

Evidence for impact:
International and local perspectives
on improving outcomes for children
and young people.

A ONE DAY SYMPOSIUM

Stream 1:

Place-based approaches using data for systems improvement

Evidence for impact: International and local perspectives
on improving outcomes for children and young people.

A ONE DAY SYMPOSIUM



Rob Kennedy

Principal Adviser, Vulnerable Children's Reform Unit,
Department of Health and Human Services and
Department of Education and Training

Children and youth area partnerships

#evidence4impact



Conference partners acknowledge the
generous support of **The Creswick Foundation**





Place-based approaches using data for systems improvement

Children and Youth Area Partnerships

Rob Kennedy

29 June 2017



Children and Youth Area Partnerships

Why

Initiative was triggered by the recognition that existing approaches were not working and that there was a need to do things differently.

Purpose

For all children and young people to grow-up happy, healthy, resilient, engaged and able to reach their potential.

Focus

Improving outcomes in two areas:

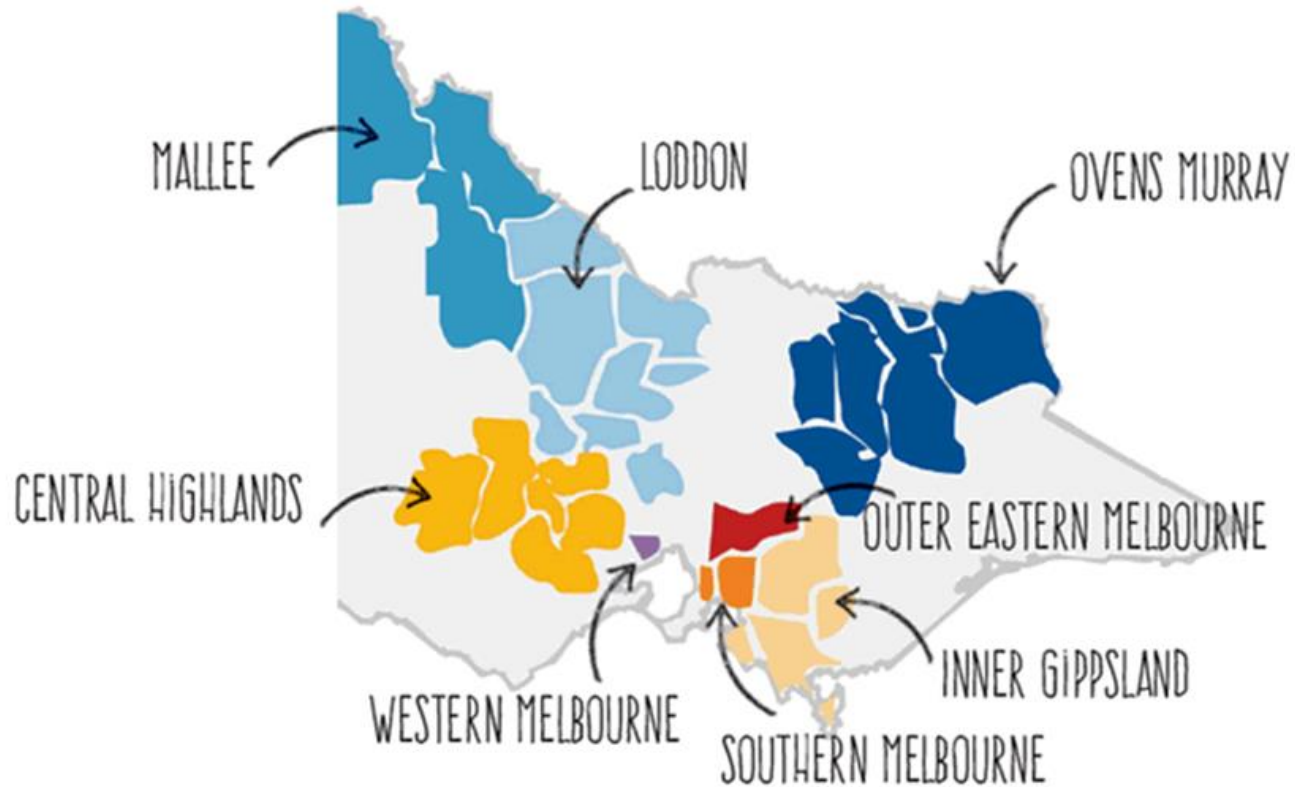
- learning and development, from cradle to career
- safe and supportive homes and communities.

Common challenge

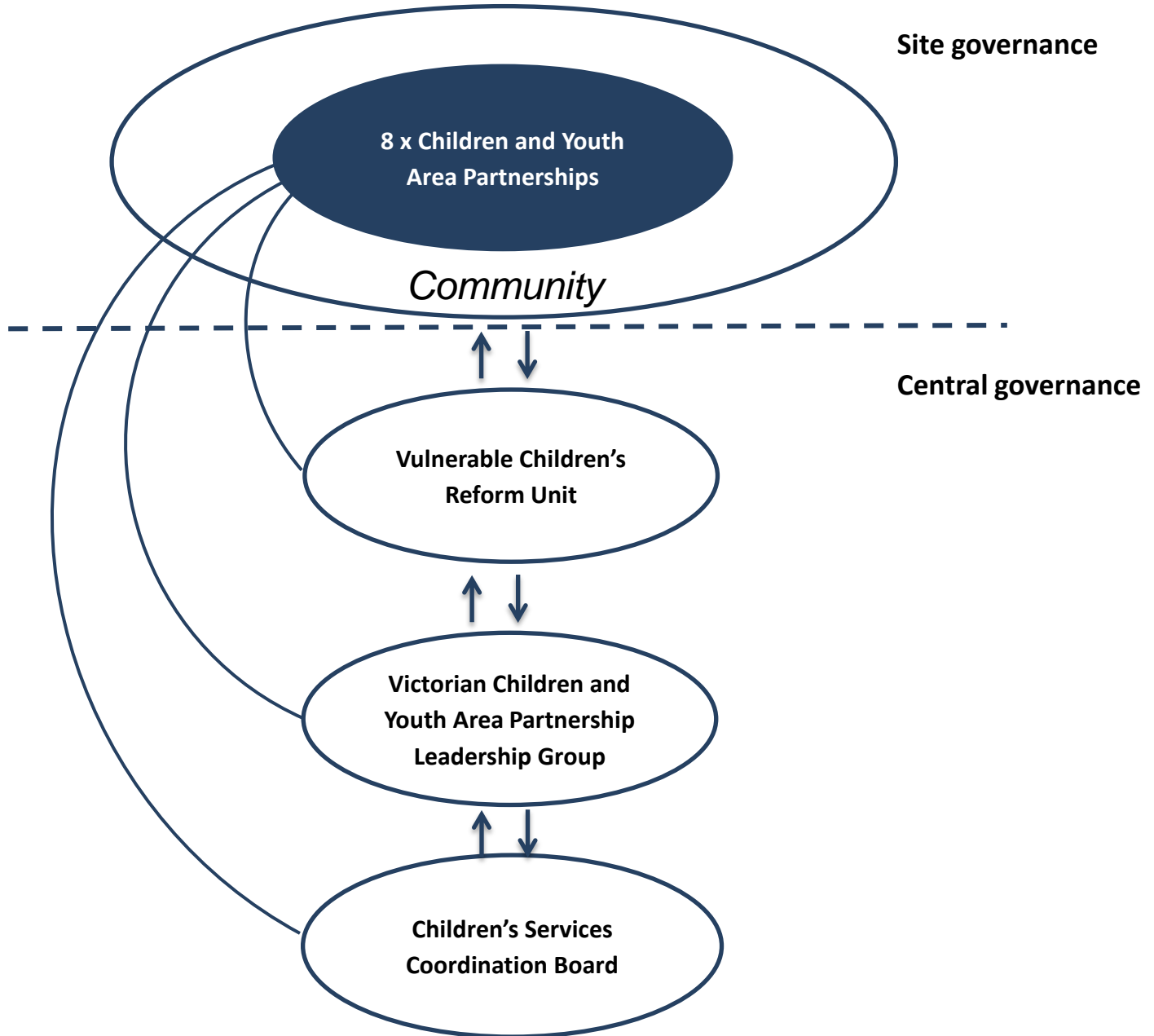
20%	of children are developmentally vulnerable on one or more AEDC domains at school entry
47%	increase in the rate of children in out-of-home care over a five year period
12%	of Victorians aged 19 years have not completed year 12 or equivalent
14.6 x	more likely for Aboriginal children to be in out-of-home care than non-Aboriginal children
96%	increase in child protection substantiation rate over a five year period
67%	increase in family violence reports over a four year period where children were present

Children and Youth Area Partnerships: Where

Eight Area Partnerships have been established across Victoria



Governance structure



Area Partnerships: How they work

Collective impact framework

- Structured approach to collaboration to tackle complex problems and achieve social change.
- Brings together diverse partners – governments, community, health, education and justice sectors, academia, business, philanthropy, communities, and those with lived experience.
- Leverages all community resources and assets to make change.

