Centre for Community Child Health

Evaluation of the Access to Early Learning Service Model

Program implementation report

Centre for Community Child Health

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Glossary

AEL	Access to Early Learning service model
AEL guidelines	A document issued by the Department that is updated annually and outlines detailed information about the AEL model. Unless otherwise stated, the AEL guidelines referred to in this report are those from 2016-17.
AEL worker	AEL site employee implementing AEL, including Key Facilitation Workers (KFWs) and Family and In-home Learning Support Workers (FILSWs) (see definitions below).
AEL site	The geographical area (often a Local Government Area) in which the lead agency is located
ACECQA	Australian Children's Education and Care Quality Authority
CAFS	Child and Family Services (Ballarat)
COM	City of Melbourne
Department	Victorian Government Department of Education and Training
Doveton	Doveton College
EACH	Eastern Access Community Health
ECEC	Early childhood education and care. AEL funds ECEC places that are delivered by an educator with a bachelor qualification in early childhood, either in the long day care or sessional kindergarten setting. In the context of this report, ECEC therefore generally refers to bachelor delivered long day care or sessional kindergarten for three and four year olds. The term kindergarten is often used interchangeably with ECEC.
Educators	Early childhood practitioners who work directly with children in ECEC settings.
EMCH	Enhanced Maternal and Child Health
ESK	The Early Start Kindergarten (ESK) program was introduced in Victoria in 2009, aiming to increase the participation of vulnerable children in ECEC programs. It currently provides 15 hours of free kindergarten for eligible children per week, planned and delivered by a qualified early childhood teacher. Eligible children are those who are Aboriginal and/or Torres Strait Islander, or whose family has had contact with Child Protection or been referred by them to Child FIRST.
EYM	Early Years Management (in August 2016, EYM replaced Kindergarten Cluster Management)
FILSW	A Family and In-Home Learning Support Worker (FILSW) who works to deepen learning in the home and assists families by providing support to access additional services to reduce barriers to sustained engagement with ECEC.
KFS	Kindergarten Fee Subsidy
KFW	A Key Facilitation Worker who works to identify eligible children, matches those

	children to an appropriate ECEC service and facilitates administrative arrangements to enable their participation in ECEC
Linked to ECEC	Enrolled at an ECEC service
MCH	Maternal and Child Health
MCRI	Murdoch Childrens Research Institute
NQS	National Quality Standard
PEDS	Parental Evaluation of Developmental Status
Partnership activities	The AEL lead agency engaging with services outside of the normal course of delivering the key components of AEL.
PPD	Professional and practice development, including training, mentoring and targeted support provided for ECEC services and educators
Support services	Includes a range of services families can access including Child Protection, community health services, counselling, drug and alcohol services, early years services, family services, family violence services, housing, interpreter services, legal services, medical services, mental health services and parenting services.
Vulnerable children	As per the AEL guidelines, children who have families with at least two or more of the following family characteristics:

- known to Child Protection
- intellectual or physical disability
- family violence
- mental health issues
- sexual assault
- drug and alcohol abuse.

Executive summary

The importance of early learning

Children's early experiences affect their immediate wellbeing and lay the foundation for their future (Moore & McDonald, 2013). Evidence shows that participation in high quality early childhood education and care (ECEC) programs improves children's cognitive development, learning and school readiness and is especially beneficial for vulnerable children (Sylva et al., 2010; Boethel, 2004; Sammons, 2010). Research also shows that the amount of ECEC is important and starting high quality ECEC at a younger age (three years old), or attending two years of preschool rather than one, has a positive impact on child outcomes, again, especially for children from disadvantaged backgrounds (Fox & Geddes, 2016; Burchinal et al. 2009; Zaslow et al. 2010; Nores & Barnett, 2010). Despite vulnerable children having the most to gain from attending high quality ECEC, Australian ECEC services are under-utilised by disadvantaged families (Baxter & Hand, 2013) with access and participation hindered by a range of barriers (Carbone et al, 2004; Productivity Commission, 2014).

Overview of the AEL program

The Victorian Government introduced the Access to Early Learning (AEL) service model in 2011 to address these barriers and provide vulnerable children with high quality early learning before attending kindergarten in the year before school. In addition to improving access to early learning, AEL seeks to build parenting capacity and support ECEC services and professionals to deliver inclusive and responsive services. The specific short and medium term outcomes are outlined below in Table 1 and a full program logic is provided in Appendix A.

Table 1. AEL's short and medium term outcomes.

Short term outcomes	Medium term outcomes
Child: Enrolled, attending regularly, and actively participating in early childhood education	**Child**: Successful transition to four year old kindergarten
Family: Changed attitude / awareness of value of early childhood education; engagement with ECEC and Key Facilitation Worker and Family and In-home Support Worker	**Family**: Changed behaviours in relation to supporting their child's ongoing learning and development; improved parenting skills related to child's education; changed behaviours related to community engagement; flow on effects to siblings
Early childhood service: Changed attitude / awareness of need to engage better with vulnerable families; participation in professional and practice development	**Early childhood service**: Improved capacity and competency in engaging with and supporting vulnerable families; reduced barriers for vulnerable children to enrol in a kindergarten program
Service system: Effective cross-sectoral governance and partnerships established; improved awareness of barriers in the service system regarding vulnerable children participating in early childhood education	**Service system**: Improved coordination across sectors, including an increase of referrals from Child Protection and Family Services

The AEL service model is delivered in line with the AEL guidelines issued by the Department of Education and Training (the Department), which are updated annually. Key interrelated components include:

- quality ECEC (15 hours of free three year old teacher led kindergarten per week)

- dedicated AEL workers, including:
  - a Key Facilitation Worker (KFW) who identifies eligible children, matches those children to an appropriate ECEC service and facilitates administrative arrangements to enable their participation in ECEC
  - a Family and In-Home Learning Support Worker (FILSW) who assists children and families' ECEC participation and deepens learning in the home
- professional and practice development (PPD) for educators
- brokerage funding to provide families with additional support, as needed.

Both the KFW and FILSW play critical roles in engaging families and addressing existing and emerging barriers to participation.

Each AEL site has a lead agency that is responsible for ensuring all components of the model are implemented in line with the guidelines. Lead agencies establish and maintain a governance group comprising key partners, including representatives from Child Protection, local government, Enhanced Maternal and Child Health (MCH) services, Child FIRST and Family Services. Following expansions in 2012 and 2014, AEL is currently delivered at seven Victorian sites, managed by a mix of local government and community organisations in metropolitan, regional and rural locations. Each site is currently funded to support a minimum of 16 children per calendar year.

Evaluation design

There is clear evidence about the positive impact of participation in high quality early learning on children's developmental outcomes, particularly for vulnerable children (Sylva et al., 2010), who often experience barriers to accessing ECEC (Baxter & Hand, 2013; Productivity Commission, 2014). This evaluation therefore focused on the *engagement and sustained participation of children from vulnerable families in early learning*, evaluating children's access to early learning with an emphasis on *program implementation* and *short and medium term outcomes*, rather than examining impacts on long-term child outcomes.

The evaluation adopted a mixed methods approach combining both qualitative and quantitative data against an extensive suite of indicators (see Appendix A), informed by the AEL program logic, to answer the key evaluation questions. The key evaluation questions are outlined in Table 2 in relation to the core evaluation components. Explicit and transparent criteria to judge program implementation and outcomes were identified and translated into a series of evaluation rubrics to help answer the key evaluation questions (Appendix B).

The evaluation focused on the 2014, 2015 and 2016 AEL cohorts and primarily incorporated data collected throughout 2015 and 2016 from families, educators, AEL workers, governance group members and stakeholders who were involved in AEL at the seven sites as well as administrative data.

Table 2. Evaluation components and key evaluation questions

Evaluation component	Key evaluation question
Implementation	How well was the program delivered?
Implementation and outcomes	How effective was In-home learning? How effective was professional and practice development? How well did children access early learning?
Economic	Was AEL value for money?
Lessons	What were the barriers and enablers that made a difference to implementation and outcomes?

This program implementation report focuses on three of the four evaluation components: program implementation, outcomes and lessons.

Key findings

Overall, the evaluation found very positive results about the quality of program implementation and outcomes achieved. Lessons provided insights about essential program ingredients and modifications to strengthen the program.

How well was the program delivered?

AEL was delivered to a high standard, excelling at relationship building practices and the delivery of holistic support. This means the program demonstrated excellent application of family-centred practice and strengths based approaches when working with families, and consistently monitored and responded to barriers families faced accessing and participating in early learning. The program also performed well on engagement, with almost all sites meeting or exceeding program recruitment targets and very high levels of children enrolling in ECEC.

> *"It's been a big help getting him into preschool. We tried before, but he just wasn't ready … With [the AEL worker] coming here every week, he gets to form a little relationship and he gets comfortable with her, also seeing him at school, that helps him to settle a bit easier because he's comfortable around them. [The AEL worker]'s good the way she talks to him." (AEL family)*

Although a small proportion of families disengaged from AEL (average of 13 per cent per year, 2012-2016), this was mainly due to families relocating or children being placed in alternative care arrangements outside of the catchment area. This is a considerable achievement given the complexity of families targeted by AEL. Early signs of disengagement were proactively monitored and managed by AEL workers, but not all exiting children were able to be linked to an alternative ECEC service.

AEL coordinated support for children and families with most relevant service providers usually working together in case management and sharing relevant client information. While governance groups usually functioned well and addressed some system barriers for vulnerable children and families, the level of strategic advice provided and the processes and protocols established to support the identification and prioritisation of vulnerable children could be strengthened.
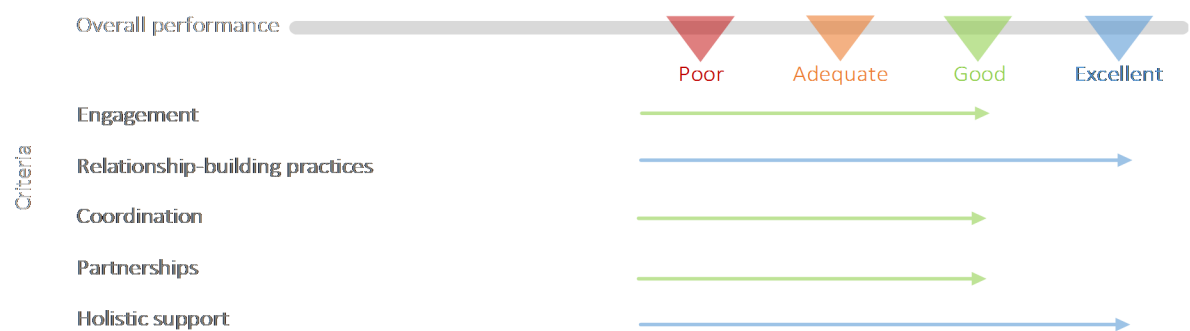
Figure 1. AEL's program delivery performance.

How effective was in-home learning support?

AEL's in-home learning support is one component of the family support provided through the program as part of the FILSW role. The evaluation found that through in-home learning support, AEL positively influenced parents' attitudes towards early learning and interactions with ECEC, and built parent capabilities to support children's learning. Many families reported an increased appreciation of the value of early learning and participating in ECEC, as well as feeling more included in ECEC as a result of their involvement with AEL. Educators also provided evidence of increased parent interaction with ECEC as a result of the program.

There was some evidence of improvement in parenting knowledge, confidence and skills. This related to improved parents' understanding of children's learning and development, parents' confidence to respond to their children's needs, frequency of parent-child interaction, quality of parent-child interaction, behaviour management and stimulation in the home environment. For example:

> "With reading a book, I was just reading it and reading it at a normal pace. Whereas, [the AEL worker] taught me to point the words out and to speak slower so that he could follow along. She also pointed out that in a story book, I don't have to read the story, I can just get him to talk to me about the pictures and what they're doing. He enjoyed it a lot more when he was joining in and making up the story…I do more activities along with him and his younger siblings now. I didn't know that you could start [that] early. So some of the activities, I'm actually doing with my two year old as well." (AEL family)

Further clarity around the 'changed behaviours' the program seeks to promote among families through the in-home learning component, and how these changes are expected to occur (e.g. through a trusted family-worker relationship using a range of evidence-based strategies), would help to guide program planning and implementation. It would also allow for more precise measurement of changes in parenting behaviour.
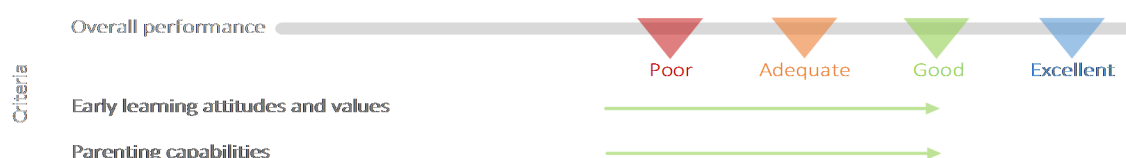
Figure 2. AEL's in-home learning support performance.

How effective was professional and practice development?

AEL performed to a 'good' standard in relation to both effective PPD planning and building educator capability. The availability of one-on-one informal support and coaching provided for AEL children at their centre was highly valued by educators, more so than formal training sessions. Educators reported an increased understanding of the barriers to engaging vulnerable children and families through their involvement with AEL, and indicated that their involvement improved their centre's ability to overcome those barriers.

> *"I prefer one-on-one connection where we can chat and discuss and go back and forth and then have a bit of time to reflect on what's been said…. That's been one of the great things, I've been able to have those conversations. The AEL program has come in and we're able to discuss where the family's at, what we can do to help each other and then take it from there and have those reflections." (Educator)*
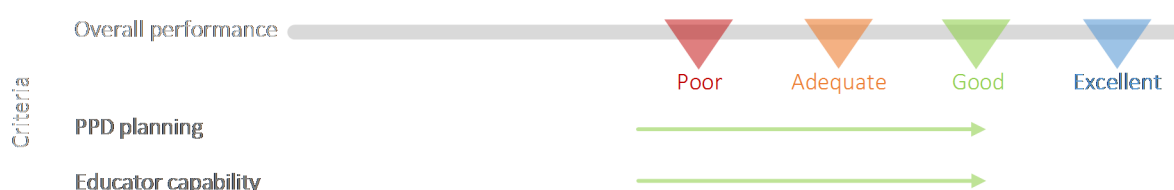
Figure 3. AEL's PPD performance.

How well did children access early learning?

AEL demonstrated excellent results in supporting vulnerable children to access and attend early learning. This is a significant achievement given the very complex and vulnerable families these children are part of. There was a very high number of enrolments and high levels of attendance in kindergarten sustained throughout the AEL year for three year olds. Of 267 vulnerable children who participated in AEL in 2015 and 2016, 99 per cent (265 children) were enrolled at an ECEC service and 96 per cent (260 children) attended an ECEC program as three year olds. AEL children attended an average 81 per cent of enrolled hours in 2014-2016, compared to an average 73 per cent attendance rate of three year old Early Start Kindergarten (ESK) children across the state in 2014 and 2015. This result is particularly notable given the ESK cohort is a conservative comparator for the AEL cohort due to less restrictive eligibility criteria. AEL also performed well in supporting vulnerable three year old children to transition to and regularly attend kindergarten in the year before school. Higher proportions of AEL children transitioned to kindergarten in the year before school compared to ESK children in 2013 and 2015 (no difference in 2014).
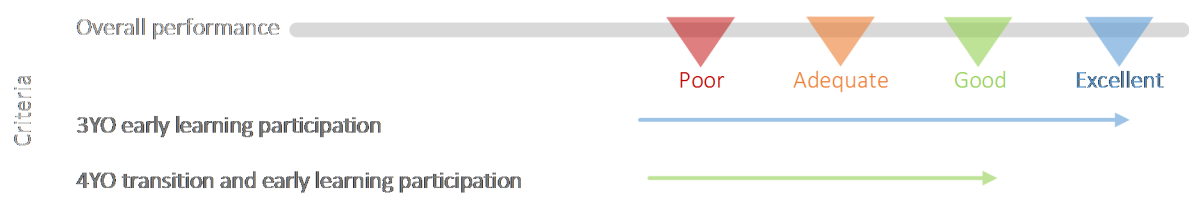
Figure 4. Program performance on access to early learning.

The following case study illustrates one family's experience of AEL and the broad impacts of the program on the child and family.

Family case study: Paul and Kelly.

Paul is a single father of four daughters, including two teenagers and two younger children. Paul and his children experienced a range of family stressors throughout the year they were involved in AEL including a house fire, a family breakdown, being in and out of children's court and homelessness. Prior to this, Paul's life was consumed with drug addiction and his partner's mental illness.

Paul is extremely grateful for AEL and the positive impact it has had on his daughter, Kelly, and his family more broadly: "I've had the unique opportunity to basically turn that around and say this has happened ... I now have these people right behind me. I feel very privileged to have been part of it all, to have it in my life, having been through all I've been through". Since AEL linked Kelly into kinder, Paul remarks on how she now talks and laughs. "They are things that I never really heard her do before now."

Paul and Kelly were linked into a local long day care centre through AEL. At age three, Kelly attended the centre twice a week with the flexible option of longer hours if required. At first Paul felt judged by the kinder staff. When they claimed Kelly had a case of hair lice and he thought he was being singled out for not dressing well, but the key facilitation worker advocated for him and sorted it all out. At first the staff "got their nose out of joint" but eventually the worker "made peace". If it wasn't for the AEL worker, Paul claims "I probably would have left, if she wasn't there, I'm serious. I would have just stopped bringing her" to kinder. By the end of his year in AEL, kinder staff, including those at the front desk, knew Paul and his girls by name and were very friendly.

Paul's relationships with the AEL workers were very strong. He spoke about having the workers "right behind him" throughout the year, while also giving him the confidence to speak up about things he disagreed with, or when he felt overloaded with information. Paul reported that he felt "completely respected" by his key facilitation worker and that she "went beyond the call of duty" – "she was the one who would ring up and organise things".

Having the in-home learning support worker come to his home to do activities with Kelly and her sister was valued highly by Paul. Not only did he see these visits as educational, they also provided Paul with a sense of reassurance that he was a good parent and gave him feedback on how well his daughters' were progressing, despite their life experiences. "She knows I have taken girls to the doctors and they have been affected by the fire, so to have someone come into the house to see they are alright gives me confidence. Totally non-judgemental."

Paul believes Kelly's transition into four year old kinder was helped by her three year old kinder year. Kelly wants to go to kinder, even when it is closed. Having the extra year of kinder helped with her speech difficulties and their relationship. Before kinder, Kelly "hardly spoke, and if someone spoke to her she would do the shy movement. Now she will talk to people. And I've solely got three year old kinder to thank for this". Paul and Kelly's communication also improved and Paul feels he can now talk to Kelly more easily and respond accordingly: "I can say 'what's wrong' and she tells me. Before it was half mumbling. If she cries, I just tell her to calm down and ask her to talk to me."

Paul feels privileged to have been part of AEL and wishes he had it for his older daughters: "I've got girls who are 13, 14 who have missed out on three year old kinder and I can see where they are at, and I know that my younger girls aren't going to be where they are today, and it's because of things like this. So I'm stoked."

What were the barriers and enablers that made a difference to implementation and outcomes?

Overall, the evaluation has shown that AEL was very successful in terms of engaging with and sustaining the attendance of vulnerable children in early learning. AEL's success was due to a number of program design elements:

- a dedicated facilitator role that provided the necessary resourcing to identify, engage, support and sustain the participation of highly vulnerable families in the program and their children in early learning
- high quality workers with the right attributes to facilitate engagement and trusted relationships with highly vulnerable families
- effective relationship based practices that enabled engagement and successful working relationships with families, educators, AEL teams and the broader service system
- a focus on children's learning which was a less stigmatising approach for engaging highly vulnerable families
- acting as a conduit to family services to ensure 'background' family factors did not prevent children from consistently attending early learning
- a holistic model with interrelated components (AEL workers, PPD and brokerage)
- AEL's flexible delivery which provided responsive, tailored and ongoing support necessary for the broad ranging issues vulnerable families encountered
- brokerage which provided additional flexibility to engage families and deliver holistic support
- the program's length which enabled AEL workers to remain engaged with families over the full year of kindergarten.

Other elements critical to achieving the program outcomes of improved family, educator and system capability were:

- family support
- governance groups that provided a forum for sharing information from Child Protection to the partnership to identify and prioritise vulnerable children
- in situ PPD that provided customised support and mentoring to educators so that they were better able to respond to the child's needs at ECEC.

Despite the overall success of the AEL program, the evaluation also highlighted specific program elements that could be strengthened. First, the identification and referral of vulnerable children to the AEL program needs to become systematic across all sites to ensure the most vulnerable families are engaged. Evaluation findings indicate progress towards systematic processes and protocols has been made, but there is further work to do. Second, the program needs to encourage enrolment in high quality ECEC to ensure vulnerable children have access to high quality early learning experiences. The tension of respecting family preferences to choose a particular centre versus enrolment in higher quality care was identified in the evaluation and requires attention. It is also noted that while lifting the quality of ECEC more broadly is an issue beyond the scope of AEL, high quality ECEC to vulnerable children is a fundamental element of AEL's logic model. Third, educators need to be more involved in case management and planning. Educators were not always provided with background information about children and their families before they commenced at the service. This information sharing and involvement in case management is vital if AEL children are to be fully supported in ECEC. Fourth, there were various challenges delivering all program components in line with the AEL guidelines within

current resources. In particular, AEL workers found it difficult to manage the scope of support provided, deliver only 'light-touch' support to AEL children transitioning to kindergarten in the year before school, and coordinate the necessary support for ESK children. Fifth, minor modifications to program monitoring, evaluation and improvement efforts are required. The amount of detailed data collected by AEL sites needs to be streamlined to reduce demands on AEL workers and provide the space for monitoring and evaluation processes specifically designed for program improvement. Finally, clearer descriptions of the different program components, and how they connect and relate, within the program's logic model would be beneficial for supporting planning, implementation and evaluation.

Conclusions and recommendations

AEL was very successful in terms of engaging with and increasing the attendance of vulnerable children in early learning. This is a significant achievement given the very complex and vulnerable families these children are part of who, without AEL, may not have attended as much, if any, kindergarten at age three. It is also important given the evidence that shows participation in high quality early learning programs improves outcomes for children. A comparison of attendance in kindergarten at ages three and four between AEL and ESK children in AEL sites showed higher levels of attendance for AEL children than those involved in ESK, despite experiencing higher levels of vulnerability.

AEL was implemented well, with particular strengths in relationship based practices and holistic support that ensured issues encountered by vulnerable families did not prevent children from engaging in early learning experiences. The program contributed to capacity building for both parents and educators through in-home learning support and PPD.

Based on the evaluation findings, the following actions are recommended.

Table 3. Evaluation recommendations

Theme	Recommendation
Identifying and engaging the most vulnerable	*Recommendation 1: Promote the development of systematic identification processes and the prioritisation of the most vulnerable children.*
	Recommendation 2: Promote local awareness and understanding of AEL, eligible children, key contact/s and referral processes to services through the provision of AEL information, documentation and resources developed by the Department.
	Recommendation 3: Include refugee background as an additional characteristic of vulnerability in AEL's eligibility criteria.
	Recommendation 4: Ensure disengagement is consistently monitored and that the guidelines describe a process for monitoring why families disengage or choose not to participate (e.g. develop a set of standard questions that AEL workers ask exiting families).
High quality ECEC	*Recommendation 5: Develop an evidence-informed checklist to support site selection of high quality ECEC centres.*
	Recommendation 6: Ensure PPD at all sites incorporates reflective practice and an inquiry approach.

