the programs which then resulted in their inclusion due to their key informant status. Furthermore, the managers of the programs provided important theoretical knowledge and background on program development and implementation.

Interview questions
Questions asked were open ended and simple in structure to elicit the participant’s in-depth responses and to obtain responses unconnected with the researcher’s experience or bias. The interview and focus groups covered several characteristics highlighted by the quantitative evaluation:

- The type of program;
- The usefulness of the program;
- The impact of the program[s] on other aspects of the participants lives (e.g. the SDH);
- Implications for changes;
• Impact on health (mental and physical);

The above considerations were used as a guide for the design of the questions. The initial data collection took place in the westerns region of metropolitan Adelaide South Australia.

Community engagement strategies
A research reference group was established from the various agencies delivering the CfC programs. This enabled the collaborative involvement of the service providers into the research process ensuring the final recommendations are usable. The research reference group verified the variables definitions for stage one and assist in the development of the qualitative questions for stage two interviews.

The researchers analysed the interview responses from staff, parents and children. The analysis was presented to the reference group for consideration and comment. The results of the first two phases informed the development of a set of recommendations for future service delivery of interventions of children at risk and their families. As well as provide a framework for future service evaluations and data collection. These could be used to ensure the effectiveness and viability of the CfC programs using an evidenced based perspective.

Economic rationale / Social return on investment
The CCCB programs provide intensive and comprehensive support for fathers, mothers and children of refugee and migrant families. The combination of the supportive care of the family and an intensive playgroup and crèche for their children is vitally important in providing a successful intervention to mitigate the profound negative impacts of being a refugee or migrant perinatal anxiety and depression on parents and children (Commonwealth Department of Health and Family Services 2008, Allen 2011, Deloitte Access Economics and PANDA 2012, Bowen, Duncan et al. 2013, Bowen, Baetz et al. 2014). In Australia, over six hundred and sixty thousand refugees have been resettled in the last 60 years (Lewig, Arney et al. 2009). The impact of war, torture, grief, loss and dislocation impacts on the adults and children’s physical, mental and social health (Lewig, Arney et al. 2009). Addressing parental capacity may improve the longer term outcomes for refugee and
Section two:

Cultural Community Capacity Builder Programs

Introduction

The Cultural Community Capacity Builder programs provide various child and family support initiatives. The Cultural Community Capacity Builder programs are funded by CfC as part of the CfC initiative. The program is auspice by St Patrick’s School which is located in an area of higher than average numbers of the Vietnamese cultural group. It is important to note that the Cultural Community Capacity Builder programs are accessed by a wide variety of people from a broad range of cultural backgrounds including Australian, Asian, African, and European.

Theoretical Basis for Program Model

Literature review

A thorough review of the literature was undertaken and the application of theories to programs is presented here. The staff conducting the programs outlined the theoretical basis and evidence-based practice which informed the development and the implementation of the Cultural Community Capacity Builder programs. The
literature review for the Cultural Community Capacity Builder programs was conducted using the following literature data bases: Google Scholar, CINHAL, PubMed and PsycINFO. The four main theoretical premises for the Cultural Community Capacity Builder programs are relationship based programs, Targeted Relationship Based Programs, Attachment Theory, Circle of Security, and Tune in to Kids are discussed below.

**Theoretical Basis for Program Models**

**Targeted relationship based programs**

Early human development impacts on health, learning, and behaviour throughout life (Mustard 2010). Programs targeting parents of children at risk aim to decrease the impact of the negative characteristics of some of the Social Determinants of Health (SDH) (Solar and Irwin 2010) and address the children’s potential level of complex vulnerabilities that accumulate to produce poorer adult health outcomes (Mackintosh, White et al. 2006, Noble-Carr 2007, DoCS 2009, Keys 2009, Dockery, Grath et al. 2010, Gibson and Johnstone 2010, Lynam, Loock et al. 2010, Solar and Irwin 2010, Marcynyszyn, Maher et al. 2011, Nelson and Mann 2011, Kilmer, Cook et al. 2012, McCartney 2012, McCoy-Roth, Mackintosh et al. 2012, Zlotnick, Tam et al. 2012, Coren, Hessain et al. 2013, Embleton, Mwangi et al. 2013, Roos, Mota et al. 2013, Kuehn 2014). Of note, the use of parenting programs have been effective in decreasing emotional and behavioural problems in children (Wyatt Kaminski, Valle et al. 2008). This includes children with behavioural conduct disorder, oppositional behaviour, attention-deficit hyperactivity disorder, and anxiety disorders (Wyatt Kaminski, Valle et al. 2008, DoCS 2009). In addition, there is evidence that investing economically in early childhood programming for children in disadvantaged circumstances has sustained benefits for the community and from a human resources perspective (Belfield, Nores et al. 2006, Mustard 2006, Noble, Norman et al. 2006, DoCS 2009, Moffitt, Arseneault et al. 2010, Bartik 2011, Reynolds, Temple et al. 2011, Richter and Naicker 2013). Early Child Development (ECD) research has established that infants and children, who participate in well-conceived ECD programs tend to be more successful in kindergarten, primary, secondary, and tertiary schooling, are more competent socially and emotionally, and show higher verbal and intellectual development during early childhood than children not enrolled...
in high quality programs (Mustard 2006, DoCS 2009, Dockery, Grath et al. 2010, Mustard 2010, Reynolds, Temple et al. 2011). Ensuring healthy child development, therefore, is an investment in a country's future workforce and capacity to thrive economically and as a society (Reynolds, Temple et al. 2011). Figure 1 below illustrates the interconnections between health, welfare, and the community.

Figure 1 A child centred approach for social support (Sawyer, Gialamas et al. 2014).

Supporting children and parents through community based programs is soundly theoretically based as figure 1 is based on the bio-ecological theory of development (Sawyer, Gialamas et al. 2014). The Communities for Children program offered through UnitingCare Wesley Port Adelaide, provides Early Childhood Care and Development and Parenting programs, to target the most vulnerable and
disadvantaged members in society, with the goal of reducing risk factors and improving family functioning and wellbeing. An evaluation of whether the programs efficacy is necessary in order to ensure funds have been well spent and to secure continued funding and expansion of such programs.