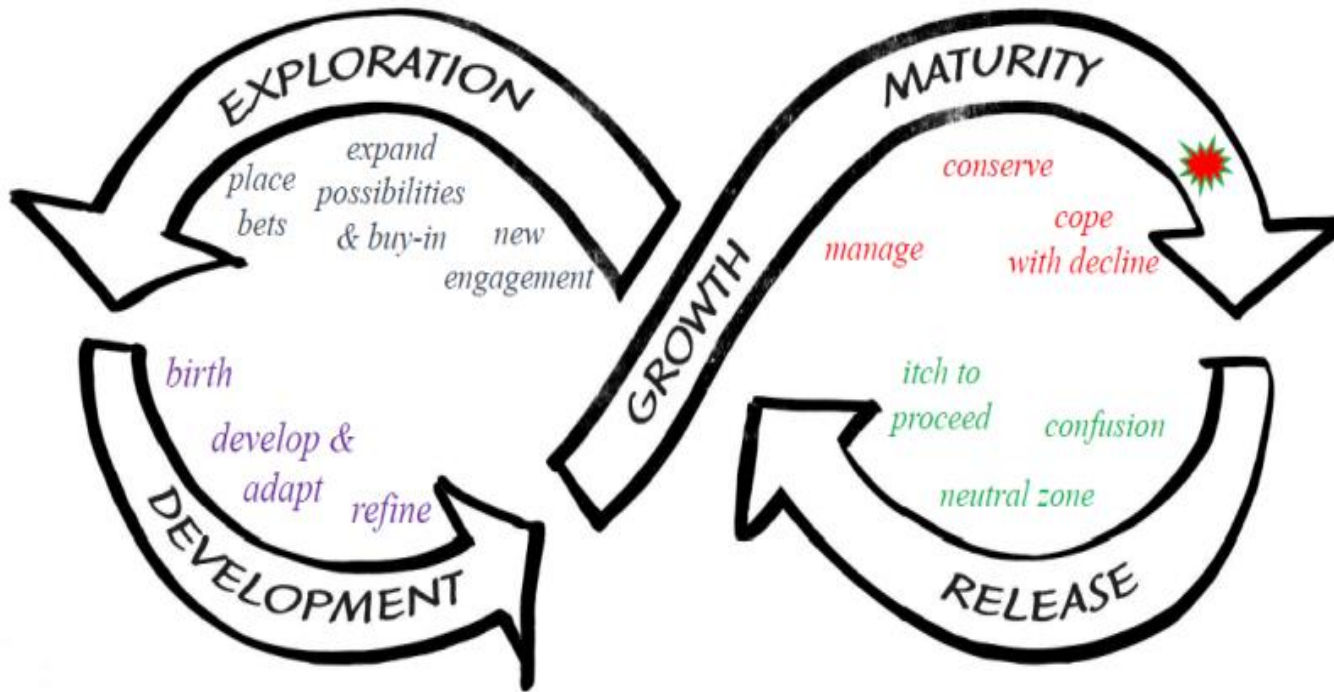
Five elements of Collective Impact:

Common agenda	Developed with diverse partners that reflects shared aspirations and responsibilities of the local community.
Strategic learning and measurement	Collect data and evidence to monitor the impact of strategies, reflecting on what is working and what is not to inform next steps.
High leverage activities	Concentrate efforts on strategies that can have the biggest impact.
Community engagement and communication	Build broad ownership and commitment to the work by being genuine, open and consistent with all involved.
Backbone infrastructure	Supports the collaboration with the right skills, knowledge and resources to achieve agreed priorities

Area Partnerships: How they work

Adaptive cycle

Collective impact work is adaptive



Learning, Measurement and Reporting System for Area Partnerships

CHALLENGE

Includes challenges expressed in terms of:

- Children, young people and their families
- System

ELEMENTS

- Priority/Domain (if relevant)
- Desired outcome(s)
- Indicators (long term)
- Problem definition

SUGGESTED INPUTS

- Data (quantitative and qualitative)
- Research
- Broad perspectives, including lived experience
- Positive deviance
- 'Deep dive'

STRATEGY

ELEMENTS

- Rationale/drivers or causes of challenge
- Theory of change
- Strategies ('Opening move') and high leverage activities
- Activity indicators (short/medium term)

SUGGESTED INPUTS

- Data (quantitative and qualitative)
- Research
- Broad perspectives, including lived experience
- Mapping
- Co-design

IMPACT & LEARNING

ELEMENTS

- Learnings – what's happening, what's working, what's not, what needs to change, what barriers or issues are identified, case studies
- Refined strategies and actions in response to learnings
- Understanding contribution (method as required)

SUGGESTED INPUTS

- Data (quantitative and qualitative)
- Indicators
- Most significant change
- Broad perspectives, including lived experience

TRANSLATING THE LEARNING FOR BROADER IMPACT

ELEMENTS

- Scaling – up, out and deep
- Dissemination of learnings
- Broader influence

SUGGESTED INPUTS

- Data (quantitative and qualitative)
- Evidence
- Context (place-sensitivity)
- Broad perspectives, including lived experience

Learning and adapting across all phases

Key principles underpinning our approach

Use quantitative data for patterns, qualitative for insights
“No data without story, no story without data”

Shared measurement is an of ‘echo’ of the shared agenda

We measure the impact of our work

Less is more – ‘moving the needle’ requires focus

We commit to 90/120 day cycles and rapid feedback loops

Combination of top-down and bottom-up approaches

We learn by doing

Current work: Strategic learning and measurement

Consistent approach across Area Partnerships

- Facilitates an initiative-wide understanding of the progress of Area Partnerships.
- Identifies:
 - themes and patterns across the work of Area Partnerships
 - innovative projects and practice
 - what is working, what is not, and why
 - the impact on children and young people
 - key issues, challenges and barriers that are impacting on the work
 - successful strategies and activities that could be scaled

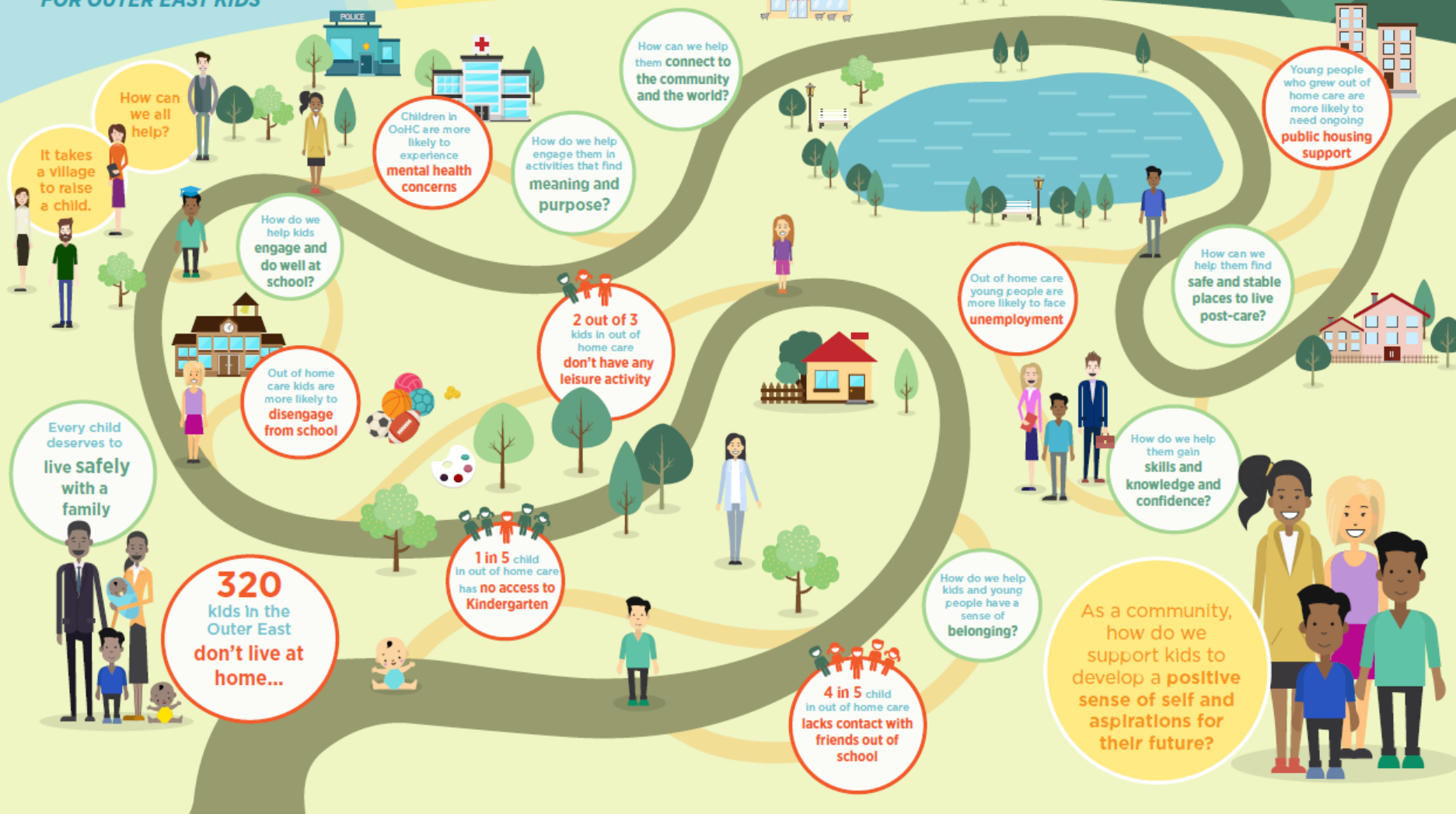
Purpose of Area Partnerships:

All children and young people to grow up happy, healthy, resilient, engaged and able to reach their potential

FOCUS AREAS	Learning and development from cradle to career (pre-conception to 24 years)					Safe and supportive homes and communities		
	THEMATIC OUTCOMES	All children get the best start in the first 1,000 days	All children start school ready to learn	Young people at risk are supported to achieve the best outcomes	Young people leave school at the right time for the right reasons	Young people transition successfully to adulthood	Improve outcomes for those in Child Protection or Out-of-home care (OOHC)	Improve outcomes for those at risk of entering the Youth Justice system
CENTRAL HIGHLANDS				Improve Year 12 completion (or equivalent) rate from 78% to 100% by 2030				
INNER GIPPSLAND	All children are supported by strong, confident families, communities and services		<ul style="list-style-type: none"> Strong services, systems and communities Better identification of, and responses for, those who have experienced trauma 				<ul style="list-style-type: none"> Voice of those in OOHC is heard and informs decisions All children in OOHC start school ready to learn All children and young people in OOHC are attending education 	Reduce the number of young people entering the youth justice system
LODDON		All children start school ready to learn					Better outcomes for children in OOHC (early years, school)	
MALLEE			Reduce teenage pregnancy and provide better support for teenage parents and their children					
OUTER EASTERN MELBOURNE							<ul style="list-style-type: none"> Prevent children from entering care Better educational outcomes for those in OOHC Better outcomes for those leaving care 	
OVENS MURRAY		All children start school ready to learn						
SOUTHERN MELBOURNE			Young people at risk attend school every day				Better outcomes for children in OOHC (health, participation, early years and education)	Prevent offending among young people at risk
WESTERN MELBOURNE		All children start school ready to learn			Young people leave school and actively contribute to their community		<ul style="list-style-type: none"> Improved outcomes for children in OOHC Children are not abused or neglected 	

TOGETHER, BUILDING
**STRONGER
FUTURES**
FOR OUTER EAST KIDS

Collective
impact



Evidence for impact: International and local perspectives
on improving outcomes for children and young people.