Theme	Recommendation
Facilitation capacity	*Recommendation 7: Review AEL worker capacity, with view to increasing FTE to sufficiently support the transition into kindergarten in the year before school.*
	Recommendation 8: Ensure exiting families are linked to alternative ECEC services.
Collaboration	*Recommendation 9: Advance joint case management focusing on greater consistency in case planning practices inclusive of educators, including setting in home learning goals and strategies.*
	Recommendation 10: Strengthen governance groups' leadership through capturing feedback from lead agencies and AEL workers about how governance groups have enabled program delivery and suggestions for improvement.
Monitoring, evaluation and improvement	*Recommendation 11: Explore more streamlined local administrative data collection approaches.*
	Recommendation 12: Encourage site improvement through development of a self-assessment and planning tool.
	Recommendation 13: Continue to regularly incorporate protected time for strategic learning into AEL implementation working group meetings.
	Recommendation 14: Update the program logic, clarifying and re-organising strategies and program outcomes. Update the program guidelines accordingly and provide a clear description about the relationship between strategies and roles.
Program model	*Recommendation 15: Clarify the desired 'changed behaviours' in the medium term family outcomes. Provide further advice and research evidence about how these changes should be achieved, emphasising the importance of both the worker-family relationship and the application of evidence-based strategies*

Introduction

Overview of Access to Early Learning

Children's early experiences affect their immediate wellbeing and lay the foundation for their future (Moore & McDonald, 2013). Research shows that quality early childhood education and care (ECEC) is especially beneficial for vulnerable children (Sylva et al., 2010), however vulnerable families may experience multiple and complex difficulties accessing and participating in ECEC services (Baxter & Hand, 2013; Productivity Commission, 2014). Research also shows that shows starting ECEC at a younger age (three years old) and spending more time at kindergarten (two years rather than one) has a positive impact on child outcomes, especially for vulnerable children (Fox & Geddes, 2016; Burchinal et al. 2009; Zaslow et al. 2010; Nores & Barnett, 2010).

In 2011, the Victorian Government introduced the Access to Early Learning (AEL) service model at three locations around the state, offering vulnerable children the valuable opportunity to access early learning before attending kindergarten in the year before school. AEL aims to improve access to quality ECEC for vulnerable three year old children in order to enhance their learning and development outcomes (see Appendix A). Following expansions in 2012 and 2014, AEL is currently in place at seven Victorian sites, managed by a mix of local government and community organisations.

In addition to improving access to early learning, AEL seeks to build capacity in the service system by supporting ECEC services to offer programs inclusive of vulnerable families, and to support ECEC professionals to respond to vulnerable children and families. From 2011-2013 the program was funded to support a minimum of 12 children per site and this was revised to 16 from 2014 onwards. The AEL service model should be delivered in line with the AEL guidelines issued by the Department of Education and Training (the Department), which are updated annually.

The key interrelated components of AEL include:
- quality ECEC (15 hours of free three year old teacher led kindergarten per week)
- dedicated AEL workers, including:
  - a Key Facilitation Worker (KFW) who identifies eligible children, matches those children to an appropriate ECEC service and facilitates administrative arrangements to enable their participation in ECEC
  - a Family and In-Home Learning Support Worker (FILSW) who supports children's and families' ECEC participation and deepens learning in the home
- professional and practice development (PPD) for educators
- brokerage funding to provide families with additional support, as needed (DET, 2015).

Both the KFW and FILSW play critical roles in engaging families and addressing existing and emerging barriers to participation.

AEL evaluation

The Department contracted the Centre for Community Child Health at Murdoch Childrens Research Institute (MCRI) and Deakin University to undertake an evaluation of AEL from October 2014 to December 2016. The evaluation had four objectives:

- understand the process of how the program was implemented and investigate whether the program was delivered as intended
- analyse the impact of the program, in particular the extent to which it has delivered on its articulated outcomes
- assess the cost-effectiveness of the program and its return on investment in the longer term
- identify barriers and enablers of the program to understand what adaptations could be made to increase efficiency and effectiveness and inform recommendations for the future of the program.

The key evaluation questions are outlined in Table 4 in relation to the core evaluation components. Key data sources for the evaluation include AEL administrative data, collected by each AEL site on a quarterly basis, as well as interviews, focus groups and surveys with families, educators, workers and other stakeholders involved with AEL and are discussed in detail in the methods chapter of this report. Indicators and data sources are mapped against evaluation questions in the AEL evaluation framework (see Appendix A for a list of indicators).

Table 4. Evaluation components and key evaluation questions

Evaluation component	Key evaluation question
Implementation	How well was the program delivered?
Implementation and outcomes	How effective was In-home learning? How effective was professional and practice development? How well did children access early learning?
Economic	Was AEL value for money?
Lessons	What were the barriers and enablers that made a difference to implementation and outcomes?

This program implementation report focuses on three of the four evaluation components: program implementation, outcomes and lessons.

The evaluation builds on a formative evaluation of the four AEL program pilot sites, conducted between 2011 and 2012 (KPMG, 2013).

Evaluation reporting

Four half-yearly interim evaluation reports were completed during the evaluation to provide insight into the analysis and findings which emerged throughout the evaluation process. This program implementation report is an extract of the full final project report. It synthesises findings from all previous reports in relation to implementation, outcomes and lessons and draws on all data collected throughout the evaluation in relation to these components. The interim evaluation reports may be consulted for further detail.

Report structure

This report begins with an outline of the methodology adopted for the evaluation, including the approach and rationale; overview of the data; and its limitations. It then presents implementation and outcome findings, with an assessment of the program's performance against key evaluation questions. These findings are supported by case studies and additional qualitative snapshots illuminating the benefits and challenges of AEL. Barriers and enablers key to implementation and outcomes are discussed and the report concludes by offering program specific and system level recommendations.

The report examines key program components under relevant evaluation question/s. Due to the interrelated nature of the model, the FILSW or family support program component was considered across multiple key evaluation questions. The following table shows the connection between the program components and the report section/s.

Table 5. Connection between program component and report section

Program component	Relevant report section/s
Access to quality ECEC	How well did children access early learning?
KFW	How well was the program delivered? • Engagement • Relationship based practices • Coordination • Partnerships • Holistic support
FILSW	How well was the program delivered? • Engagement • Relationship based practices • Coordination • Holistic support How effective was in-home learning support? • Early learning attitudes and interaction • Parent capacity
PPD	How effective was PPD?
Brokerage	How well was the program delivered? • Holistic support o Use of brokerage funds

Context

Defining 'vulnerability'

Families experiencing vulnerability often have multiple and complex needs and can experience numerous, chronic and interrelated problems (Bromfield, Sutherland & Parker, 2012). In the family support context, the usual approach to defining and determining families' 'vulnerability' is with reference to risk and protective factors (Moore, McDonald, Sanjeevan & Price, 2012). Generally, the more risk factors and the fewer protective factors, the more vulnerable the family. The vulnerable families AEL seeks to engage are those facing challenges in relation to two or more of six family characteristics identified in the guidelines: Child Protection involvement; intellectual or physical disability; family violence; mental health issues; sexual assault; and alcohol and drug abuse. While the program requires families to have two or more of these characteristics on referral, it must be acknowledged that families do move in and out of vulnerability and crisis over time. This is often determined by the unique combinations of risk factors at the parent, child, family and community levels that may fluctuate over time (Moore, McDonald, Sanjeevan & Price, 2012).

Early Start Kindergarten and AEL

In Victoria, all children are provided with access to an early childhood education program for 15 hours a week in the year before they start school. The Victorian Government established its Early Start Kindergarten (ESK) program in 2008 to facilitate vulnerable three year old children's access to ECEC. ESK is now available state-wide to children who are Aboriginal and/or Torres Strait Islander, or known to Child Protection, and offers 15 hours of free kindergarten per week, facilitated by a bachelor qualified teacher. Initial monitoring of ESK enrolments, however, revealed that many eligible children were not accessing ECEC through this pathway (DET, 2013). In addition to cost, research indicates there are multiple barriers to families engaging in services, including the multiple and complex needs of vulnerable families, service provider skills and capacity to engage and sustain vulnerable family participation, and family skills and confidence to navigate services (CCCH, 2010). AEL was developed to respond to all of these issues through its core components.

While ESK is offered state-wide, AEL is currently available in seven sites. Where the two programs co-exist in communities they operate side by side, with the intention that the most vulnerable families receive holistic support to access to ECEC through AEL, while those with lesser needs and higher capacity do so via ESK (provision of a kindergarten place alone). In this report, the terms ECEC and kindergarten are both used. AEL funds 15 hours of free early learning delivered by a bachelor qualified teacher, which can either be within a sessional kindergarten program or a long day care centre.

Program delivery

AEL is currently delivered by a mix of local government and community family service organisations across Victoria. Lead agencies and their site local government areas are summarised in Table 6, presented with the year of AEL program commencement and relevant abbreviations used in this report.

Table 6. AEL site lead agencies details

Lead agency	Local government area(s)	Year commenced	Abbreviation
City of Melbourne Council	City of Melbourne	2011	COM
Eastern Access Community Health	Cities of Yarra Ranges, Knox and Maroondah	2011	EACH
Child and Family Services Ballarat	City of Ballarat	2011	CAFS
Doveton College	Cities of Dandenong and Casey	2012	Doveton
Mallee Family Care	City of Mildura	2014	MFC
Hume City Council	Hume City Council	2014	Hume
Wodonga City Council	Wodonga City Council	2014	Wodonga

Lead agencies are responsible for ensuring all components of the AEL model are planned and implemented as per the AEL guidelines. This includes establishment and maintenance of effective governance structures; engagement and maintenance of partnerships with key stakeholders; effective management of the program, including employment and supervision of staff; accountability and reporting.

As per the guidelines, lead agencies are responsible for employing workers with appropriate tertiary qualifications in family services and/or early childhood education and relevant experience to be authoritative in their work with ECEC services and family support services. The AEL worker roles (KFW and FILSW) are outlined in detail in the 2016-17 AEL guidelines. In brief, the KFW role includes:

- leading the identification and selection process for recruitment into the program
- actively linking participating children and families with ECEC
- ensuring families understand their responsibilities in terms of their child attending ECEC
- working closely with the FILSW and ECEC service to monitor children's participation in ECEC and transition to kindergarten in the year before school
- leading the development of PPD planning and in situ training
- participating in data collection and evaluation activities.

In brief, the FILSW role includes:

- engaging families in the program, ensuring they understand its components
- assessing barriers to early learning participation and identifying needs for additional support
- implementing strategies to assist families' participation in early learning
- enhancing the home learning environment
- providing support to sustain and support engagement with ECEC
- establishing a case conference or kindergarten support group schedule for each family
- monitoring each child's learning and development at ECEC.

At most sites, lead agencies have employed two part time (total 1.0 FTE) workers to deliver the program. The flexible nature of the AEL program allowed sites to determine whether to employ a separate KFW and a FILSW, or whether to create two combined 'AEL worker' roles in which the two staff perform both roles simultaneously.

Smalltalk

The Smalltalk program was introduced into AEL's in-home learning support in 2016 to provide consistent and evidence-based guidance to in-home learning implementation. Smalltalk was developed in Victoria and is comprised of a set of evidence-based strategies and resources that are shared with parents by a qualified facilitator to enhance the home learning environment for their children from birth up to four years of age (Nicholson et al., 2016). The program aims to increase five elements:

- quality and frequency of parents' interactions with their children
- level of stimulation in the home environment
- parental self-care (stress management and seeking support)
- parenting confidence
- parents' connection to their community and local services.

The program includes both a group and in-home support component, and is amenable to modification. It has previously been delivered as a ten-week (two hours per week) supported playgroup for families with toddlers aged 12-36 months, with an additional six fortnightly home-based, individual sessions for eligible parents.

Pilot evaluation

A formative evaluation of the four AEL pilot sites undertaken in 2011 and 2012 found that the AEL program was beginning to show positive progress towards its intended outcomes for vulnerable children and families (KPMG, 2013). It concluded that the program had achieved its aim to increase numbers and participation of vulnerable children accessing quality ECEC programs and had partially achieved increased engagement of vulnerable families by the ECEC sector. In addition, the formative evaluation found the program had partially achieved three of the remaining four outcomes examined: to increase skill and capacity of educators to engage effectively with vulnerable children and their families; the emergence of multidisciplinary approaches across the broader service sector; and improved sociability, independence, concentration and social-emotional and intellectual development of vulnerable children. The area identified as in need of greatest improvement was service collaboration. The formative evaluation found that the program had not yet achieved greater levels of collaboration across early childhood, family support and Child Protection sectors. The issue of coordinated support for individual children and families between relevant services was considered as part of this evaluation.

Policy context

AEL is a significant program in that it provides support for vulnerable children to access an additional year of high quality ECEC at age three, despite there being no current national policy framework that specifically enables three year olds to attend kindergarten in Australia. AEL is, however, implemented within the context of multiple early years frameworks, policies and strategies at the state and federal levels. These include the National Quality Framework; the Victorian Early Years Learning and Development Framework; the Best Interests Framework; the Early Childhood Agreement for Children in Out of Home Care; and Protecting Victoria's Vulnerable Children Inquiry (see the AEL guidelines for further detail). In addition, the Victorian Government is currently undertaking two extensive reviews to set strategic direction plans in place for the next 10 years to ensure children and families experiencing vulnerability and disadvantage, such as those participating in AEL, are supported to succeed. These are the Education State and the Roadmap to Reform. A key focus of the Education State is creating a more

flexible and integrated service system to meet the needs of children and families experiencing vulnerability and disadvantage; while the Roadmap to Reform aims to address how the Victorian child and family service system can be improved to help prevent neglect and abuse, intervene early, keep more families together through crises, and secure better futures for children who cannot live at home. The policy context has been considered in the evaluation's conclusions and considerations.

Method

Approach and rationale

This implementation report reports evaluation findings in relation to program implementation, outcomes and lessons (barriers and enablers). The evaluation involved a combination of qualitative and quantitative data, collected against an extensive suite of indicators informed by the AEL program logic. The specific short and medium term outcomes are outlined below in Table 7 and a full program logic is provided in Appendix A.

Table 7. AEL's short and medium term outcomes.

Short term outcomes	Medium term outcomes
Child: Enrolled, attending regularly, and actively participating in early childhood education	**Child**: Successful transition to four year old kindergarten
Family: Changed attitude / awareness of value of early childhood education; engagement with ECEC and Key Facilitation Worker and Family & In-home Support Worker	**Family**: Changed behaviours in relation to supporting their child's ongoing learning and development; improved parenting skills related to child's education; changed behaviours related to community engagement; flow on effects to siblings
Early childhood service: Changed attitude / awareness of need to engage better with vulnerable families; participation in professional and practice development	**Early childhood service**: Improved capacity and competency in engaging with and supporting vulnerable families; reduced barriers for vulnerable children to enrol in a kindergarten program
Service system: Effective cross-sectoral governance and partnerships established; improved awareness of barriers in the service system regarding vulnerable children participating in early childhood education	**Service system**: Improved coordination across sectors, including an increase of referrals from Child Protection and Family Services

The strength of a mixed methods design is that the combination of qualitative and quantitative data provides a better understanding of the phenomenon in question than either approach alone (Creswell & Plano, 2011; Niaz, 2008; Plano Clark & Ivankova, 2015). Most implementation and outcome indicators were defined as percentages or numbers of participants, which was necessary to be measurable (see Appendix A). However, given the nature of the service model and the small number of children and families involved each year at each site, qualitative data was collected and emphasised throughout the evaluation to complement quantitative data and highlight the rich stories behind the numbers. Qualitative research was deemed a suitable approach given its focus on gaining a deep and detailed understanding of a specific issue or program. Qualitative semi-structured interviews were particularly suited to gathering viewpoints of vulnerable families who are often hard to make contact with and glean information from about their experiences.

An implementation and outcomes evaluation was chosen over an experimental or quasi experimental design due both to the breadth of program elements to be considered and the small number of families involved in the program each year. Small numbers of participants limit the statistical power available to test chosen hypotheses in an experimental context. The evaluation focuses on implementation and outcomes across four sites in 2014, and the implementation, outcomes and barriers and enablers across all seven sites in 2015 and 2016 (see 'Program delivery' for site commencement dates and

details). The majority of the data presented and discussed in this report was collected in 2015 and 2016 unless otherwise stated.

The focus of the evaluation design was on evaluating children's access to early learning, with an emphasis on program implementation and short and medium term outcomes, rather than on long-term outcomes for children participating in early learning. There is already clear evidence to indicate that quality ECEC has a positive effect on children's developmental outcomes, particularly for vulnerable children (Sylva et al., 2010), who often experience barriers to accessing ECEC (Baxter & Hand, 2013; Productivity Commission, 2014). Given the existing persuasive evidence on the impact of participation in high quality early learning, this evaluation is not focused on long-term child outcomes. Instead, the evaluation addresses the issue of how to engage and sustain the participation of children from vulnerable families in early learning. Therefore it was most important to measure the impact of AEL on vulnerable children's access to quality ECEC environments, both during and after the program.

It was also considered unlikely that any change in long term outcomes for children could be measured within the project timeframes and, furthermore, that these could be directly attributed to AEL, particularly with the small sample size. Finally, it was considered highly beneficial to include a detailed implementation evaluation to examine how AEL has been delivered on the ground following the expansion of the pilot and to consider if the model has been delivered as intended. The evaluation's examination of the retention of vulnerable children in early learning is an important first step in understanding the longer term impact of the AEL program.

As part of the qualitative approach adopted throughout this evaluation, longer-term child outcomes were the subject of exploration with educators and families. Questions were included to capture educators' and families' perspectives on how children's development has benefited from the program. These responses provide insights into the program's impact on the learning and development of vulnerable three year old children from the perspective of the educators and families involved.

Implementation evaluation

The implementation evaluation collected quantitative and qualitative data on 29 indicators, based on the program logic activities, inputs and outputs, the evaluation questions and AEL guidelines. Implementation evaluation data sources included families, AEL team members, educators, governance group members, other stakeholders and administrative data (see overview of data sources below for details). Triangulated data are used to evaluate performance against the indicators.

Outcome evaluation

The outcome evaluation collected quantitative and qualitative data based on 20 indicators. All indicators are based on the program logic short and medium term outcomes, the evaluation questions and AEL guidelines. Outcome evaluation data sources included families, AEL team members, educators, governance group members, other stakeholders and administrative data. It used the Department's annual Kindergarten Census to track AEL children into funded kindergarten programs in the year before school. A comparison between AEL and ESK children's attendance at ECEC as three year olds; the transition from kindergarten at three and four years of age; and a comparison between AEL, ESK,

Kindergarten Fee Subsidy (KFS)[1] and mainstream children's attendance at ECEC in the year before school, also form a main part of the outcome evaluation.

Lessons

Lessons about the program's barriers and enablers and possible modifications to the program were identified by an analysis of the data collected throughout the implementation and outcome evaluations. Data on AEL's barriers and enablers were triangulated from a range of sources, including families, AEL workers, educators, governance group members and other stakeholders involved in the program.

Overview of data sources, collection and respondents

This final evaluation report focuses on the 2014, 2015 and 2016 AEL cohorts, as summarised in Table 8 below. It analyses data collected throughout 2015 and 2016 from families, educators, AEL workers, governance group members and stakeholders who were involved in the seven AEL sites:

- City of Melbourne (COM)
- Cities of Yarra Ranges, Knox and Maroondah (Eastern Access Community Health - EACH)
- City of Ballarat (Child and Family Services Ballarat - CAFS)
- Cities of Dandenong and Casey (Doveton College)
- City of Mildura (Mallee Family Care - MFC)
- Hume City Council (Hume)
- Wodonga City Council (Wodonga).

Administrative data is used to complement the above data sources. Data collection methods are elaborated further in the sections that follow.

Table 8. Evaluation data sources by data collection round and AEL cohort focus.

Data collection round	AEL cohort focus	Data sources
Round one June 2015 (Interim Report Two)	2014	12 past AEL families (2014) 10 year before school (four year old) educators 2013 cohort year before school Kindergarten Census data
Round two December 2015 (Interim Report Three)	2015	2015 AEL administrative data 22 current AEL families (2015) 21 AEL educators 18 AEL workers 27 governance group members and 22 stakeholders
Round three June 2016 (Interim Report Four)	2015 follow up	12 past AEL families (2015) 9 year before school (four year old) educators 2014 cohort year before school Kindergarten Census data 2013 and 2014 cohort transition tracking data 13 AEL workers

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[1] KFS is available to children: who identify as Aboriginal or Torres Strait Islander; who are identified on their birth certificate as being a multiple birth child (triplets or more); or who have a parent or guardian who hold a Commonwealth Health Care Card, a Commonwealth Pensioner Concession Card, a Department of Veterans Affairs Gold Card or White Card, Refugee or Asylum Seeker visa, or an ImmiCard.

Round four October 2016	2016	2016 AEL administrative data 12 current AEL families (2016) 6 AEL educators 12 AEL workers 2015 cohort year before school Kindergarten Census data 2015 cohort transition tracking data

Semi-structured family interviews

A total of 46 AEL families were consulted through semi-structured interviews across the four rounds of evaluation data collection in 2015 and 2016. These families participated in the program in 2014, 2015 and 2016. All families were recruited from lists of randomly selected families nominated by sites (using a pre-determined alphabetical strategy), approximately evenly among sites (see Table 9). Thirty four families participated in a single interview, while 12 of the 2015 families participated in two interviews – an initial interview during the program (round two data collection) and a follow up interview after having finished the program, six months later (round three data collection). All families participated in interviews either in person or over the telephone.

Table 9. Breakdown of number of families interviewed in rounds one to four of data collection, by site.

Site	2014 AEL cohort (Round one)	2015 AEL cohort (Round two)	2015 follow up (Round three)	2016 AEL cohort (Round four)	Total
CAFS	3	4	2	2	9
COM	2	2	2	2	6
Doveton	4	3	2	1	8
EACH	3	3	2	2	8
Hume	-	4	2	1	5
MFC	-	2	1	2	4
Wodonga	-	4	1	2	6
Total families	**12**	**22**	**12**	**12**	**46**

All families interviewed were experiencing varying levels of 'vulnerability' as per the AEL guidelines (see glossary for details). Families were excluded from the evaluation if the parent or caregiver was unable to provide informed consent to participate in the evaluation, due to a lack of English proficiency or intellectual disability. Limitations related to the exclusion criteria are outlined in 'limitations' below. AEL workers were asked to exclude relevant families prior to implementing the pre-determined alphabetical selection strategy. They did so based on their own judgments of whether or not the criteria applied. Note: culturally and linguistically diverse families with a sufficient level of English to understand the consent materials (in written or verbal form) were eligible for participation.

Interviews generally ran for between 20-45 minutes. Where interviews occurred in person, AEL workers helped to arrange interview locations. These included private rooms at AEL site offices, community centres and ECEC centres. Locations were chosen on the basis of convenience for families and the availability of appropriately private facilities to conduct interviews. Where the family preferred and/or meeting in person was not feasible, interviews took place via telephone.

Family interview schedules were adapted for each round of data collection on the basis of expert advice and evaluation priorities (see Appendix C). The family interview schedule from round two data collection (2015 families' initial interviews) included three sets of validated questions about families' relationships with AEL workers. One tool used and adapted was the Magnolia Community Initiative (Inkelas et al., 2013). The second tool used was the Maternal Early Childhood Sustained Home-visiting Parent Satisfaction Questionnaire, itself a modified short form of the Parent Satisfaction Questionnaire PSQ-18 used by Armstrong et al (2000), based on the Short-Form PSQ developed by Marshall and Hays (Marshall & Hays, 1994). The third tool used for adaptation was the patient satisfaction questionnaire short-form (PSQ-18) (Santa Monica, CA: RAND, 1994).

AEL worker focus groups

All AEL workers were invited to participate in focus groups at three time points during the evaluation: site-specific focus groups in data collection round two (2015) and again in round four (2016), and a program-wide joint AEL worker focus group held at a regular all-AEL sites meeting in round three (2016). Eighteen AEL workers (including some managers) participated in initial site focus groups, with 12 participating in the follow up site focus groups. Thirteen AEL workers (including some managers) participated in the joint focus group. All initial site-specific focus groups occurred in person, as did the joint focus group. All follow up site focus groups occurred by phone. Semi-structured AEL worker focus group schedules are provided in Appendix C.

Educator survey and interviews

During round two data collection (2015), AEL workers were asked to provide a list of contact email addresses for all educators working in ECEC settings with AEL children. An online survey[2] was sent to the 70 listed educators to complete (see Appendix C). Twenty eight surveys were returned, however only 21 were formally submitted as complete and could be included in the analysis. Educator respondents came from six of the seven sites (note: of the five educators invited to complete the survey from Wodonga, no complete surveys were returned). The survey asked a range of questions about educators' experiences and views of AEL.

To build on the information collected in the 2015 educator survey and gather more detailed reflections, six semi-structured interviews were undertaken with educators in 2016. Participants were educators of current AEL children from six of the seven sites, as nominated by AEL workers (note: the Doveton site did not nominate an educator for interview). The semi-structured interview schedule is provided in Appendix C. All educator interviews occurred via telephone.

