Midland Early Years Services Consultation Project
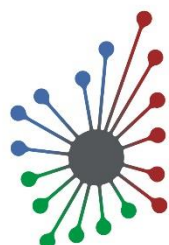
Table of Contents

Acknowledgement

Executive Summary

This report is a further step in ascertaining the needs of families with 0-4-year-olds in the Midland region who are facing adversity and in exploring the local services that are available to support them. This sequence has been substantially community-initiated, particularly facilitated by the efforts of *we the people* along with coalface staff and organisations that provide services to families with young children in the Midland area. It describes the results of a consultation with more than 120 mothers and carers of children in the 0-4 age range, including a substantial proportion of mothers of Aboriginal and culturally and linguistically diverse (CALD) backgrounds. The consultation was made possible by funding that was provided by the WA Primary Health Alliance (WAPHA).

The work was undertaken by Telethon Kids Institute (TKI) staff in collaboration with the Midvale Hub. To complete the consultation, a TKI staff member was *embedded* in the Midland community for approximately 6 months. A Reference Group provided ongoing direction and support to the project.

There have been few studies into the perspectives of vulnerable families on access and inclusion in early childhood services (Carbone, Fraser, Ramburuth, & Nelms, 2003). Australian studies have been particularly scarce (Carbone et al., 2003) and the overall research base is weak (Morris & Featherstone, 2010). Consequently, early years service access and inclusion for vulnerable children and families is poorly understood and this is a critical gap because disadvantage tracks forward from early childhood, so that the life chances of children who miss out on a good start tend to remain constrained.

For such children and their parents, the community service support system is especially important as a bulwark against poor developmental and wellbeing. Where it performs well, it can have a strong positive influence on parental child rearing capacities, which in their turn can directly impact children's development.

The consultation was conducted in Midland between April- September 2018 and explored local young vulnerable mothers' perspectives, experiences and perceived barriers to using social and health services and programs during their pregnancy and

in the following 4 years after they gave birth. A sequence of steps were taken to maximise the quality of the consultation and its reliability and validity. These included: initial familiarisation with the community and environmental scanning; consulting with service providers and inclusive project planning and governance; co-developing and trialling the consultation with service providers and community members; and training in data collection to mount a collective effort.

The project team completed all consultations during the June-July 2018 period. Approximately half were with ATSI and CALD women and about 1 in 5 were between 18-24 years old. Approximately 1 in 3 of the women consulted had concerns related to the home environment or their child's development, which is approximately twice the level expected in a standard population of parents (Haimovitz & Dweck, 2016). This suggests that the consultation did engage with vulnerable women.

Women consulted were more likely to report GPs, playgroups and Child Health Nurses as their most important sources of support since the birth of their most recent child. Key sources of support for vulnerable families have some common features, such as having a purpose that is generalist rather than specialist and being local or neighbourhood based.

In such cases, it might be hypothesised that generalist, local services like GPs, playgroups, childcare and child health nurses offer opportunities to discuss issues in a broader family context and consider options in relative safe settings. Perhaps these 'safe' settings also allow opportunities to canvas initial options for self-management of challenges (e.g. discussing issues with other mothers in a play group) before considering escalation to specialist service options.

This locates relative *vulnerability* as something that is not obvious to those experiencing it. If true, this is likely to pose barriers to early help seeking with respect to parental concerns or those related to a child's development. It may, therefore, only be when a need becomes highly apparent and salient through a combination of lived experience (e.g. chatting with a GP) and subsequent reflection that many vulnerable families see any need for action. If so, this may have substantial implications for preventing the impact of family vulnerability on children's developmental outcomes in

Midland and especially emphasises the role of trusted generalists like GPs, child health nurses, early childhood educators and playgroup facilitators in preventing developmental delay and in identifying and expediting access to therapeutic interventions.

The consultation highlighted positive attributes or qualities of services that seem most important to vulnerable mothers in Midland. These included the quality of relationships offered to mothers as being a significant 'pull factor' across all ages. Convenience or 'ease of access' was also important. Cultural security was understandably more often mentioned by Aboriginal mothers, but it seemed very important to younger Aboriginal mothers, perhaps because they may be less confident in accessing services more generally.

The consultation reinforced the generic importance of early years services embracing a system-wide customer service orientation. It also suggested a role for determining how family contexts influence perceived needs so that these can be taken into account in arranging service encounters. This would allow early years services to better respond to what matters to different groups of mothers in their different circumstances.