A ONE DAY SYMPOSIUM

Jane Anderson

Regional Director Gippsland, Anglicare Victoria

Local solutions driven by co-design and evidence

#evidence4impact



Conference partners acknowledge the
generous support of **The Creswick Foundation**



LOCAL SOLUTIONS DRIVEN BY CO-DESIGN AND EVIDENCE

JANE ANDERSON

29th June 2017



**BETTER
TOMORROWS**

Anglicare Victoria

Anglicare Victoria's vision is to resource and empower children, young people and families to achieve their full potential through:

- the provision of quality innovative services for children and young people;
- supporting vulnerable families; and
- the promotion of social justice.

We exist to protect the vulnerable Victorians in our community – a child suffering from abuse, a homeless young person, a woman escaping domestic violence, an impoverished couple unable to feed their family – people who desperately need help.

Everything we do is done to prevent, protect and empower disadvantaged Victorian children, young people and families. We have assisted more than 80,000 members of the community to find brighter futures and better tomorrows.

Anglicare Victoria employs over 1,300 staff and enjoys the support of over 2,000 dedicated volunteers.



The starting point

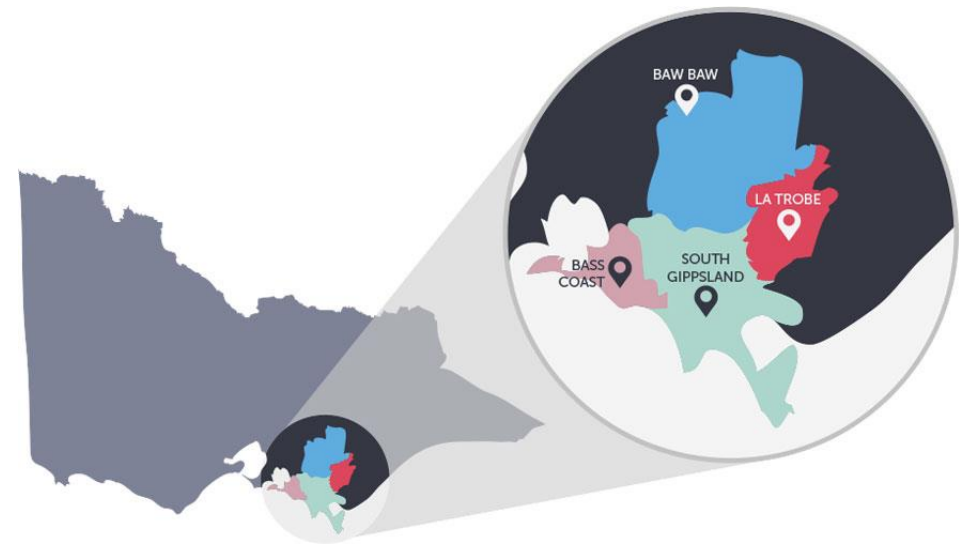
OUR PRIORITY AREA

Support our families to keep children safe and secure

WHY

In the Inner Gippsland area we have an increasing rate of child abuse, neglect and family violence. We know that from evidence to address the vulnerabilities we need to focus on:

- *intervening early to support families that would benefit from extra help and resources*
- *Increasing access by investing in high quality health care*
- *Increasing access to early learning opportunities for the most disadvantaged families and children*
- *Parental services that support the development of strong parent-child relationships and strengthen parental wellbeing, enhancing parental coping and reducing negative stress on family relationships*



Evidence – anecdotal

Stories from the system

WHAT WE HEARD

- Report Trends increasing but not as rapidly as 3 plus years ago
- Substantiations sit at around 60% of cases which proceed to investigation
- Family Violence (the most significant issues) often co-occurring with AOD and Mental health
- Entry into child protection is most prominent in the early years
- Unborn reporting on the rise (an opportunity for CYAP!!)
- Aboriginal overrepresentation in the early years in Inner Gippsland increasing with an age inverse (very young parents)
- Educational engagement (problems upper primary)
- Tricky adolescents: often perpetrators of violence within family
- Simplistic referrals / interventions do not yield good outcomes
- Complexity of issues facing families
- Increase need to move MCH to outreach model of service delivery which is hard to sustain due to funding model
- Local Government play a strong coordinating and planning role, with early years, health, wellbeing, education and disability plans
- Generational poverty, unemployment and trauma call for robust multiple lens interventions
- Skills and capability of staff is critical to the outcomes
- Equity of services: where are they delivered
- Children want to have fun: Family want easier access to services
- Important for us to take a strength based approach: learn from what is working



Evidence – data

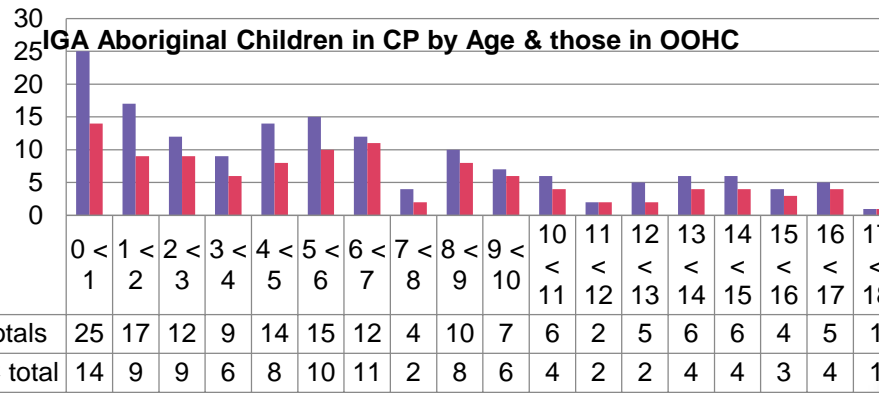
In 2015-16 reports to child protection in Inner Gippsland is around 5600 a growth rate of around 10%. In the 5 years the growth has been 66%

Family Violence, mental health, AOD issues are significant contributing factor

Since 2011/12; there has been a 62% increase of children under 4 entering OOHC

Aboriginal children are over-represented in OOHC

IGA Aboriginal Children in CP by Age & those in OOHC



Region	Number of children with valid score (one or more domains)			AT Risk as one or more domains (%)			Number of children with valid score (two or more domains)			Vulnerable as two or more domains (%)		
	2009	2012	2015	2009	2012	2015	2009	2012	2015	2009	2012	2015
Ararat	1841	1776	2025	23.6	22.0	22.0	118	125	172	11.8	12.5	15.2
Ballarat	150	345	835	22.8	22.1	28.4	1942	2781	2020	11.8	12.1	16.8
Barwon	119	90	24	13.3	11.7	11.7	80	24	0	11.8	11.8	11.8
Bass Coast	119	124	171	23.5	23.5	23.5	119	124	171	11.8	11.8	11.8
Bendigo	19	30	20	18.9	28.6	18.9	48	84	20	11.8	11.8	11.8
Berrigan	48	34	20	15.2	23.5	15.2	48	34	20	11.8	11.8	11.8
Burra	79	71	41	15.2	23.5	15.2	79	70	38	11.8	11.8	11.8
Casey	39	82	38	23.5	16.7	12.2	48	84	41	11.8	11.8	11.8
Central Coast	211	174	109	25.5	15.4	17.5	89	105	145	9.4	9.4	23.1
Central Gippsland	300	277	387	22.9	28.8	14.2	304	281	396	12.1	12.1	11.8
Central Highlands	51	18	24	32.3	16.7	12.5	31	18	24	16.1	16.1	16.1
Colac	52	79	84	16.4	22.8	11.9	83	79	63	7.5	11.4	6
Colac Otway	49	77	82	24.8	22.1	2.4	49	77	82	12.2	12.2	12.2
Corangamite	40	18	20	17.5	16.7	10.1	40	18	20	5	6.5	0
East Gippsland	26	31	33	50	48.4	37.3	26	31	33	38.8	38.8	38.8
East Gippsland (excl. Bairnsdale)	100	54	86	16.7	27.8	24.4	104	56	86	9.6	9.6	7.1
East Gippsland (incl. Bairnsdale)	750	694	750	26.3	27.2	28.5	750	694	750	18.9	18.9	18.9
Geelong	34	44	63	8.6	18.9	24.5	34	44	63	5.9	6.7	18
Geelong (excl. Moorabool)	99	47	61	33.9	44.7	33.9	99	47	61	16.9	29.8	37.7
Geelong (incl. Moorabool)	62	60	61	33.9	44.7	33.9	62	60	61	16.9	29.8	37.7
Geelong (incl. Moorabool) - 2012	152	109	50	24.2	21.7	13.5	62	59	52	17.7	5.1	3.6
Geelong (incl. Moorabool) - 2015	155	163	168	34.2	27.6	30.3	152	169	168	21.3	32.5	36.4
Geelong (incl. Moorabool) - 2012-15	279	237	252	23.3	19	14.7	279	237	252	12.9	8.9	4
Geelong (incl. Moorabool) - 2012-15 (excl. Moorabool)	39	34	40	7.7	11.5	7.7	39	34	40	5.1	2.9	7.3
Geelong (incl. Moorabool) - 2012-15 (incl. Moorabool)	330	254	324	19.7	14.8	17.8	340	258	324	8.2	6.8	8.1
Geelong (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2012	46	47	57	10.8	13.7	7	46	47	57	6.5	12.3	1.8
Geelong (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2015	71	65	66	28.2	18.9	7	71	65	66	5.6	5.6	5.6
Geelong (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2012-15	34	32	37	20.2	6.3	17.2	34	32	37	10.8	10.8	10.8
Geelong (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2012-15 (excl. Moorabool)	20	25	26	21.4	8.8	19.2	20	25	26	10.7	8.4	7.7
Geelong (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2012-15	44	33	55	12.6	16.2	7.3	44	33	55	8.1	9.1	1.8
Geelong (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2012-15 (incl. Moorabool) - 2012-15 (excl. Moorabool)	47	42	44	19.1	11.9	29.5	47	44	44	4.3	6.8	20.5