Governance group and stakeholder surveys

During round two data collection (2015), AEL workers were asked to provide a list of contact email addresses for site governance group members and other relevant stakeholders. On the basis of these lists, the online surveys were sent to 60 governance group members and 44 stakeholders (see Appendix C). Of 33 governance group surveys returned, 27 were complete. Of 25 stakeholder surveys returned,

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[2] All online survey data for this project was collected and managed using REDCap electronic data capture tools hosted at MCRI (Harris et al, 2009). REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources.

22 were complete. All sites were represented in the sample of governance group members and six sites were represented in the sample of stakeholders (note: no stakeholder surveys were returned from COM).

Governance group members represented local government (n=11), Enhanced Maternal and Child Health (EMCH) (n=1), family services (n=2), kindergarten cluster management (n=2), Child FIRST (n=2) and 'other' organisations (n=9) such as Department staff, Early Childhood Intervention Services (ECIS), community health services, integrated family services alliance and ECEC. Most identified themselves as middle level managers (n=19), while five were senior level managers or executives. The remaining respondents identified themselves as either in non-supervisory (n=2) or other roles (n=1, specified as performance and planning).

Stakeholders represented community service organisations (n=9), MCH or EMCH (n=4), Child FIRST (n=4), ECEC (n=3), local government (n=1) and 'other' organisations (n=1) – specified as ECIS.

One set of questions within the governance group were based on the Centre for Advancement of Collaborative Strategies in Health's Partnership Self-Assessment Tool (2006).

AEL administrative data

The Department provided non-identifiable AEL administrative data collated at the end of each term throughout 2012-2016 (note: 2016 administrative data includes only Terms 1 to 3 as Term 4 data was not yet collected at the time of writing). This data included child and family characteristics, ECEC attendance, amounts and type of support provided to families by AEL workers, professional and practice development and brokerage information relevant to program delivery in 2015.

Brigance test data was also collected as part of the site administrative data in 2015 and included 69 children with matched data from two time points.

ESK administrative data

The Department also provided relevant data from its annual ESK survey for 2014 and 2015. This data provides the number of children enrolled in ECEC through ESK, enrolment details and estimated attendance throughout the year.

Year before school Kindergarten Census data

The Department provided data from its annual year before school Kindergarten Census (Census) in 2014, 2015 and 2016 (pertaining to 2013, 2014 and 2015 AEL and ESK cohorts respectively). Data relating to the 2013-2015 AEL cohorts is analysed in this report in relation to year before school (four year old) kindergarten attendance, with comparisons to children previously involved in ESK, children receiving KFS and children not receiving any additional support ('mainstream' children). The Census is conducted in the first week of August each year. ECEC services provide enrolment and attendance details for each child enrolled in a kindergarten program at their venue in that week.

AEL and ESK transition tracking data

The Department provided data tracking the transition of AEL and ESK children into ECEC the year after their AEL or ESK program. This data was compiled by the Department by matching Statistical Linkage

Keys (SLKs) for children involved in AEL and ESK in 2013, 2014 and 2015 with enrolment data in the Department's Kindergarten Information Management system for year before school (four year old) programs in 2014, 2015 and 2016.

Ethical approval

The AEL evaluation was approved by The Royal Children's Hospital Human Research Ethics Committee (RCH HREC) to ensure ethical principles were abided by, the welfare and rights of the participants were protected, and that the research was of benefit to the wider community. All data collection tools (interview, focus group and survey questions) were approved during this process, as was the access to de-identified Departmental administration datasets, in addition to the participant selection processes, confidentiality and consent. As part of the evaluation a 'Research in Schools and/or Early Childhood Settings' application was also submitted to the Department of Education and Training's Insights and Evidence Branch, which was also approved.

Evaluation rubrics

To make an overall assessment of the implementation and outcome evaluation components, a set of evaluation rubrics were developed. Evaluation rubrics are used to make judgements about a particular program or service and can rate quality, value and importance (Oakden, 2013). Rubrics provide answers to broad evaluation questions by drawing on a range of evidence to generate an overall rating of a program's performance (Davidson, 2009). Each key evaluation question was answered using a rubric which included evaluation criteria and definitions based on the AEL guidelines (2016), input from the evaluation's expert advisors and subject matter experts, the Department and research evidence where appropriate. The evaluators developed a set of proposed standards for each program component or 'criterion' using the standard ratings of 'poor', 'adequate', 'good' and 'excellent' (Davidson, 2010). The final evaluation rubrics incorporated feedback on the evaluation criteria and standards from the Department and expert advisors.

To arrive at the rubric judgements, a range of data collected throughout the evaluation was considered. Each member of the evaluation team independently rated the program's performance on each criterion and then consensus was reached through discussion. Evaluation rubric criteria, standards and ratings are presented in Appendix B.

Limitations of the data

There are a number of limitations relevant to the data collected over the course of the evaluation and presented in this report. Specific limitations discussed below relate to the family interviews, administrative data, Department Census and transition tracking data, and comparisons between AEL and ESK cohorts.

Family interviews

The families recruited to participate in the evaluation provided rich insights into their experiences with the program. While efforts were made to select families randomly, it is possible that the families who were likely to respond to invitations to participate in interviews were those more likely to be highly engaged in the AEL program, therefore creating potential for a positive bias. Of a total of 335 families engaged in AEL in 2014, 2015 and 2016, 46 (14 per cent) were interviewed during the evaluation.

While family reflections are highly valuable and captured many views, their experiences may not necessarily be representative of all opinions and therefore cannot be generalised to all AEL families. This aligns with the purpose of qualitative research which aims to gain a deep and detailed understanding of a specific issue or program, rather than provide a broad description of a large representative sample of a population. Qualitative research is particularly suited to gathering viewpoints of vulnerable families who are often hard to make contact with, and subsequently, do not have their voices heard.

It must be noted that throughout family interviews, some participants stated that details of what happened during the year were difficult for them to recall, particularly in relation to what happened at the start of the year. This was particularly true for families who were interviewed only after the end of the program (2014 families). Due to the multiple and complex needs of many vulnerable families, it is unsurprising that some were unsure or could not recall details on specific points or had partial recollections in relation to some topics. In addition, the questions covered in the family interviews were sometimes personal in nature and care was taken to maintain appropriate levels of respect when interviewing parents experiencing vulnerability. As such, interviews were semi-structured and conversational in style, and as a result, not all questions were asked of parents based on the interviewer's judgement of the level of comfort for the interviewee.

Finally, to ensure participants were able to provide informed consent to participate in interviews with the research team, parents or caregivers were excluded from the evaluation if they did not speak English with sufficient proficiency to understand the consent materials or had an intellectual disability. This did not exclude all families who spoke a primary language other than English, as those capable of understanding the consent materials either in written or oral form were eligible to participate.[3] Similarly, families characterised by parental intellectual disability may have nonetheless been eligible to participate if there was an additional parent or caregiver available who did not have an intellectual disability.[4] Nevertheless, it must be noted that the exclusion criteria may have restricted the representative nature of the family voices presented in this report.

Educators

It is possible that any positive bias in family interviews may have carried through in the follow up four year old educator survey responses. That is, if the families interviewed were more engaged in AEL, they may then also be more likely to be more engaged with their ECEC service in the year before school, compared with other families. The flow on effect in this case would be more positive educator reports on child and family engagement and participation in ECEC, compared with a situation where a family was not so highly engaged with AEL or their ECEC setting; in this case educators may identify more challenges.

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[3] To provide an indication of the number of families this impacted, program administrative data showed that in 2015, 12 per cent of families engaged in AEL spoke languages other than English at home. This increased to 21 per cent in 2016 and the increase was driven by two inner-urban sites where over half of the families spoke languages other than English at home. By contrast, at three sites no families who spoke languages other than English at home.

[4] To provide an indication of the number of families this impacted, program administrative data showed that in 2015, 22 per cent of families engaged in AEL were characterised by parental intellectual disability. Percentages of families characterised by parental disability varied widely among sites – one site had no families characterised by parental intellectual disability, whereas the site where this was most frequent had 38 per cent of families characterised by parental intellectual disability (median = 19 per cent). This decreased to 14 per cent of all families in 2016, ranging between 0 and 22 per cent of families among sites.

Administrative data

The scale of the AEL program (funded to target a minimum 16 children per site 2014-2015 and revised up for some sites in 2016 to a maximum of 20) means that participant numbers per site are very small. This must be taken into account when considering any proportional analyses undertaken as the differences between actual figures are likely to be small.

Census and transition tracking data

As the Census data is collected for only one week of the year, it provides a snapshot of attendance of children at ECEC in that week. This may not be representative of children's attendance at ECEC in the year before school across other weeks of the year. Census and transition tracking data are also limited by the quality of data entry and occurrences of missing data (note: the impact of data entry errors has been augmented by the Department having conducted thorough manual SLK checking and corrections).

Comparisons between AEL and ESK

In this evaluation, AEL has been compared to ESK regarding transition to and attendance at ECEC in the year before school. However, there are limitations to making direct comparisons between AEL and ESK cohorts. While both programs involve assisting vulnerable children to access ECEC, differences in program eligibility criteria make ESK a conservative comparator for the AEL group. To be eligible for AEL families must satisfy a minimum of two of six relevant criteria (known to Child Protection, intellectual or physical disability, family violence, mental health issues, sexual assault, alcohol and drug abuse), whereas ESK is available to all children known to Child Protection or who identify as Aboriginal or Torres Strait Islander (refer to Figure 7 for the number of families referred to AEL with multiple vulnerable family characteristics). AEL is a comprehensive family support and education program, whereas ESK only provides vulnerable children with funding to attend kindergarten. Where the two programs are available, it can be assumed that the AEL cohort is more vulnerable than the ESK cohort due to the limited number of AEL places available and the prioritisation process undertaken to fill those places. The issue of this comparison is raised where the data is discussed in the changes in access to early learning section.

How well was the program delivered?

Program delivery was assessed against the criteria of engagement, relationship building practices, coordination, partnerships and holistic support, as summarised in Figure 5 and detailed in Appendix B.
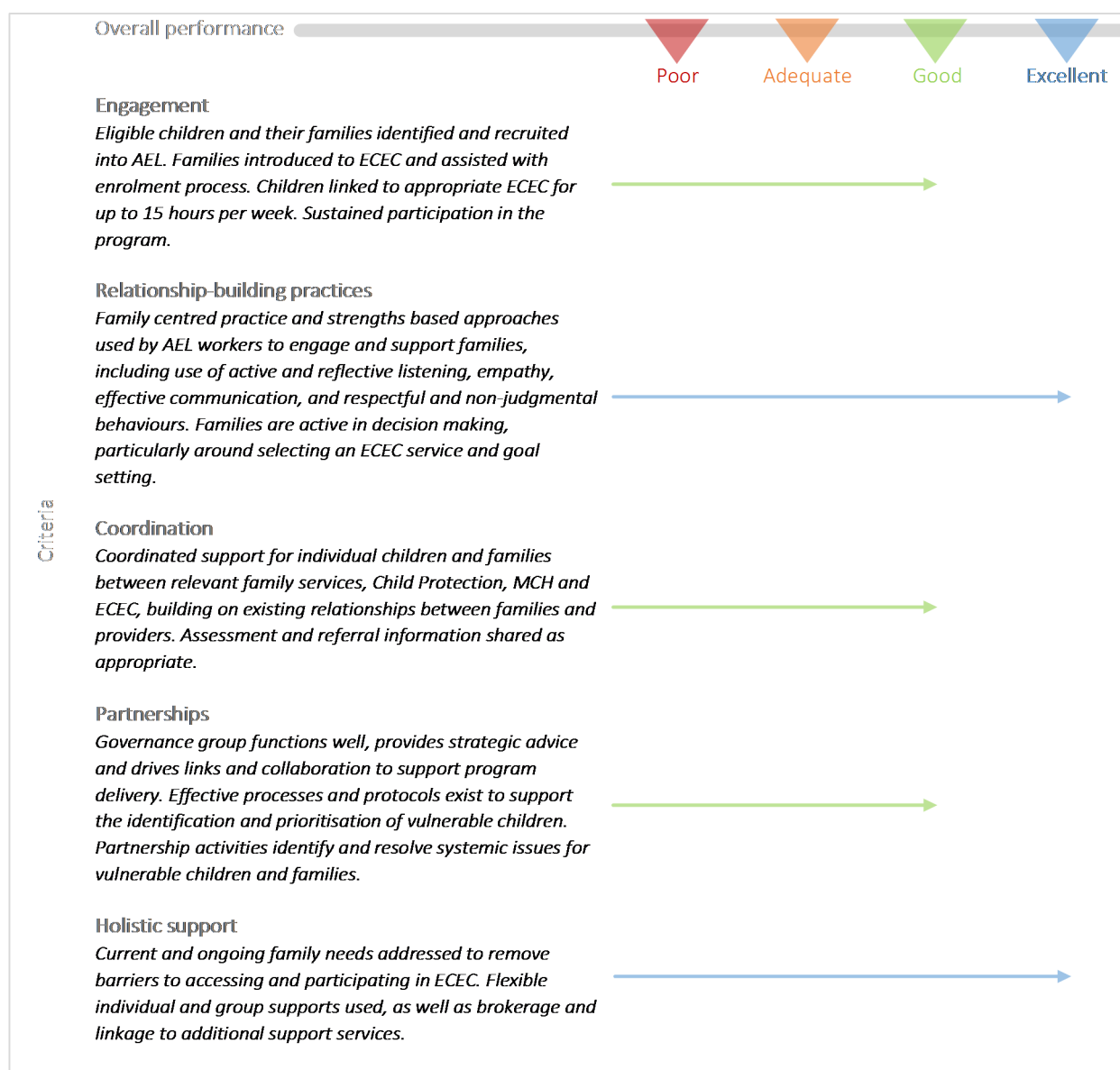
Figure 5. AEL's performance on the program delivery rubric.

AEL excelled at relationship building practices and the delivery of holistic support, demonstrating excellent application of family-centred practice and strengths based approaches when working with families, as well as consistently monitoring and responding to family barriers to accessing and participating in early learning. The program also performed well on engagement, with very high levels of enrolment in ECEC and most families remaining engaged with the program throughout the year. AEL coordinated support for children and families with most relevant service providers, inconsistently sharing assessment and referral information. While governance groups usually functioned well and addressed some barriers for vulnerable children and families, the level of strategic advice provided

and the processes and protocols established to support the identification and prioritisation of vulnerable children could be strengthened. The following sections consider each the elements of program delivery in more detail.

Engagement

AEL performed to a 'good' standard in engagement, demonstrating strengths in program uptake and a good performance in ECEC enrolment and sustained program participation. It is difficult to determine if the most vulnerable children and families in AEL sites were reached through the program. However, there is clear evidence AEL is recruiting and engaging vulnerable children and families, with almost all children recruited in 2015 and 2016 matching eligibility criteria.

Program uptake

Analysis of program administrative data showed that AEL sites have appropriately recruited families with complex needs and linked those families to ECEC services. A total of 267 vulnerable children participated in AEL in 2015 and 2016. All children recruited into the program in 2015 matched the program's eligibility criteria (two characteristics of families experiencing vulnerability), as per the guidelines (see Figure 6). In 2016, 98 per cent of participating children had two or more relevant family characteristics on referral, while the remaining two children had only one (with an additional 'other' vulnerability characteristic). It must be noted that levels of family vulnerability do not remain static over time. For instance, one family initially had one relevant characteristic of vulnerability on referral at the beginning of 2016 but had two by the end of term three the same year.
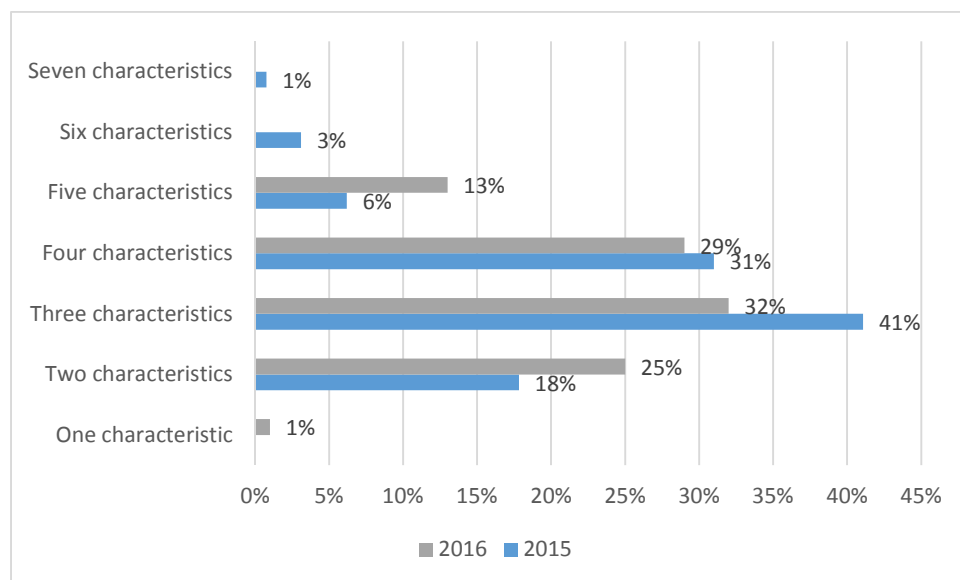
Figure 6. Percentages of families referred to AEL with between one and seven relevant family characteristics in 2015 and 2016.

In 2015, six of the seven sites reached or exceeded the minimum number of program places to be filled as stipulated by the guidelines (n=16) in one or more terms throughout the year (see Appendix D for a breakdown of the number of participating AEL families per term). As expected, recruitment was slower at new sites in 2015 compared to most existing sites, particularly in term one. The one site that did not meet the minimum target had a maximum of 15 children participating in the program by

term four (this was a new site). In 2016, the target number of places varied according to the capacity of each site,[5] as determined by the Department. By the end of term three 2016, all sites had either reached, exceeded or were only one placement lower than the revised target. As sites have become more established, they have begun recruiting children into the program earlier (term three and term four in the year prior to AEL, to start in term one of the AEL year). This has enabled families to receive the full 12 months of support offered by the program.

AEL workers reported that in their experience, low numbers of families (average of one family per year per site) had declined involvement in AEL. Given the low numbers of families who declined the program, reasons provided often related to individual cases, including:

- parents' own negative experience with services
- parent concern about labelling the child as vulnerable, including concern that this label will follow the child and prejudice how the child is perceived by school staff
- mental health issues
- one family being told they could not send their child to their preferred ECEC centre by a regional Department representative because a family member worked there (as reported by an AEL worker)
- a mother not ready to separate from her child
- service overload (too many services involved with the family)
- families feeling overwhelmed by the obligation to take the child to ECEC.

AEL workers reported that there were also some families who had been hesitant to join AEL. Reasons for these families' hesitations, which were eventually overcome, included:

- a family's concern about having support services involved again (all services previously involved had just closed with the family)
- concern about a three year old being placed in a four year old group (particularly in relation to the possibility the child would be bullied)
- parent perception that involvement in AEL may lead to children being removed by Child Protection
- lack of places at particular desired ECEC centres
- families' perception that their home environment is not suitable for in-home learning (e.g. worry about inviting professionals into the home)
- a parent's perspective that it was too hard or too much work to engage with their child in in-home learning.

In each of these situations AEL workers were able to help families overcome their concerns. They described building trusting relationships with the families, using strengths based approaches and framing AEL as an opportunity to encourage family participation in the program.

Enrolment in ECEC

The program successfully supported children's enrolment and participation in kindergarten, with only two of the 267 children participating in AEL in 2015 and 2016 not being linked to an ECEC service

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[5] With Department approval, the reallocation of previous underspend allowed the expansion of targets at sites in 2016, up from the 16 per site that applied during 2015. New targets ranged from 16 to 20 children.

through the program as they disengaged before this occurred. In other words, 99 per cent of participating AEL children were enrolled in a kindergarten program through AEL in 2015-2016. In the same period, seven children were enrolled for less than the minimum 15 hours of kindergarten per week stipulated by the guidelines (six children across three sites in 2015; and one child in 2016). All other children enrolled at an ECEC service were enrolled for a minimum of 15 hours per week. Reasons for children being enrolled for less than 15 hours included families' unwillingness for children to attend ECEC for this amount of time; separation anxiety; mental health issues; and lack of availability of places in desired programs. Where children were enrolled for less than the stipulated minimum 15 hours of ECEC, AEL workers reported making particularly focused efforts to ensure these families accessed additional early learning supports by offering more AEL in-home learning hours and connecting families to playgroups. Strategies to transition to the full 15 hours of ECEC enrolment included flexibility with ECEC placement (i.e. offering the child access to different or multiple programs and groups) and working with families to help them understand the benefits of their child attending ECEC for a minimum of 15 hours per week.

As shown in Figure 7, the majority of families interviewed in 2015 recalled AEL workers telling them about kindergarten, explaining expectations about attendance and behaviour, helping them get started at kindergarten and getting to know the kindergarten staff.
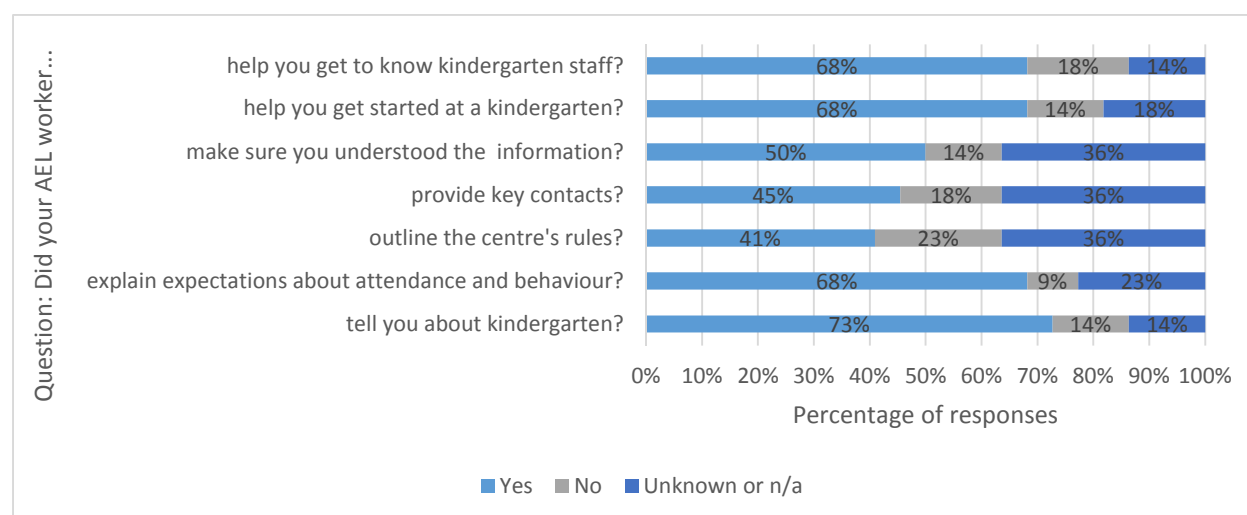
Figure 7. Families' responses in relation to assistance they received from AEL workers. (n=22)

The majority of families also reported that they felt welcome, comfortable and included at kindergarten when they started AEL. A minority reported experiencing issues in relation to inclusion. These families indicated that AEL workers had assisted by advocating for them with ECEC staff. Families noted that enrolment support and kindergarten information from AEL workers had been valuable to facilitate their child's ongoing attendance at ECEC. They also commented that AEL workers' involvement had made them feel more included at ECEC services and spoke of the benefits of having AEL workers as a link between the family and the service:

> "They were very helpful. We had meetings and follow up meetings to make sure we had everything we needed, and how they could support us in what we needed." (AEL family)

"It's been a big help getting him into preschool. We tried before, but he just wasn't ready ... With [the AEL worker] coming here every week, he gets to form a little relationship and he gets comfortable with her, also seeing him at school, that helps him to settle a bit easier because he's comfortable around them. [The AEL worker]'s good the way she talks to him." (AEL family)

Families particularly appreciated the role of the KFW in helping to find and enrol their child in an ECEC service, getting feedback on their children's progress and receiving transport assistance when required:

"[The AEL worker] took me to all of the kinders, told me about [them] and gave me information...she always said that if I had any questions, I could call her... If [the AEL worker's] there when I drop [my daughter] off or pick her up, she'll talk to me and ask how I feel she's going and how I'm liking the kinder – whether I like it or not." (AEL family)

AEL workers considered it was essential that they operated as a link between the family and ECEC, preparing the families for their kindergarten experience and providing ongoing and flexible support to ensure families felt comfortable at their ECEC service. They indicated the type of support needed was best judged on a case by case basis, troubleshooting any issues on an as-needs basis. Both practical (e.g. transporting children to ECEC) and educational support was provided:

"That's by a case by case instance of what the families' actual needs are and what they verbalise about what they would like support-wise. So sometimes that's right down at the basic level of practical assisting them to get there at all, and sometimes it's just promoting further learning in the home if they're already really engaged and volunteering to do various things at kinder." (AEL worker)

In relation to the quality of ECEC services involved in AEL, data indicates that children have largely been enrolled in high quality ECEC services through the AEL program. Australian Children's Education and Care Quality Authority (ACECQA) ratings were obtained for services involved in delivering AEL in 2015 and 2016. The majority of services had ratings of 'exceeding' or 'meeting' the National Quality Standard (NQS), in approximately equal proportions, each year (ranging from 39 to 46 per cent each), while one service had a rating of 'excellent' in 2015 and 2016. In 2015, 84 per cent of services involved with AEL were rated 'meeting' or above, while in 2016 this increased to 90 per cent. Approximately 10 per cent of services involved with AEL were 'working towards' NQS across 2015 and 2016; and the remaining services were either not yet assessed or status unknown at time of writing (see Appendix D).