**Attachment theory**

Attachment theory was developed in the 1970s by John Bowlby to explain the carer/child connection in terms of biological and psychological functioning (van IJzendoorn 1995). The theory describes the sensitivity and responsiveness of the parent or caregiver to meet the child’s developmental needs as early attachment impacts on lifelong functioning (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Additionally, the measures used in the attachment assessments illustrate dysfunctional parent or caregiver responses to infants and children (van IJzendoorn 1995, Centre for Parenting & Research 2006). Responses from prolonged separations, either physically or psychologically impact on the child and their subsequent adult functioning and behaviour (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Longitudinal international research supports the use of attachment theory to
predict infant, child and adult outcomes for appropriate parental responses to children's needs and for the development of adults' significant interpersonal relationships (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Further, attachment theory research explains the cognitive organisation and representations of interpersonal relationships and parenting behaviors (van IJzendoorn 1995, Centre for Parenting & Research 2006). The predicative capacity of the attachment theory measurements provides self-report and professional assessment items that consistently calculate levels of attachment and identify intervention pathways for program implementation (van IJzendoorn 1995, Van IJzendoorn, Schuengel et al. 1999, Centre for Parenting & Research 2006). Successful interruption of, reactive-attachment disorder, insecure-resistant, insecure-avoidant, or insecure-ambivalent attachment, through target programs is evidence-based and well documented (van IJzendoorn 1995, Centre for Parenting & Research 2006). The CfC programs offered through UnitingCare Wesley Port Adelaide directly address manifestations of interrupted attachment that subsequently decrease levels of vulnerability for children. Working with parents and children using evidenced-based parenting and child in supported play groups and crèche assists in the development of new positive relationships that have lifelong impacts for the children and their families' (van IJzendoorn 1995, Centre for Parenting & Research 2006). Consequently, the organised programs delivered by the Cultural Community Capacity Builder Programs, are collaborative, inter-disciplinary, and professional programs that provide an environment that supply consistency, professional supervision, personal support, and commitment to the development of productive, positive and therapeutic relationships with the parents, caregivers and children using the programs.

**Circle of security**

The CCCB program delivers a program that includes the circle of security as a theoretical basis for evidence based practice and uses the practical activities provided by the circle of security training. The circle of security is an internationally based early intervention program based on attachment theory and relationship theory (Dolby 2007). The circle of security is one component of the many relationship based type programs used in the CfC programs as described in the introductory section at the beginning of this report. The circle of security theory explains the
importance of secure attachment and relationships for early child development. Acknowledging that child development is ongoing, not linear and dependent on quality caregiver relationships (Dolby 2007, Dykas and Cassidy 2011). The theory is based on international academic research which confirms the key role of the use of increased empathy towards children and childhood as well as developing enhanced attachment between parent and child (Dolby 2007, Dykas and Cassidy 2011).

Figure 2.1 The circle of security: attending to children’s need

The figure 2.1 above is used as a basis for the Cultural Community Capacity Builder programs and explains the interactions between child and parent/care giver. The use of diagrams and easy to understand language ensures that the programs are accessible for a variety of parents regardless of their cultural backgrounds.

Tuning in to Kids
The CCCB staff deliver activities for parents and children based on the theoretical underpinning of the ‘Tuning in to Kids’ program. The Tuning in to Kids intervention is an international program developed in Australia to address emotional competence, emotional socialisation, and emotional regulation in children and adults (Havighurst, Wilson et al. 2009). The original Tuning in to Kids program evaluation using randomized control trials indicated that children’s behavior had significantly improved
due to the parental emotional coaching, mentoring, and attunement (Havighurst, Wilson et al. 2009). Early childhood is an important developmental period for the intersection between children’s emotional processing, language, and cognitive augmentation (Havighurst, Wilson et al. 2009). The evidence-based internationally researched and delivered program provides key skills to infants and children in periods of developmental and social transition, namely, prior to school thereby enhancing the preventive intervention (Havighurst, Wilson et al. 2009). The program prevents some of the child behavioural problems associated with poor emotional regulation (Havighurst, Wilson et al. 2009). The Tuning in to Kids program provides activities that are structured around the emotional, social, physical and cognitive engagement with children which is also seen as imperative for normal development and ‘school readiness’ (Schaub 2015).

It should be noted that all staff engaged in providing the programs offered by the Cultural Community Capacity Builder programs have received training the each of the theoretical areas. Along with the practical application of the theories into activities for children and parents. The structure of the programs provided are updated annually to ensure compliance with the latest research in the areas of attachment theory, circle of security and tuning in to kids. Further, the workers receive ongoing training in the theoretical and practical comments of their work.

Addressing domestic violence and keeping children safe
The CCCB staff delivers flexible programs that address community needs in a manner that is culturally appropriate. Following several incidents of domestic violence in the cultural groups using the CCCB programs and facilities the staff now provide domestic violence counselling to all families. This includes specialist materials that specifically address domestic violence in cultural sensitive ways. The domestic violence booklet (figure 1 below) for example was designed to address domestic violence in a manner that challenges gender issues inherent in the misuse of power while remaining culturally appropriate.

Figure 1 Domestic violence booklet used by CCCB
The focus of the CCCB domestic violence intervention is to keep the children and people experiencing violence safe. The development of the program and resources directly addresses a community need. The program provides culturally appropriate resources and materials for cultural diverse communities. The pamphlet above focuses on the Vietnamese community and other culturally appropriate resources are available for the variety of cultural groups using the CCCB program. The stories, safety plans, and support service information provided in the resources directly address domestic violence and resilience, along with addressing issues for children such as attachment and circle of security. The CCCB home visiting program assessments include components that directly assess the risk of domestic violence for children. The staff delivering that program are attuned to the nature of domestic violence in cultural contexts. The staff have directly assisted women and children to escape domestic violence.
Therapeutic Models of Care

*Models of service delivery (applying the theories)*
The Cultural Community Capacity Builder programs use several models of service delivery. All families attending the Cultural Community Capacity Builder programs can assess the variety of programs designed to enhance children’s early development. The goal of the program is to use evidenced-based theories that develop early learning strategies in children, support and identify the assistance that is needed for the family to connect and build a stronger community. This is achieved using the following activities:

- Playgroup (Wednesday and Friday)
- Home visiting
- Family support
- Thursday women’s group
- Family play sessions
- Full moon festival
- Parks Playgroup Activity Networks

The full program manual is provided in Appendix A. These activities are based on the theories outlined above and as such provide significant changes and improvements in parenting capacity, children’s behaviour and community engagement and participation. This provides services that are holistic and meet the needs of the program participants.

The programs address the needs of socially isolated parents and caregivers, established migrant groups, new arrivals, and refugee families, fathers, mothers and children. The Cultural Community Capacity Builder programs consist of:

- Early Childhood Learning program
- Children’s observational assessments
- Children’s transition from home to school program
- Enhancing children’s development programs
- Individual support
- Linking with the broader community services, such as housing, council services (i.e. public library), centre link and tertiary education providers
The programs are based on sound theoretical premises, for example, targeted relationship based programs, attachment theory, circle of security parenting programs, and tuning into kids. These programs are well researched and provide validated outcomes for parents and children when delivered in accordance with the research and program directions. All staff delivering the programs are trained.

The focus of CCCB on using validated and tested interventions has assisted in the delivery of reliable programs. The CCCB use of internationally and nationally recognised intervention programs ensures the programs deliver sound interventions that are of therapeutic benefit to the children and parents. The interventions consist of:

- Case management
- Therapeutic interventions
- Intensive Play Scheme
- Family Home Visiting
- Specific family focused behavioural interventions e.g. sleep hygiene training, and sleep routines
- Child and parent social competency training
- Nutritional advice
- Referrals

Thus the program is flexible enough to meet the families’ and community’s needs. The families targeted by this program are ‘vulnerable families and those assessed as ‘at risk’. The engagement of these families is often difficult, however the staff provide an atmosphere of acceptance and support in the programs.

**Facilitators Qualifications**
The staff have tertiary qualifications: BAs in Education and Early Childhood Education and have received the relevant training for all the programs being delivered.