Indicator	BC	BB	Latrobe	SG	IG	VIC	Data Source
MCH 3.5 IAS	39.3%	37.8%	44.3%	72.3%	62.9%	64.4%	DEECD/VCAM 2012
Parental Drinking	12.3%	7.3%	10.3%	8.1%	11.7%	10.2%	VCAMS & SOTC 2012
Vulnerable across two or more domains	22.2%	8.4%	11.4%	6.8%	8.0%	7.2%	DOH Profiles 2012
Physical health and wellbeing: vulnerable	9.5%	6.9%	7.7%	6.7%	6.7%	8.0%	
Social Competence: Vulnerable	6.4%	6.3%	10.4%	3.9%	8.9%	6.1%	DEECD 2012
Emotional maturity: Vulnerable	12.9%	6.0%				9.8%	
Communication skills and General knowledge: Vulnerable	8.3%	7.4%	16.3%	8.3%	9.3%	9.8%	VCAMS 2012
Language and cognitive: Vulnerable	9.3%	9.6%	9.9%	11.2%	10.2%	9.7.8%	
Proportion of children participating in a funded Kindergarten program						83%	DEECD 2015
Proportion of Aboriginal children participating in a funded Kindergarten program						37%	
Early Start Kindergarten for Aboriginal Children						14.9%	VCAMS 2012-13
Early Start Kindergarten for Children in OOHC						22.3%	ABS Census 2011
Children bullied at school year 3-5	13.8%	20.5%	19.5%	17.6%	17.75%	14.9%	DEECD 2011
Young people bullied at school year 7-9	22.3%	22.4%	27%	21.2%	22.97	45.79	
Not completing Year 12 completion						81.8%	PHIDU Australian Data 2011
Average days absence for Aboriginal children and young people	28.5%	79.8%	77.3%	82.1%	78.93%	77%	VCAM 52012-13
Full time participation at school at age 18	90%	83%	82%	89%	86%	86%	ABS 2014
Student in years 5-9 connected to schooling	4.4%	3%	5.4%	2.8%	4.2%	5.2%	
15-19 year olds not in the labour force	7.1%	5.3%	6.9%	4.1%	7.5%	7.5%	VCAMS 2012-13
15-19 year older unemployed and looking for work	23.2	13.4	25.5	12.8	19.8	16.4	
Rate of births to young women aged 15-19 years per 1000 young women							

Indicator	BC	BB	Latrobe	SG	IG	VIC	Data Source
Parental Drinking	17.2%	11%	9.7%	8.1%	12.4%	10.2%	DOH Profiles 2012
Parental Mental Health	7%	8.4%	9.3%	9.1%	8.9%	6.5%	SEHQ 2013
History of Mental illness of parents	NDP	1%	1.3%	NDP	1.1%	1.1%	
Gambling problems in family	NDP	3.6%	4.2%	3.9%	4.5%	3.2%	
Parent Witness to violence	5.1%	1.6%	2.4%	NDP	1.7%	1.2%	
History of abuse child(ren)	5%	2.9%	7.1%	3.6%	4.5%	3.3%	
History of AOD related problems in family	488	552	2044	318	3402	3.7%	
Family violence incidents	1079.5	1976.4	2767.9	1025.5	1911.3	1129.2	Vic Pol 2013-14
Family violence rates per 100,000 population	475.6	794.8	989.9	428.9	730.9	387.6	
Family violence children present rates per 100,000	19.2%	21.8%	28.3%	20.4%	22.43%	17%	PHIDU Australian Data 2011
Children in families where the mother has low educational attainment	38.7%	4.1%	49.7%	2.5%	23.75%	18.4%	SEHQ 2013
Children living in a family of most disadvantage							

Our question

How might we enable parents to provide the thriving environment they want for their children in their 1st 1000 days?

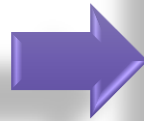
We decided we would

- Take a co-design approach
- Look at a number of local places that are emerging, doing well or not doing as well
- Link with existing groups to lead locally
- Ensure we engage with families, services and communities
- Test and design in 3-4 areas (*one with a focus on Aboriginal families*)

Evidence – still more

Density of Effort

What do we currently provide and support for families and children in the First 1000?



The mapping of the services in our local area:

the what, where, who and the intensity of service delivery



Full map attached to meeting report

Do we have any gaps or duplications in our efforts?



Reflections

- Minimal service that span across pre-natal to 2 years
- Large differences in where specialised services are delivered
- Gaps in coverage particularly in rural areas
- Minimal supports for vulnerable families in the pre-natal space
- Many of service target mothers (not many target fathers)
- Lots of different programs being delivered

Who are the main funders, provider, service type?



Intensity of Service	Universal	Targeted	Intensive
Funders	DET, LG, Health	DET & DHHS	DHHS
Main Providers	Local Gov Hospitals	Local Gov, QEC	Anglicare
Main Service type	Maternity, MCH	Supported Playgroups, Parenting Programs, EMCH	Family support
No: Service No: Providers	10 service types 14 providers	12 service types 17 providers	15 service types 8 providers

Using a co- design approach

WHAT are the outcomes we are seeking

We are seeking to;

- deepen our understanding of how we can better support families and identify the protective factors that support positive wellbeing and development for our children
- develop and test new ideas, solutions and models to enable our children to thrive
- Identify models that work and shape future programs
- develop our local understanding and learnings for better implementation.



HOW we are doing the work

The Inner Gippsland Children and Youth Area Partnership is taking a co-design approach, working in partnership with stakeholders, industry experts, community and service users to solve a problem. The approach will use design techniques, research and inquiry to generate new insights and solutions to our question:

How might we enable parents to provide the thriving environment they want for their children in their first 1000 days?

We are building four teams in each Local Government Area (LGA) within Inner Gippsland across the LGAs of Baw Baw, Bass Coast, Latrobe and South Gippsland. Each will explore a different context or place.

Key features of the program is as follows –



The design of the program draws from the best of adult learning methodologies, behavioural sciences and organisational psychology.



Run over 8 weeks, through a series of one day of hands-on sessions



Participants work collaboratively to build prototype solutions for real projects



New tools are introduced each week which participants then apply between sessions



Weekly sessions are supported with follow up project work, coaching and online content



Participants test assumptions, progress made and ideas with Critical Friends.

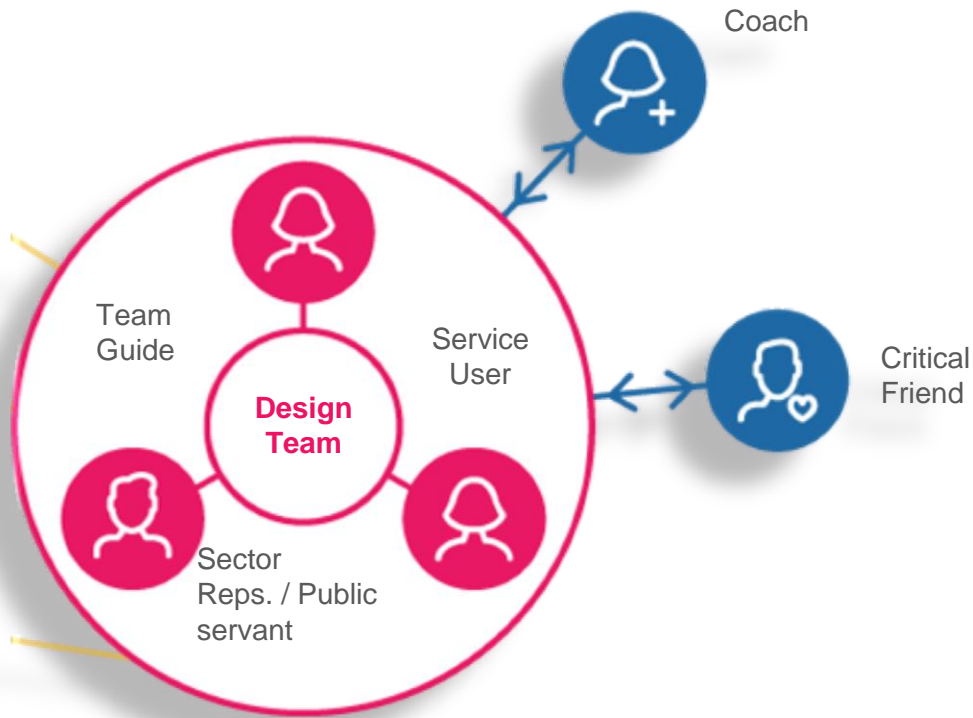


Solutions are pitched on the final week, whereafter resourcing decisions are made for pilot implementation

Baw Baw	Bass Coast	Latrobe	South Gippsland
Families that have experienced family violence	Young Parents in Wonthaggi	Aboriginal Families	Families in Korumburra

The program will be run over four full day sessions in which the design teams will work with design specialists to build solutions for real projects.

Design Teams



A cross-section of people who are impacted by the problem area



Not too heavily invested in the problem or a solution

Encouragement and support; identifying assumptions and asking open-ended questions

Provide a fresh and objective outside perspective

Local Area Solutions

Local Area	Problem	Opportunity	Solution
Bass Coast	Young mums and their babies are more at risk of experiencing socioeconomic disadvantage and disconnection from their community.	How might we ensure young women and their babies are empowered to thrive in their first 1000 days?	Online Young Mum's Group using Facebook <ul style="list-style-type: none"> Connects: young mums / community support services to opportunities – enrich lives Destigmatises / celebrates the journey
Baw Baw	Not all children in Baw Baw thrive in their first 1000 days, especially those impacted by family violence	How might we support all children to thrive in their First 1000 days?	Welcoming, visible and accessible BawBawKids Mobile Phone App connected to townships full of Family Friendly Places
Latrobe	There are two key issues affecting the first 1000 days Aboriginal children in our community. The two issues are: <ul style="list-style-type: none"> Domestic violence Disconnection from culture 	How might we provide families with the support they need to overcome trauma and connect them to culture so that they can care for their children, so together they can thrive?	The Journey is made up of four components; <ul style="list-style-type: none"> Support through pregnancy Family Tree Welcome Boorai to Country Connecting Elders to Boorai
South Gippsland	There is a lack of understanding or knowledge of relevant support services for families in Korumburra	How might we ensure all families in Korumburra feel welcomed and are confident in their neighbourhood and community?	The 'Hop about, Jump about, Learn about Burra' resource both digital and hardcopy format with the use of QR codes linked to a range of essential services and programs.