Levels of cultural awareness among service providers was a key relational factor for approximately 1 in 3 of the women consulted. This was especially true for Aboriginal mothers consulted who were understandably more likely to report an absence of cultural security as a negative dimension of their early years service use experience and was also relatively common among the CALD mothers consulted.

Many women consulted believed there was a lack of information and poor linkages on effective promotion of programs and facilities between Midland's early years services. Much of this pointed to limited information about services that were offered or a lack of advertising of what was available locally. Women consulted often indicated they knew about services only because friends or relatives had used and recommended them.

With respect to accessing information, most women indicated they frequently used the internet to find out about local early years services. This highlighted the

importance of local service websites having accurate information and accessibility features to ensure they maximised access and inclusion for all families. Local co-design or review processes of web sites and other media involving vulnerable families in Midland are suggested to ensure information is provided in appropriate forms and languages. A further area for consideration was the degree to which existing forms and methods of social marketing used by Midland's early years services extended to well-timed and attractive displays in high-visibility locations (e.g. shopping centres, recreation facilities) and whether these were developed within a 'systems-level' communication and information plan.

Many also pointed to the importance of effective local partnerships and sound relationships between local service providers. In particular, they reflected on the significance of services working seamlessly, showing a willingness to collaborate with one another to facilitate referrals, and making the early years system more accessible and inclusive for families with multiple or complex needs.

Most women consulted identified barriers to their use of services in the Midland community. These included lack of (or inconvenient) transport, lack of affordable services, services being locating in hard to reach places, or difficulty finding parking or that when it was available, it was sometimes expensive. Having a larger family with additional day-to-day challenges associated with simply having more children in a household was also identified as an access barrier. Overall, service inaccessibility was a widespread problem cited by women consulted, with 1 in 2 reporting it as having been an issue for them.

Consequently, many women consulted believed there was a need for local services to operate more flexibly. A particular concern for those who worked full-time was rigidity in hours of operation that limited their access to local supports and services and necessitated them taking time off to use them.

Overall, the consultation highlighted that some local health services and early childhood support and family support services were commonly used by vulnerable mothers with 0-4-year olds and were routine primary sources of support. These were

clear touch points for many families in the local service system; regularly used and engendering high trust among women.

Nevertheless, the consultation also suggested that the local system would benefit from greater integration of its services. Co-locating more services in settings like Child and Parent Centres and other neighbourhood locations seems likely to increase their impact on the development of children in vulnerable families because it would reduce access and inclusion barriers. Added to this it has the potential to strengthen levels of the community support and capacity by creating richer local social linkages and improving understanding of services and their roles and of the diverse people and cultures in the Midland area.

Many of the women consulted suggested there was a systemic need for professional development focussing on customer service, team work and cultural awareness among local early years staff. Women also indicated a desire that the staffing structures of local early years services better reflected the cultural diversity of the community. This could be critical to establishing shared understandings across the many cultures in the local community and could act to broaden perspectives, tolerance and cohesion. In a similar vein, women consulted also wanted more culturally inclusive activities to promote engagement, improve interaction, and to extend and support social networks.

Improving access to early years services was also a common theme among women consulted. Access refers to many facets, including having family friendly and flexible options for appointments to accommodate work schedules, facilitating fathers' involvement, and responding to a range of family contexts. Consideration of occasional weekend and after-hours services along with alternative methods of service delivery (e.g. outreach, internet-based education programs, etc.) is suggested.

Cross-cutting service partnerships for the Midland early years system also seem crucial to optimising effectiveness, especially for vulnerable families. While much work has been done in this area over a long period of time in Midland, gaps have included community involvement in service co-design along with having the full range of agencies that might have a role in the broader system fully engaged.

System-wide processes that have the capacity to address community needs are suggested as key potential early years strategies for Midland. These include dimensions like coordinated service marketing and promotion, but they also include issues of shared staff development, clearer referral pathways, a systems' staff-mix strategy and so on. While complex and requiring a move beyond siloes, women consulted clearly believed that when local services work as a system, there will be greater potential to improve outcomes and reduce gaps.