The staff employed by CCCB have the following qualifications:

- Bachelor of Social Work
• Trauma Intervention and Support Practice
• Child Development
• BA Early Childhood Education
• Tuning into Kids
• Circle of Security
• Domestic violence
• English as a Second Language
• Attachment theory

The programs are delivered by an Early Childhood Educator, Assistant Child Educator, and Family Support worker. This staff mix provides an interdisciplinary approach to child focused approach to the therapeutic interventions provided by the programs.

Limitations
The research design has provided robust qualitative data and findings with minimal quantitative findings. The inclusion of mothers and fathers in the focus group has provided a broader understanding on the usefulness of the programs reviewed in this section. However, the lack of some quantitative data is being addressed through the inclusion of specific evaluation tools. Future research will evaluate the quantitative instrument designed to measure the change in parents, infants and children attending these programs.
Section four:

Research methods for the evaluation of the Cultural Community Capacity Building Programs

Stage one of the evaluation of the Cultural Community Capacity Builder programs consisted of a literature review of the theories and service delivery models used in order to determine the evidence base for these aspects of the intervention programs involved. Stage Two included interviews with providers (managers and staff) and focus groups with parents. The collected qualitative data was analysed thematically to provide in-depth understandings of the impact of these programs on the families. These two stages together will provide a broader and deeper understanding of whether the Communities for Children (CfC) initiatives provided by the Cultural Community Capacity Builder programs improved the health, education and social outcomes for children and families.

The intensive support provided by CfC in the, CCCB programs, assists families and their children to deal with the isolation experienced through migration and refugee resettlement. The CCCB programs use proactive, targeted, and inclusive community based interventions focused on community inclusion and involvement. Isolation can negatively influence mental and physical health of mothers, fathers and children, by
directly impacting on access to services. The program provides information on health issues, such as HIV/AIDS, breast problems, and other women’s and men's health issues by providing access to information, services and specific cultural needs, such as female doctors for the mothers.

The CCCB programs also provides child development knowledge, such as the importance of play for children’s learning. Developmental knowledge assists the parents in providing a home environment that aids child learning and safe development. Neurobiological and brain development information is also given to the parents. This can aid in the understanding of children’s behaviour and needs. The use of the Intensive Supported Playgroup also aids in the deceases of separation anxiety from the children, and parents, and ensures the transition to school is easier and productive.

Research process
The research processes have remained consistent for all the qualitative data collection throughout this research project. The initial research processes, such as inclusion and exclusion criteria, data analysis, participant inclusion etc. have been outlined in the introduction. The Cultural Community Capacity Builder programs are also provided by professional staff with a background in interpersonal relationships, child learning, child development, and parenting programs. The professional knowledge and support ingrained in the programs ensures the interventions within the programs are theoretically sound. The theoretical base and application processes embedded within the programs provides a robust practice consistent with the theoretical underpinnings. The information provided by the key informants adds to the validity and robustness of the programs delivered.

Findings
General information
The methods used in the data collection inform the analysis used in the evaluation. In 2013-2014 a total 119 parents (mothers and fathers) have attended the Cultural Community Capacity Builder programs. Also a total of 138 children attended in 2013-2014. Table 2.1 illustrates the types of participants involved in each stage and step of data collection. The table 2.1 also highlights the method of data collection required
for each participant type. The basis for recruitment outlines the role of the participants and implies their level of involvement in the Cultural Community Capacity Builder programs.

Table 4.1: the type of participants and method of data collection used

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Numbers</th>
<th>Basis for Recruitment</th>
<th>Component of Research Involved In (e.g. survey, interview, focus group, observations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers (managers and staff)</td>
<td>2</td>
<td>Responsible for delivery of the CfC programs</td>
<td>Face-to-face interviews and observational information (on behavioural changes in fathers, mothers and children)</td>
</tr>
<tr>
<td>Fathers and Mothers</td>
<td>22</td>
<td>Participation in CfC, CCCB program</td>
<td>Focus group which provided insights into the impact of the Cultural Community Capacity Builder programs on their lives and their children’s lives.</td>
</tr>
<tr>
<td>Fathers and Mothers</td>
<td>30</td>
<td>Participation in CfC, CCCB program</td>
<td>Survey completion and correlational analysis</td>
</tr>
</tbody>
</table>

Table 4.1 above provides an explanation for the type of data collected and the level of involvement of the participants. The information collected outlines the intensive support provided by the Cultural Community Capacity Builder Programs assisting families and their children to deal with social and cultural isolation that often accompanies moving to a new country. The Cultural Community Capacity Builder programs uses proactive, complete, targeted and inclusive community based program delivery. The results of this research illustrate the importance of this program.
Findings

Quantitative findings
The use of surveys that directly measure the extent of the improvement of the issues
the parents wished to address when they attended the CCCB programs initially.
Correlational regression analysis was methods to determine the relationship
between the characteristics measured in the survey.

The table 4.2 below provides a summary of the numbers of parents and children
using the programs in the 2013 to 2015 years. The number of participants attending
the programs has increased over the time period shown and this may be indicative of
the community acceptance of the programs.

Table 4.2 CCCB numbers of participants per year 2013-2015.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Parents</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>82</td>
<td>109</td>
</tr>
<tr>
<td>2014</td>
<td>92</td>
<td>112</td>
</tr>
<tr>
<td>2015</td>
<td>119</td>
<td>126</td>
</tr>
</tbody>
</table>

Table 4.2 above provides a snapshot of the CCCB participant’s rates for parents and
children. Of the family’s indicted above 10% required home visiting. Home visiting
provides an intensive preventive intervention support program and assists families to
deal with more complex issues, for example, domestic violence and behaviour
conduct disorders.

Table 4.3 below provides an analysis of the parent’s perceptions of the types of
support provided in the program and their satisfaction with the support. This
information is important as it captures the extent to which the programs provided
engage with the parents’ basic participation needs. The table 4.3 illustrates the
relationship between the variables involved. The table also highlights the strength
and direction of the relationship between each variable type. For example, the
relationship between Q1 and Q2 is not as strong as the relationship between Q1 and
Q3 so the extent to which the CCCB staff listened to the participants aided in the
outcome that the participants were better able to deal with the issues the parent were seeking to address by attending the program.

**Table 4.3: Parent participant satisfaction questions and correlation results**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 The service listened to me and understood my issues</td>
<td>r = .535 p&lt; .05</td>
</tr>
<tr>
<td>Q2 I am satisfied with the services I have received</td>
<td></td>
</tr>
<tr>
<td>Q3 I am better able to deal with the issues I sought help for</td>
<td>r = .784 p&lt; .001</td>
</tr>
<tr>
<td>Q1 The service listened to me and understood my issues</td>
<td></td>
</tr>
<tr>
<td>Q3 I am better able to deal with the issues I sought help for</td>
<td>r = .681 p&lt; .005</td>
</tr>
</tbody>
</table>

The results outlined in table 4.3 above illustrate that there were positive strong correlations between all the characteristics measured. The correlational regressions describe in question 1 and question 2 relate positively. Therefore, the more the parent believed the CCCB program staff listened/understood the more likely that the parents were satisfied with the services they had received. This is reflected in the correlational analysis results with, r = .535, which indicated a moderately strong positive relationship between listening and service satisfaction. Also the p< .05 score indicates that these results are statistically significant.