Local solutions

The screenshot shows a Facebook group page for 'Wonthaggi Young Mums'. The page is set to 'Closed group'. The main content area displays a post by Geraldine Archibald from 26 April at 11:02, discussing sleep issues for new mothers. Below her post are replies from Bernice Mchn, Libby Woni, and Angela Woni. A second post by Geraldine Archibald from 26 April at 10:50 is partially visible at the bottom. The right sidebar features a 'Young Mums FREE Brunch' event, 'RECENT GROUP PHOTOS', and 'SUGGESTED GROUPS' including 'Corinella Area Group' and 'Phillip Island / San Remo Buy, Swap, Sell and Trade locally new and old items'. A purple banner at the bottom of the page reads: 'Welcome to... Wonthaggi Young Mums it's an online mum's group!'.

Wonthaggi Young Mums
Closed group

Discussion

Members

Events

Photos

Manage Group

Search this group

Shortcuts

- Bass Coast Youth 7
- Wonthaggi Young Mums
- Swell mamas 3

Geraldine Archibald
26 April at 11:02

Sleep. It can be the ever-present bane of a new mum!
Remember - Loiuise from Cradle to Kinder is here to help if you have any issues/questions.

Like Comment

Seen by 4

Bernice Mchn And talk to us any time to discuss any mums/bubs issue
Like Reply · 19 hrs

Libby Woni Tell me about it! Im hoping to study next term and counting on bubs having a GOOD afternoon sleep so i can get some work done!!!
Like Reply · 19 hrs

Angela Woni I hope my baby sleeps!
Like Reply · 19 hrs

Write a comment...

Geraldine Archibald
26 April at 10:50

**Welcome to...
Wonthaggi Young Mums
it's an online mum's group!**

Young Mums FREE Brunch
11 May at 10:30
Created for Wonthaggi Young Mums

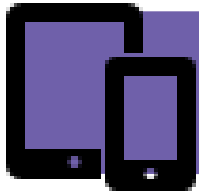
RECENT GROUP PHOTOS

SUGGESTED GROUPS

Corinella Area Group
1 friend · 543 members

Phillip Island / San Remo Buy, Swap, Sell and Trade locally new and old items
6 friends · 3,943 members

Chat (2)



Baw Baw Kids - Mobile Phone App



For Kids



For Places



For Families & Communities



For Mums



For Dads

- ✓ Local Activities & Groups
- ✓ Local Services & Supports
- ✓ Location of Family Friendly Places
- ✓ Information
- ✓ Connections to get the support you need

Icons for Baw Baw Family Friendly Places



Our place is **family friendly** for you and your children



Our place has available **resources and supports** that you can access for you and/or your child



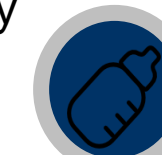
Our place offers you a **change table** and an area of privacy for you to change your little one



Our place has **useful information** for you and your child in those early years



Our place **welcomes families with prams**, we actively provide you space needed in our place

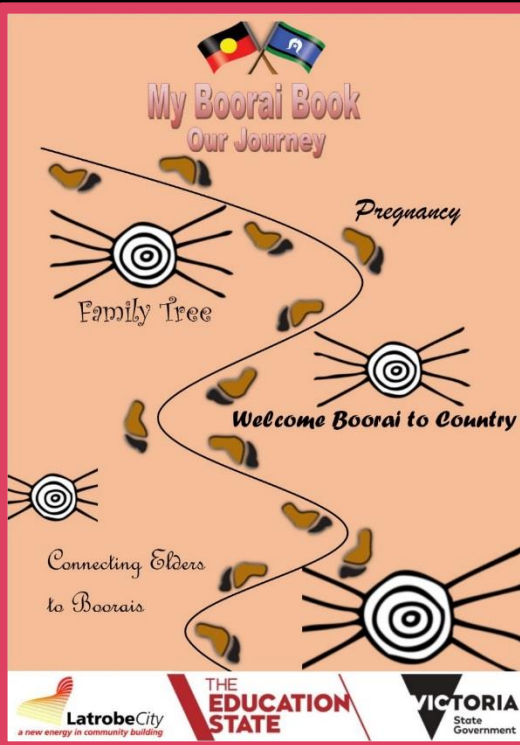
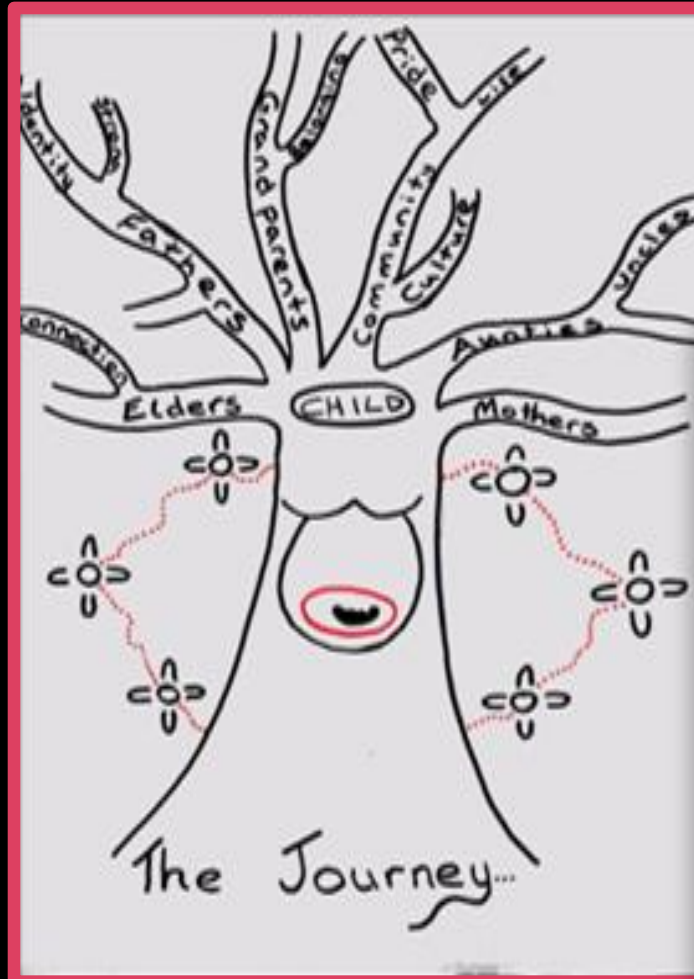
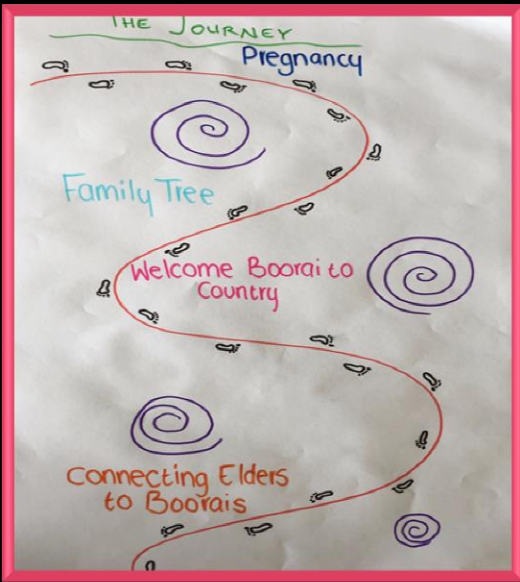


Our place has an area where you are welcome to come and sit to **feed your child in comfort**



At our place you can access and **download the BawBawKids App**

Family Tree



Welcome Boorai to Country

Korrumburra

- The *'Hop about, Jump about, Learn about Burra'* resource!
- An interactive guide for children and families living in Korrumburra and district.
- The notion of belonging and connection to the town will be promoted.
- Families who feel welcome and are confident in their neighbourhood and community are more likely to access universal services.



First 1000 days Symposium

First 1000 Days Symposium

what outcomes do we want from the forum

- ✓ Raise awareness of the possibilities for the First 1000 days improved outcomes
- ✓ Political recognition
- ✓ Collective Actions agreed
- ✓ Broader theoretical knowledge
- ✓ Detailed understanding of the importance of first 1000 days
- ✓ Commitment to strategies
- ✓ Upward influence
- ✓ Pledge or commitment from all forum participants

Key messages for the forum to cover

- ✓ Overview of the project
- ✓ Celebration of the teams projects
- ✓ The what's next
- ✓ Overview of the hotspots
- ✓ Economic modelling for investment in early years
- ✓ Map the developmental milestones
- ✓ Critical inputs and protective factors

First 1000 Days Symposium

who do we want to ensure we invite

- Mayor/Councillors
- Departmental Executives
- CEO of Service providers
- Key personal from Health and Hospitals
- Media
- Families
- Commissioner for Children
- Commissioner for Aboriginal Children
- Sect of Departments
- Gippsland Regional Partnerships
- Aboriginal Community
- Businesses
- Mirboo North Community Foundation
- Bank Australia
- Business Groups
- Committee for Gippsland
- University
- Educators
- Early Years Service deliverers
- Faith Communities
- CYAP leaders
- Vulnerable Children's Reform Unit
- MAV



ACTION

All CYAP leaders to personally invite 1-2 people from community, agency, business, families to the First 1000 days Symposium

Commitment

Inner Gippsland

CHILDREN AND YOUTH
AREA PARTNERSHIPS



How might we enable our parents to provide the thriving environment they want for their children in the first 1000 days?

What idea do you support?

What is good about this idea?

What could help this idea?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

How might you support this idea?

Together, we can do more than shine a spotlight on the importance of the early years of life.

We can commit to action.