As indicated in the first Midland study, it seems the areas for greatest local improvement are predominantly systemic rather than those located within the capacity of any one service or its staff to address. Insofar as vulnerable families are concerned, the areas for development lie mostly in the area of how the overarching early years system knits together with their own efforts and those of their network of family and friends to provide a coherent and consistent scaffolding supporting the best developmental outcomes for their children

To progress the broader agenda of systems level reform, the following steps are recommended as actions for the remainder of 2018:

1. Release the current report via a public launch and subsequently make it available to both community members and organisations in a variety of locations and forms, including as a summary of key points and recommendations, inviting public comment;

2. Conduct a workshop with local services providers to respond to priority community needs identified in the report;

3. Work with local early years stakeholder groups and agencies to discuss their views as to if and how they might like to proceed with establishing systems change agenda for Midland;

4. Consult with Regional and Statewide peak organisations and leaders to ascertain their interest in, and support for, a Midland early years system reform effort and interpret their willingness to facilitate and enable this occurring; and

5. If there is support, progress a plan to restructure the local early years system, establishing formal local partnerships that capture shared intent and commitment, and clarify the roles and responsibilities of different parties.

Background and Introduction

Situating this report as part of a broader body of work

This report represents a further step in a sequence of work directed to ascertaining the needs of families with 0-4-year olds in the Midland region who are facing adversity and in exploring the local services that are available to support them. This sequence has been substantially community-initiated, particularly facilitated by the efforts of *we the people,* but also by the many coalface staff and organisations that provide services to families with young children in the Midland area and have a long-standing commitment to improving outcomes across the early years and beyond.

This report relates to a consultation with more than 120 mothers and carers of children in the 0-4 age range and follows a prior piece of work that provided estimates of the number of children in the Midland region facing developmental adversity and attempted to characterise the early years service system in the area. The consultation was directed to families experiencing adversity and consequently included a substantial proportion of mothers of Aboriginal and CALD backgrounds as well as many young parents.

The prior study identified the suburbs immediately to the east of Midland as the suburbs with the greatest number of children and families facing adversity: Bellevue, Koongamia, Middle Swan, Midvale and Swan View (and Midland itself). These suburbs, which are subsequently referred to as the Midland region, were the focus of the prior and current report.

The previous report indicated that approximately 40,000 people lived in the Midland region of whom 2417 were aged between 0-4-years. It also noted that the population of the region included a higher proportion of Aboriginal people (4%), a smaller proportion of families with both parents born overseas and a higher proportion of single parent families than other areas of Perth.

Additionally, the previous report identified 126 human services comprising schools, early learning and care services, parenting services, community health services, family counselling, family and domestic violence services and public housing services either located or that provided services to people in the Midland region. Most of the services identified were located in the central part of east metropolitan region in Midland (64) or Midvale (13).

While the previous study did not fully evaluate the extent to which the combined community and social services were meeting the needs of local children and their families, it did suggest that stakeholder consultations had pointed to many services having barriers to uptake and/or too few enabling factors to make them easy for people to access and use. Service providers had also pointed to many local families finding the local service system difficult to navigate.

Given this, a recommendation in the prior report was that there be an effort to conduct in-depth consultations with a cross-section of families in the Midland region to ascertain the needs, barriers and enabling factors to accessing services. This prompted the consultation which forms the focus of the current report.

The consultation was made possible by funding that was provided by the WA Primary Health Alliance (WAPHA). WAPHA had originally requested the consultation be limited to young Aboriginal mothers in Midland area focussing on elaborating their experiences navigating local early years support services and programs. However, subsequent discussions extended the focus to a broader range of vulnerable families, albeit that the emphasis was to remain on the following:

- Thematically analysing the experiences of vulnerable mothers navigating the local early years support services and programs systems;

- Characterising accessibility and barriers to use of antenatal and early years services and programs by young Aboriginal and other vulnerable parents in the Midland area;

- Providing recommendations to make antenatal and early years services and programs more accessible to young Aboriginal and other parents in the Midland area; and

- Reporting on findings and facilitating discussions on strategies to improve child development and wellbeing in the Midland area.

The work itself was undertaken by Telethon Kids Institute in collaboration with staff of the Midvale Hub. The lead Telethon Kids Institute staff member was embedded in the Midland community for approximately 6 months and was, during this time, extensively supported by Midvale Hub staff.

A Project Reference Group comprising membership from Telethon Kids Institute, *we the people*, WAPHA and Midvale Hub was formed to provide ongoing direction and support to the consultation. A wide range of local services and staff also provided ongoing and invaluable practical support and advice.

Findings from this consultation were intended to inform service providers and decision-makers about the broader perspectives of vulnerable families in their service catchment about their use of early years social and health services in Midland along with their perceptions of their usefulness and any barriers they experienced with regard to access.