Although the guidelines state that it is strongly recommended that children are placed at a minimal number of ECEC services to ensure ongoing relationships are established between the AEL workers and each ECEC service, administrative data revealed a wide spread of ECEC services involved in AEL across the seven sites (see Appendix D). This spread of services reflects tensions raised by AEL workers in relation to the need to balance: the importance of placing AEL children in high quality ECEC services; respecting families' preferences in relation to particular ECEC services; and practical

considerations (e.g. proximity, availability of places). As described in the relationship based practices section of this report that follows, AEL workers considered that family involvement in ECEC service choice was foundational to their ongoing engagement with the service.

Disengagement from the program

Most families recruited into AEL remained engaged with the program throughout the year, however as shown in Table 10, an average of 12 per cent of families who participated in AEL in 2015 and 2016 disengaged from the program before the end of the year. Given the complexity of the families targeted by the program, some level of disengagement is to be expected. The disengagement rates in 2015 and 2016 (the focus of the evaluation) were lower than the total average for the 2012-2016 period (12 per cent compared to 13 per cent).

Table 10. Number of children disengaged from AEL 2015-2016

	2015	2016	Total
COM	4	1	5
EACH	1	2	3
CAFS	3	3	6
Doveton	4	6	10
Hume	1	2	3
MFC	2	-	2
Wodonga	1	2	3
Total disengaged	**16**	**16**	**32**
Total children	129	138	267
Percentage disengaged	**12%**	**12%**	**12%**

Numbers of disengagements and reasons for disengagement reported in the AEL administrative data for 2015 and 2016 are summarised in Table 11.

Table 11. Reasons for children's disengagement from the program in 2015 and 2016

Reason*	2015	2016	Total
Child placed in alternative care arrangements	7	2	**9**
Family moved	4	8	**12**
Family withdrew from services	2	2	**4**
Family did not engage with the program	2	-	**2**
Unknown reason - disengaged, no contact	1	2	**3**
Family opted for ESK	-	2	**2**
Other	3	-	**3**

*Note: some families identified more than one reason.

As shown in Table 11, the most common reasons for disengagement in 2015 and 2016 were families moving away from the AEL site (out of the local government area, interstate and overseas) (34 per cent), and children being placed in alternative care arrangements outside of the local AEL area (26 per cent). 'Other' reasons included one family being concerned that being involved in the program would label their child; one family not wanting their child to attend ECEC for 15 hours per week; and one

family no longer requiring AEL. In focus groups, AEL workers reported additional detail about why some families had moved out of their local areas, including family violence (women and children relocating and accessing refuges), homelessness and transience. They also reported that parents' mental health, drug use and generally chaotic home environments had contributed to some families' disengagement from the program (e.g. those who withdrew from services, did not engage or discontinued contact).

AEL workers highlighted that it is crucial for AEL and ECEC staff to develop good relationships with families to ensure they remain engaged with the program, acting early to address any signs of disengagement. They spoke of monitoring families' engagement with ECEC services and AEL through their relationships with families and support services to ensure early signs of poor engagement were addressed:

> *"When we notice that a family's starting to struggle, you notice with a couple of workers … [The mother's] stopped seeing this one, now she's not answering the door to the FILSW. Before we lose her, start talking about what's going on. So the team gets together family support services and a maternal and child health nurse who had a great relationship with her and was able to keep that relationship and therefore re-engage the family. So you're reflecting as you go and assessing where the families are at." (AEL worker)*

AEL workers emphasised that it is important to recognise that vulnerable children live in vulnerable families and it is therefore essential to be flexible and persistent in engaging them, balancing this with appropriate levels of respect for families' decisions (for example, decision not to be involved in the program). Being flexible might include engaging with one or both parents, grandparents and/or carers, depending on the circumstances. They reflected on the importance of using accessible language and taking a strengths based approach to all interactions with families to ensure they are comfortable with the program and the workers and encourage ongoing engagement with the program. These reflections are supported by family feedback which is outlined in the next section about relationship based practices.

There is evidence from the administrative data that some children who disengaged from AEL were assisted to transition to an alternative ECEC service in a new area. AEL workers spoke of helping families to access ESK and facilitating enrolment at the new service, but described that this was not always possible. They indicated that it was largely dependent on the family involved and the circumstances surrounding the child's disengagement – particularly whether it was a planned or spontaneous disengagement (e.g. planned move to another local government area, versus family relocating with no notice).

> *Recommended action: Ensure all exiting families are linked to alternative high quality ECEC services where possible.*

Relationship based practices

Relationships are central to effective delivery of family support programs and increasing vulnerable children's access to early learning (Moore, 2007). AEL received an overall rating of 'excellent' in terms

of relationship based practices. Families consistently reported feeling listened to, respected, that their issues were attended to, and that they were learning some valuable skills. Families reported they rarely felt judged by AEL workers. Families have been actively involved in decision making and AEL workers have consistently recognised and built on family strengths.

Family-centred practice and strengths based approaches

One of the most important components of any program working with vulnerable families is the relationships developed between professionals and families (Moore, 2007). Findings from the literature suggest that relationships are fundamental to family support and education programs like AEL, as the practitioner-family relationship is the medium through which such programs effect change (Moore, 2007) and families tend to be more engaged in services where they have built trusting, consistent and continual relationships (La Placa & Corlyon, 2014). Child and family-centred practice is one of the key features of a relationship based approach to family support and involves acknowledging families as full partners in all areas of service delivery (Moore et al., 2012). It also involves setting up a supportive environment for professionals to deliver services that are individualised and responsive to particular family needs and circumstances (Cohrssen, Church & Tayler, 2010).

Data collected from families, AEL staff, educators, governance group members and other external stakeholders revealed that AEL was consistently delivered in a child and family-centred manner across all sites. All families interviewed in 2015 felt that AEL workers allowed them time to tell their story; listened to their concerns; and spoke with them in a respectful way (see Appendix D). In fact, all families interviewed throughout the evaluation period (2014-2016 families) reported positive relationships with their AEL workers (both KFW and FILSW), citing emotional support and companionship, understanding, responsiveness and being non-judgmental:

> *"[My AEL worker] gives a lot of encouragement. There's things where I thought, oh, I'm doing that wrong. Whereas, she's gone, no that's really good. That acknowledgement… Because of the ways things have changed in parenting styles, I think I'm a lot more confident in all that." (AEL family)*

AEL workers from all sites provided numerous examples of strategies they have used to work in partnership with vulnerable families and build relationships with families, while maintaining families' interest in and engagement with the program. These included working responsively from a strengths based perspective; normalising common behavioural and developmental concerns; modelling positive interactions with children and services; and using multimedia (i.e. photos to demonstrate children's enjoyment and achievements, and highlight aspects of the parent-child relationship). Working from a strengths based approach was often mentioned by the AEL workers as a key skill required to develop sufficient trust in the relationship with families to perform the role of KFW and/or FILSW successfully. AEL workers explained that from the outset, they consider it important to get to know the family and understand, recognise and build on their strengths, rather than focusing on apparent deficits:

> *"We're very focused on getting an understanding of what the parent feels their child needs. What do they do in the family home? How can we embellish on that, how do we*

enhance? A lot of my role is about building on parental skills and to work on the culture in the family home that's already there." (AEL worker)

Reflecting AEL workers' intentions, all 2015 families reported that workers built on their child's strengths, in addition to the existing family strengths (see Appendix D). As discussed in the in-home learning section below, the majority of families reported learning new things to do with their children at home from their AEL workers (58 per cent of 2014 families; all 2015 families; and 92 per cent of 2016 families),[6] indicating that families have learnt some relevant skills. Reports from families consistently reflected AEL workers' use of family-centred and strength based approaches tailored to address their needs:

> *"I had a lot of issues about my parenting and what I thought was bad to start with, but it wasn't at all. [The AEL worker] helped build my confidence to show that I was doing the right thing, that I'm doing right by him… the kids' father is a registered sex offender and she was able to offer some advice towards the age-appropriateness of what I could tell the children… it was good to have someone to offer some advice on what to tell the kids." (AEL family)*

AEL workers explained that effective family support began with taking time to hear and understand families' stories, working from a starting point they were comfortable with and working flexibly to meet their needs. They emphasised the importance of gently guiding families to enable them to observe the benefits of early learning for themselves through their children's progress and experiences. Meeting families regularly was a vital engagement tool to build relationships and focus families' attention on learning through activities that were exciting, relevant and fun:

> *"I think it's really about building that parent's understanding of how important early years education is. Also about stressing that children do learn through play. …This is just how simple and easy it can be and how your child can learn without you having to do too much, just you sitting there engaging with your child. … [We] can start off doing a lot of modelling, so parents who are not willing to engage in any of the learning activities that we bring out [will] observe for a few visits. …sometimes you hear more stories about what their experiences of childhood were. And sometimes there's quite a lot of trauma too associated with that so I think it's important too when we do our work that we've got that trauma lens as well. …So it's being really mindful about what might look like a simple game or an activity what that might actually trigger or bring out in the parent as well." (AEL worker)*

AEL workers also reported promoting the concept of families as their child's first educator, especially during the in-home learning sessions:

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[6] The fact that 2014 families were interviewed in 2015 may account for at least some of the large difference in the proportion of 2014 families who reported learning new things to do with their children at home through AEL compared to the subsequent cohorts.

"We don't present ourselves as the experts coming in … it's more a curiosity around "Oh and what does such and such do?" … and I think that language and the way we approach the families … they can tell from the way we're treating them that we do acknowledge them as experts of their own children." (AEL worker)

This appears to have translated well in practice, with all 2015 families interviewed (n=22) agreeing that AEL workers respected them as experts in relation to their children. Data collected from governance group members and other AEL stakeholders supported this from an external perspective, with nearly all respondents indicating that the program recognised parents as experts on their children (100 per cent of governance group members and 91 per cent of stakeholders agreed with this).

"This fantastic program allows an opportunity to families which has not previously been available. The families are made to feel empowered by the amazing staff as they acknowledge the parents know their child better than anyone else and work with what they identify their needs are." (Stakeholder)

Families as active decision makers

ECEC choice and goal setting were two key areas identified where families were actively involved in decision making as part of the AEL program. AEL workers reported that it was important for families to be involved in the choice of their child's ECEC service to ensure engagement with the service from the outset. In accordance with the AEL guidelines, they described consulting families about their preferred ECEC service options, providing them with information about the quality of services and visiting services with families to point out important things to notice when considering the quality of ECEC(e.g. how the children are playing together). Reflecting the intention of the AEL guidelines, workers indicated that it was important that children attend high quality ECEC services, but that if families really wanted their children to attend a particular service and the quality wasn't high, it was essential to balance providing families with guidance about the value of high quality ECEC, and respecting their wishes. Workers also stated that practical aspects of ECEC choice were important to ensure families' engagement, including sustainability issues such as transport, as well as the availability of ECEC places.

Educators and families collaborated on goal setting for children. Two-thirds (n=15 out of 22) of families interviewed in 2015 reported working with educators to set joint goals for their children, and in 2016 this was the case for four out of 12 families interviewed. Families most commonly reported goals related to improving social and communication skills for children. Speech in particular had been a focus for many families. Other goals included toilet training, settling into routines, improving motor skills, drawing and counting. Some families indicated AEL workers were also involved in setting and/or discussing goals for their children. Reflecting these family responses, two-thirds of the educators interviewed in 2016 reported setting goals with families for AEL children:

"We do some screening first, that tells us some information academically and that gives us some goals. From there we take those and see if there's anything additionally socially and emotionally and we take that as well. Then we approach the families to see if there

are any goals they'd like to add and then together at preschool and with AEL, we work on achieving those." (Educator)

Coordination

Overall, AEL has been rated 'good' in relation to coordination. Coordination was considered in terms of coordination with educators as well as case management planning and coordination with the broader service system. Evidence indicates that most relevant service providers usually work together in case management and share relevant client information. The majority of educators indicated that AEL has improved the coordination of support for vulnerable children, and this was supported by governance group members' and other stakeholders' agreement that AEL has improved the way services work together as a system. This coordination has been especially valued in relation to consistency provided by AEL in supporting children in out of home care and where coordination has built on existing relationships between families and providers. However, the involvement of only some educators (38 per cent) in AEL case planning in 2015 and issues raised by multiple sites around engaging Child Protection suggest that consistently high levels of collaboration have not yet been achieved. There is also evidence of inconsistent sharing of assessment and referral information with educators.

Coordination with educators

Data suggests that AEL workers and educators have worked together to support AEL children and families during the AEL year. This has involved regular communication, joint problem solving and monitoring attendance and engagement of families at ECEC. As stated in relation to engagement above, AEL workers reported feeling it was essential that they operated as a link between the family and ECEC. Nearly all 2015 educator survey respondents (95 per cent) reported liaising with AEL workers about families' engagement with ECEC services, and in 2016, all educators interviewed indicated that they valued AEL workers sharing information about families, explaining that this enabled them to better understand and support AEL children and families:

> " ...[AEL workers] work as a bridge between the family and the kinder. They advocate for us to the family, saying 'you should talk to the kinder teacher and she will help you', that kind of thing. At the same time they tell us things. [AEL workers] facilitate that conversation." (Educator)

AEL workers noted that the frequency and type of their communication with educators depended on the children and families involved, the centres and educators involved, and any issues that families or centres were dealing with at a given time:

> "Where there's a child who is needing a lot of extra support, you might hear from the teacher more often. Or where there's a family that are having a lot of ups and downs, you might hear from the teacher more often. Difference in teachers and their knowledge and understanding of working with vulnerable families, if there's other professionals involved, that sort of thing. So really, a huge variance." (AEL worker)

AEL workers at all sites reported collaborating closely with educators around the in-home learning component of the program, ensuring continuity from ECEC to home:

"They have input into our goals …we share the Brigance results so that helps sometimes to formulate goals. We try to work again from a strengths base, but finding out what's happening in the centre, what are the interests…" (AEL worker)

On the whole, educators and AEL workers worked well together to support AEL families with their in-home learning activities, demonstrating good levels of information sharing and communication. Examples provided by educators included providing ideas for activities, having conversations with AEL workers and families about children's interests and needs, and providing resources. Despite this positive finding, two educators commented that AEL workers could share more information about children and families, for example, the Brigance assessment information. Despite not being asked directly about the relationship between their AEL worker and their child's educator, some families made positive comments about the communication and working relationship they had observed between the two professionals, illustrating the value of the support provided by AEL workers extending from home to ECEC:

"[My AEL worker's] been coaching the kinder teacher and giving them tips on how to help [my daughter]." (AEL family)

"[My AEL worker] often goes to the kinder and she'll talk to teachers and then she'll sometimes observe [my child] and see how she's going." (AEL family)

Case management planning and coordination with the broader service system

The AEL guidelines outline an expectation that the FILSW will establish a case conference or kindergarten support group schedule of meetings for each family involving the KFW, FILSW, educator and any other services involved with the family on a quarterly basis. AEL workers at all sites reported being involved in case management planning for AEL children, however some sites were more systematic in their regular scheduling of these meetings for all children participating in the program than others. Administrative data showed that in 2015 and 2016 an average of 94 per cent of AEL children received case planning support from AEL workers each term. AEL workers reported that they valued opportunities to be involved in case management planning for children as required, and considered that this led to more coordinated support for families.

One site noted that they had observed particular benefits of AEL's capacity to coordinate support for children in out of home care by providing consistency in support over the 12 months of the program:

"Communication with the care team is really important so you're not duplicating but also not having gaps. It's around continuity for the child, particularly those in home based care. …We have seven children in out of home care this year and it's quite difficult because … a lot of them have been removed while we've had them, or placed back with the parents and those services close as soon as that situation changes, so we're often the continuous worker. The main one that's been with the family for the whole year, while other services come in and out. And I think that's a good thing, we are able to follow the children in out of home care as their situation changes because we're

following the child and often we're the conduit for the work done over the year." (AEL worker)

While participation in case meetings was reflected on positively by the six educators in interviews in 2016, only some educator survey respondents (38 per cent) reported being involved with case management planning in the broader 2015 educator survey.

In relation to overall service system improvements, all governance group members (100 per cent) and most stakeholders (81 per cent) agreed that AEL has increased the ease of referral between agencies. Nearly all governance group members (92 per cent) and most stakeholders (86 per cent) also agreed that agencies and services met regularly with other agencies to discuss common AEL families. Importantly, all governance group members and most stakeholders (95 per cent) agreed that AEL improved the way services work together as a system, with 91 per cent of stakeholders agreeing that AEL had strengthened their local service network of agencies working with children and families. This data was supported by responses from the majority of educators (81 per cent of educators surveyed in 2015), who indicated that AEL had improved the coordination of support for vulnerable children.

In 2016, AEL workers reflected that increased coordination had been a direct benefit of their efforts to develop relationships with other services, who were increasingly more likely to consult them about AEL families over time:

"If our family has a care team we will be at that meeting. And that's been a big cultural shift as well, because previously we had lots of issues engaging other service providers around valuing AEL and now they invite us to those meetings and really do value it." (AEL worker)

"We started to see a change in the amount of communication that was happening. …rather than just saying, OK the child's going to a different foster family let's take them out of that childcare centre now, [case workers are] …starting to think about the child first…rather than thinking about the foster family first. One of the workers from Child Protection rang me the other day and said, 'we don't have anyone to transport the child to the childcare centre'… and so we talked about ways that we could get around that. Now we haven't had much luck getting around it but interesting that he took the time to ring and say this is what's happening. So it does work well…once you've got everyone on board, but it can take time." (AEL worker)

AEL workers reported that the program was currently working well to complement other services involved with families in the majority of cases. Most considered there could be service overlap at times, but that this was beneficial when managed effectively by AEL workers working closely with the family and the other workers involved, guided by the family's preferences. Some workers described negotiating support roles filled by different services on the basis of existing relationships with families, families' needs and services' available resources. In 2015 focus groups, AEL workers reported that there had been some instances where support services had ceased involvement with some families when their child joined AEL, leaving service gaps. However, in 2016 focus groups, workers reflected that this had ceased to be a significant issue, due to the establishment of closer working relationships

with professionals from other services and improvements in those services' understanding of the purpose of the program and its service delivery model.

Despite improvements observed by AEL workers over the course of program implementation, they indicated that service coordination is an area that requires their ongoing effort and attention. Some sites reported that engagement with Child Protection had been a particular challenge, given Child Protection workers' heavy caseloads and relatively high turnover of staff. High turnover of staff was also raised as a challenge to service coordination in relation to family services workers at some sites.

Partnerships

Overall, AEL received a rating of 'good' in relation to partnerships. Data indicates that there are multiple sector representatives on each site's governance group reflecting requirements set out in the AEL guidelines and that governance groups have usually functioned well. While there is evidence that some governance groups have been active in providing practical and strategic advice to guide AEL program delivery, the level and amount of involvement has varied among sites. A wide variety of partnership activities have been undertaken with relevant stakeholders in the broader service system to assist and promote AEL program implementation and delivery across sites. This partnership activity has addressed barriers vulnerable children and families have faced to enroling in and attending ECEC. Some processes to improve identification and prioritisation of vulnerable children have been underway and are understood at sites, however this has also been inconsistent among sites.

AEL site governance groups

The AEL guidelines specify that site governance groups should include representatives from Child Protection, local government, Enhanced Maternal and Child Health (EMCH), Early Years Management (EYM), Child FIRST and family services. In 2016, sites were requested to update existing governance group information based data collected at initial evaluation site profile visits in 2014. Updated information is presented in Table 12 overleaf.

Table 12. Key partners included on site governance groups, listed by membership categories suggested in the AEL guidelines.

Members	COM	EACH	CAFS	Doveton	MFC	Hume	Wodonga
Child Protection	✓	✓	✓	✓	✓	✓	✓
Local Government	✓	✓	✓	✓	✓	✓	✓
EMCH	✓	✓	✓	-	✓	✓	✓
EYM	n/a	✓	✓	✓	✓	✓	✓
Child FIRST	✓	-	✓	-	✓	✓	✓
Family services	✓	✓	✓	✓	✓	✓	✓
Other	ECEC providers	Regional DET staff, Knox City Council Early Years Consultant (PSFO program)	Regional DET staff, Eureka Community Kindergarten Association	Regional DET staff, ECEC providers	Mallee District Aboriginal Service, Regional DET and KESO, Sunraysia Community Health Services, Mildura Accommodation and Support Services, ECIS	Regional DET staff, Best Start City of Hume	DHHS, Albury-Wodonga Aboriginal Health Service, Regional DET staff including KESO

Five of the seven sites included governance group members from all relevant organisations identified in the guidelines. Note: there is no EYM in COM, so for the purposes of this exercise COM is counted among the five sites with all suggested governance group members.

In relation to function, governance group members reported that AEL site governance groups were generally functioning well and members were satisfied with their roles (see Appendix D). As shown in Figure 8, the use of data to inform decision making was reported as the function with the most room for improvement, with 11 per cent of members reporting this did not occur.
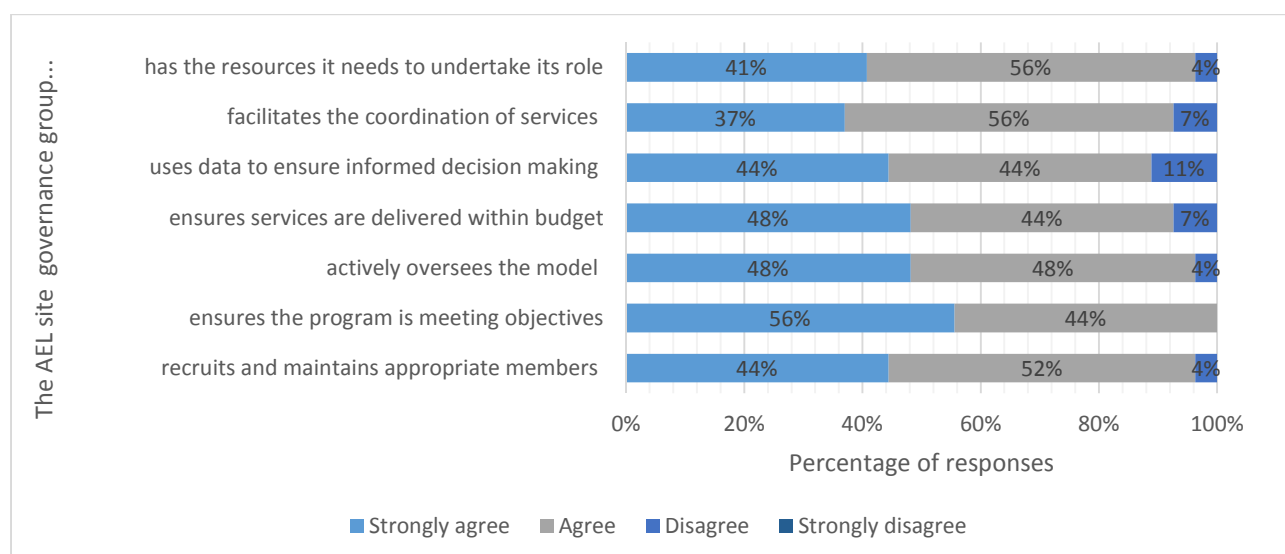
Figure 8. Governance group members' agreement with statements about site groups' functioning. (n=27)

Governance group members considered that broad membership allowed for a thorough knowledge-base to support the program, which was particularly useful during early program implementation, navigating process issues:

> *"The governance group has been able to speed up issues such as information sharing across the sector." (Governance group member)*

Workers at three sites (CAFS, EACH and MFC) spoke unprompted about governance groups being helpful in steering program delivery. Examples of this included inputting into site PPD plans, and providing strategic and practical advice for instance in response to case presentations and barriers to engaging local services. However, not all AEL workers reported site governance groups had been active in these respects and there was variation in the level of governance groups' involvement in and guidance provided in relation to program delivery across sites.