It's possible to make a big difference, to set our community up for success

Your Contact Details

Name

Email

Phone

Keep informed

www.areapartnerships.vic.gov.au

Rowena Cann 0429 368 397

CHILDREN AND YOUTH
AREA PARTNERSHIPS

System change - Learning by doing

- At the start I thought I knew all about the problem, but after meeting those who are living through the issues everyday this has changed.
- It empowers everyone and gives strength to decision making.
- What was important was finding out how the community are affected by the problem.
- I now feel like a leader within my community.
- Working with other strong women in our community was a really positive aspect. Each day we had time to reflect, as a group. Everyone had a different reflection.
- A much better way to work with the community to improve services - gaining greater insight to the barriers to participation and finding solutions that suit the community.
- I am wondering still what the problem is....it has made me talk to more people outside the scope of the project to see if I can find out any further information on what the problem might be.
- I have much of a broader view, understand the local context and the user experience.
- I see that all families need support, not just the ones who experience vulnerability.
- The problem in our community is much worse than I thought - the stories from community members about how they're affected by the problem are heart wrenching.
- I loved the first day and while at times uncomfortable the challenge of the pace was also good learning. I met some great people and I enjoyed how supportive and encouraging everyone was of one another. Seeing my team involved in something that took them out of their comfort zone and allowed them to grow and develop personally and professionally.

Next time?

More 'scaffolding'

- allowing conversations and diversity
- support between sessions
- supporting services to respond to feedback

Session on presentations and public speaking skill development

'The evidence sings with diversity and collaboration'

Evidence for impact: International and local perspectives
on improving outcomes for children and young people.

A ONE DAY SYMPOSIUM

Bec Fry

Manager, Service Systems Innovation,
Centre for Community Child Health,
Murdoch Children's Research Institute

Data for improvement

#evidence4impact



Conference partners acknowledge the
generous support of **The Creswick Foundation**



Best Start: Driving improvement in place

Evidence for impact symposium

Rebecca Fry, Service Systems Innovation Manager
Centre for Community Child Health

What is improvement science?

An approach to increasing knowledge that leads to an improvement of a product, process or system.

Moen, Nolan & Provost (2012)



Australian Bureau of Statistics

The system is very busy at the moment. Please try again.





Actually, there's nothing wrong with me. But by the time I see a doctor, there probably will be.

Best Start, Victoria

- Early years, place-based initiative
- Comprises a local partnership and facilitator
- 30 locations
- Focused on boosting vulnerable and Aboriginal children's participation in services such as preschool and MCH



The problems facing vulnerable children, families and communities are complex and not easily solved



Place based initiatives often get stuck...

- Working on too many complex problems and ideas at once
- Pursuing many small projects that have little collective impact
- Developing a clear and explicit theory
- Establishing a learning rhythm
- Using measurement for accountability and learning
- Focusing on practice/programs without attention to scale
- Neglecting the human and technical aspects of effective change

(Adapted from Inkelas, 2013)



Best Start refresh

- Revised program focus on a smaller number of Best Start outcomes.
- Shift to an improvement paradigm
- Investment in 12 months of comprehensive training and support
 - 7 modules
 - Handbook
- Development of a data portal to enable measurement and reporting





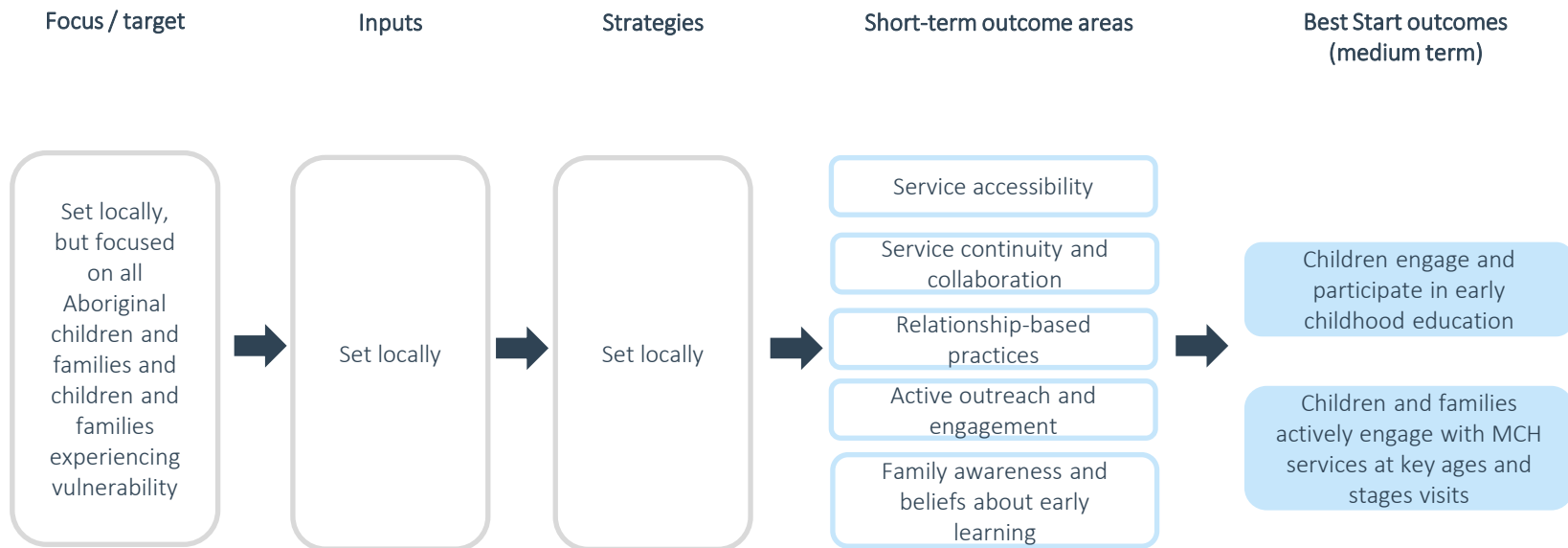
Shifting to an improvement paradigm

Key principles:

- 1) Clear shared goals
- 2) Sensitive measures to track progress
- 3) Deep understanding of problems and barriers that impede success
- 4) Innovation, grounded in explicit theory
- 5) Mechanisms for comparing innovation and systematically testing
- 6) Participatory
- 7) Attention to the human element of change

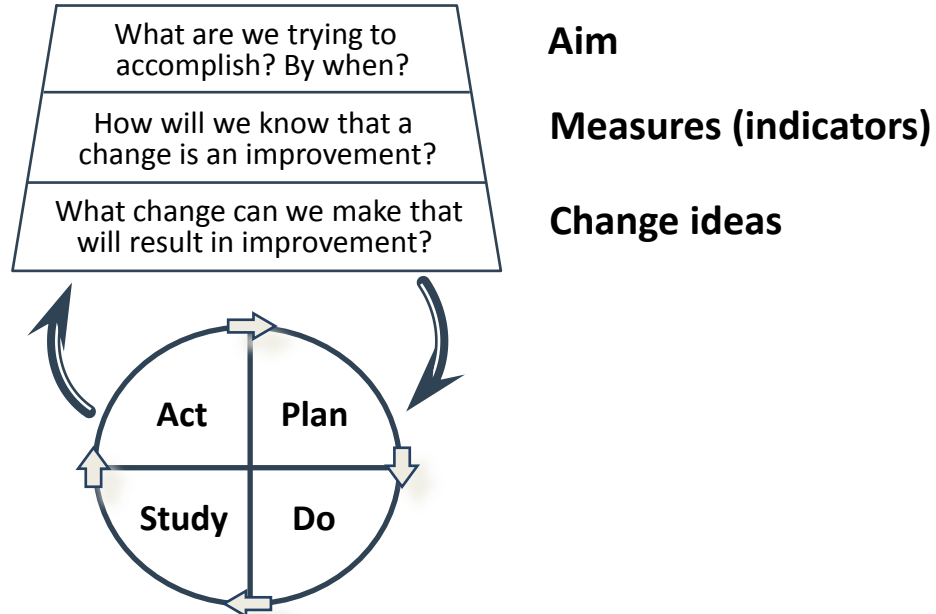
Adapted from Christie, Lemire & Inkelas (2017)

An explicit theory



Clear, shared goals...