The quantitative results also found a strong positive correlation between Q1 ‘service listened to me and understood my issues’, and Q3 ‘I am better able to deal with the issues I sought help for’ with r = .784, which indicates that the parents believed the more the service listened/understood the more the parents believed they were able to cope and manage their presenting issues. Additionally, this result was statistically significant with p< .001.

Moreover, Q2 ‘I am satisfied with the services I have received’ and Q3 ‘I am better able to deal with the issues I sought help for’ also indicated a strong positive relationship with r = .681 which is significant at p<.005. Therefore, following participation in the CCCB programs the parents believed that the programs
addressed their issues and they were more capable of dealing with their issues. This indicates that for the parents completing the survey there is a capacity building process provided by participating in the CCCB program. As the program includes child development, nutrition, reading to children, and theoretical aspects, such as attachment theory, and targeted relationship theories the parents find the participation and knowledge gained in the CCCB program leads to improved coping with parenting activities. These results are confirmed in the qualitative section of the report.

The results above are important as refugee and migrant groups require specific and culturally appropriate services to comfortably engage with the changes in behaviour required to avoid the involvement of child protection services. Further to improve the outcomes for children, and the parents’ ability to acculturate their parenting styles, the parent requires programs they believe listen and accommodates their needs while undergoing parenting style changes.

Additionally, the CCCB has introduced the quantitative measure of the Day-to-Day questionnaire (Brown and Ryan RM 2003, Baer, Smith et al. 2006). This version of the questionnaire has been validated (Brown and Ryan RM 2003, Baer, Smith et al. 2006). The questionnaire measures the participants’ levels of attention to everyday tasks and the extent to which the participant is ‘mindful’ and aware and engaged with the present. This is useful for people who have experienced trauma.

**Mindful Attention Awareness Scale (MAAS), trait version**
The MAAS is a 15-item trait based scale designed used to assess a core characteristic of mindfulness, namely, a amenable state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place (Brown and Ryan RM 2003, Baer, Smith et al. 2006). This is in contrast to the a trauma state of mind, in which events and experiences are filtered through cognitive appraisals, evaluations, memories, beliefs, and other forms of cognitive manipulation(Brown and Ryan RM 2003, Baer, Smith et al. 2006).

Across several studies conducted since 2003, the trait MAAS has shown internal consistency levels using Cronbach’s alphas scores in the general range from .80 to
The MAAS has demonstrated high test-retest reliability (Brown and Ryan RM 2003, Baer, Smith et al. 2006). Correlational, quasi-experimental, and experimental studies have shown that the trait MAAS taps a unique quality of consciousness that is related to, and predictive of, a variety of emotion regulation, behaviour regulation, interpersonal, and well-being phenomena (Brown and Ryan RM 2003, Baer, Smith et al. 2006). The measure takes 10 minutes or less to complete (Brown and Ryan RM 2003, Baer, Smith et al. 2006). The use of the MAAS in the CCCB program capture change in the parent’s ability to be ‘present’ when parenting before and after the program.

Table 4.4 MAAS questionnaire results pre and post program participation

<table>
<thead>
<tr>
<th>Question</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 I could be experiencing some emotion and not be conscious of it until sometime later</td>
<td>r = .770</td>
</tr>
<tr>
<td>Q2 I break or spill things because of carelessness, not paying attention, or thinking of something else</td>
<td>r = .553 p&lt; .003</td>
</tr>
<tr>
<td>Q3 I find it difficult to stay focused on what’s happening in the present</td>
<td>r = .514 p&lt; .007</td>
</tr>
<tr>
<td>Q4 I tend not to notice feelings of physical tension or discomfort until they really grab my attention</td>
<td>r = .424 p&lt; .031</td>
</tr>
</tbody>
</table>

Table 4.4 above illustrates the correlational between difference aspects of ‘mindfulness’ for the participants of the CCCB program. For Q1 ‘I could be experiencing some emotion and not be conscious of it until sometime later’ and the correlation with the variable, Q2 ‘I break or spill things because of carelessness, not paying attention, or thinking of something else’, r = .770 indicating a strong positive relationship, which is statically significant with p< .001. Therefore, as the lack of cognitive accommodating to emotional self-awareness increases then there is an increased carelessness, not paying attention to the now (Brown and Ryan RM 2003, Baer, Smith et al. 2006, Barnhofer, Duggan et al. 2011). This denotes that the
parents are not attending to things happening in the present but rather appearing
distracted and potentially unavailable to their children’s present needs. This may
leave the parents at risk of developing depressive characteristics (Brown and Ryan

Questions two and three, Q2 ‘I break or spill things because of carelessness, not
paying attention, or thinking of something else’ and Q3 ‘I find it difficult to stay
focused on what’s happening in the present’ were moderately correlated, with, $r = \ .553$, and significant, $p< \ .003$. Indicating that above that parenting capacity may be
less than those parents who are ‘present’. Similarly, Q3 ‘I find it difficult to stay
focused on what’s happening in the present”, and Q5 ‘I tend not to notice feelings of
physical tension or discomfort until they really grab my attention’ were moderately,
positively, correlated $r = \ .514$, and the relationship was significant $p< \ .007$. This
indicated that the parents were not able at times to attend to their own physical
needs and stay focused on the present. Furthermore, the correlational between Q3 ‘I
find it difficult to stay focused on what’s happening in the present’, and Q 10 ‘I do
jobs or tasks automatically, without being aware of what I’m doing’ of $r = \ .424$, with
$p< \ .031$. Indicates a moderate positive relationship between these characteristics
which can results in parents not engaging with children and requiring skills that assist
parental/child interactions and relationship building.

The measures used above a particularly relevant to refugee and migrant families
who have experienced trauma as the measurements capture current cognitive
attention to the present. Adults experiences of trauma and torture can result in Post-
Traumatic Stress Disorder. Therefore, a cognitive focus is often missing in people
suffering from Post-Traumatic Stress Disorder. It is imperative for this population
group that parenting skills include the ability for the parents to be ‘mindful’ and attend
to children’s needs.

Findings

Qualitative themes
There were a number of main themes found within the data. The interviews and
focus group data provided some data saturation. The themes discussed below
represent the central themes. There were no differences between the comments made by managers, staff, and parents or caregivers.