The only other form of negative feedback was from one governance group member who, despite indicating clear support of and commitment to AEL, expressed that it had been a challenge to attend all governance group meetings due to competing priorities.

> *Recommended action: Strengthen governance groups' leadership.*

Partnership activities

AEL administrative data indicates that AEL workers participated in a wide range of partnership activities totaling 221 across 2015 and 2016. These commonly included information sharing; joint work (including case planning and developing training); and AEL/ESK program promotion (see Appendix D).

Partnership activities appear to have made some impact on the broader service system, as reflected by stakeholder data. Ninety-one per cent of stakeholders either agreed or strongly agreed that AEL

has strengthened the local service network of agencies working with vulnerable children and families. The one stakeholder who disagreed was involved with AEL at one of the newer sites in 2015 and indicated that the program was not yet well known or understood in the area, and so had been underutilised. Nonetheless, high levels of agreement indicate that AEL sites' partnerships with the local sector have been functioning well. In addition, nearly three-quarters of stakeholders (72 per cent) gave AEL a rating of four or five out of five for effectiveness in helping to overcome barriers families face to attending ECEC (see Appendix D).

Identifying and prioritising vulnerable children

Data collected in AEL worker focus groups suggests that some processes for systematically identifying and prioritising vulnerable children to participate in the program are underway, though there are sites who are more advanced in this respect than others. One site described working with their local Child FIRST to ensure the inclusion of checkboxes on intake forms to prompt Child FIRST workers to consider a referral to AEL or ESK. Another site reported supporting the work of their local early childhood development program coordinator to create a form for local support workers to use to consider early childhood supports, including referring to AEL and ESK. Other sites indicated implementing such strategies may be of benefit in terms of embedding the AEL referral process into standard practices of local services working with vulnerable children and families. AEL workers who had experience with successful system changes indicated that it was important to build relationships between AEL and other services in order to negotiate and establish systematic processes to identify and prioritise vulnerable children for participation in the program.

> *Recommended action: Promote the development of systematic identification processes and the prioritisation of the most vulnerable children.*

Holistic support

Through the broad scope of the AEL worker roles (FILSW role in particular), the AEL model recognises the breadth of social, emotional and practical support that vulnerable families may require to enable their engagement with ECEC and provide positive home learning environments for their children (Moore, McDonald & McHugh-Dillon, 2014). Two key elements of the holistic support provided to families through the program to achieve this are: support to access additional support services to address broader issues impacting the family; and the availability of brokerage funds to engage families with the program, remove barriers to ECEC attendance, promote children's participation in the classroom and improve the home learning environment. AEL administrative data indicates that over 2015 and 2016, families received an average of 14 hours of flexible family support from AEL workers each term. AEL was rated as providing excellent holistic support to families. Evidence suggests that AEL workers have consistently monitored children and families' needs through observation, regular meetings and discussions with families and services, and have proactively addressed these. Families have been linked with other services where required and offered brokerage support on a needs-basis. While there is evidence that brokerage has been an important aspect of the program and has been used appropriately and flexibly, the use of brokerage has been somewhat low (in terms of expenditure of available funds). This suggests there is room for some sites to increase their use of this component of the model and consider innovative uses of available brokerage funds.

Linking families with additional support services

AEL administrative data indicates that most families were supported to access support services relevant to their situation at some point throughout their AEL year in 2014, 2015 and 2016. Support services AEL workers provided assistance with included Child Protection, community health services, counselling, drug and alcohol services, early years services, family services, family violence services, housing, interpreter services, legal services, medical services, mental health services and parenting services. The most common support provided in 2015 and 2016 was in relation to early years services (average 72 per cent of families supported by the KFW and 37 per cent supported by the FILSW each term) and family services (average 31 per cent of families supported by the KFW and 40 per cent by the FILSW each term). Families also noted a number of other more varied and unusual types of support they received from their AEL workers, including such things as help with legal proceedings, organising swimming lessons, assistance with toilet training and sleep problems and accessing parent self-care groups such as yoga.

On the whole, families indicated that AEL workers were very responsive to their individual support needs. Of the 12 2014 AEL families interviewed, nine (75 per cent) reflected that they had been well supported by the AEL workers to access services. Almost half of 2015 AEL families interviewed (45 per cent, or 10 of the 22 families interviewed) reported receiving assistance from AEL workers to access support services outside AEL. Of the remaining families who did not report receiving help to access support services, 10 indicated this had not been required. Families who received support to access services indicated they had found this helpful:

> *"If someone said contact a speech therapist, I wouldn't know the first thing to do. I might go on the internet… do I have to get a referral? Does it need to go through the school? …I'd have to try and figure it all out myself. [The AEL worker] figured it all out, got it all organised."(AEL family)*

Some families also reflected that AEL workers were a great way to link in with a wide range of services, many of which they did not necessarily know were out there:

> *"You don't get many people telling you about these things until you're actually linked in." (AEL family)*

AEL workers reported a number of factors influencing whether families were supported to access other services. First, they explained that it could vary from family to family on who else was already working with the family, and whether they already had a case manager. Secondly, during home visits, some families used the opportunity to ask for additional help or support. Thirdly, co-location with other services enabled frequent connections to other services. For example:

> *"So it happens almost every time we meet with the family, something will come up that they need a referral into another service, be it financial counselling, other early childhood services, Maternal and Child Health. We have partnerships with almost all of the areas that we would refer families into." (AEL worker)*

Some sites noted that many families were already connected to existing services. Where this was the case, AEL workers tried to capitalise on links with existing services so as not to increase the number of services families were involved in. In addition to providing support to access services, AEL workers provided direct support to families in relation to a range of issues, such as transport, housing, Child Protection, amongst other issues.

Use of brokerage funds

AEL workers, educators and families alike reported that brokerage has been an important aspect of the support provided to families through AEL. AEL workers from all sites indicated that brokerage has been used to promote engagement with the program, has enabled children's attendance at ECEC, and in some cases, has increased children's levels of engagement in the kindergarten room:

> "I think brokerage really helps the level of participation as well, so actual engagement of the children. The way kindergartens operate now, KIS [Kindergarten Inclusion Support] funding is pretty much safety related. If you're causing damage to yourself or to others you can get KIS funding, but other than that, a child who's just wandering around aimlessly but isn't engaged at all because they don't have the capacity to be, there's no support out there for those children, so being able to use brokerage to assist the participation level and the engagement of that child so they're getting far more out of it is really important because it's just not out there otherwise." (AEL worker)

The AEL guidelines stipulate that up to five per cent of each site's total funding can be used as brokerage as needed to overcome identified barriers to children's participation in kindergarten. In 2014, the suggested maximum amount to be spent on brokerage was $10,285 and by 2016 this had increased to $11,372.

Data indicates that all sites have utilised brokerage funding flexibly to assist AEL children and families. Some of the most expensive brokerage purchases have been funding additional temporary assistants for children in class. Between 2012 and 2014, innovative uses of brokerage included purchase of a diary to help a parent keep appointments and manage time; clinical genetic testing for autism spectrum disorder; and bedding. In 2015, a total of 213 brokerage purchases were recorded and brokerage expenditure varied widely between sites, with one site exceeding the maximum brokerage funding and four sites spending less than half of the allocated brokerage funds. Two sites used brokerage to purchase in-home learning resources or kindergarten items (i.e. backpacks, lunchboxes, uniforms) for all families, whereas other sites estimated between 25 to 50 per cent of families received brokerage items or funding. In 2016, 166 brokerage purchases were recorded as at the end of Term 3. Total expenditure ranged between $290 and $8,634 among sites.

Throughout the evaluation, AEL workers reported identifying brokerage needs of families by responding to requests from families, educators or other professionals involved with the family; or through observing and understanding families' circumstances. Some workers commented that families could be hesitant to ask for financial or material support directly, but had taken up brokerage assistance when it was offered. They reported that the flexibility of brokerage has been key and has been useful to facilitate AEL children and families' attendance at ECEC (i.e. paying for transport assistance), inclusion in ECEC (i.e. purchasing uniforms and other ECEC items) and also with respect to

supporting children's special needs (i.e. sensory toys and special equipment). AEL workers provided varied examples of how brokerage funds had been used to overcome barriers to children attending ECEC, for example by providing head lice treatment:

> *"I know for one family there's been quite a bit of brokerage on lice products, so actually treating that, because that was a real barrier. And then the financial cost of that to treat a family and for a lot of people they might think 'oh, that's not a big deal', but actually the child is getting sent home from kindergarten so the lice need to be treated and if there's no money to pay for that, then that's a barrier." (AEL worker)*

Workers at one site indicated that families could be excluded from ECEC services if they owe a debt to another ECEC service, and that brokerage was useful to overcome this barrier.

Most educators (57 per cent of respondents to the 2015 educator survey) were aware of AEL brokerage purchases and generally agreed that these had been useful to enable AEL children to attend ECEC (67 per cent agreed that purchases were very or somewhat useful). They indicated that assistance from extra staff to assist with AEL children and families (accessed through brokerage) enhanced the ECEC service's ability to accommodate children in the room, supporting the children and families to adapt to the new ECEC environment. Educators indicated that children often used brokerage items at the ECEC centre (i.e. lunchboxes, bags, chew necklaces) and that brokerage items enhanced families' engagement:

> *"These purchases enable families and children to gain a sense of belonging and being part of the bigger group." (Educator)*

> *"When accommodation issues come up and families need to leave without their possessions it has been so comforting that AEL could help them get to kinder with a coat and food. It is important to building trust with families" (Educator)*

Most educators' comments about brokerage were positive. However one educator reported that in their experience the brokerage component of AEL had not been useful. This educator indicated that in their view, it should have been used to fund an additional worker to support a particular child in the program. Additionally, an educator who was not aware of brokerage purchases for AEL children in their group commented that there should have been more information shared with educators about the brokerage component of AEL.

Of the 73 per cent of 2015 families who recalled their AEL workers providing them with brokerage items in 2015, most families reported these helped them to send their children to ECEC, or to do activities with them at home. By contrast, others indicated that this support had not been essential. This reflects the intention that brokerage is used flexibly to meet families' needs and not all families will require brokerage support during the program:

> *"They paid for her uniform…They bought her school bag, her lunchbox and drink bottle. They paid for stuff that I, at the time, couldn't afford. That made a really big impact." (AEL family)*

How effective was in-home learning support?

AEL's in-home learning support was one part of the family support provided through the program (see program delivery for assessment of other aspects of family support). In-home learning support focused on promoting positive attitudes towards early learning and interactions with ECEC, and building parenting capabilities to support children's learning. AEL performed well on both these dimensions, as shown below in Figure 9 and described in detail in Appendix B.
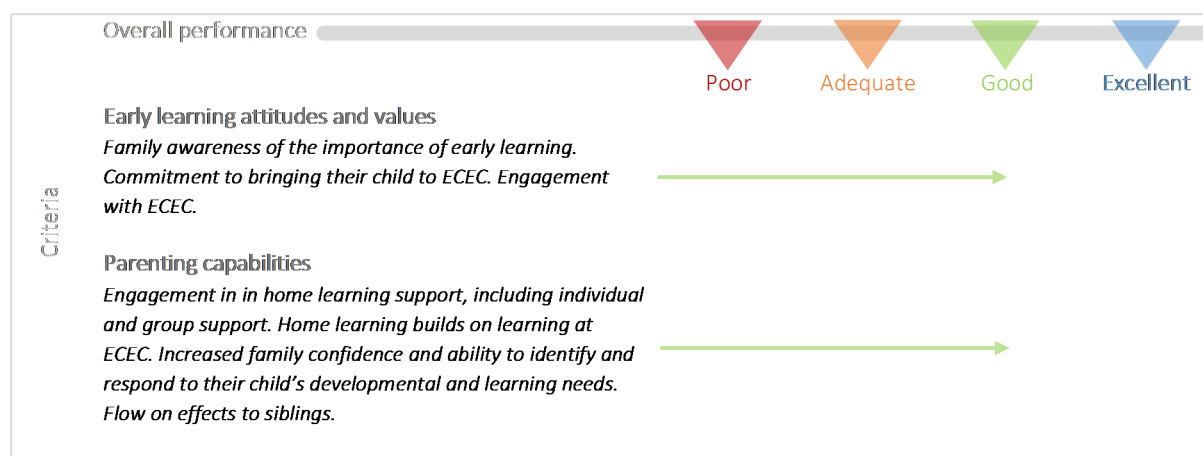
Figure 9. AEL's performance on the in-home learning support rubric.

Overall, families reported an increased appreciation of the value of early learning and participating in ECEC, as a result of their involvement with AEL. They also commented that AEL workers' involvement had made them feel more included at ECEC services and spoke of the benefits of having AEL workers as a link between the family and the service. Most families engaged with in-home learning support, with an average of 83 per cent of families receiving it each term during 2015 and 2016. The majority of families found in-home learning helpful and had learned about new activities to do with their children at home from their AEL workers. Only two families interviewed (one 2015 family and one 2016 family) reported there had been limited benefit to the in home learning component.

Early learning attitudes and values

In-home family support has helped families understand the importance of early learning. Large proportions of families interviewed reported an increased awareness of the value of ECEC over the course of the evaluation (66 per cent of 2014 families, 50 per cent of 2015 families and 83 per cent of 2016 families). For those families who learned more about the importance of kindergarten, they reported now understanding how attending ECEC supports children's learning; speech and communication; motor skill development; social skills and confidence. Importantly, some commented that their involvement in AEL had changed their perception of early education, in that they learned through the program that three is not too young to attend kindergarten; that the ECEC routine is beneficial for children before starting school, and prepares them for school:

> "I was hesitant to go [to the kinder] because I thought maybe it was too early, maybe she wouldn't be happy. But then [the AEL worker] said it would be good for her learning to go and she needed that to improve her speech, to communicate… that's my biggest struggle to get her to communicate." (AEL family)

Five of the six educators interviewed in 2016 reported noticing positive changes in AEL families at ECEC over the course of their involvement in the program. These included being more confident in interactions with educators, consistently calling the service if their child was unwell, being more involved at the ECEC service, and more interested and involved in their children's learning. They attributed this to families' positive experiences throughout their AEL year; the relationships developed between workers, families and ECEC services, and the opportunities the program provides to establish and strengthen these:

"I've seen a big change in family involvement and I've had a lot of good feedback about what the [AEL workers] are doing in-home…The [AEL workers] are really good at involving the parents, suggesting to them and talking them through things …Having someone who is the link between preschool and home, going home and talking about it…" (Educator)

AEL workers also reported powerful examples of how family support, delivered through family-worker partnerships, had resulted in parents' better managing separation anxiety, developing routines and being more engaged and interested in their children's education. In turn, these changes supported children's attendance at ECEC and engagement in learning. A particularly poignant example of the multiple benefits of AEL family support relates to a particular family where separation anxiety was a major barrier to the child attending ECEC:

"I picked up a child who had never been separated from the parent and there was trauma and [the child] could not leave the parents side. …we had to work on a really clear plan about how to even get Mum to leave the child at the kinder. But we have now got to the point where Mum can now leave him and we're now increasing hours. That couldn't have been done without a program like AEL because it was working beside Mum and helping her feel OK with that. I don't know what other program out there might actually address something like that, step the Mum through, and be beside her as she did that. Now she's quite empowered to keep going and to take that next step. …Whereas before the referral, they attended first term and Mum went with him every single day. In second term the kinder said they probably couldn't have her coming every day so [the family] just didn't go back for a term." (AEL worker)

Stakeholders who considered the program had been very effective in helping to overcome barriers families face to attending ECEC commented that having a key worker to explain processes and support families to access ECEC was highly valuable:

"AEL is the best program for promoting engagement with kindy and providing support and structure to the vulnerable families. The staff are supportive of the families by providing non-judgmental support." (Stakeholder)

By contrast, stakeholders who gave lower ratings emphasised that to be effective, the program needed to be expanded to reach more families; to provide more families with transport assistance; and to address cultural barriers around CALD families' consent for a referral to AEL.

Parenting capabilities

Both the ECEC environment and the home environment shape children's development, therefore for AEL to produce optimal outcomes for children, there needs to be a change in both environments; it is not enough to only change one, i.e. by providing high quality ECEC (Moore, McDonald & McHugh-Dillon, 2014). There was some evidence of improvement in parenting knowledge, confidence and skills. This related to improved parents' understanding of children's learning and development, parents' confidence to respond to their children's needs, frequency of parent-child interaction, quality of parent-child interaction, behaviour management and stimulation in the home environment. However, further specification and measurement of the precise parenting 'changed behaviours' would provide stronger evidence about the effect of AEL's in-home learning support.

Delivery of in-home learning

The evidence tells us that the way in which services are delivered and the nature of the relationships established between service providers and parents is as important as what is provided (Moore et al., 2012). This means service providers need to develop effective relationships and family-centred practices, as well as draw on a suite of evidence-based strategies to address the range of challenges that parents face in caring for their children. Without this dual focus, efforts to change people's behaviour will be less effective (Moore et al., 2012). As discussed in the 'relationship based practices' section of this report, AEL performed very well in terms of family-centred care. Families consistently reported feeling listened to, respected, that their issues were attended to, and that they were learning some valuable skills.

AEL workers from all sites reported assisting families to support their children's learning and development through the in-home learning component of the program. At some sites, this also occurred through group sessions. They considered it was important to engage with families' attitudes about and experiences of education, in order to gauge how best to communicate with them and encourage their interest in their children's development.

AEL workers reflected it was important to provide in-home learning activities that engage the child and family, and adapt planned activities to the families' needs, interests and circumstances, including working at the families' pace. Some workers mentioned taking a strengths based approach to in-home learning, with an emphasis on understanding and responding to challenging behaviour, including setting good routines and focusing on the child's individual support needs. Workers reported that most families responded well to this support, but there had been a minority who did not engage with this component (or were reluctant to engage) or did not take the in-home learning on board.

Analysis of administrative data revealed that on average 83 per cent of families received in-home learning support each term during 2015 and 2016. The amount of in-home learning provided varied among families. To provide a snapshot, administrative data indicated that in term three 2015, the average amount of in-home learning families received across the term was 3.7 hours (n=122: mode = 2, minimum = 0 and maximum = 10). In term three 2016, the average amount of in-home learning families received across the term was 4.1 hours (n=125: mode = 3, minimum = 0, maximum = 11.5).

AEL workers from three sites mentioned that there were some families who were not provided with individual in-home learning support. They explained that this was the case for a range of reasons, including: families not wanting to receive in-home support; families with established capacities to support their children's learning and development already (e.g. capable grandparents); and wanting to avoid double up of learning and development support provided by other support services (i.e. ECIS).

Only two families who were involved in AEL in 2015 indicated their AEL workers had not helped them to learn more about children's learning and development. These families considered this had been unnecessary in their circumstances. One family interviewed in 2016 was disappointed that they had only participated in one in-home learning session throughout the year and explained that this was due to difficulties scheduling times to suit the family and the worker.

Effectiveness of in-home learning

Across the evaluation period, high proportions of families interviewed indicated that AEL had led to changes in their interactions with their children and the home learning environment. There is some alignment between home activity changes reported by families and AEL workers and findings from the relevant literature in relation to activities associated with improvements in children's learning and development (Yu & Daraganova, 2014; Sylva et al, 2004).

The majority of families found in-home learning helpful and had learned about new activities to do with their children at home from their AEL workers (58 per cent of 2014 families; all 2015 families; and 92 per cent of 2016 families). Families reported that AEL workers had helped them in relation to their children's learning and development (91 per cent of 2015 families) and that in-home learning support had improved their confidence to make a difference to their children's learning and development (17 per cent of 2014 families; 82 per cent of 2015 families; and 92 per cent of 2016 families):

> *"It's been extremely insightful for me as a parent. Some things I didn't think [my child] was in the right age bracket for, he was....she's given me confidence with how to explore [my child's] fundamental skills. Basically just to relax and not to be so concerned. She's definitely given me a fresh set of eyes on what [my child] is truly capable of." (AEL family)*

> *"I'm definitely a lot more confident in it now. I was at a point where I was thinking, well why am I trying? ...that's where I was at. Now, the confidence comes from what [my son has] grown to be and what I was trying to do for him, they made it easier for me to do it now." (AEL family)*

Nearly all families interviewed reported either engaging their children in new activities or changing the way they did things with their children, including younger and older children, as a result of participating in AEL (all 2014 families; 83 per cent of 2015 follow up families; and all 2016 families). Changes described included:
- participating in more or different activities together
- spending more time together one on one

- improved communication (speaking to the child more, explaining things to the child at their level and listening to the child)
- ensuring a greater emphasis on play
- implementing better routines
- being more patient, less frustrated and shouting less and
- improved confidence and ability to manage children's behaviour.

Below is an example of a parent describing spending more time together one on one as beneficial for in-home learning which was learnt through participating in AEL:

> "[The AEL worker] pointed out that you should be spending an hour per day with him one on one. Prior to that, I knew I had to spend one on one time with all my kids, and I did do it as often as I could, but not every day did I give each of them individual time. Now I try and do that. She pointed that out. I think it's a good thing. It helps us all, having one on one time." (AEL family)

Another family, this time a grandmother, recounted how AEL had impacted on her daughter as a parent in terms of improved communication style with her child and increased patience:

> "It has helped [my daughter (my grandson's mother)]. She's more patient… when she's talking to [her son], she's down at his level, instead of talking down to him. She explains more to him about things… She likes to spend a lot of time at my house with him… the bond between them, doing things together, watching movies, talking about the movies…she wouldn't have done that before... Instead of yelling and using her tone of voice, she's now talking normally and softly and explaining things to him. …Just seeing the way he is now, compared to back then, and seeing them together, they seem a lot closer. They've really done well." (AEL family)

Different activities families mentioned participating in with their children included:
- more outings and social activities
- borrowing books and DVDs from the library
- reading
- playing
- arts and crafts
- drawing and writing
- working on speech and vocabulary
- developing fine motor skills and
- singing.

One parent described the impact of AEL in-home learning on the way she reads with her child and does more activities with all her children as a result:

> "With reading a book, I was just reading it and reading it at a normal pace. Whereas, [the AEL worker] taught me to point the words out and to speak slower so that he could

follow along. She also pointed out that in a story book, I don't have to read the story, I can just get him to talk to me about the pictures and what they're doing. He enjoyed it a lot more when he was joining in and making up the story…I do more activities along with him and his younger siblings now. I didn't know that you could start [that] early. So some of the activities, I'm actually doing with my two year old as well. With the reading, and we're doing a lot more with the fine motor skills, with the blocks and stuff. …Play with them in a sense of them learning at the same time. I'm aware of what I'm doing and what it's meant to teach them now." (AEL family)

All 2015 and 2016 families interviewed also reported broader changes had occurred in their home environments as a result of AEL. Most families (75 per cent of 2015 families and 67 per cent of 2016 families) commented on improved family relationships, including parent-child relationships; sibling relationships; and relationships between parents:

"He's coming home teaching his brother and his sister things that he's learned at school. He comes in the house and tells [his sister] 'look this is blue, you can count on my fingers 1, 2, 3, 4, 5'. He says 'look what I made at school, you stack this, you put this here'. He's more interactive overall, even with his brother and his sister because he's doing it at school. It's just second nature to him to come home and do it at home…Before the program I was at a loss with him, I didn't know what to do with him. Me and him were at each other's throats every five minutes…. But since the program… the relationship between my boy and me has definitely improved." (AEL family)

"With them having access to the regular day care it has made a huge impact on myself and my husband. We were really struggling with the twins and their behaviour management. …It's helped us in our family to step back a bit. We're not so stressed out with it all the time…." (AEL family)

Another common theme was families' improved understanding of their children (50 per cent of 2015 families and 17 per cent of 2016 families):

"[My children and I] are a lot closer because I'm not getting frustrated with them. [The AEL worker] was able to teach me that what they're doing is what their age does. I was getting frustrated when [my son] wasn't learning things… she spent time with me and as we were doing activities, she'd explain that a kid his age, that is what he should be doing. He doesn't need to be doing [what I expected him to do]…" (2015 AEL family)

Some families also noted that the benefits of AEL had extended to younger siblings being excited about learning and going to ECEC themselves, in addition to parents feeling supported to take control of issues in their own lives and having gained knowledge about accessing support services.