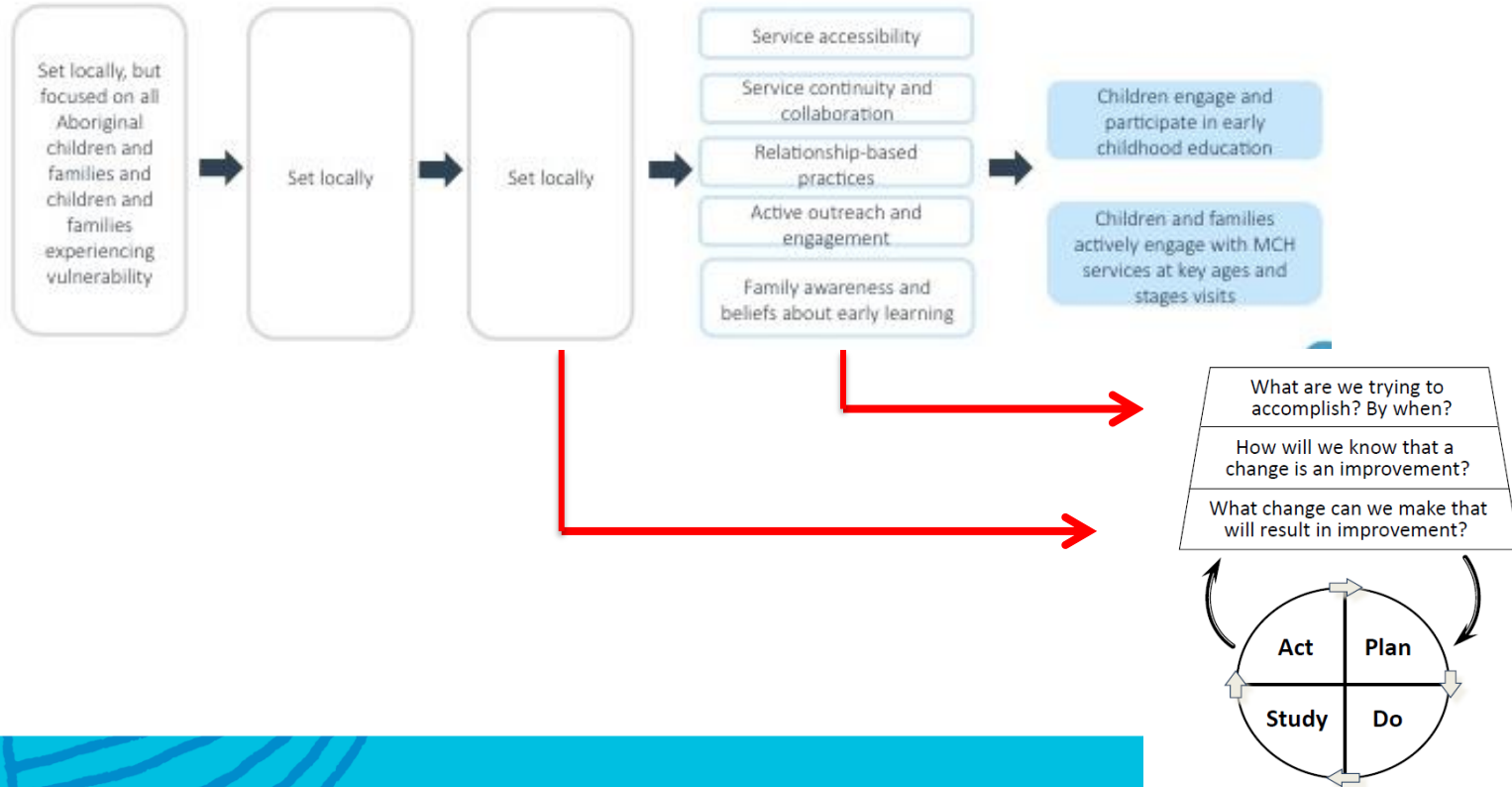
The Model for Improvement



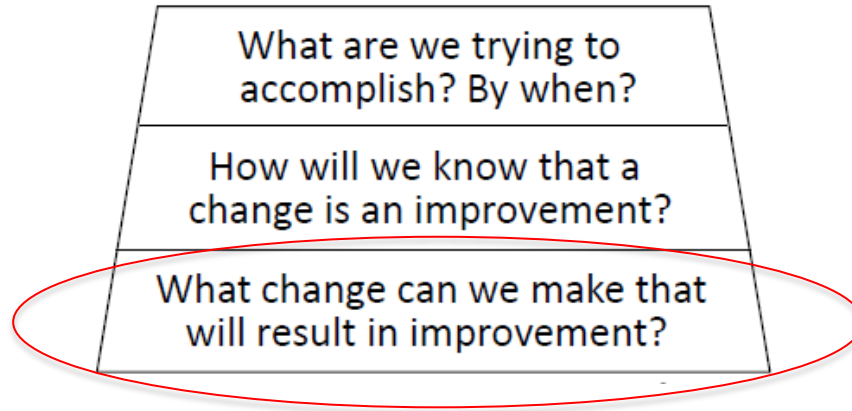
Source: Provost L. Model for improvement: Aims, measures, changes. Associates in Process Improvement.



...linked to the theory



Fostering innovation through change ideas



Testing ideas

Test small at the outset, when we know less, which makes it easier to see cause and effect

Current Situation		Readiness to Make the Change		
		Not Ready	Indifferent	Ready
Low Confidence that current change idea will lead to Improvement	Cost of failure is large			
	Cost of failure is small			
High Confidence that current change idea will lead to Improvement	Cost of failure is large			
	Cost of failure is small			Implement

Very Small Scale Test (diagonal line from bottom-left to top-right)

Small Scale Test (diagonal line from bottom-left to top-right)

Wide Scale Test (diagonal line from bottom-left to top-right)



Source: *The Improvement Guide*, Langley et al. 2009



Example: Visit immunisation sessions to identify families who have missed MCH visits

Step 1

Three MCH nurses engage families while they wait for children's immunisations and explain why they should book in for a visit. They will do this at 2 different sessions. They predict this will lead to the identification and booking of families because there are a large number of families who attend immunisations and they are required to wait before and after. They plan to measure this by noting how many people they speak to are up to date with immunisations, how many have missed visits and the number who make a booking on the spot.

Step 2

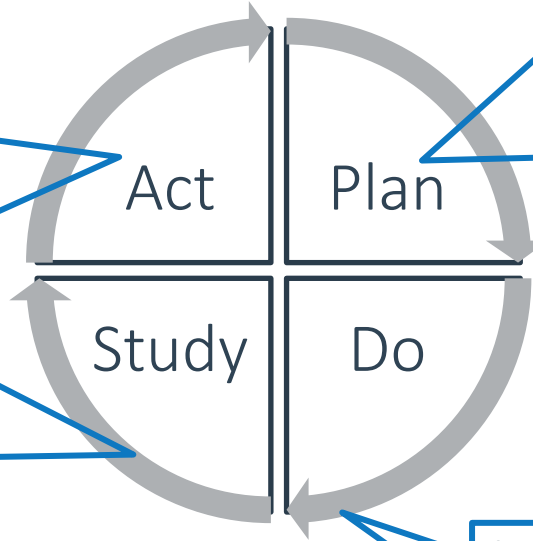
The staff carry out the plan but find it hard to keep track of all of the planned data. An impromptu playgroup session was started to engage more families.

Step 4

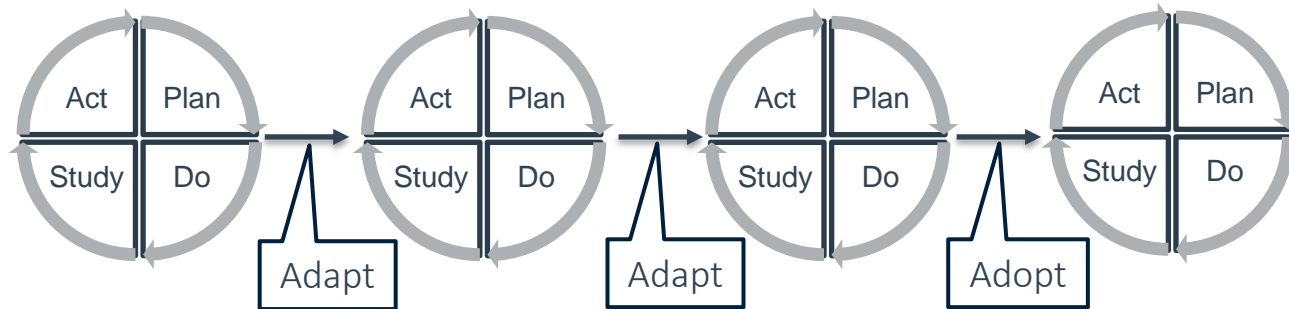
The staff find that most families had already booked in for their appointment, but it was a useful relationship building exercise. They decide to test the idea again, but to incorporate more playgroup activities to engage children and families and invite the playgroup officer along.

Step 3

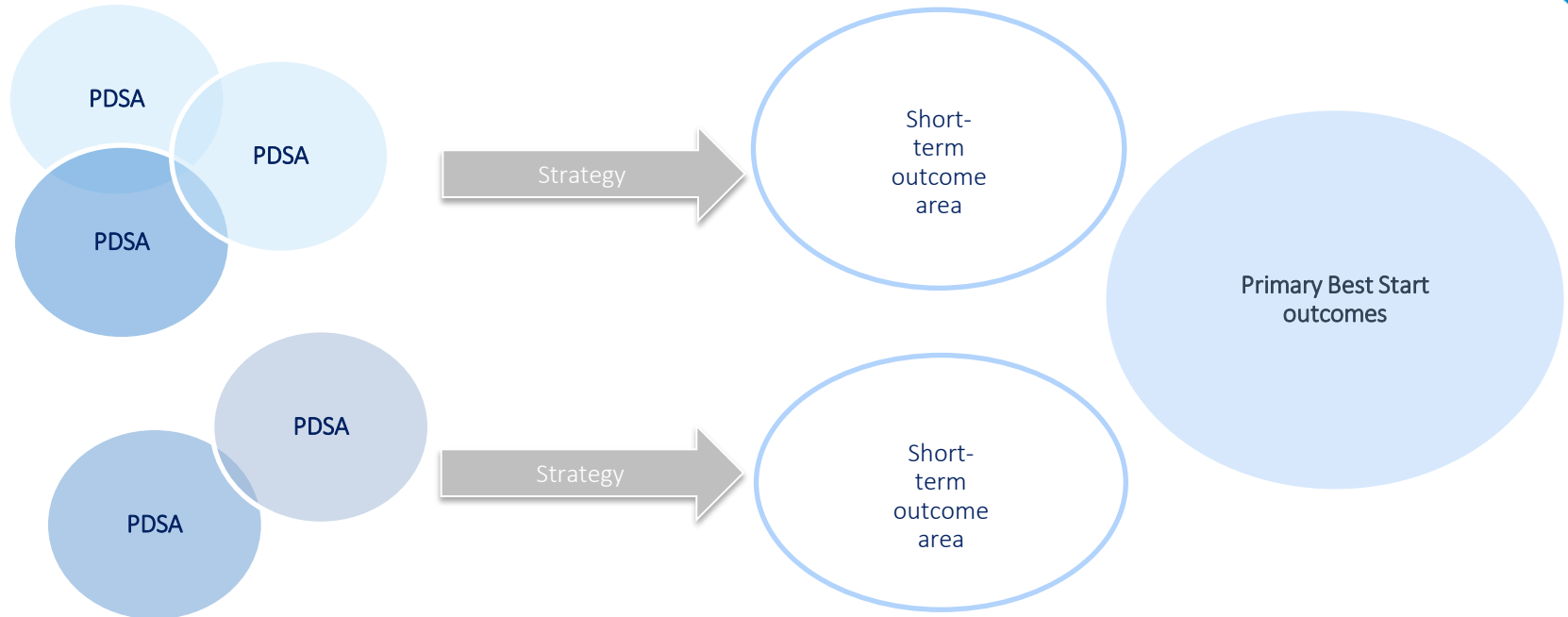
At the end of the two sessions, staff reflect on the results. They found families who openly engaged in the conversations had a very positive response. Some families did not engage in the conversation, which led to 1 MCH nurses starting the impromptu story telling session.