What makes this consultation important?

Providing high quality and accessible levels of support to families in their own communities during the early years of their children's lives can make a sustained difference to growth and development, with better outcomes for children who grow up in safe social, emotional and educational environments (Kaminski et al., 2013). These include more successful entry and progression through school, more likelihood of employment and career progression, less likelihood of involvement in antisocial aspects, including crime and the subsequent risk of incarceration, and more stable personal relationships.

The reason early childhood matters so much is that it is a time for forming foundational or *core life capabilities*. These capabilities are the things that lie at the heart of mastery in many areas of life and across time, including persistence under conditions of adversity or challenge, focusing attention to enable higher levels of achievement, and controlling emotions when things don't go as planned.

An aspect of community support for families with young children is a range of local services oriented and attuned to ensuring that all home environments are well equipped to offer maternal support, that foster consistent parenting in these settings, and which broaden and enrich children's learning opportunities. Collectively, such services have the potential to increase the chances of sound early development and wellbeing (Leahy-Warren, McCarthy, & Corcoran, 2012). Carbone et al. (2003) note that it is vital that these efforts commence as early as possible, especially for vulnerable children and families.

They refer to Canadian data showing socio-economic gradients being evident by the time kindergarten commences; Australian Early Development Census (AEDC) data point to the same gradients in this country. As Carbone et al. (2003) indicate, this respective disadvantage tracks forward, so that the life chances of children who are vulnerable in early childhood remain more constrained than their counterparts.

It is this general underpinning evidence-based logic that runs through much of the early years service system in WA and in other parts of Australia. It also lies at the heart of different levels and forms of government and non-government funding support for this area. Ultimately, this stems from a collective recognition by the Australian community through its formal institutions of government, its business and civil society organisations and across the broader body of its citizenry that providing all children in the country with the best possible beginning to life is a common-good enterprise that will make the nation healthier, happier and more cohesive.

Given this objective and the shared community-wide interest in child development, it makes sense to occasionally take stock of how well our investments in this area are performing, both collectively and among the different groups and geographic areas that comprise our diverse country. Among the voices that should be heard in any process of taking stock are those families for whom their children's development has historically tended to have reflected vulnerability.

What makes this important and was the impetus for the current consultation is that there have been few studies looking at the perspectives of vulnerable families on access and inclusion with regard to local early childhood services (Carbone et al., 2003). Australian studies have been scarce (Carbone et al., 2003) and the overall research base has been characterised as weak (Morris & Featherstone, 2010). This has meant that early years service access and inclusion for vulnerable children and families has remained a relatively poorly understood issue.

Morris and Featherstone (2010) have detailed a broader case for consultations of the current type, describing something of the same situation found in the previous Midland research. They referred to services introduced into localities in a piecemeal way, without a deep understanding of marginalised families and without subsequent evaluation. They also pointed to a "bewildering array of initiatives" (p. 564) not based on a deep understanding of local families and their lives and perspectives, which seems to reflect the findings of the prior Midland study. To make progress from this situation, Morris and Featherstone suggested the following:

- Listening to parents and their experiences;

- Attending to how parents make decisions about using services; and

- Understanding families in their different cultural, structural and other contexts.

These reflect the steps taken with the current consultation. The following section offers a more detailed overview of the conceptual underpinnings of the study so as to clearly locate the orientation of the work for the reader.

The perspectives that informed the consultation

The reasons for developmental vulnerability are diverse, but it often has systemic roots which lead to some families tending to be resource poorer than their 'average' counterpart Australians. The results of this mean they may have less access to individual things like transport, formal education, systems of informal support, finance, safe and secure housing or perhaps that they experience these and other challenges

in combination. Notably, the roots of such relative resource deficits often lie outside the individual family's immediate control.

For example, as noted in the prior report, many CALD and refugee people have limited capacity to communicate in English, which can cause challenges and undermine confidence. This in turn can make finding a job more difficult and contribute to social isolation leading to financial stress and possibly, housing insecurity. For linguistically diverse students who are not proficient in English when they begin school, developmental vulnerability is also more common.

For Aboriginal children and families, a growing body of literature has linked their wellbeing to far-reaching, persistent effects of dispossession and intergenerational trauma caused by colonisation and government policies thereafter. The previous Midland report made the point that WA research had found that of children whose primary carer was part of the stolen generation, nearly one third were at high-risk of clinically significant emotional or behavioural difficulties.

