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
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
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**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>20% of children are developmentally vulnerable on one or more AEDC domains at school entry</td>
</tr>
<tr>
<td>47%</td>
<td>47% increase in the rate of children in out-of-home care over a five year period</td>
</tr>
<tr>
<td>12%</td>
<td>12% of Victorians aged 19 years have not completed year 12 or equivalent</td>
</tr>
<tr>
<td>14.6 x</td>
<td>14.6 x more likely for Aboriginal children to be in out-of-home care than non-Aboriginal children</td>
</tr>
<tr>
<td>96%</td>
<td>96% increase in child protection substantiation rate over a five year period</td>
</tr>
<tr>
<td>67%</td>
<td>67% increase in family violence reports over a four year period where children were present</td>
</tr>
</tbody>
</table>
Eight Area Partnerships have been established across Victoria
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:

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

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**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

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**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

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**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

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Learning and adapting across all phases
### Key principles underpinning our approach

<table>
<thead>
<tr>
<th>Use quantitative data for patterns, qualitative for insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;No data without story, no story without data&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shared measurement is an <em>echo</em> of the shared agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>We measure the impact of our work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Less is more – ‘moving the needle’ requires focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>We commit to 90/120 day cycles and rapid feedback loops</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combination of top-down and bottom-up approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>We learn by doing</td>
</tr>
</tbody>
</table>
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.

## Learning and Development from Cradle to Career (Pre-conception to 24 years)

<table>
<thead>
<tr>
<th>Thematic Outcomes</th>
<th>Focus Areas</th>
<th>Safe and Supportive Homes and Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRAL HIGHLANDS</td>
<td>All children get the best start in the first 1,000 days</td>
<td>Improve Year 12 completion (or equivalent) rate from 78% to 100% by 2030</td>
</tr>
<tr>
<td>INNER GIPPSLAND</td>
<td>All children start school ready to learn</td>
<td>• Voice of those in OOHC is heard and informs decisions</td>
</tr>
<tr>
<td>LODDON</td>
<td>All children start school ready to learn</td>
<td>• All children in OOHC are attending education</td>
</tr>
<tr>
<td>MALLEE</td>
<td>All children start school ready to learn</td>
<td>• Prevent children from entering care</td>
</tr>
<tr>
<td>OUTER EASTERN MELBOURNE</td>
<td>All children start school ready to learn</td>
<td>• Better educational outcomes for those in OOHC</td>
</tr>
<tr>
<td>OVENS MURRAY</td>
<td>All children start school ready to learn</td>
<td>• Better outcomes for those leaving care</td>
</tr>
<tr>
<td>SOUTHERN MELBOURNE</td>
<td>All children start school ready to learn</td>
<td>• Prevent offending among young people at risk</td>
</tr>
<tr>
<td>WESTERN MELBOURNE</td>
<td>All children start school ready to learn</td>
<td>• Improved outcomes for children in OOHC</td>
</tr>
</tbody>
</table>

## Thematically Agreed Site-based Outcomes for Children and Youth Area Partnerships, June 2017
Local solutions driven by co-design and evidence
LOCAL SOLUTIONS DRIVEN BY CO-DESIGN AND EVIDENCE

JANE ANDERSON

29th June 2017
Anglicare Victoria employs over 1,300 staff and enjoys the support of over 2,000 dedicated volunteers.

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.
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
Our question

How might we enable parents to provide the thriving environment they want for their children in their 1\textsuperscript{st} 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 (\textit{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?

Do we have any gaps or duplications in our efforts?

Who are the main funders, provider, service type?

The mapping of the services in our local area:
the what, where, who and the intensity of service delivery

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

<table>
<thead>
<tr>
<th>Intensity of Service</th>
<th>Universal</th>
<th>Targeted</th>
<th>Intensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funders</td>
<td>DET, LG, Health</td>
<td>DET &amp; DHHS</td>
<td>DHHS</td>
</tr>
<tr>
<td>Main Providers</td>
<td>Local Gov Hospitals</td>
<td>Local Gov, QEC</td>
<td>Anglicare</td>
</tr>
<tr>
<td>Main Service type</td>
<td>Maternity, MCH</td>
<td>Supported Playgroups, Parenting Programs, EMCH</td>
<td>Family support</td>
</tr>
<tr>
<td>No: Service</td>
<td>10 service types</td>
<td>12 service types</td>
<td>15 service types</td>
</tr>
<tr>
<td>No: Providers</td>
<td>14 providers</td>
<td>17 providers</td>
<td>8 providers</td>
</tr>
</tbody>
</table>

Full map attached to meeting report
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.