Building confidence (and evidence) through action learning



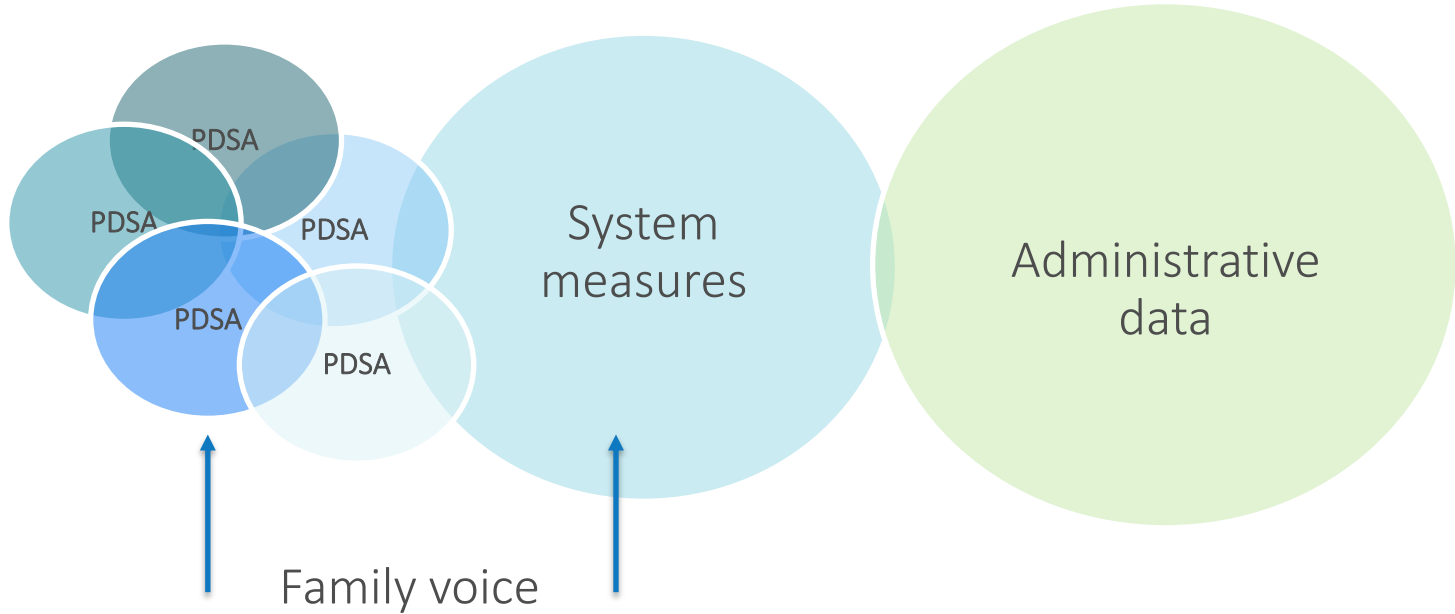
The role of Plan-Do-Study-Act cycles in Best Start



PDSA cycles will test small actions, that when combined will comprise a strategy, and will contribute to attainment of short-term and Best Start outcomes



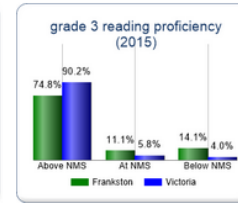
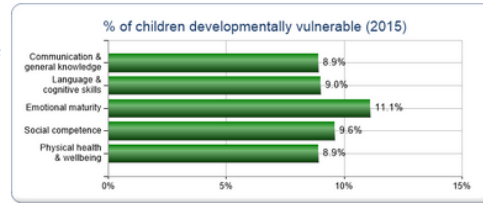
Sensitive measures to track progress



Organising data to promote understanding

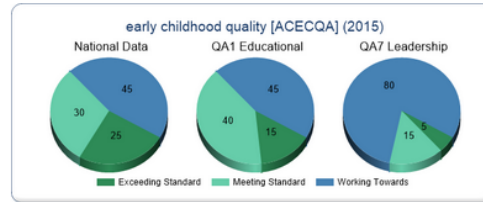
Population outcomes:
Children's developmental
progress at school entry

Frankston Dashboard - June 2016



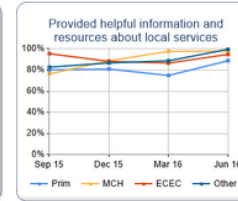
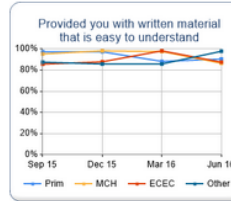
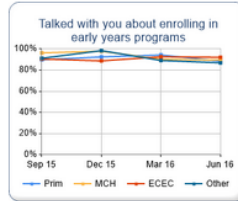
Population outcomes:
Children's 3rd grade reading
proficiency

Quality of ECEC

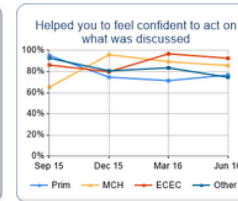
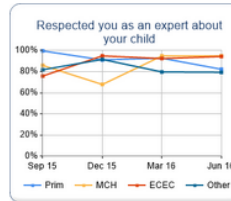
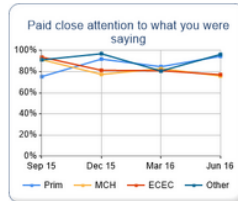


Primary outcomes:
Kindergarten participation

Service Accessibility

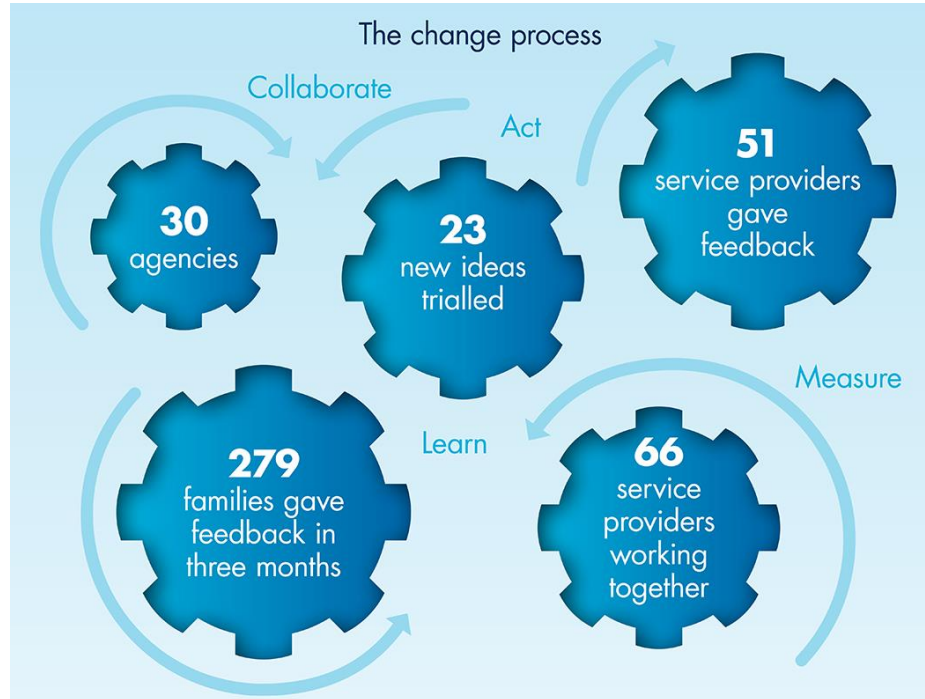


Relationship Based Practices



Service system change

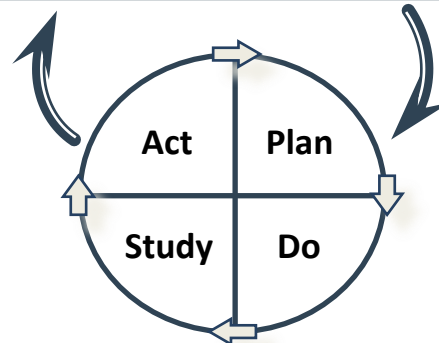
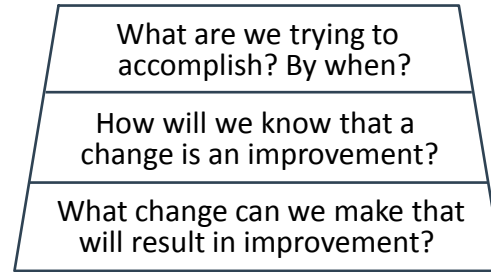
What can it look like in a community?



Where are we at?

30 logic models

Feedback plans



117 change ideas tested

131 PDSAs started

Our reflections

Implementation lessons

- Real benefits of keeping PDSA cycles short, targeted and with small numbers
- Importance of relationships to get partners on board and committed
- Need to create a safe space for learning
- Big shift from traditional views of measurement

Practice lessons

- Promising practices are emerging e.g. using central kinder registration systems to identify and engage families, systematically following up MCH DNAs, attending immunisations sessions to identify families



Acknowledgments

Department of Education and Training

CCCH team

Best Start sites

Assoc Prof Moira Inkelas, UCLA



References

- Christie, C. A., Lemire, S., & Inkelas, M. (2017). Understanding the similarities and distinctions between improvement science and evaluation. In C. A. Christie, M. Inkelas, & S. Lemire (Eds.), *Improvement Science and Evaluation: Methods and Uses. New Directions for Evaluation*, 153, 11-21.
- Inkelas, M., & Bowie, P. (2014). Building a Community Learning System.
- Inkelas, M. (2016). Measurement to improve well-being of children and families. Best Start webinar.
- Inkelas, M., Bowie, P., & Guirguis, L. (2017). Improvement for a community population: the Magnolia Community Initiative. In C. A. Christie, M. Inkelas & S. Lemire (Eds.), *Improvement Science in Evaluation: Methods and Uses. New Directions for Evaluation*, 153, 51-64.
- Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). *The improvement guide* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Lemire, S., Christie, C. A., & Inkelas, M. (2017). The methods and tools of improvement science. In C. A. Christie, M. Inkelas & S. Lemire (Eds.), *Improvement Science in Evaluation: Methods and Uses. New Directions for Evaluation*, 153, 23-33.
- Moen, R. D., Nolan, T. W., & Provost, L. P. (2012). *Quality improvement through planned experimentation*. New York, NY: McGraw Hill.
- Perla, R. J., Provost, L. P., & Murray, S. K. (2013). Sampling Considerations for Health Care Improvement. *Quality Management in Health Care*, 22(1), 36-47.



Contact details

Bec Fry

Manager, Service Systems Innovation

rebecca.fry@mcri.edu.au



**Melbourne
Children's**

A world leader
in child and
adolescent
health



Centre for Community Child Health

The Royal Children's Hospital Melbourne
50 Flemington Road Parkville Victoria 3052 Australia
www.rch.org.au/ccch

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of Murdoch Childrens Research Institute.