For families like these, most especially those for whom there are many dimensions to their disadvantage, the community service support system is especially important as a bulwark against poor developmental and wellbeing outcomes for their children. Where it performs well, the system can have strong positive influences on parental child rearing capacities, which in their turn can directly impact children's development (Angley, Divney, Magriples, & Kershaw, 2015).

As noted in the prior Midland report, however, to function optimally, a local early years system must overcome a range of challenges. These include a need for robust internal and external collaboration and coordination; engagement of citizens and the community in policy making and implementation; and some degree of innovation in designing and testing comprehensive solutions that 'work' for all families. It is worth noting that firm evidence on these various aspects and their relative contributions when it comes to causing and/or remediating issues related to disadvantage remains to be determined. This is what makes the current consultation both necessary and important.

When considering the needs and best responses for families with children that are most prone to experience developmental vulnerability, there is obviously no substitute for local direct consultation with parents living in these contexts. If local services are to make a difference to the life chances of children in families confronting a range of life challenges, it is critical that the means of making them accessible and responsive to these is deeply informed by first-hand experience.

This view informed the current consultation. Notably, the Midland process was conceptualised, developed and implemented within a framework of seeking extensive local stakeholder input, drawing on this body of wisdom and experience. Likewise, the project worked within the imperative of providing those to be consulted with the highest possible levels of cultural security. Through this process, it was hoped the consultation would enable some deeper insights and understandings of perceptions of services, and from these, that it would offer useful information to guide future service design and development.

The following section details how the design and implementation of the consultation sought to achieve the robustness of purpose intended.

Consultation Method

The consultation in the Midland catchment area was conducted between April and September 2018. The goal of the process was to explore young vulnerable Midland mothers' perspectives, experiences and perceived barriers to using social and health services and programs during their pregnancy and in the following 4 years after they gave birth.

Maximising the quality of the consultation

A sequence of steps were taken to maximise the quality of the Midland consultation and hence, the reliability and validity of the process. These steps, which were critical to the overall success of the process, included:

1. *Initial familiarisation and environmental scanning*

As noted previously, a researcher was embedded in the Midland community for approximately six months. During this time, the researcher initially and extensively familiarised herself with local early years services and providers and with the community more generally. She did this in a variety of ways. These included making formal meetings with providers to introduce herself, explain the purpose of the consultation, gather ideas and perspectives and to recruit diverse providers as potential 'allies' in the conduct of the consultation.

During the familiarisation period, the embedded researcher also spent a good deal of time with local parents, informally meeting them in contexts like playgroups, childcare settings, on home visits and so on. This familiarisation, especially insofar as Aboriginal mothers was concerned, included a vouching process in which she was often accompanied by or seen with one or two senior Aboriginal women who had extensive professional and family networks in the community. These women informally introduced the researcher to mothers in the community across a range of settings and spent time with her in public (e.g. community centres) undertaking typical routines (e.g. talking to parents about child rearing, playing with children etc.).

During the familiarisation period, no attempt was made by the embedded researcher to gather data of any form. As much as anything, this was regarded simply as a period for the researcher to become both known and trusted to both local staff and parents. It was also an opportunity for her to learn about the community, its services and networks, local issues and most especially, to better understand cultural protocols about consulting with local Aboriginal people in culturally secure ways.

During this period, the researcher also developed 'hunches' or ideas how it might be best to facilitate engagement and consultation with community members, both independently, and via existing trusting relationships local parents had with service providers. Her ideas were then discussed with local service providers, who often gave alternative views or suggested things they felt might make the proposed consultation process more effective. As a result of this iterative process, the design of the

consultation was gradually resolved, so that when it was finalised, there was widespread clarity and agreement among local stakeholders about the method and its appropriateness as well as a high level of confidence it would be supported by both staff and the community.

After the familiarisation period, both the embedded researcher and local stakeholders felt she had achieved sound relationships with local service providers and had become sufficiently 'familiar' with a spectrum of community members to ensure young mothers in the area would feel confident and secure in discussing their thoughts about early years services and their own experiences, needs and preferences.

2. ***Respecting service provider wisdom and networks and undertaking inclusive project planning and governance***

As noted, local service providers had extensive input into framing the design of the consultation process during the researcher familiarisation period. This included them having input into strategies for consulting with their client base, especially mothers considered vulnerable and otherwise hard to reach.