**Theme 1: Well supported programs building families**

The views presented in this theme have been derived from all participants. That is the staff, managers and parent's/caregivers views are acknowledged here. In many instances, there were positive comments about the comprehensive nature of the individual support, parenting support and supportive playgroup format. The quotations below reflect English as a second language and a numbers of staff, managers and parent’s/caregivers responses to participating in the Cultural Community Capacity Builder programs:

*I received as many support from Ms Huong and Ms Chau for my children support. I had a problem being English is our second language they supported very well for me. This community services make me more comfortable for relationship and parenting. More comfortable with helping children school.*

*I strongly recommend the service to other parents with young children because of the welcoming, friendly and endless support environment in which we not only could learn a lot of new things but also help us to manage stress in our life. Help build our family better.*

*The staff are very helpful and give a supportive service with a friendly and caring environment and staff. There are many different activities for the children’s learning and development.*

*We came to play group … there is support here like for mothers, the cooking group, fitness group … and with the play group it is different to other play groups … it is suitable for families and they provide structure … routine … building relationships with the children … we use the skills learnt here at home.*

*They build confidence of the mum, and the children feel very comfortable. They get skills for school. They help our family be good and strong.*
The Cultural Community Capacity Builder programs delivery modes reflect the holistic and wrap around nature of the individualised service delivery. The parents and children attending the various activities are provided with support that is evidenced base through the use of theoretically sound program models while being individually focused so that nuances of people lives and the care of their children can be incorporated into the program delivery. The theme below illustrates the link between attachment, circle of security and tuning into kids based programs and preparing the children for school.

**Theme 2: The programs prepare children for school**

The views presented in this theme have been derived from all participants. That is the staff, managers and parent’s/caregivers views are acknowledged here. All the respondents remarked on the ‘school readiness’ of the children and given the English as a second language for most of the families attending they believed the relationship building programs and the activities for the parents and children had assisted in boosting their child’s development to make them ‘school ready’. This is captured in the quotations below:

*My son he has no friends, he’s only one at home, now he knows children, he has friends, he learns to do things, he reads story. I learn English so I can read to him. He has routine and he’s more independent now.*

*My little one is very shy, and she does not know how to speak and communicated for everything, she has learnt to talk out for herself. so she is happy now and happy at school. This place is not just for children but for the parents they teach you what to do for your children. I have a lot of Vietnamese friends now I’ve never met any before.*

*I’m a dad and things are hard but other dads bring their children here. I learn ABC here and numbers, so I can teach my daughter later she is much better now she can be more independent. If not for here when she went to school she would be no good enough. But we come here and she learns lots of things she is good at school now.*
My son has been coming here since he was 8 months old now he is at school. He was clinging, crying all the time, I could not cook because he would cry but we come here he plays with toys, learns things, plays with friends, learn songs now, he is very happy, and wants to go to school he says "School, school, school, I love school" that’s the difference if we did not have this program he would not like going to school. And I am confident to say that.

For me, our family, my kid newly adopted to Australia, you know, so I am not familiar with school and everything at all. So for me, and child (3 year old boy), it is important to be familiar with your places and faces, and different people and that play group means so much, so meaningful, because he can familiarise with other people. He feels easier with others now so he will be better at school.

The Cultural Community Capacity Builder programs provide programs that create linkages with the local community, broader community and wider Australia institutions and services, such as the schooling system. This is important for isolated members of the refugee and migrant communities. Additionally, the programs strengthen families due to the theoretical frameworks that are incorporated into service delivery. The programs used also encourages activities with the children that enhances the child’s school readiness and improves the parents English reading and writing skills.

This level of support is necessary given the high level of potential risk to children in refugee and migrant families. The approach of the staff ensured the family’s strengths are enriched to provide the necessary environment for child raising. The themes derived from the interviews and case studies is explored in more detail below.

**Theme 3: improved care of Children**

The two staff members interviewed, and the comments from the parents in the case study, illustrates the improvement of care for the children attending the program. This theme is consistent in all the programs reviewed in this evaluation. The improvements in children’s care are captured in the quotations below:
We see children here who are in high risk situations, and you know, if their families do not get support, then the outcomes for the child is bleak.

Once the child is in or program it’s amazing the difference you can see, in the child, and in the family. It always astounds me the difference. A lot of times I noticed myself just having lots of conversations to build that trust. Other times I will be playing with the children and role modelling some play because I have noticed there is a lot of parents they are lovely but there is a real struggle for them to know how to be a parent … or how to play with your child.

I know I’m a better parent for coming here. I understand my daughter’s needs more and she is much better we have a sleep routine, bath, feeding it’s much easier and I’m happier working now too.

Improvement care of the child and increased capacity of the parents to meet the child’s needs can assist in the development of confidence for the parent in returning to work. The parents are more confident in the child being happy and safe in appropriate child care. Further, the children are happier to attend child care having attended the CCCB playgroup. Additionally, the parents are more aware of how to evaluate a playgroup or childcare in order to discern the necessary support to meet their child’s needs.

**Theme 4: Returning to employment**

The interviews with parents and staff members highlighted the impact of returning to employment is another theme that is consistent across all the programs provide by CfC. This theme in relation to the CCCB findings is illustrated below:

We helped the parents deal with a range of parenting issues, such as getting baby to sleep etc. and well then, the family functions better, and, mum and dad could go out to work.

Furthermore, the variety and comprehensiveness of supports provided by the CCCB program ensures that the needs of the children and families are met. Access to the program by families is enhanced through the open access policy. The families also benefit from the open access to the programs.
Theme 5: Soft entry

Two staff members were interviewed for the CfC evaluation. The programs provided are described as ‘soft entry’ programs that enable support to be given to families that do not traditionally use skill building programs. This is captured in the quotation below:

*Our playgroups use a ‘soft entry’ approach, we welcome all refugee and migrant families. We help the family in getting children ready for school and early childhood education type initiative, but also providing those wrap around services. If they need domestic violence support, we can sort that out too. Some men think violence is ok and they tell the wife its ok. Coming here we tell them ‘no its not ok’. We visit the families struggling and help them. Their children are most at risk. These families do not attend at other services until after they come here. This program opens the doors to other services.*

*It’s families with I guess high risk needs and the emphasis is on the child and that there may be some issues of the child being at risk or yeah that there’s some issues around parenting and helping with parenting to make it a safer*

The CCCB programs and staff identify a range of issues in refugee and migrant families. Attached at the CCCB is viewed as an opportunity to connect families who would otherwise be disconnected to the services they need. This provides protective factors for children. The CCCB staff use a range of professionals to provide interdisciplinary, and holistic, family interventions. These types of ‘soft entry’ initiatives are important as it connects the programs with the isolated families and prepares the family and child for integrations into the schooling system. Also the family and child are prepared for recognising and providing learning opportunities. The programs provided to families are evidenced based.

Theme 6: Theoretically based programs

The programs delivered by CCCB, for the high risk families in the program, uses theoretically based interventions from areas such as, trauma, Tuning into Kids, and attachment activities are theoretically sound. Further the models of intervention used are also based on the rights of the child and this is captured in the quotation below:
A lot of the work is based on trauma specialist, and lots of stuff on attachment, Tuning into Kids, and I remember going to a seminar ... some of the most effective parenting programs for parents that are really struggling are those coaching kind of programs, where you’re a professional, or a whoever, and is working alongside the family as they have a daily routine, and so I kind of think this is a little snippet in a playgroup where you can do a little bit of that. You’re actually role modelling on the ground without being threatening. I’m seeing that rolled out before my eyes. It’s really effective with these high risk families.