Only two families interviewed (one 2015 family and one 2016 family) reported the in-home learning component offered limited value to their family. The first was already receiving in-home learning support from early intervention services; the second had only received one visit due to difficulty in scheduling sessions that suited the family and the worker.

Consistent with family feedback, AEL workers reported many examples of positive changes that had occurred in families' home environments as a result of the in-home support provided through the program. These largely related to implementing effective behaviour management strategies, improved quality of parent-child relationships and families' development of interest and involvement in their children's learning. This mostly occurred through supporting parents to recognise and value their role as their children's first educators and modeling incidental learning activities to do in the home. The following comment from workers at one site is illustrative of the transformative, sustainable changes that AEL workers reported observing throughout their experience of the program:

> "When we first met the family, the mother would get quite annoyed and angry with her child and kept trying to push her away... eventually through a lot of work and getting the child [to] more regular kindergarten attendance, the parent has really shifted in the way she sees her daughter. It's almost a shift towards seeing her daughter as a learner. And I think that's made a really positive difference even with their relationship. Now when I'm going out and bringing back different activities she's actually sitting at the table with her and she's pointing things out. She's talking about the different colours or she's doing some incidental counting with her. And just those little simple things she's taking the time out and spending that close time with her daughter and I've seen that real bond between them... this is a family where there's five children, Mum's got an intellectual disability, two of the children have disabilities ... Dad's got a disability as well, so there's a lot going on for this family, with family members in prison. ...And also they're known to child protection. So there's been a lot of issues. To see this shift it's been really fantastic." (AEL worker)

Complementing AEL worker and family feedback about in-home learning, all educators interviewed in 2016 agreed that AEL had been effective to build parent capacity and half reported that AEL had helped parents develop their confidence to engage with their ECEC service, other parents and the local community. Other ways educators observed AEL had enhanced parent capacity was by supporting parents to develop and maintain an interest in their child's learning and supporting them to access other community supports and services:

> "At the beginning it was more about finding as safe space for her child, but the mother is [now] looking for ways to teach her child. Asking 'how can I help?', 'what can I do with her?'" (Educator)

> "We found out that one Mum was an artist... I went and asked that Mum 'we're building a new cubby for the kinder, would you be able to paint a mural?' Mum readily agreed. I wouldn't have known that if the AEL worker hadn't told me. All these little things add up. It worked very well. Since the Mum painted the mural on the cubby, she got to meet a few more committee members and other parents who were actually building the cubby. Everyone contributed, so that was really nice." (Educator)

Despite overall positive findings in relation to the effectiveness of in-home learning, one stakeholder reflected that parent engagement was key to building parents' capacity, but that in some cases, this had been challenging given the levels of vulnerability experienced by AEL families:

> *"For those parents willing to engage and work with AEL it has been good, but some parents have done little while the support worker has worked with the children. I am not sure how effective this is in capacity building for parents." (Stakeholder)*

How effective was professional and practice development?

Key dimensions of PPD include coordinated and targeted planning to address systemic practice issues and building educator capability to work with vulnerable children and families. As shown below in Figure 10 and detailed in Appendix B, AEL performed to a good standard on both these criteria.

Workers from all sites reported planning PPD collaboratively to meet the need of their local ECEC sectors. Topics for PPD training offered across 2015-2016 were appropriately broad, as per guidance provided in the AEL guidelines, and there was a focus on providing reflective practice as a core component of PPD at all sites. AEL PPD has had wide reach within sites and all educators reported that AEL workers had assisted their centre to better support and engage vulnerable children and families. Educators largely attributed this to the availability of one-on-one informal support and coaching provided in relation to the children at their centre. Nearly all educator respondents to the 2015 survey (90 per cent) reported an increased understanding of the barriers to engaging vulnerable children and families through their involvement with AEL, and over three quarters (76 per cent) indicated that their involvement in AEL had improved their centre's ability to overcome those barriers.
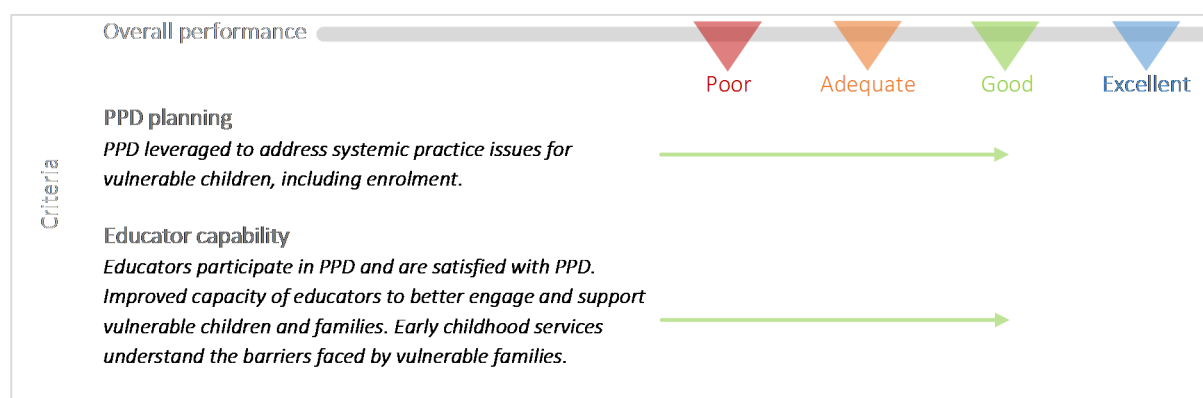
Figure 10. AEL's performance on the PPD rubric.

Professional and practice development planning

The purpose of the PPD component of AEL is to support educators to develop and refine the skills they require to effectively engage vulnerable children and families in ECEC. Workers from all sites reported planning PPD collaboratively in conjunction with a range of stakeholders to meet the needs of their local ECEC sector. Five of the seven sites made a formal PPD plan, as required by the guidelines. Others reported more flexible PPD planning in response to educators' needs and schedules to ensure AEL PPD was implemented responsively, adapting to changing needs and requirements.

In accordance with the guidelines, AEL workers described collaborating with local early years networks and coordinating PPD offerings with other organisations, leveraging existing training and contributing to joint events. They indicated that AEL PPD topics were generally identified through consultations with educators, both through conversations and by using standard forms which gave them an idea of educators' existing professional knowledge and their support needs (i.e. an acquired

skills and training form, see Appendix E for an example from the EACH site). They also reported that consultation of program data was an important driver of PPD topics.

Governance group members supported AEL workers' reports of collaborative PPD planning and reflected positively on the utility of the PPD component of AEL:

> *"AEL staff members have had many conversations with children's services staff about training needs within individual centres. Discussions with centres in response to training needs/requirements of individual staff, reflecting the support needs of families within the service." (Governance group member)*

> *"This is one of the great elements of the program and has allowed us to provide training which otherwise would not have been available." (Governance group member)*

Two sites reported running basic refresher training on engaging vulnerable children and families as a standard feature of their PPD calendar, and all sites reported AEL workers providing individualised mentoring support within ECEC environments on the basis of children and educators' needs, as required by the guidelines. Some sites engaged independent professionals to provide reflective supervision and mentoring, while at others the AEL workers themselves performed this role.

Topics covered in AEL PPD across 2015-2016 were appropriately broad, as per the guidelines, from general information sessions about the AEL and ESK programs, to specific practice issues such as toxic stress and trauma. Fourteen topics were covered in 2015 and eight were covered in 2016, as shown in Table 13. The breadth of topics is reflective of families' wide range of needs, focusing on issues likely to challenge families' engagement and outcomes.

Table 13. Topics covered by AEL PPD in 2015 and 2016

Topic	2015	2016
Child protection laws and practices	✓	✓
Toxic stress and trauma	✓	✓
Autism Spectrum Disorders	✓	
Safety for practitioners	✓	
Behavioural and emotional regulation strategies	✓	✓
Family violence	✓	
Information on AEL and ESK	✓	✓
Poverty	✓	
Supporting vulnerable children and families	✓	✓
Abecedarian Approach	✓	
Privacy	✓	
Communication and counselling	✓	
Working with interpreters	✓	
Speech and language		✓
Pyramid teaching model		✓
Parenting strategies		✓

In accordance with the guidelines, AEL workers reported that opportunities for educators to be involved in reflective practice were a core part of AEL PPD. Two sites reported engaging external professionals to conduct reflective practice sessions, while the remaining sites reported AEL workers providing this support directly to educators. Reflective practice involved an opportunity for educators to discuss their practice and experiences in engaging vulnerable children and families.

On the whole, AEL workers reported few changes to their approaches to PPD planning from program start up to 2016. Some reflected that year to year their level of collaboration with other organisations had increased, and this had culminated in more joint PPD opportunities within local networks. Two sites indicated that their site's PPD had evolved to place a larger emphasis on tailored support, reflective practice and visits to ECEC centres:

> "I think we've done more of the mentoring and the reflecting practice in regular visits to centres. …it happens weekly for most. We get in to different centres throughout the week and there's discussions and just questions and I suppose even the case meetings where they're an opportunity to throw around ideas to promote positive practice. And the people do use you as a sounding board in the visits. They'll talk about particular behaviours and talk about what you're trialling at home with the family and what strategies they might be trying to try and be consistent in what's happening there. Sometimes just even putting across a parent's perspective in order to promote reflections." (AEL worker)

> "…I think [our] emphasis on the [PPD] is really around that one on one training with the educators and working with the staff at the centres to …have a direct impact on how that child is included into the centre." (AEL worker)

While AEL workers raised some challenges in delivering PPD, in 2015 only two sites mentioned not running intended sessions due to timing and availability issues. Term four was not a good time to run PPD as educators were generally very busy towards the end of the year. Sites reported that difficulties with timing and educators' availability, including issues with the availability of backfill, had been a challenge to delivering PPD in general. One site described overcoming these issues by creating video resources that educators could view at their own pace. AEL workers described the importance of checking in with educators about training needs and availability, working in with their schedules to meet those needs; and that it was sometimes more effective and efficient to link in with other organisations to offer structured/formal training. On the whole, they indicated that the real benefit of AEL was the ability of the program to offer tailored support to educators in situ.

Educator capability

Data suggests that AEL PPD has had wide reach within AEL sites. Some 75 per cent of respondents to the 2015 educator survey indicated they had participated in PPD offered by AEL. All six educators interviewed in 2016 also indicated they had participated in AEL PPD by way of informal coaching and mentoring and/or attending training sessions.

All educator feedback indicates that AEL workers had assisted their centre to better support and engage vulnerable children and families. Most indicated this occurred a great extent (n=18 or 67 per

cent), with the remaining educators reporting this had occurred somewhat. Educators largely attributed this to the availability of one-on-one informal support and coaching provided in relation to the children at their centre, with 62 per cent reporting that discussion and advice about engaging particular families and children had been the most beneficial aspect of the support they received through AEL, noting that key training sessions had also been useful (see Appendix D):

> *"I prefer one-on-one connection where we can chat and discuss and go back and forth and then have a bit of time to reflect on what's been said…. That's been one of the great things, I've been able to have those conversations. The AEL come in and we're able to discuss where the family's at, what we can do to help each other and then take it from there and have those reflections." (Educator)*

Feedback indicated that PPD support successfully catered to educators' wide range of experience, from first year graduate educators, through to educators with decades of experience in early childhood:

> *"As this was my first year teaching, I took a lot on board. I was apologetic because I might not have known things and they were really supportive…How to communicate with the family, I've received lots and lots of strategies I can use in the classroom with the child and with the parents, things to understand about the family before we even started was a big help." (Educator)*

> *"Having a direct person to talk to you that will come to the centre [has been the most beneficial aspect of AEL support] …I have been teaching nearly 40 years, and was a field officer [Preschool Field Officer, Children's Services Resource Development Officer, Inclusion Support Facilitator] for 10 years, but I am still learning." (Educator)*

Nearly all educator respondents to the 2015 survey (90 per cent) reported an increased understanding of the barriers to engaging vulnerable children and families through their involvement with AEL, and over three quarters (76 per cent) indicated that their involvement in AEL had improved their centre's ability to overcome those barriers. These educators reported learning about the benefits of taking time to build stronger relationships with families; understanding the complex dynamics of vulnerable families; benefits of removing financial barriers to attending ECEC; and understanding particular topics of interest (autism, mental health, developmental neurobiology).

AEL workers reported encouraging and assisting some educators to adopt changes to their practice and pedagogy to accommodate AEL children and families and better respond to children. This occurred through offering targeted professional and practice development opportunities, as well as regular meetings and informal mentoring:

> *"When I meet with the educator without the parent there I try and coach the educator really gently around the language that they might use." (AEL worker)*

> *"Some kinders are able to ring and have a chat if there's anything they find challenging so those regular visits or phone calls are really important, too. …across the board the*

feedback we're getting is they're feeling more comfortable dealing with vulnerable families rather than out of their depth." (AEL worker)

Educators reported positive changes to practice to better support vulnerable children's participation in kindergarten. Changes reported by 2015 educators included: developing a better understanding of vulnerable children and families' behaviour, and being able to use that understanding to respond to the needs of these children and families more effectively (for example, learning to identify when children are in the 'right zone' for learning and to capitalise on this); and sharing ideas and teaching styles. Further changes reported by 2016 educators included holding higher expectations for vulnerable children; developing a broader lens to consider how to help vulnerable families (i.e. advocating for certain items or supports to be provided for families through AEL); and implementing new strategies to meet children's behavioural and developmental needs in the classroom:

"[The] session gave understanding as to why traumatised families react and behave the way that they do. Allowed [us] to be even more empathetic and supportive towards the family." (Educator)

"Using sensory toys, bouncy cushions, they were very implementable. The children who struggle to sit still on the mat, we got soft cushions for them to sit on and then we requested the co-educator to sit behind the child, rubbing their back to calm them down. All those things I learned at the PD." (Educator)

AEL workers also reported noticing broad changes in educators' practice as a result of participating in PPD. The main observations related to improved attitudes and efforts in relation to inclusion; adoption of new teaching strategies; and altering the classroom environment. AEL workers emphasised that there was wide variation among educators and services in relation to inclusive and responsive practice, and that some were already functioning to a high degree in these respects. For others, they considered that ECEC services and educators had become more flexible and accommodating for vulnerable children and families over time. This included large cultural shifts from not accepting three year old children in four year old kindergarten programs, to recognising the importance of this for AEL children and developing an understanding and appreciation of how important the AEL opportunity may be for a vulnerable child's development. One site noted educators' increased use of interpreters with AEL families and efforts made by services to engage families more flexibly by using conversations and pictures, in place of reliance on written material, particularly about excursions and events. Workers at multiple sites also commented on the increasing willingness of educators to be involved in care team meetings and an increased level of liaison with other professionals involved with the families. AEL workers largely attributed these changes to educators' own positive experiences with the program and the impact they have noticed for children and families who have been involved; as well as to the PPD support (coaching, mentoring and training) offered to educators and ECEC centres directly by AEL:

"I was quite hesitant to have a three year old in with all the other children, she was quite young and I did not know how it was going to go, because it can go either way. So I was a bit concerned at that time, but throughout the year, and especially this year, because she's still in kinder this year, she has actually developed really well. Her speech has

developed tremendously. She started in my room last year with no English at all, and it that was one of the concerns I had, I don't know how it's going to go, but she's picked up really well, she speaks good English and all [developmental] areas are really well established. Mainly behaviour actually... following routine, sharing, becoming part of the group, understanding questions, answering, taking responsibility, and all of that which she hardly had last year, because she was the youngest in the room. ...I do believe that it has helped her in her development in every area, especially speech." (Educator)

On the whole, it appears that the PPD component of the program has supported many educators to develop their practice, with evidence of some increased skills and expertise in assisting vulnerable children and families to access and participate in ECEC. Most educators consulted throughout the evaluation reported making changes to the way they work as a result of participating in AEL PPD and this was supported by AEL workers' observations.

Though most feedback from educators about AEL PPD was positive, it is important to note that one interviewee reported some disappointment about the level of support provided in 2016, compared with that received in 2015. This educator reflected that support and communication had been more frequent in the first year they had been involved in AEL and had dropped off in the time since. Another educator who had been involved with AEL over multiple years reflected that the effectiveness of AEL support to their centre could be dependent on the AEL staff involved, indicating that the current AEL worker's experience and personality had resulted in more consistency and continuity in PPD support than that provided by a previous worker, and this had a positive impact at their service.

Family feedback supported AEL worker and educator data indicating that educators involved in AEL have generally delivered inclusive ECEC programs. Families reported feeling that educators engaged with them and supported them to access early learning. Many families (95 per cent of 2015 families) reported positive experiences with their child's ECEC service and around half of all families interviewed reported being involved at their child's ECEC service. This included spending time at the service (i.e. reading with the children or helping with classroom activities); participating on excursions; going to special events; and participating in centre processes like the fruit roster. For those families who reported they were not involved at their child's ECEC service, reasons were mostly the need to look after other children, attend appointments for themselves, or general lack of time. While most parents reported feeling welcome at ECEC services and enjoying kindergarten events such as morning teas and family days, one 2014 family reflected these could be sometimes difficult:

"I went to the art show and felt out of place. When you go to these things, people are there with their happy partners. It confuses the kids because they don't have a Dad and they think all Dads are bad. That makes them not want to participate... I have to convince the kids that not all Dads are bad... that's my issue, not the kinder's." (AEL family)

Such reflections underline the importance of promoting inclusivity at ECEC centres and events.

Governance group members and stakeholders also commented positively on AEL workers' role in helping the ECEC services and the wider sector to understand and address the barriers vulnerable children and families face to ongoing engagement in ECEC:

> "[AEL workers] have been instrumental in some difficult referrals into early childhood settings for our clients and informing us of ways to manage the barriers our families face." (Governance group member)

> "Our local AEL site has been very effective in overcoming barriers, using a range of different strategies. For example, working in collaboration with other agencies to develop a training package aimed at assisting ECEC settings to support the vulnerable children and their families who access their services; practical support provided to families to navigate the processes within ECEC settings; working collaboratively with other services that may be supporting families; and advocating for the best interests of the children at a service level" (Stakeholder)

> "AEL is slowly assisting with needed cultural change in some ECEC sites. AEL is helping to change the thinking of staff and agencies to prioritise access to vulnerable children." (Stakeholder)

Alongside the successes, AEL workers also reflected on the challenges involved in dealing with some educators and/or ECEC services who have been resistant to changing their practice to accommodate AEL children and families. They reported using networks to promote the benefits of AEL and using positive feedback from other centres to encourage hesitant ECEC services to take on AEL children. AEL workers reflected that just like their work with families, their work with professionals was also relationship based and that flexibility was key to overcoming challenges and resistance from educators. AEL workers at some sites also reported that reflective practice sessions had been vital in ensuring educators have an opportunity to discuss practice issues in a group setting with an independent professional, learning from each other, alongside the mentoring support offered by AEL workers.

An AEL site case study is presented on the following pages to illustrate the successes, challenges and outcomes sites have experienced in delivering this element of the program.

Centre for Community Child Health

Site background

In the Ballarat site AEL is facilitated by Child and Family Services (CAFS), a community service organisation that provides a range of programs and services to children, young people and families who are vulnerable or in need of support. CAFS is well connected to other local child and family services in Ballarat and has developed strong partnership arrangements and protocols with key stakeholders to ensure the identification and prioritisation of vulnerable children and appropriate ECEC services. The Ballarat site was one of the first four pilot sites involved in AEL, and since it began, its governance group has encouraged service integration, information sharing across the service system, practices to share assessment and referral information, and coordinated support for families.

Initial PPD – a focus on trauma

In the early years, CAFS developed an annual professional development plan outlining a range of training and presentation topics compiled jointly by the AEL workers, the program supervisor, the governance committee and reference group. Information regarding AEL family characteristics and Brigance data helped guide the plan. In addition to this, AEL workers take into consideration the cohort of educators and their previous training experience, how much the AEL team works with them, and what type of professional develop educators request. It was also around recognising that new educators may not have necessarily had a lot of experience within the area of trauma and that these professionals would need to be offered some baseline trauma training: 'we want to make sure we've done some basic trauma training and that basic working with vulnerable families are things we should all have.' CAFS design the PPD plan based on these requirements the year before implementation, but are flexible and can make changes if required.

The focus of the professional development early on was providing trauma training in 2012/13 (Bridges out of Poverty) to a wide range of educators. This was seen as providing educators with a 'baseline theory' initially so that the majority felt like they had 'seen that and heard it, so they were ready to move on'. Unique to CAFS, the site also provided an AEL training session for educators aimed at ensuring a shared understanding of AEL and its role in adapting the delivery of ECEC to maintain the engagement of AEL children.

Latter PPD – onsite mentoring

Once the initial PPD was delivered, AEL staff identified that educators were ready to start making practical changes to their practice in their settings. To support this, CAFS PPD focused on providing external supervision to educators on a one-on-one basis in their own ECEC setting. This PPD included observation sessions, individual follow up and encouraging reflective practice. All components of the onsite PPD is tailor made to specific needs and centres.

CAFS AEL workers viewed this as their point of difference to other services providing training in the local sector and recognised the AEL budget as enabling this to happen: 'We can actually get someone into the centres with them … we've got a … budget there and we can afford to have that individual [arrangement] which other services are unable to offer'.

According to the AEL workers, providing this type of PPD 'naturally evolved' as needs became clearer over time: 'We started off when we were new that everything was more prescribed … But as we've got more confident we've opened it up more.'

PPD impact

In terms of the impact of the PPD delivered by CAFS, AEL staff reported positive feedback from educators: 'I think it's changed even some of the environments … where children are literally climbing the walls, it's changing the environment rather than thinking about what is wrong with the child.'

Broadly, the AEL workers feel that the local early years sector in Ballarat has changed to be more inclusive of vulnerable children. While they were unsure whether AEL solely can be attributed to this change, it is definitely seen as supportive, and a significant part, of this shift:

> *'I think as a whole departmental/government – local and state – awareness and focus has changed. We are part of some of those improvements and have made a contribution to it '*
>
> While it is difficult to always identify what has actually changed as a direct result of the PPD, AEL was seen as one key stakeholder in the larger Ballarat child and family services sector, delivering on a commitment to improving the engagement of vulnerable children in kinder. Specific to AEL, the AEL workers have noted a number of changes in the understanding, values and attitudes of educators following PPD, which has in turn led to practice change:
>
> *'Professional development has really made an impact on a lot of our educators … Sometimes it can just be their level of understanding, they just think a little bit differently, it's subtle … [they have] more empathy, better understanding of why the parent may be the way they are.'*

How well did children access early learning?

Evidence shows that all children benefit from access to high-quality early education; that quality ECEC is especially beneficial for vulnerable children; and that 15 hours per week is adequate and appropriate for most children (O'Connell, Fox, Hinz & Cole, 2016). Research also shows that starting kindergarten at age three and attending for two years rather than one is particularly beneficial for vulnerable children (Fox & Geddes, 2016). As such, AEL is an important program that aims to support vulnerable three year old children to attend a kindergarten program for 15 hours per week before attending a funded kindergarten program at age four. The program also seeks to transition and sustain the attendance of vulnerable children in kindergarten in the year before school (following completion of AEL). As shown in Figure 11 and detailed in Appendix B, AEL demonstrated an excellent result in achieving early learning participation for vulnerable three year old children and a good result in the transition and attendance of vulnerable children to kindergarten in the year before school.
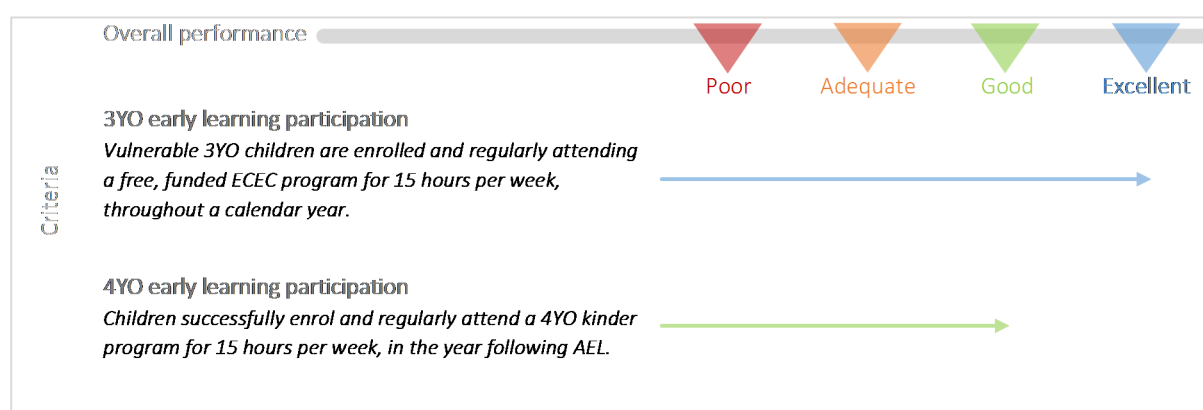
Figure 11. AEL's performance on children's access to early learning rubric.