As part of this process, the role of the Midvale Hub was especially important. The Hub had been initially identified as one of the most important early years services in the area, offering a range of facilities to many vulnerable families. Given the Hub's established and extensive connections with local agencies providing social and health services in Midland and with vulnerable families, they were formally approached and agreed to be a partner in facilitating contact with parents, including those who were not currently accessing services.

Another feature of service provider input to the consultation was that a project reference group was established including two local staff along with representatives of the project funder, Telethon Kids and *we the people*. The local staff were employees of the Midvale Hub and both had extensive and long-standing links to a spectrum of early years services and providers in the community.

These employees also played critical roles in managing and facilitating the Midland Early Years Action Group and related networks and committees. As a result, they were well-placed to represent the views of the broader early years service sector in the area

insofar as the consultation process was concerned. The Project Reference Group's role included monitoring project progress as well as approving proposals on the design of mothers' engagement in the consultation.

Ultimately, the general strategy for consultation thought most likely to be productive and which was endorsed by the Project Reference Group was to conduct interviews or consultations in an array of local settings. The advice of the Group was also that consultation data be recorded with 'pen and paper' rather than via voice recordings. This was regarded as being both more culturally secure and less problematic across different settings and for the different people that were to be carrying out interviews.

The agreed settings for consultation were to include public places such as shopping centres (Centre Point and Midland Gate) and the Midland Train station. In these instances, the consultation method was to be an approach made to mothers for an initial discussion to discuss the consultation project and its purpose, clarify whether the person was a mother of a child in the target age-range and to ascertain interest in participating in the consultation and then, where appropriate, obtain consent to proceed.

Understandably, the initial focus in intercept style consultation was to establish a very relaxed atmosphere between interviewer and mothers, ensuring respect for the woman's preferences about involvement and to engage in a relatively free flowing discussion shaped by a consultation 'instrument' (i.e. a questionnaire). Clearly, an expectation for the intercept aspect of the consultation was that the familiarisation period in which this researcher had been embedded in the Midland community would have ensured higher levels of participant trust and comfort, at least insofar as consultation involved women who were at least somewhat familiar with her, and that this would enhance the quality of consultation.

Along with the previously mentioned intercept consultations in public locations, it was also planned that consultations would occur in local service settings (e.g. 'offices') that were regularly used by vulnerable families. In such cases, the expectation was that coalface staff in these settings would undertake the consultation process with the

respective mothers. This was facilitated via a training process that is outlined in the following section of this report.

A final aspect of the planned overall consultation method, largely specific to young Aboriginal mothers, was home visits. These were recommended and facilitated by Aboriginal staff of the Midvale Hub and were to be conducted ensuring the highest possible levels of cultural security and with prior approval by the mother. Consequently, they required a high level of coordination and negotiation around times of availability and respective capacity and in all cases, involved an Aboriginal woman accompanying the embedded researcher and facilitating the consultation process.

3. Co-developing and trialling the consultation with service providers

As previously noted, the given their knowledge of, and relationships with, vulnerable families in the Midland area, a range of local service providers were invited to assist with the process of developing the questionnaire.

This entailed a consultative and iterative process of designing questions and inviting local providers to have input into revisions. Ultimately, the final suite of questions was a product of contextual knowledge of services, knowledge of mothers in the community (i.e. local provider familiarity with the target group), practical constraints regarding the appropriate time limit of consultation gained from trialling, and other general service provider input regarding design and word choice.

The final anonymous questionnaire included some demographic and service utilisation information, participants' perception and experiences of using local social and health services, together with their opinions on how services could be improved and whether they had any developmental concerns about their children or family life. A final draft questionnaire was assessed by service providers and community members, who evaluated provided further feedback prior to final piloting with five community members.

4. Training in data collection to mount a collective effort

A range of training opportunities were provided to local service staff in using the consultation instrument in Midland. The intention was to ensure a wide variety of engagement opportunities were provided across the area, with trusted service providers who had established relationships with mothers.

Each of the training sessions lasted about an hour and covered the purpose of the consultation itself, the scope of the instrument and provided an explanation of effective consultation techniques. There were also extensive opportunities for trainees to clarify the meaning of items and to discuss approaches to making mothers that were being consulted feel comfortable. Instruction was also provided to participants in ways of making the consultation more akin to a natural conversation. At the conclusion of each training session, role playing was encouraged with a debriefing at the end of this process to discuss challenges and offer suggestions about conducting consultations where relevant.

The training was provided by 3 people on the Project Reference Group, including the embedded researcher, another researcher from Telethon Kids Institute and a highly experienced member of the Midvale Hub, who had widespread and effective links to all local early years services and was well known to most local staff.