This quote links the activities provided in the program to the literature review provided in previous sections of this report. The foundational nature of the evidenced based program in imperative to its success. Others delivering this program need to acquire a sound knowledge of the theoretical basis of the programs delivered. The importance of trauma counselling, cultural awareness and the ‘mindfulness’ involved in the Tuning into Kids theories, for example, are foundational requirements for a successful refugee and migrant parent intervention program. The programs are used by CCCB are designed to meet internationally sound markers for evidence based best practice.

**Discussions**

The discussion section provides the interpretations of the findings. The main themes found within the data were consistent between the staff, parents and literature. The interviews, focus group and survey data provided data saturation for the results. The inclusion of the literature review provides comparative and supportive of the information data of eh data collected. Additionally, the in-house survey results were assessed. The themes found in this evaluation are: 1) Well supported programs building families, 2) The programs prepare children for school, 3) Improved Care of Children, 4) Returning to Employment, 5) Soft entry, 6) Theoretically based programs and 7) Cultural inclusivity.

The themes in the data analysis are also consistent with the themes in the literature that provide the theoretical bases and the therapeutic models of care used in the
interventions. This provides an internal validity for the themes, and research robustness, for the research design and processes used. A full discussion is provided in the following chapter.
Section four: Discussion and conclusion CCCB

The Cultural Community Capacity Builder programs are delivered by the Community Partner. There are four key components of this program including the two weekly Intensive Supported Playgroups, one focused on developing school readiness, and the second targeting children aged 0 -4, Parenting Support Group and Individual Family Support. The group provides fathers, mothers and children with the opportunity to learn English, and connect with their local community. Further, the program provides the opportunity for migrant and refugee families to become involved and included in Australian culture and society. The families using this program are isolated by limited English and knowledge of Australian society and community. For example, the program provides the families with proactive skills such as how to communicate, and access services such as the local library. As outlined in the introduction the children of refugees and migrant families are more at risk and involved with child protection services. Programs that are culturally appropriate and directly address the needs of refugees and migrants have higher levels of successful
engagement than generic parenting courses. Additionally, there are links between social isolation and children being ‘at risk’. Refugee and migrant children are often at higher risk of child protection involvement. The CCCB program focuses on building stronger families.

Furthermore, the program also provides the women and families with resources to promote both personal growth and community involvement that enable preventive interventions, such as immunization, child development assessments, and services, to be accessed and used. For example, the Community Support Workers assist mothers to access the CAFHNs and domestic violence services.

Parental support and training is the main focus of the Cultural Community Capacity Builder intervention programs. The aim is to ensure that the children are provided with supportive and aware parents that are capable of meeting the children’s needs. The migrant and refugee parents are aware of the parenting practices in Australia, such as no hitting but they are often not aware of alternative behaviours used for child rearing.

There were a number of main themes found within the data that are consistent with the themes in the other CfC funded programs evaluated here. Further these findings are consistent with the broader approach to service delivery in the CfC initiative, such as the benefit of the programs to intervene, and provide support. With families noting that without the interventions, the outcomes for themselves, and their children, would be limited, and often negative. The interviews, and focus group data provided data saturation. The importance of providing programs that are targeted and intervene early in the life of the child supports the economic assertions made in an earlier section of this report.

Conclusions
The programs and therapeutic interventions provided by CCCB, in the Intensive Support Playgroup, Family Home Visiting, Nutritional Advice and Coaching, Financial Counselling, and individualised Family Focused Workers, are of a high standard, and provide the necessary referrals; supports, professional practices, and modelling that
reduce the risk for children in high risk families. The importance of these interventions cannot be overstated for the children and families involved.

**Limitations**

Further, the changes evident in the parenting behaviour support the use of theoretical bases for the program interventions and program models used. These models and therapeutic intervention practices are well researched, and established as best practice. The establishment of the longer use of quantitative measures will enhance the evidence for the positive outcomes delivered by these programs. Therefore, providing the required measurable outcomes for the parents and children.

The use of Attachment Theory, Circle of Security, and Tuning into Kids, ensures that the changes in parents and children are consistent and standardised due to the use of validated and reliable intervention techniques and practices. The use of staff trained to deliver consistent intervention is central to the success of the program.

Furthermore, given the vulnerability of the target populations attending this St Patrick’s, the stability of the staff has also enhanced the use of this program. Vulnerable populations can present as difficult to engage, however, the staff have successfully gained the support of the community and the target participants.

With the parents and staff outlining that this service provided links to other services including; health, welfare and education for the parents and children. Furthermore, the parents believed that without the service they would not be able to participate in tertiary education and employment. Additionally, the parents recognised the importance of the program in increasing their productivity and inclusion into Australian society. Therefore, the programs provide are cost effective on a number of fronts: the decrease in isolation, the increase in parenting skill to prevent accumulative harm in children, and connecting vulnerable families to support services.

The services provided by the CCCB include the work of family support workers. The families attend the St Patrick’s School based Intensive Play Scheme address areas of child development vulnerability, for example, those outlined above measured by
the Australian Early Development Census (AEDC), such as the development of fine motor skills required for school. Further, CCCB provides intensive family support for parents. Each family and individual child is assessed and their targeted needs and goals collaboratively determined. The programs used by CCCB are direct responses to the assessments made by the staff and delivered in a cost effective play group format, and the targeted interventions are developed and delivered in a group session format.

The repetition of the theories, evidence based practices, activities and data themes reinforce the findings from the programs featured above. The interviews and focus group data provided some further data saturation providing robustness to the research data and process. Even though this program was specifically targeted to Vietnamese and Asian families, recent changes to accommodate African and middle eastern descent families means the program is broadly culturally appropriate. This illustrates the flexibility of the practical application of the theories of child development and infant-parent relationship based programs.

**Social Determinants of Health**

The CfC programs provide some improvements of some aspects of the SDH for example: mental illness, low income, low parental educational attainment, and the impacts of these on children are addressed via the programs evaluated here. Further the programs used target children development including the: importance of children emotional competence, and their physical, emotional, social, cognitive, and educational development. By addressing these aspects of children’s lives early on the programs can go some way to prevent the deleterious impact of accumulative harm as the children grows.

The Social Determinants of Health (SDH) offer a way of explaining and understanding differentials in health across different population groups. The distribution of power and the socio-political features of health are the structural aspects of the health of a society and mediate access to health care (Solar and Irwin 2010). The consistency, timeliness and appropriateness of health, social, welfare and educational access for infants, children and their families form intermediary
characteristics of the SDH that have influences on lifespan health outcomes both physically and psychologically, and are manipulated at a community and individual level (Solar and Irwin 2010). For example, research has found that the levels of education as determined by education policy and its availability, regardless of income, are key determinants of mental health outcomes (Maher, Marcynyszyn et al. 2011, Reynolds, Temple et al. 2011). The programs provided by CfC in the North West Adelaide region address the intermediary SDH directly.

Further, as the social determinants of health (SDH) are multi-causal and have lifespan consequences there is a need to define, explore and clarify their underpinnings and the causal pathways involved within the family of origin basis (Solar and Irwin 2010). Therefore, the CfC programs respond to at risk children by providing interprofessional, and multidisciplinary responses, that require higher level case management, individual and family therapeutic interventions, and strategic and well development referral networks and collaborations.