In summary, there was a very high number of enrolments and high levels of attendance in kindergarten sustained throughout the AEL year for three year olds. A total of 267 vulnerable children participated in AEL in 2015 and 2016. Of those, 99 per cent (265 children) were enrolled at an ECEC service and 96 per cent (260 children) attended an ECEC program through AEL. As three year olds, AEL children attended an average 81 per cent of enrolled hours in 2014-2016, compared to an average 73 per cent attendance rate of three year old ESK children across the state. The increased attendance rate of AEL children relative to ESK is particularly noteworthy given that the ESK cohort is a conservative comparator for AEL. Higher proportions of AEL children transitioned to kindergarten in the year before school compared to ESK children in 2013 and 2015 (no difference in 2014). Beyond transition, most children were enrolled in and attended a kindergarten program at age four in the year before school. Results from the Kindergarten Census showed children who participated in AEL had higher levels of attendance in kindergarten in the year before school relative to the ESK cohort.

Attendance at three year old kindergarten

Analysis of administrative data revealed that AEL children attended on average 81 per cent of their AEL funded three year old kindergarten hours across 2014-2016.[7] This compared favourably to the average 73 per cent attendance rate of three year old ESK children across the state 2014-2015, as per estimated 'usual hours of attendance' data from the annual ESK survey (see Table 14).[8] Note: 2016 ESK survey data was not yet available at time of writing. While there are limitations to making a direct comparison between the AEL and ESK cohorts due to different data collection processes and differing levels of vulnerability, this comparison indicates that the additional support provided through AEL is associated with increased attendance of vulnerable children at ECEC at three years old, relative to the provision of an ECEC place alone through ESK.

Table 14. ECEC attendance rates of AEL and ESK children during the three year old kindergarten year.

Local government area	AEL			ESK	
	2014	2015	2016	2014	2015
City of Ballarat	75%	75%	83%	81%	81%
City of Melbourne	87%	84%	88%	29%	n/a
Cities of Knox, Maroondah and Yarra Ranges	85%	89%	76%	91%	86%
Cities of Casey and Greater Dandenong	74%	83%	81%	88%	81%
City of Hume	-	79%	71%	-	56%
Mildura Rural City	-	85%	84%	-	80%
Wodonga Rural City	-	78%	76%	-	81%
AEL LGAs average	*80%*	*81%*	*80%*	*72%*	*83%*
State wide average	**80%**	**81%**	**80%**	**72%**	**74%**
State wide number of children	n=61	n=119	n=124	n=350	n=859
95% confidence intervals	[74%, 86%]	[77%, 84%]	[76%, 83%]	[69%, 75%]	[72%, 76%]

The increased attendance rate of AEL children relative to ESK is particularly significant given that the ESK cohort is a conservative comparator for the AEL group. AEL families must have two or more relevant characteristics of vulnerability to participate in the program (see Figure 6), whereas ESK is available to all children who identify as Aboriginal or Torres Strait Islander or are known to Child Protection, without further consideration of vulnerability. It is therefore likely that the AEL cohort experiences higher levels of vulnerability relative to ESK families state wide and thus may experience proportionately more barriers to accessing and engaging with ECEC services (Baxter & Hand, 2013; Carbone et al, 2004).

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[7] The overall average attendance rate reported in this section was calculated on the basis of average site attendance rates in Term 3 from 2014-2016. Site attendance average rates are calculated each term based on individual children's attendance rates (average weekly hours of attendance divided by enrolled hours, capped at 15 hours) during the term. Term 3 was selected as a mid-point in the program, by which stage most children, including those who start later in the year, are participating in ECEC. At the time of writing, Term 4 attendance was not yet available for 2016, so a Term 3 snapshot was considered most appropriate as an indicator of attendance comparable to the 'usual attendance' reported in the ESK survey. The Term 3 overall average AEL attendance rate has remained stable at 80-81 per cent over 2014-2016.

[8] The ESK survey is administered once per year. Educators supply all ESK children's hours of enrolment in ECEC along with an estimate of their 'usual hours attended' each week. ESK attendance rates were calculated by dividing usual hours of attendance over weekly enrolment, capped at a maximum 15 hours. Individual child rates were then averaged to obtain a state wide attendance rate for ESK children.

Most respondents to the 2015 educator survey indicated that AEL children were usually at kindergarten with occasional absences (76 per cent), while smaller numbers reported that AEL children's attendance was above average (10 per cent) and below average (14 per cent) attendance in their group (note: educators taught an average of two AEL children each). The most common reason for absences was illness (76 per cent). Educator interviews in 2016 reinforced that AEL children were generally attending at better than average rates. Again, educators reported that absences were mostly due to illness, however family difficulties and transport problems were also raised. Some interviewed educators were in a position to comment on the differences in attendance between AEL children and ESK children in their group where it was suggested that differences in attendance patterns generally were due to individual family circumstances and interest in ECEC.

All families interviewed in 2015 and 2016 reported their children regularly attending ECEC during the AEL year. Nine of the 12 families interviewed in 2016 reflected that a core driver was that their children loved going to kinder and would want to go even on non-kinder days or when they were unwell:

> *"I've loved it. He's loved it – I think that's why I've loved it. He hasn't come home saying Mummy I don't want to go to school. It's 'I did this at school, I did that at school'. The whole atmosphere, he's so excited to go." (AEL family)*

Families indicated that the changes that had occurred during their AEL year to enable their children to attend ECEC regularly included: receiving enrolment support; the provision of funding; and their own increased awareness of available ECEC programs and the importance of early learning:

> *"I didn't realise the kinder was around the corner from me until [the AEL worker] found it. If you don't have the contacts who have the information, things aren't as accessible as they should be." (AEL family)*

> *"He might have gone to a day care centre for a month, but I pulled him out, I didn't like the idea of him being in there. I never have liked day cares. But in all honesty, if I had to compare this program to a day care centre, I would recommend this program over a day care centre. Because of what it offers…. I truly believe this program is of benefit to the kids. That's all they want to do: to learn, play, interact." (AEL family)*

For others, it was the AEL worker helping to prepare the child for kindergarten, and providing transport assistance:

> *"The positivity that [the AEL workers] have around him. When they come to pick him up, they go 'are you ready for school?'. [My child is] so happy every time he sees [the AEL workers]. He just loves it. If I can't get [him] to preschool, I just have to send a message or phone call and they will pick him up…That makes it a lot easier for me if I'm unwell or I've got appointments, or I don't have a car that day or something." (AEL family)*

Transition to kindergarten in the year before school (four year old kindergarten)

A summary of Department transition tracking data for AEL and ESK cohorts from 2013 to 2015 is presented in Table 15. For the purposes of this data, transitioned is defined as enrolled in a funded four year old kindergarten program the following year.

Table 15. Number and percentage of AEL and ESK children transitioned to kindergarten in the year before school from 2013 to 2015.

	Cohort	Number of children	Percentage transitioned
AEL	2013	63	92%
	2014	77	84%
	2015	122	92%
ESK	2013	569	60%
	2014	746	84%
	2015	969	85%

As shown in Table 15, high proportions of AEL children transitioned to four year old kindergarten in the year before school from 2013-2015. It is notable that higher proportions of AEL children transitioned to kindergarten in the year before school compared to ESK children in 2013 and 2015 (no difference in 2014). AEL administrative data revealed that some children who did not transition to four year old kindergarten transitioned directly to school or to a special school, but this level of information is not collected in relation to ESK children. Nevertheless, the transition comparison provides further evidence of the benefit of the additional support provided to AEL families by the program, compared to ESK where a kindergarten place is provided without additional family support.

Families made positive comments about help they received from AEL workers to enrol in kindergarten in the year before school. In follow up interviews most families (75 per cent of 2014 families and 100 per cent of 2015 families) reported that AEL had also helped with their child's transition from three to four year old kindergarten more broadly, especially if the child was attending the same ECEC centre. Families reported that this occurred because through AEL children were comfortable and familiar with their ECEC centre, the routine of going to kindergarten and the educators at the centre. They reflected that children wanted to go to ECEC and felt that the children were 'ready' for the transition after participating in AEL. They also reported that AEL had helped parents and carers in the child's life to become more comfortable and familiar with their ECEC service and the required processes (i.e. enrolment), and had enabled them to have a better understanding of what quality ECEC looks like.

The minority of families who indicated that AEL did not assist with transition stated that they felt they did not require extra support to make the transition, due to existing confidence with ECEC environments generally and having previously navigated this with older children.

Attendance at four year old kindergarten in the year before school

Beyond transition, the evaluation has also found some indication that the program has positively impacted children's attendance at kindergarten in the year before school (the year after AEL). As presented in Table 16, results from the 2014 Kindergarten Census suggest an association between participation in AEL and increased attendance in kindergarten in the year before school relative to: participation in ESK, receipt of the Kindergarten Fee Subsidy (KFS) and all other children not receiving

additional support ('mainstream' children). This association was replicated in 2016 in relation to ESK and KFS, however not so in 2015. While the Census data provides some insight into comparative attendance rates in four year old kindergarten, its main limitation is that it is collected for only one week of the year and so provides a snapshot of attendance. This snapshot may not be representative of children's actual attendance at year before school (four year old) ECEC across the remainder of the year. Nonetheless, the results suggest that, at minimum, acceptable attendance rates at kindergarten were sustained beyond the AEL program. Given the vulnerability of the cohort and the importance of high quality ECEC, this is highly valuable program contribution. Note: the same limitations to direct comparison between AEL and ESK cohorts outlined in the three year old kindergarten section above apply to this analysis.

Table 16. Percentage attendance of 2013 AEL and ESK children in year before school (4 year old) ECEC in 2014 and 2015, presented with relevant contextual information (numbers and comparison cohorts: KFS and mainstream children)

		AEL	ESK	KFS	Mainstream
2014 Census (2013 AEL and ESK cohorts)	Number of children	42	338	19254	54148
	Percentage attendance	97%	80%	81%	90%
	95% confidence interval	[95%,100%]	[78%, 84%]	[80%, 81%]	[90%, 91%]
2015 Census (2014 AEL and ESK cohorts)	Number of children	53	606	19316	54166
	Percentage attendance	75%	78%	81%	87%
	95% confidence interval	[66%, 84%]	[78%, 83%]	[80%, 81%]	[87%, 88%]
2016 Census (2015 AEL and ESK cohorts)	Number of children	106	783	20852	55053
	Percentage attendance	84%	76%	80%	87%
	95% confidence interval	[79%, 90%]	[74%, 79%]	[79%, 80%]	[86%, 87%]

In support of the 2014 and 2016 Census findings, follow up interviews with families and educators indicated that in general, children who participate in AEL tend to be highly engaged in ECEC in their year before school kindergarten program the following year. Educators reported that AEL children's attendance at kindergarten in the year before school ranged from 73 to 100 per cent in 2015, and 87 to 100 per cent in 2016. Educators also reported low numbers of absences of AEL children in their year before school kindergarten programs in 2015 and 2016, with the main reason for absence being illness. Family data supported these findings, with all participants in follow up interviews agreeing their children were regularly participating in kindergarten in the year before school.

Other benefits for children

In addition to promoting access to early learning for vulnerable children, evidence of other positive changes for children who participated in AEL in 2015 and 2016 was captured in the evaluation. Speech, language and communication; social skills; and behaviour and emotional maturity were the three most frequently observed changes by families, while social skills; speech, language and communication; and overall development the three most common improvements raised by educators. These observations were supported by Brigance test findings. Two family case studies have been presented to illustrate families' experiences of AEL and the broad impacts that it has had for children and families who have been involved (see the 'Other benefits for children' section below).

Family and educator observations of improvements in children

In interviews, the 2015 and 2016 families (n=34) were asked to comment on the biggest difference they had seen in their child since participating in the AEL program as a whole. All families responded enthusiastically to this question, detailing a wide range of positive changes they observed in their children over the year. Similarly, educators were asked to comment on their observations of AEL children in their group since participating in ECEC through AEL. As was the case with family reports, educators also reported a wide range of positive changes in children throughout the year. Common themes that emerged in these family and educator responses are summarised in Table 17, by area of 'biggest difference' (families) or 'improvement' (educators).

Table 17. Family report of the biggest difference and educator observations of children after participating in AEL in 2015 and 2015.

Area of 'biggest difference' (families) or 'improvement' (educators)	Families		Educators	
	2015 (n=22)	2016 (n=12)	2015 (n=21)	2016 (n=6)
Speech, language and communication	18	9	5	4
Social skills	8	5	10	3
Confidence and independence	10	2	6	2
Behaviour and emotion management/regulation	4	4	9	1
Cognitive skills and learning (e.g. reading and counting)	2	1	5	1
Happiness	6	2	-	-
Excited to go to kindergarten	-	4	-	-
Attention and concentration	1	1	-	-
Settling into a routine	-	-	2	2
Overall development	7	4	7	3

Other changes observed by families included becoming more open minded, broader play, toilet training, and motor skills (n=1 for each change). Additional changes single educators observed in AEL children included increased resilience and enhanced physical development (n=1).

Families' comments indicated strong views that AEL had played a big role in their children's lives over the length of their involvement in the program:

> *"It's not just one specific thing, the difference has been all-round...social skills, his vocabulary, pretty much everything has improved 10-fold. He's a completely different little boy because of everything [the AEL worker] has been able to do with him. ...He's such a happy and confident little boy. He asks me literally every day if he's going to kinder because he wants to go and see the teachers. I can't possibly explain to you how much this program has changed my son." (AEL family)*

> *"She was very, very reserved, minimal language and quite clingy and didn't like other children. And now she loves kindergarten, plays with other children quite happily, leaves me no problems and tells me about her day at kinder. [I] can hardly believe it's the same child. [It's] the best thing ever." (AEL family)*

Some families also commented that the gains their children were making as three year olds would be beneficial for them as they transitioned to kindergarten in the year before school and then on to school:

> *"[AEL] has helped with structure, getting ready for school. If she didn't have this year of kinder, she might have had to stay back to do an extra one instead of going from 4 year old kindergarten to school." (AEL family)*

Much educator feedback on changes observed in children involved in AEL was emphatic:

> *"When our AEL child began attending in March she had just turned three years of age. She took a little time to adjust to the routine and separating from her parents, but when she became comfortable, safe and secure her development in all areas went from strength to strength." (Educator)*

While all educators noted positive changes in children in their groups, four educators also commented for some children, progress had been less than they had hoped for. They stated that this had been largely due to the need for more support for these particular children and/or poor session attendance:

> *"[The child] was younger and at a lower developmental level …so this has been a time to start learning about how we do things at kindergarten. She is making slower progress as she has had a number of absences." (Educator)*

> *"I do see it in [the child the centre had in the program last year] more rather than these children this year. These children have developed but just minimal because they're hardly here, whereas the little girl [from last year] came full time, 5 days a week."*

Brigance results

Matched Brigance test results from 2015 supported the observations made by families and educators in relation to children's development. Brigance is a secondary developmental screen used by MCH nurses when its use is indicated through results of the Parents' Evaluation of Developmental Status (PEDS). Brigance identifies children who may have language, learning or global delays and also identifies children who may have academic talent or intellectual giftedness. Brigance has demonstrated acceptable levels of reliability and moderate to strong validity (Moodie et al., 2014). Cut off scores are set for children of different age ranges, as calculated by month. If a child scores below the relevant cut off score for their age, they should be referred to relevant supports.

As part of the program, AEL sites aimed to facilitate two rounds of Brigance testing with all AEL children, to monitor developmental progress throughout the year. Of a total of 129 children participating in the program in 2015, 69 (53 per cent) completed Brigance tests at two points throughout the year ("matched tests") by February 2016. The first test was taken towards the start of their involvement in AEL, and the second was taken towards the end of AEL (late 2015 or start of 2016). As Brigance tests are administered and scored depending on children's age at testing, it is

appropriate to consider results relative to cut off scores for referral, rather than raw scores out of 100. Brigance results for 2015 are summarised in Table 18.

Table 18. Brigance results for 2015, presented by site and state wide.

Site	Number of children with matched tests	Test round	Number of children at or above cut off score	Number of children below cut off score	Average distance of score from cut off score	Average change in relation to cut off scores
COM	8	First test	2	6	-10.1	19.6
		Second test	5	3	9.5	
EACH	6	First test	5	1	4	3
		Second test	4	2	7	
CAFS	17	First test	2	15	-19.4	18
		Second test	9	8	-2.3	
Doveton	12	First test	6	5	-7.9	12.5
		Second test	8	3	4.6	
MFC	6	First test	3	3	-9	7
		Second test	3	3	-2	
Hume	6	First test	1	5	-26.3	5.6
		Second test	4	2	-21.2	
Wodonga	15	First test	9	6	-2.8	4.3
		Second test	10	5	1.8	
All sites	69	First test	28	41	-10.2	10.0
		Second test	43	26	-0.4	

Across all sites, 58 per cent of children with matched tests scored below the cut off score for referral at their first test (towards the start of the program). By the second round (at the end of the program), this had decreased to 37 per cent. Across all sites, children were on average 10.2 points below the cut off for referral at the time of the first test. By the second test, this had improved to an average of 0.4 points below the cut off for referral. The average change in relation to cut off scores from the first to the second test was an improvement of 10 points. While the overall improvement in average change from the cut off score supports family and educator observations of improvements in children's development over the AEL year, it must be reiterated that the Brigance results pertain only to the 53 per cent of children (n=69) who completed matched tests in 2015. Results may therefore not be representative of the entire cohort.

Family case studies

The two family case studies presented in the following pages provide further insight into the experiences of families from two of the AEL sites, illustrating the impact the program has had for vulnerable children and families who have been involved (note: stories presented are based on data collected from two of the 2015 families, though names have been altered to ensure families' privacy).

Family case study: Claire and Rose.

Claire is a single mother with two young children, who has experienced family violence. Suffering from post-natal depression after the birth of her youngest child, Claire said she was "going through a really bad stage" and "wasn't leaving the house". At one of her Maternal and Child Health visits, Claire mentioned to her nurse that she would love to get her three year old, Rose, out of the house and socialising. Rose had been to childcare before, but Claire couldn't afford to keep her going regularly. The nurse linked Claire with the local AEL Key Facilitation Worker, Lucy, who thought it would be a fantastic idea for the family to join AEL.

Lucy helped Claire to choose an ECEC service for Rose. She took her to visit different services in the local area, told her about the kindergarten programs and gave her information about the services. Rose loved going to kinder. Claire was happy that AEL could pay for Rose's kinder place, and that they bought her uniform, school bag, lunch box and drink bottle. She said that by providing things she couldn't afford, AEL had made a big impact on her family. Once Rose started kindergarten, Claire noticed that her speech had developed, her social skills had broadened and "pretty much everything improved".

Alongside help to access kindergarten for Rose, Lucy supported Claire to access a housing service and financial assistance. Claire appreciated Lucy's support and commented that "it's nice to know that people actually care". When the family moved house, it was difficult for Claire to get Rose to kinder without a car. Lucy helped Claire and Rose to transition to a new ECEC service that was closer to home. Even at the new service, Claire sometimes found it difficult to get Rose to kinder, especially when it was cold and raining. But she always made her best efforts to do so, even if she was running late, as she knew Rose would get to stay there and enjoy her whole day at kinder.

Claire appreciated that AEL had helped to find the closest and best kindergartens around her and valued Lucy's help setting everything up for Rose to attend four year old kindergarten the following year as well. Claire said "Without AEL, Rose would not have gone to kinder and she wouldn't have been able to enjoy her life that way. She wouldn't have made the friends that she's made. It definitely would not have been the same without AEL helping out."

Claire and Rose also enjoyed home visits from the AEL Family In-home Learning Support Worker, Tracey. With Tracey's help, Claire learned that it was really important to encourage Rose to talk about how she was feeling. This is something she also worked on with Rose's teachers at kinder. Claire said that participating in AEL had given her more confidence to help both of her children learn, and that it had changed the way she approached talking to her children and teaching them things at home. Claire reflected that by doing more things together, the program had helped her to improve her relationship with Rose, bringing them closer. Claire said that she really appreciated that her AEL workers had been "…very understanding, very sympathetic, they didn't look down on you if you couldn't afford things. They cared more about helping you, not judging you. I found that really comforting."

At the end of the AEL year, Claire volunteered for a leadership role on the kindergarten committee. Claire's enthusiasm to take on this responsibility was testament to the great relationships that she formed at the kindergarten and her outstanding commitment to supporting her children's learning and development into the future.

Family case study: Paul and Kelly.

Paul is a single father of four daughters, including two teenagers and two younger children. Paul and his children experienced a range of family stressors throughout the year they were involved in AEL including a house fire, a family breakdown, being in and out of children's court and homelessness. Prior to this, Paul's life was consumed with drug addiction and his partner's mental illness.

Paul is extremely grateful for AEL and the positive impact it has had on his daughter, Kelly, and his family more broadly: "I've had the unique opportunity to basically turn that around and say this has happened ... I now have these people right behind me. I feel very privileged to have been part of it all, to have it in my life, having been through all I've been through". Since AEL linked Kelly into kinder, Paul remarks on how she now talks and laughs. "They are things that I never really heard her do before now."

Paul and Kelly were linked into a local long day care centre through AEL. At age three, Kelly attended the centre twice a week with the flexible option of longer hours if required. At first Paul felt judged by the kinder staff. When they claimed Kelly had a case of hair lice and he thought he was being singled out for not dressing well, but the key facilitation worker advocated for him and sorted it all out. At first the staff "got their nose out of joint" but eventually the worker "made peace". If it wasn't for the AEL worker, Paul claims "I probably would have left, if she wasn't there, I'm serious. I would have just stopped bringing her" to kinder. By the end of his year in AEL, kinder staff, including those at the front desk, knew Paul and his girls by name and were very friendly.

Paul's relationships with the AEL workers were very strong. He spoke about having the workers "right behind him" throughout the year, while also giving him the confidence to speak up about things he disagreed with, or when he felt overloaded with information. Paul reported that he felt "completely respected" by his key facilitation worker and that she "went beyond the call of duty" – "she was the one who would ring up and organise things".

Having the in-home learning support worker come to his home to do activities with Kelly and her sister was valued highly by Paul. Not only did he see these visits as educational, they also provided Paul with a sense of reassurance that he was a good parent and gave him feedback on how well his daughters' were progressing, despite their life experiences. "She knows I have taken girls to the doctors and they have been affected by the fire, so to have someone come into the house to see they are alright gives me confidence. Totally non-judgemental."

Paul believes Kelly's transition into four year old kinder was helped by her three year old kinder year. Kelly wants to go to kinder, even when it is closed. Having the extra year of kinder helped with her speech difficulties and their relationship. Before kinder, Kelly "hardly spoke, and if someone spoke to her she would do the shy movement. Now she will talk to people. And I've solely got three year old kinder to thank for this". Paul and Kelly's communication also improved and Paul feels he can now talk to Kelly more easily and respond accordingly: "I can say 'what's wrong' and she tells me. Before it was half mumbling. If she cries, I just tell her to calm down and ask her to talk to me."

Paul feels privileged to have been part of AEL and wishes he had it for his older daughters: "I've got girls who are 13, 14 who have missed out on three year old kinder and I can see where they are at, and I know that my younger girls aren't going to be where they are today, and it's because of things like this. So I'm stoked."

What were the barriers and enablers that made a difference to implementation and outcomes?

Overall, the evaluation has shown that AEL was very successful in terms of engaging with and sustaining the attendance of vulnerable children in early learning due to a number of program design elements:

- a dedicated facilitation role
- AEL worker skills and attributes
- relationship based practices
- being child focused
- acting as a conduit between family services, ECEC services and the family
- holistic model with interrelated components
- AEL's flexible delivery
- brokerage as an engagement strategy
- the program's length
- service collaboration
- offering in situ PPD.