The Project Steering/Reference Group set a target of achieving a minimum of 100 consultations with mothers of potentially vulnerable young children in the Midland area. The collective 'team' of trained interviewers were given 5 weeks to achieve this target.

As was indicated earlier in the report, some of the interviewing was planned to occur in neutral settings rather than in service locations. This was intentionally planned to ensure the 'team' consulted with mothers who were not accessing local early years services. This engagement was planned for public venues, including a local shopping centre, the train station and also via home-visits where it was considered more culturally appropriate.

Completed paper records of consultations were compiled, coded and initially entered into MS Excel. Some subsequent analysis was also undertaken in SPSSpc.

The focus of this analysis was to interpret and present the needs and perspectives of mothers of young children consulted in both tabular and graphical form. As a check on data validity and interpretations from the consultation process, results were presented to the Child and Parent Centre Swan (CPC), Local Advisory Committee Meeting (LAC) attended by a range of 30-40 different stakeholder groups and then discussed in detail. The findings from the consultation were also informally checked for validity against 'lived experience' with a range of local mothers attending the Midvale Hub.

Results

Women Consulted
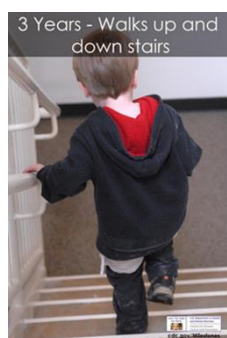
The project team in Midland completed 127 consultations during the June – July 2018 period. The following graphs and tables describe the women consulted by ethnicity, age, and parity.

Approximately one-in-two of the women consulted were Non-Aboriginal (53%). The remainder were Aboriginal/Torres Strait Islander or CALD (27% and 20% respectively). Table 1 provides a breakdown by ethnicity and age.

Table 1: Ethnicity and age group

Mother age group	ATSI	CALD	Non-Aboriginal	Total
18-24 years	12	1	14	27
25-34 years	13	8	29	50
35 + years	9	17	24	50
Total	34	26	67	127

For subsequent analysis, the two younger age groups were combined to form a single group of mothers 18-34 years along with their counterparts aged 35 years or more. The sample sizes in the collapsed groups are described in Table 2.

Table 2: Age groups used in Analysis

Mothers age	ATSI	CALD	Non-Aboriginal	Total
18-34	25	9	43	77
35+	9	17	24	50
Total	34	26	67	127

While mothers age was not statistically associated with number of children, Aboriginal mothers that were consulted were generally younger (i.e. 18-24; Chi square < 0.05). Although the consultation targeted young mothers, eleven were conducted with grandmother and other carers, who take continuous responsibility for children in the target age-range and access local social and health services on their behalf. In these cases, the age of the biological mother was used as the reference point.

Almost 6 in 10 (56%) mothers consulted had two-three children per family. Of the remainder, most had 1 child (28%) although 16% reported they had four or more children.

Were the women consulted and their children 'vulnerable'?

To assess the extent to which mothers consulted were indeed 'high needs' and therefore vulnerable, each was asked whether they had concerns about their child's development, health or behaviour, and whether they had concerns about their own parenting or their relationship with their partner.

Parental concerns about their child's development are highly predictive of true problems, so that by asking about these concerns systematically, development can be

effectively screened (Committee on Children with Disabilities, 2001). In other words, mothers are good judges of whether their children have developmental problems. Accordingly, questions relating to parental concerns in the Midland consultation were used as a check on whether the women interviewed setting in a high-needs (i.e. relatively vulnerable) sub-group of the local population of mothers of young children.

The data suggest they were, with 30% of mothers consulted indicating they had concerns related to the home environment or their child's development. Most of those indicating they did have concerns were related to their child, and most of these related to development (n=11) behaviour (n=8) or learning (n=5). As a point of reference, the US Committee on Children with Disabilities (2001) offered an estimate for developmental and behavioural disorders of between 12-16% of the population of children. This is approximately half the level found in the current consultation. There were no significant differences in propensity to report needs across the different ethnic or age groups of women consulted in Midland.