**Overall conclusions of the effectiveness of the CCCB program**

The importance of children emotional competence, cognitive, language and psychological development is assisted by positive evidenced-based parenting, playgroup, and crèche programs. Children’s success in school is also based on children’s social adjustment. The CfC programs provide interventions that are successful and evidence-based in aiding children’s social, emotional, physical, psychological and educational development. Also the CfC programs assessed here build parental capacity to parent, parental confidence, and decrease parental mental health issues and parental isolation. These findings are supported by the literature, previous research and this research evaluation project.

Further, the extent to which programs succeed depends on the engagement of families with the programs offered. All of the programs provided by CfC delivered on this important aspect of service provision. All the programs made a difference and this has been evident in the comments from the participants evaluated here. Many of the research participants had come to use the CfC programs auspice by UnitingCare Wesley Port Adelaide as the programs made a difference. The provision of non-
theoretical based playgroups made very little difference to the family functions and children’s behaviour. In contrast the parents and staff noted that the CfC UnitingCare Wesley Port Adelaide programs made a positive difference in the lives of their families. These factors have seen the expansion of the programs is evident through the longevity and increasing levels of participation in the programs offered. Further, the programs provided by UnitingCare Wesley Port Adelaide, CfC successfully engage with the difficult to reach populations. At risk children often come from families that refuse to engage with service providers yet the CfC programs successfully navigated family disadvantage and engaged successfully with at risk families.

The theoretical basis of the programs provided and the use of evidence-based interventions based on world renown and well formulate interventions is also paramount to the success of the program evaluated in this report. The professional staff are trained in the programs offered.

The results of this research illustrates the importance of the programs in engaging with parents and changing the behaviour of parents, and children, that results in, a decrease in the level of risk for the children attending the programs. The information from the in-depth interviews, observation data, and focus groups supported the evidence that there had been sustained change in how the parents respond to their children, and an increased capacity in the parent’s ability to meet their children’s needs.

The methods used to collect the data have informed and enhanced the use of different types of analysis. This process has further validated the results and provided evidence that is substantiated and corroborated from many sources. The similarities in the themes, such as ‘improved care of the children’, and ‘returning to work’, is consistent across all programs. This is testament to the use of theoretically based, and evidence based interventions, and methods of working with at risk families and children. Additionally, the use of multiple informants and key stakeholders has provided a circular process that ensures triangulation and robustness of all data collection and the research process.
A note of caution is needed however, as the economic, social, and policy changes will impact on the community and families of this area. The consequence for the area and the families of the lessening of these interventions and therapeutic programs would place the at risk children in higher risk of deleterious health, wellbeing, welfare and educational outcomes. Additionally, changes to the programs could diminish some positive outcomes for children and their families provided by these programs. Further, research and the development of robust measures of change are required to improve the collection of quantitative data in some of the programs.
References


McCoy-Roth, M., B. Mackintosh and D. Murphey (2012). "When the Bough Breaks: The Effects of Homelessness on Young Children."


Cultural Community Capacity Builder

The project is based within St. Patricks’ School in the midst of the disadvantage areas in South Australia. It focuses on engaging CALD families/ carers and children early to develop opportunities for community capacity building, formal and informal support networks and engagement. The following activities respond to the identified needs for a stronger connection between school and communities.

Supported Playgroup

Goals of the Supported Playgroup

- To encourage children interacting with others developing social skills and learning basic English.

- To provide the opportunity for parents and children to do activities together.

- To facilitate smooth transition for both parent and child into the school environment.

- To develop a friendly environment for parents to form social networks and new friendships.

- To provide individual support, engage with families and raises awareness of community resources.

Playgroup session themes

The number of possible themes is unlimited. The facilitators select the themes which relate and extend the experience of the children and families in the program. The playgroup themes may deal with things like: animal, colours, community helpers, my body, seasons, sports, transportation.
Playgroup Themes
Term 1 2016

Week 1- Theme: Getting to know you
Activity: Apple photos of each playgroup child

Week 2 - Theme: Vietnamese New Year
Activity: Red envelopes for lucky money

Week 3- Theme: My Body/Teeth
Activity: Collage a doll

Week 4- Theme: Water Play
Activity

Week 5-Theme: Cooking
Activity: Cooking - pancake

Week 6 -Theme: Transport
Activity: Make a plane

Week 7- Theme: St Patricks Day
Activity: Collage

Week 8 - Theme: Easter
Activity: Making Basket of Easter eggs

Week 9- Theme: Feeling
Activity: Face Painting

Week 10- Theme: Autumn
Activity: Collecting & Painting leaves
Family tree + photo
Ready for School Playgroup

Goals of the Ready for School Playgroup:
- To focus on early literacy and school readiness skills so that the children feel more prepared and confident in making the necessary transitions to the school environment.
- To increase parents’ knowledge regarding the practical skills they will need to support their children to be ready for school.

Themes:
Week 1: Building a sense of a place- Come and play
Week 2: Social and emotional development- My family and I
Week 3: Social and emotional development – Music and movement
Week 4: Physical development
Week 5: Language and literacy – Books and reading
Week 6: Fine motor and manipulative skills- Collage
Week 7: Food and Nutrition
Week 8: Outside play
Week 9: Last session- maintaining connections – shared lunch
PROGRAMME PLANNING FOR READY TO SCHOOL

Date: Week 1
Programme: Ready to school
Skill area: Build a sense of a place
Activity: Come and play

Achievement objectives:
- Improve children’s emotional development
- Families feel socially supported
- Inclusive all families

Learning outcomes:
- Children and families will feel affirmed as a group and as individuals.
- Families and children will become aware on their roles and responsibilities within the programme.
- Families and children will make themselves at home and help to personalise the room to affirm the culture and individuality of all families.

Teaching and learning sequence:

9.30 am - Arrivals and greetings- children have free play with appropriate set up environment for interactive play in all areas of development to observe children’s strengths and interests.

10:00am - Art activity stations set up for children to create artworks with different media

10:45am – Library visit. Welcome song. Storytime. Interactive board

11:00am Children’s morning tea

11.30 am – pack up and goodbye

Resources:
- Paper, paint, brushes and rollers
- Story books
- Photos /cameras
- Shared morning tea
PROGRAMME PLANNING FOR SUPPORTED PLAYGROUP

Date:  Week 1
Skill area:  Fine motor and manipulative skills
Activity:  Collage

Achievement objectives:
- Improve children’s fine motor skills
- Improve children’s cognitive development
- Inclusive all families

Learning outcomes:
- Children will gain increasing ability to manipulate their play environment and equipment.
- Children will become competent with their fine motor skills for a range of purposes
- Children will be given opportunities to experiences a range of natural and tactile materials
- Children’s problem solving skills will be challenged through manipulative play activities.
- Families will become aware of the importance of fine motor development.

Teaching and learning sequence:

9.30 am - Arrivals and greetings - children have free play with appropriate set up environment for interactive play in all areas of development to observe children’s strengths and interests.