Despite the overall success of the AEL program, the evaluation also highlighted specific program elements for modification and improvement that have been organised into the following themes:

- identifying and engaging the most vulnerable families
- high quality ECEC
- facilitation capacity
- collaboration
- monitoring, evaluation and improvement
- program model.

Program enablers

AEL is successful because of the following particular program design elements, all of which should be maintained in the future.

Enabling engagement through facilitation

The AEL facilitation role has been critical in achieving the program's outcomes and engaging vulnerable families. Evaluation findings indicate the importance of a dedicated 'facilitation' function to identify, reach, engage and support vulnerable children and families, and sustain vulnerable children's participation in early learning. The sustained engagement of vulnerable children and families in early learning was made possible through this dedicated facilitation role, which established connections between the family, ECEC services and other relevant family services. The role also facilitated the ECEC enrolment process for families and provided links to support services where needed; mentored educators and provided resources and links to relevant information where required. Connecting AEL families into ECEC was often difficult even for AEL workers, due to challenges with inflexible and unresponsive ECEC processes, highlighting that more (beyond AEL) needs to be done to tackle barriers to accessing early learning for families more broadly.

Lessons from AEL about the qualities, skills and attributes required to effectively perform a facilitation role could be used to inform the development of a facilitation position description and/or model for other similar programs.

Highly skilled staff

Attracting and retaining high quality workers with the right attributes has been critical to AEL's success. This is particularly important given the level of vulnerability of families targeted by the program. All feedback has indicated that AEL workers have performed their roles to a high standard, successfully supporting families, educators and service systems to respond to vulnerable children's learning and developmental needs. As one stakeholder reflected:

> *"The staff make the program the success it has been." (Stakeholder)*

Across all sites, AEL workers held formal qualifications in a range of relevant fields, ranging from education qualifications (early childhood, primary and adult), social work, family therapy and arts. Having a combination of ECEC and family support experience was particularly beneficial for the AEL role, so that workers could successfully help families navigate the entire service system. In addition to formal qualifications in early childhood and social services, knowledge, experience and personal qualities were important qualities for AEL staff. The ability of the AEL program to retain a number of the staff from the initial pilot stage of AEL has been particularly beneficial (for example, at COM, EACH and CAFS), however this has not always been possible in some sites due to staff burnout and moving on to other roles. Keeping these staff for long periods of time increases their understanding of the needs of AEL families and strengthens their knowledge of and relationships with ECEC services and the broader service system.

Relationship based practices

To successfully engage vulnerable children in early learning, professionals need to develop strong, trusting and consistent relationships with families (Moore, 2007; La Placa & Corlyon, 2014). Without positive practitioner-family relationships and skilled staff to develop these, a program like AEL cannot produce changes in family behaviour and parents are less likely to be engaged. AEL workers skillfully employed a range of relationship based practices, including family-centred practice and strengths based approaches. Indeed, relationships have been key to the success of AEL on multiple levels, including relationships between AEL workers and families, between educators and families, between AEL workers and educators, and between AEL workers and other professionals in the broader service system. Relationship based practices were used throughout all elements of AEL and families consistently reported feeling listened to, respected and that their issues were attended to, and that they were learning some valuable skills. Families also reported that AEL workers were non-judgmental and allowed them to be actively involved in decision making, while consistently building on their strengths.

Child focused

One of the key enablers of AEL was the program's primary focus on children and their learning as a way of engaging with vulnerable families. Having a child centred approach focused on learning meant that families did not feel judged. Unlike other programs with an explicit parenting focus, families were able to engage with AEL because the focus was on their child's learning and development, rather than

themselves requiring parenting support. While parenting strategies were part of the wide range of support offered to families by AEL workers, the fact that AEL was delivered in a strengths based, family-centred manner and was part of a program structured around children's learning provided a less stigmatising approach.

Conduit to family services

AEL workers were able to successfully act as a conduit between family and ECEC services for vulnerable families which meant that children were able to continue to attend kindergarten even through times of family crisis (as reported by AEL workers and families in the section 'How well was the program delivered?' under 'Coordination' and 'Holistic support'). AEL workers effectively monitored children and families' needs through observation, meetings and discussions with families and services, and proactively addressed these as they arose. Where required, AEL workers connected families with other services, some of which they were previously unaware of. AEL workers successfully connected families into a wide range of services including Child Protection, community health services, counselling, drug and alcohol services, early years services, family services, family violence services, housing, interpreter services, legal services, medical services, mental health services and parenting services. AEL's capacity to maintain support for children in out of home care by providing consistency in support over the 12 months of the program was particularly beneficial.

Holistic model with interrelated components

The AEL model recognises the breadth of social, emotional and practical support that vulnerable families and their children require to engage in early learning. The program has simultaneously addressed the immediate barriers to vulnerable children enrolling in ECEC, as well as supported vulnerable families to overcome a range of 'background' factors that can impede on children's participation in ECEC over time. Each of the key program components, including the KFW, the FILSW, PPD and brokerage, support one another to improve access to early learning for vulnerable children. This unique combination of components should be sustained into the future.

Flexible delivery

The flexible delivery of AEL and the breadth and depth of support tailored to each AEL family's individual circumstances enabled the program to achieve sustainable impacts for families and children. The AEL model acknowledges the wide variation of support that is required to assist vulnerable children and families' engagement in ECEC and with in-home learning. Families and workers reported that the ability of the program to provide flexible assistance to families in response to identified needs was a significant strength, as this allowed for individualised assistance to address the diverse issues arising within each family's immediate context.

The structure of the AEL roles was also flexible, where sites were given the option to choose whether they have a separate staff member for the KFW and FILSW roles, or whether they employ two staff members to work across both functions. Over time all but one site chose to deliver the program with combined AEL worker roles. This option was seen as more effective so that families only had to deal with one key contact for any issues arising, which helped to build deeper relationships. It also meant there was consistency in support provided at home and ECEC and AEL workers could fill gaps in times of absence (i.e. workers' illness, holidays).

Brokerage as an engagement strategy

AEL brokerage funding was an important family engagement strategy. While not all brokerage funds were spent across all sites, it ensured families received help to address wide-ranging issues impacting on children's enrolment in ECEC (i.e. obtaining birth certificates, updating Centrelink immunisation records); capacity to attend ECEC (i.e. transport, working through separation anxiety issues); and enhance the home learning environment (i.e. new activities).

Program length

Finally, one of the important elements of the AEL program was the capacity for workers to remain engaged with families over the full year. This is important given it can take considerable time to develop relationships and build up trust with vulnerable families. It is also important to have the option to introduce the in-home learning component to families slowly, and to continually oversee ECEC participation throughout the year to address any issues that may arise. This coupled with ongoing monitoring of families' broader needs that may impact on attendance at early learning and the home learning environment sustained the engagement of families throughout the year.

Service collaboration

Improved collaboration is likely to ultimately benefit vulnerable families by ensuring their needs are efficiently addressed. Having a good governance group overseeing the program at each site enhanced service collaboration and coordination across the early childhood, family support and child protection sectors. The evaluation found evidence of relationships being built between ECEC and other family services, with increased communication amongst service providers when working with an AEL family. Building these networks and relationships across services, and having access to a broad range of knowledge, was reported as leading to easier referral processes and AEL being more widely known across the service system.

In situ PPD and mentoring

The in situ PPD and mentoring provided through AEL was critical in building educator capacity to effectively engage vulnerable children and families. The availability of one-on-one informal support and coaching provided was rated as the most beneficial aspect of the PPD educators received through AEL, rather than formal training sessions (although these were still highly valued), with changes being made to educator practice as a result. In contrast to other services providing traditional training in the early years sector, AEL provided on-site mentoring, supervision and observation through one-on-one sessions. In addition, the delivery of formal PPD training was not always suitable for educators given their limited availability and the need to organise backfill. The capacity of educators to work flexibly with AEL workers in-situ in relation to including, engaging and supporting particular vulnerable children and families in their ECEC programs was also very beneficial. The ability of AEL to tailor this mentoring and coaching to the needs of educators in their local early years' sector has enabled delivery of relevant support that has resulted in positive changes in attitudes, culture and skills at ECEC services.

One of the most frequently mentioned educator beliefs was that three year old children should not participate in four year old kindergarten programs. However, AEL mentoring and support overcame these attitudes with many educators changing their minds and their programs once they saw improvements in the children involved. For example, educators would involve three year olds in

activities by putting out puzzles with fewer pieces, focus learning on toilet training, providing multiple activities at different tables to cater to shorter concentration spans. As one initially reluctant educator described:

> *"I was quite hesitant to have a three year old in with all the other children, she was quite young and I did not know how it was going to go, because it can go either way. So I was a bit concerned at that time, but throughout the year and especially this year, because she's still in kinder this year, she has actually developed really well. Her speech has developed tremendously, she started in my room last year with no English at all, and that was one of the concerns I had, I didn't know how it's going to go, but she's picked up really well." (Educator)*

Program elements requiring adaptation

Despite being an overwhelmingly successful program, the evaluation highlighted a number of program elements that could be improved on or adapted in the future design of AEL.

Identifying and engaging the most vulnerable

To ensure the most vulnerable families have been captured through AEL there needs to be a systematic identification and referral process developed and implemented across all sites. The identification and referral of vulnerable children to the AEL program at some sites has not yet become systematic. Having a systematic way of identifying the most vulnerable families through relevant intake processes such as Child FIRST, family services, MCH and Child Protection, for referral to AEL or ESK, would ensure the most vulnerable children in the community become part of the program. At present there is variation between how services and workers make referrals into AEL and the evaluation found that governance groups are yet to establish systematic and well-understood processes for identifying and prioritising the most vulnerable children.

> *Recommended action: Promote the development of systematic identification processes and the prioritisation of the most vulnerable children.*

The evaluation found a lack of understanding and recognition of the value of early learning amongst some family services workers. It emerged that prior to contact with AEL workers, early learning had not been a focus for some support workers working with vulnerable children and families (e.g. family services, Child Protection, Child FIRST). Consumed by the broader issues facing the families, AEL workers reported that some of these support workers were unaware of priority kindergarten access programs for vulnerable children (AEL and ESK) and did not prioritise early learning opportunities in their work with families as a matter of practice. AEL workers indicated that there were opportunities to improve family services workers awareness of AEL and ESK overall, and that doing so may increase the number of vulnerable families referred to the program.

> *Recommended action: Promote local awareness and understanding of AEL, eligible children, key contact/s and referral processes to services through the provision of AEL information, documentation and resources developed by the Department.*

Feedback from AEL workers indicated that the AEL eligibility criteria were too restrictive, with concerns that some of the most vulnerable children were not captured in the program. Workers suggested that the existing program eligibility criteria should be expanded to include migrant or refugee status. Refugee status is not a current referral criterion and workers at some sites reflected that some refugee families with only one AEL family characteristic (therefore not currently eligible for AEL) were nonetheless highly vulnerable and would benefit from support provided by AEL. Research also supports the inclusion of migrant or refugee background as a relevant characteristic of vulnerability. A recent Australian study (Goldfeld, O'Connor, Mithen, Sayers & Brinkman, 2014) found that children who were not proficient in English when they began school were significantly more likely to be developmentally vulnerable across four Australian Early Development Census (AEDC) domains (physical health and wellbeing, social competence, emotional maturity, and language and cognitive development) at school entry. An earlier Victorian study (Rogers & Martin, 2002) that found refugee children were less likely to attend kindergarten than other children. For refugee families newly arrived to Australia, they were often unaware of the importance of ECEC and even of its existence.

Recommended action: Include refugee background as an additional characteristic of vulnerability in AEL's eligibility criteria.

To ensure that all families leaving AEL maintain their engagement in early learning, AEL workers should link families into alternative services and ECEC centres. Given the level of vulnerability experienced by AEL children and families, some level of disengagement from the program is to be expected. This is particularly the case for families being relocated due to issues such as family violence and families experiencing homelessness and high levels of transience. More effort is required to ensure that all exiting families are linked to alternative services and ECEC. AEL workers should also emphasise to parents the importance of the child remaining involved in ECEC, and where possible, to remain connected to their current kindergarten if not moving too far away.

Recommended action: Ensure all exiting families are linked to alternative ECEC services where possible.

High quality ECEC

Although the evaluation found that family input into ECEC choice is important to ensure ongoing engagement with ECEC, to ensure vulnerable children have access to high quality early learning experiences, ECEC settings selected for AEL children should be restricted to those meeting or exceeding NQS only. Services not achieving NQS are unlikely to be providing the level of quality in care and education that children and families living with high complex issues require. Placing AEL children in these services puts pressure on a centre that is not necessarily up to the task of catering to AEL families. Choosing a low quality ECEC service could also mean children's development and learning will not progress as expected, with evidence indicating that poor quality ECEC for vulnerable children has a negative impact on development (Moore et al., 2014; Sylva et al., 2004; Sylva, 2010).

Families often prioritise ECEC services based on familiarity of the centre or those that are close to home; they might not necessarily be meeting NQS standards. As has been practice in the past, AEL workers should continue to provide families with information about the importance of ECEC service quality and provide them with ECEC service options that are meeting, or preferably, exceeding the

NQS. If in exceptional circumstances an ECEC setting is chosen for an AEL child that is not (at least) meeting the NQS, an increased level of support for the service and staff is required from the AEL governance group and workers to ensure the service is equipped to engage the AEL child and their family.

> *Recommended action: Develop an evidence-informed checklist to support site selection of high quality ECEC centres.*

Findings indicate that most educators engage in PPD delivered through AEL and are generally satisfied, citing changes in their ability to engage and support vulnerable children and families in an inclusive and positive manner. Despite some barriers being addressed for vulnerable families accessing ECEC, the removal of barriers requires further effort. The delivery of formal PPD training was not always suitable for educators given their limited availability and the need to organise backfill. To ensure educators make practical changes to their practice, PPD should focus on reflective practice and inquiry within the ECEC setting.

> *Recommended action: Ensure PPD at all sites incorporates reflective practice and an inquiry approach.*

Facilitation capacity

AEL workers reported challenges and competing demands delivering all program components, as per the 2016 AEL guidelines, within current program resources. Workers reported difficulties managing the scope of support they provide, often working beyond their role to address the range of complex issues facing families. AEL workers developed close relationships with families which were essential but time consuming and emotionally taxing. Providing help with coordinating the support of ESK families was also mentioned by some AEL workers as an additional task that was difficult to incorporate into their workload. Some AEL workers reported that they experienced difficulties with staying on top of all their tasks, especially if working with a large number of ECEC services across wide geographic areas where travel time was significant. The emotionally intense nature of support work with highly vulnerable children and families has resulted in burnout at some sites.

In particular, AEL workers drew attention to the challenges of providing 'light touch monitoring' and support for children to transition into kindergarten in the year before school, as outlined within the program guidelines. Many workers suggested that in practice, it was often difficult to take a 'light touch' approach to AEL families given their existing relationships and needs of the families to ensure smooth transition to kindergarten in the year before school. This meant that terms one and four were particularly busy with supporting existing families to transition to kindergarten in the year before school while simultaneously engaging new families. At one site, program FTE was increased during these terms to manage the increased demands of simultaneously recruiting new children and supporting the transition for existing children.

In pilot sites where the target number of families increased from a minimum of 12 to 16 families, AEL workers reported it was sometimes difficult to provide the same level of support to each family with the increased caseload. FTE should be reviewed to ensure the feasibility of delivering all program components within allocated resources.

> *Recommended action: Review AEL worker capacity, with view to increasing FTE to sufficiently support the transition into kindergarten in the year before school.*

While AEL workers are already identifying and recording the reasons why some families leave AEL, more effort is required to ensure AEL workers consistently identify the reasons for family disengagement and act upon these (where feasible and appropriate). AEL guidelines should describe the AEL worker's role in connecting exiting families to alternative supports and outline a simple process for monitoring why families disengage or choose not to participate (e.g. AEL workers ask exiting families a short number of standard questions). The inclusion of these additional functions into existing AEL worker roles, without eliminating other key duties, will require further resourcing. However, this will only be required for a small number of families who do exit the program.

> *Recommended action: Ensure disengagement is consistently monitored and that the guidelines describe a process for monitoring why families disengage or choose not to participate*

Collaboration

Overall, the involvement of educators in case management and planning was relatively low and educators were not always provided with background information about children and their families before they commenced at the service. This information sharing and involvement in case management is vital if AEL children are to be fully supported in ECEC. Further efforts to include educators in case management should therefore be made across the program.

> *Recommended action: Advance joint case management focusing on greater consistency in case planning practices inclusive of educators, including setting in home learning goals and strategies.*

To ensure there is an authorising environment, AEL governance group members need to be committed and active, with the ability to offer strong leadership and strategic advice. There was inconsistency across sites and variation in the level of governance groups' involvement in and guidance provided in relation to program delivery across sites. In sites where there were few strong existing partnerships, governance group leadership and strategic direction should be enhanced. Instances where more governance group leadership is required is overseeing a systematic and consistent prioritisation process for capturing vulnerable children into the program and overseeing appropriate ECEC service choice (both are discussed above).

> *Recommended action: Strengthen governance groups' leadership through capturing feedback from lead agencies and AEL workers about how governance groups have enabled program delivery and suggestions for improvement.*

Monitoring, evaluation and improvement

The amount of detailed data collected by AEL sites needs to be streamlined to lift the burden on AEL workers' workload. Sites have also interpreted the administrative data tool differently in certain areas, leading to inconsistent data being recorded across sites. While data collection is critical to understand the impact of AEL on vulnerable children's participation in early childhood education and

care and is considered a huge asset for program monitoring and evaluation, ongoing data collection should be reduced and focused primarily on number of hours of ECEC attendance. This could provide a template for recording kindergarten attendance more broadly beyond AEL. While the annual DET Kindergarten Census provides a snapshot of four year old attendance at ECEC, it provides only a very limited indication of ECEC attendance rates by virtue of its nature – that is, being based on a single week of the year. Similarly, the ESK survey provides estimated hours of attendance and does not seek to capture actual weekly attendance hours. Real time attendance data, like that collected as part of AEL, would provide the added benefit of immediate feedback for service providers and policy makers and enable prompt action to be taken.

Recommended action: Explore more streamlined local administrative data collection approaches.

If the amount of data collected by sites is reduced, this time could be re-allocated to other monitoring and evaluation processes that will enhance program improvement. One monitoring and evaluation process that could be introduced, for example, is site self-assessment of performance against key program components. The rubrics developed as part of this evaluation could be reviewed by AEL workers and lead agencies, appropriate modifications made, and then used annually for reflection and identification of required improvements.

Recommended action: Encourage site improvement through development of a self-assessment and planning tool.

To ensure AEL workers continue to improve upon their practice and respond to program monitoring and evaluation, protected time for strategic learning at AEL Implementation Working Groups should be scheduled. Developing more of a community of practice to share resources and discuss strategies state wide would support ongoing strategic learning and program effectiveness. These meetings usually act as a mechanism for communicating key information to sites from DET and have sometimes, but not always, incorporated learning topics and protected time for peer to peer exchanges.

Recommended action: Continue to regularly incorporate protected time for strategic learning into AEL implementation working group meetings.

Program model

While the interrelatedness of the AEL program model components has been highlighted as a key enabler, further clarity about the program's strategies (within and across components) and outcomes, embedded in an updated logic model, is needed. It may be beneficial to avoid describing program components by worker title (i.e. "KFW"), as sites structure AEL roles flexibly. The medium term family outcomes, in particular, require further specification about the desired 'changed behaviours' without compromising the flexible nature of the model. The guidelines should provide further advice and research evidence around the underpinning theory of how these changes will be achieved, focusing on the importance of the helping process and partnership between worker and family (Moore et al, 2012) as well as implementing evidence-based strategies such as Smalltalk.

> *Recommended action: Update the program logic, clarifying and re-organising strategies and program outcomes. Update the program guidelines accordingly and provide a clear description about the relationship between strategies and roles.*

> *Recommended action: Clarify the desired 'changed behaviours' in the medium term family outcomes. Provide further advice and research evidence about how these changes should be achieved, emphasising the importance of both the worker-family relationship and the application of evidence-based strategies.*

Conclusions and recommendations

AEL was very successful in terms of engaging with and increasing the attendance of vulnerable children in early learning. This is a significant achievement given the very complex and vulnerable families these children are part of who, without AEL, may not have attended as much, if any, kindergarten at age three. It is also important given the evidence that shows participation in high quality early learning programs improves outcomes for children. A comparison of attendance in kindergarten at ages three and four between AEL and ESK children in AEL sites showed higher levels of attendance for AEL children than those involved in ESK, despite experiencing higher levels of vulnerability.

AEL was implemented well, with particular strengths in relationship based practices and holistic support that ensured issues encountered by vulnerable families did not prevent children from engaging in early learning experiences. The program contributed to capacity building for both parents and educators through in-home learning support and PPD.

The progress of AEL in achieving its short and medium term outcomes is evident when comparing the results of this evaluation with those from the formative evaluation conducted at the pilot stage (KPMG, 2013). While the formative evaluation found that sites were starting to increase the participation of vulnerable children in early learning during the pilot stage, this evaluation demonstrated excellent results and progress in supporting vulnerable children to access and attend early learning. Progress has also been made in terms of increasing the skills and capacity of educators to engage with vulnerable children and families. This area was partially achieved at the pilot stage whereas AEL performed to a 'good' standard in this evaluation in relation to building educator capability. Collaboration was identified as the area in need of greatest improvement in the pilot evaluation, with a need for greater collaboration across early childhood, family support and Child Protection sectors. This evaluation has shown improvements in this area, with AEL being rated as 'good' in relation to service coordination. Educators, governance group members and other stakeholders reported that AEL has improved the coordination of support for vulnerable children, and made improvements to the way services work together as a system. However, specific actions related to collaboration, including advancing case management with educators and governance group leadership, were identified as areas for future improvement in this evaluation.

Despite the overwhelmingly positive evaluation results, there are specific program elements that could be strengthened into the future. These include ensuring the most vulnerable are identified and engaged into the program; promoting enrolment in high quality ECEC; increasing facilitation capacity; advancing collaboration; minor modifications to program monitoring; evaluation and improvement efforts; and the description of the program model itself. Program level recommendations are organised by these themes overleaf.

Table 19. Program level recommendations

Area to be strengthened	Recommendation
Identifying and engaging the most vulnerable	*Recommendation 1: Promote the development of systematic identification processes and the prioritisation of the most vulnerable children.*
	Recommendation 2: Promote local awareness and understanding of AEL, eligible children, key contact/s and referral processes to services through the provision of AEL information, documentation and resources developed by the Department.
	Recommendation 3: Include refugee background as an additional characteristic of vulnerability in AEL's eligibility criteria.
	Recommendation 4: Ensure disengagement is consistently monitored and that the guidelines describe a process for monitoring why families disengage or choose not to participate (e.g. develop a set of standard questions that AEL workers ask exiting families).
High quality ECEC	*Recommendation 5: Develop an evidence-informed checklist to support site selection of high quality ECEC centres.*
	Recommendation 6: Ensure PPD at all sites incorporates reflective practice and an inquiry approach.
Facilitation capacity	*Recommendation 7: Review AEL worker capacity, with view to increasing FTE to sufficiently support the transition into kindergarten in the year before school.*
	Recommendation 8: Ensure all exiting families are linked to alternative ECEC services where possible.
Collaboration	*Recommendation 9: Advance joint case management focusing on greater consistency in case planning practices inclusive of educators, including setting in home learning goals and strategies.*
	Recommendation 10: Strengthen governance groups' leadership through capturing feedback from lead agencies and AEL workers about how governance groups have enabled program delivery and suggestions for improvement.
Monitoring, evaluation and improvement	*Recommendation 11: Explore more streamlined local administrative data collection approaches.*
	Recommendation 12: Encourage site improvement through development of a self-assessment and planning tool.
	Recommendation 13: Continue to regularly incorporate protected time for strategic learning into AEL implementation working group meetings.
Program model	*Recommendation 14: Update the program logic, clarifying and re-organising strategies and program outcomes. Update the program guidelines accordingly and provide a clear description about the relationship between strategies and roles.*
	Recommendation 15: Clarify the desired 'changed behaviours' in the medium term family outcomes. Provide further advice and research evidence about how these changes should be achieved, emphasising the importance of both the worker-family relationship and the application of evidence-based strategies

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