<table>
<thead>
<tr>
<th>Baw Baw</th>
<th>Bass Coast</th>
<th>Latrobe</th>
<th>South Gippsland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families that have</td>
<td>Young Parents in</td>
<td>Aboriginal Families</td>
<td>Families in Korumburra</td>
</tr>
<tr>
<td>experienced family</td>
<td>Wonthaggi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>violence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **Team Guide**
- **Sector Reps. / Public servant**
- **Service User**
- **Coach**
- **Critical Friend**

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
<table>
<thead>
<tr>
<th>Local Area</th>
<th>Problem</th>
<th>Opportunity</th>
<th>Solution</th>
</tr>
</thead>
</table>
| 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  
  ▪ 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:  
  ▪ 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;  
  ▪ 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
Baw Baw Kids - Mobile Phone App

For Kids  For Places  For Mums  For Dads  For Families & Communities

✓ 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 offers you a change table and an area of privacy for you to change your little one
Our place welcomes families with prams, we actively provide you space needed in our place
At our place you can access and download the BawBawKids App

Our place has available resources and supports that you can access for you and/or your child
Our place has useful information for you and your child in those early years
Our place has an area where you are welcome to come and sit to feed your child in comfort
• 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

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
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?

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
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 later.

"TESTED"
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

Focus / target
Set locally, but focused on all Aboriginal children and families and children and families experiencing vulnerability

Inputs
Set locally

Strategies
Set locally

Short-term outcome areas
Service accessibility
Service continuity and collaboration
Relationship-based practices
Active outreach and engagement
Family awareness and beliefs about early learning

Best Start outcomes (medium term)
Children engage and participate in early childhood education
Children and families actively engage with MCH services at key ages and stages visits
Clear, shared goals...

The Model for Improvement

<table>
<thead>
<tr>
<th>Aim</th>
<th>Measures (indicators)</th>
<th>Change ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we trying to accomplish? By when?</td>
<td>How will we know that a change is an improvement?</td>
<td>What change can we make that will result in improvement?</td>
</tr>
</tbody>
</table>

Act | Plan | Study | Do

...linked to the theory
Fostering innovation through change ideas

- What are we trying to accomplish? By when?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?
Testing ideas

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

<table>
<thead>
<tr>
<th>Current Situation</th>
<th>Readiness to Make the Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Ready</td>
</tr>
<tr>
<td><strong>Low Confidence</strong></td>
<td>Cost of failure is large</td>
</tr>
<tr>
<td>that current change idea will lead to Improvement</td>
<td></td>
</tr>
<tr>
<td><strong>High Confidence</strong></td>
<td>Cost of failure is small</td>
</tr>
<tr>
<td>that current change idea will lead to Improvement</td>
<td></td>
</tr>
</tbody>
</table>

- **Low Confidence**
  - Cost of failure is large
  - **Very Small Scale Test**
  - **Small Scale Test**
  - **Wide Scale Test**
  - **Implement**

- **High Confidence**
  - Cost of failure is small
  - **Implement**

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 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.

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.
Building confidence (and evidence) through action learning

Adapted from Associates in Process Improvement
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

System measures

Administrative data

Family voice
Population outcomes: Children’s developmental progress at school entry

Quality of ECEC

Organising data to promote understanding

Population outcomes: Children’s 3rd grade reading proficiency

Primary outcomes: Kindergarten participation

Service system change
What can it look like in a community?

- **30 agencies**
- **23 new ideas trialled**
- **279 families gave feedback in three months**
- **51 service providers gave feedback**
- **66 service providers working together**

The change process:
- Collaborate
- Act
- Learn
- Measure
Where are we at?

What are we trying to accomplish? By when?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Model for Improvement

Act
Plan
Study
Do

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


Contact details

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