10:00 am – Environment set up to encourage manipulative and fine motor skills

10:45am - Group gathering. Welcome song. Storytime. Update what’s in the local area

11:00 am Children’s morning tea

11.30 am – pack up and goodbye

Resources:
- Manipulative play equipment
- Card and paper
- Glue and scissors
- Ice cream containers
- Photos/ cameras
- Glitters and sparkles
- Playdough
- Shared morning tea
Parenting Skills Support Group

Goals of the Parenting Skills Support Group
- To increase in specific areas of knowledge such as positive discipline, supporting child development.
- To increase parenting confidence and coping skills.
- To provide emotional and social support, information, education and network opportunities.
- To encourage local health, education and community services to use Parenting Skills Support Group as a way to engage with families that they might otherwise find ‘hard to reach’.

Topics covered within the group may include:
- Tune into kids
- Mental Health
- Cancer prevention – smear tests, breast checks and sun protection
- Dietician – healthy food choices, how to read food labels
- Relaxation – Tai Chi, meditation,
- Parenting – self-care, stress prevention
- Self-esteem, communication
- Domestic Violence
- Chronic diseases management

Parenting Support Group rules:
- Confidentiality.
- Start on time—and end on time.
- Discussion involves everyone.
- Remember your manners.
- It’s OK to agree to disagree.
QUESTIONNAIRE

Chau and Huong are community workers based in the school assisting parents integrate into the school community, through developing programs and activities and engaging families 1 to 1. Children do best at school when families, teachers and school community are all working together.

We are seeking your ideas for activities in 2016 that would be useful and/or interesting. Tick the activity/ies that interest you.

- Cooking
- Parenting training
- Listening to children reading
- Playgroup 0-5
- Computing
- Art n Craft - face painting, mural
- Working in canteen
- Dad’s activities
- Family relationships
- Children’s learning
- Sharing migration experience
- English
- Children’s learning
- Member of school board
- First Aid
- Information Session
- Health Information - Centrelink, return to work - Women’s health - Nutrition - Positive Parenting - Immunisation
- Lose weight, gain health
- Tune into kids
- Science
- Work with children
- Join the choir
- Other

What is the best time?
- 9 – 11 am
- 1 – 2:30 pm
- 6 – 8 pm

What is the best day?
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Parent/s name.................................................................

Phone.................................................................

inspiring achievement
PARENTING SUPPORT SKILLS GROUP
NUTRITION WORKSHOP

Date: 
Facilitator: Guest speaker from Community Foodie

1. Describe and Demonstrate what makes up a healthy diet
   • Healthy Food Triangle
   • Introduce 4 food areas for Lunchboxes

2. Demonstrate how to make sandwiches and wraps
   • Show 3 example lunchboxes

3. Importance of Water V’s Sweet Drinks – Dental Care
   • Dental Care and Dental Service
   • Keeping your lunchbox cool

4. Importance of Breakfast
   • Demonstrate alternatives
   • High Fibre, low fat, low sugar

5. Children’s Lunchbox Worksheet
   • Complete Worksheet with Parent

6. Create your own Healthy Lunch
   • Take one item from each area and eat together or take home
PARENTING SUPPORT GROUP
SESSION EVALUATION:

DATE:
TOPIC:

GUEST PRESENTERS:

1. What have you enjoyed most today?

2. What information has been the most useful?

3. Was there any part of this morning session that you did not like? And why?

4. What other topics or activities would you like in future sessions?

Worker Reflection:
Attendance:
Feedback from Guest Presenter:
Issues raised in the session:

Further Action required:
PARENTING SUPPORT GROUP

Program:

Name: ........................................

What did you enjoy most from the program?
........................................................................................................................................................................
........................................................................................................................................................................

What information was the most valuable to you?
........................................................................................................................................................................
........................................................................................................................................................................

Is there anything you would like to learn more about or activities you would like continue?
........................................................................................................................................................................
........................................................................................................................................................................

What do you think you will do differently as a result of participating in this program?
........................................................................................................................................................................
........................................................................................................................................................................

Do you feel you have gained knowledge or skills by participating in this program?
 o Yes,
 o A little
 o No because
........................................................................................................................................................................
........................................................................................................................................................................

Do you feel confident in sharing some of the information you have learned at this program with others in your community?
 • Yes ........................................................................................................................................................................
 • A little
 • No because
........................................................................................................................................................................

Do you have any suggestions for future community programs or any other comments?
........................................................................................................................................................................
........................................................................................................................................................................

Thank You
Community Worker
Chau Tran
Family Support Group Input and Planning

- How can we involve others in our group?
- What is the hardest thing about joining a new group?
- What activities would you like to do next term?
- What activities do you like most?
- Why did you come along to the group?
- What have you enjoyed most about the group?
- What information would you like to find out more about?
Family Support Home Visit

- To respond to families needing immediately support and assistance
- Home visits are used to widen the entry points into other programs

**Home visit of reviewing transition to school**

1. Introduce ourselves, our role and pass on our brochure

2. Reflect on their experiences of the transition to school
   - How their child is going
   - Whether they have any concerns
   - Identify any needs of Parent or child

3. If there are younger siblings (identify this at the time of phone call) have a discussion on the needs of the younger child and introduce some of our programs e.g. playgroup, Ready for School e.g.

4. Discuss the value of being involved in school life and opportunities at St. Patrick’s.

5. Handout our brochure.

6. Have available information on other community programs

---

**Table**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name of child:</th>
<th>Class:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone:</td>
<td>Language:</td>
</tr>
<tr>
<td>Other siblings:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**School Transition:**

- Needs identified or action required:

- Needs/Concerns for younger child:

- Interest in community programs:
PARENTING EXPERIENCES

The unlimited following set of questions is about experiences of being the parent, and some questions about how people feel about themselves as the parents.

- I find it easy to talk to people like doctors, and nurses about my children
- I can work out what to do if any of my children have a problem
- I can find services for my children when I need to
- I know how to get useful information about my children’s need change as they grow.
- We have rules and routines in my family.
- In my family there is more enjoy than to worry about
- I stay calm and manage life even when’s it’s stressful
- I believe my children will do well at school.
- I can help make this community a better place for children
- I can help other families find help when they need it.
- I know good parenting tips that I can share with others.
- I feel that I’m doing a good job as a parent
- I feel good about myself.
- I feel good about the way my children behave
- I feel part of a community
- I have good friends outside the family
- I can make time for my children when they need it.
- I know my children feel secure
PRIVACY AND COPYRIGHT CONSENT FORM FOR PLAYGROUP CHILDREN AND ADULTS

I give consent for:

- All photographs/ images of the person/ persons named below;
- All recording of the person/ persons named below (including videos, CDs, DVDs and / or audio recording);

created as part of the playgroup and/or parent support group activities or taken in playgroup / parent support group sessions to be published from time to time:

By the school (for example in newsletters, displays, journals, presentation, distribution within its community and the like);
On the School / Catholic Education SA’s website including intranet sites;
On the School/ Catholic Education SA’s social media platforms;

I acknowledge that:
I have read and understand the information outlined above.
I can withdraw my consent at any time.

Name of person/ persons subject of consent:

1. -----------------------------------------------

2. -----------------------------------------------

3. -----------------------------------------------

4. -----------------------------------------------

Signature: ---------------------------------------- Date: ------------------------------------------