Service Utilisation

Women consulted were asked what services they had used since their last child was born. For this area of the analysis, services were categorised as healthcare related (GP, mental health support, specialist doctor, hospital emergency services, hospital admission), crisis services (including emergency relief, financial, housing, legal, and domestic violence services), family support services (e.g. parenting courses, playgroups, school activities, library, education and nutrition programs), and early childhood development services (e.g. child development services, Child Health Nurse, childcare and family day care). The results of this analysis are provided in Figures 3-6.
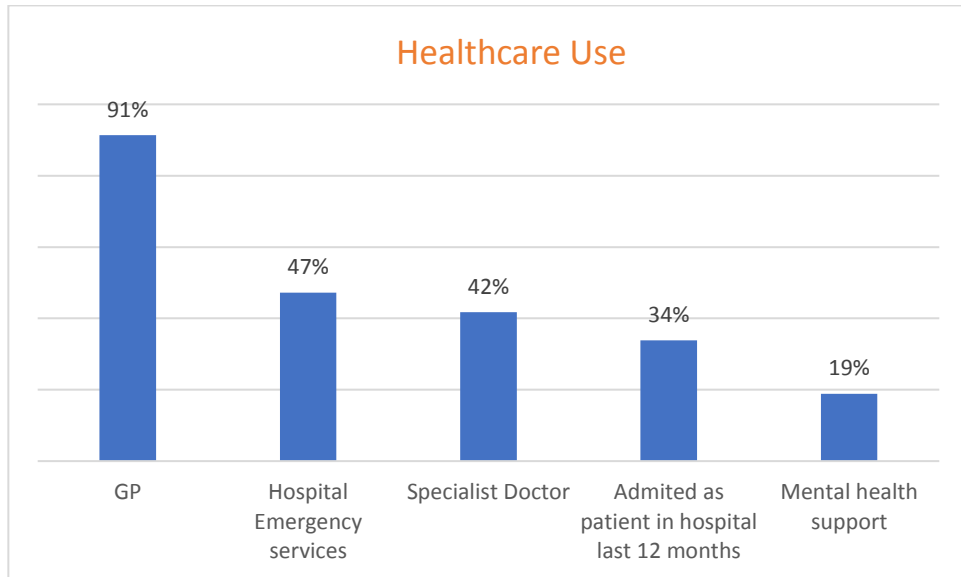
Figure 1 – Healthcare Use

Health services play a range of roles spanning the maintenance and improvement of health through things like health promotion, disease prevention, acute care and restorative services. Reflecting general practice as the gateway to other healthcare and the typical first point of contact for treatment and preventive healthcare, almost all women cited use of GP services as a main source of support. Other commonly cited healthcare sources for vulnerable families in Midland included the hospital emergency department and specialist doctors.
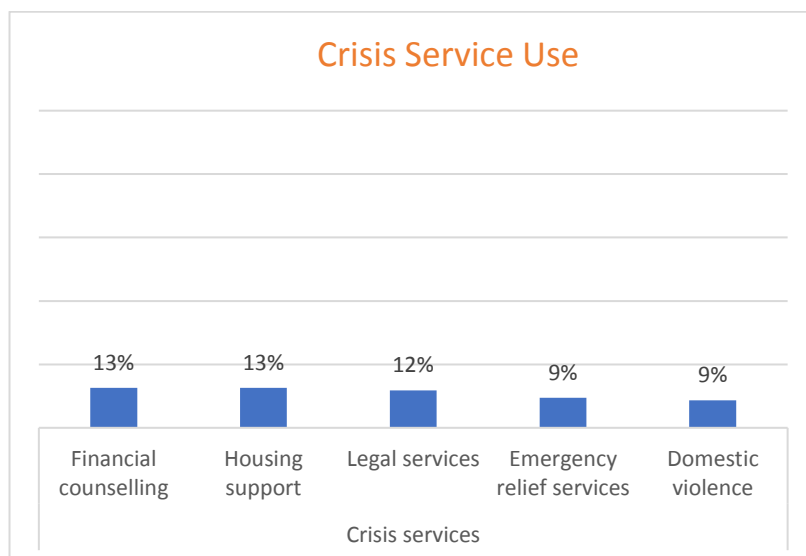
Figure 2 – Crisis Services

Crisis services are obviously designed to help individuals or families facing acute situations and generally for a brief period. In the current consultation, those included in this category were legal services, emergency relief, housing support, financial counselling and domestic violence. Mirroring their acuity of need, a small but significant proportion of mothers consulted had used at least one of these individual crisis services since the birth of their most recent child. Nevertheless, in each case the prevalence of use represented between one-in-eight and one-in-eleven families. The overall prevalence of any crisis service use by women consulted was 28% or more than one-in-four.
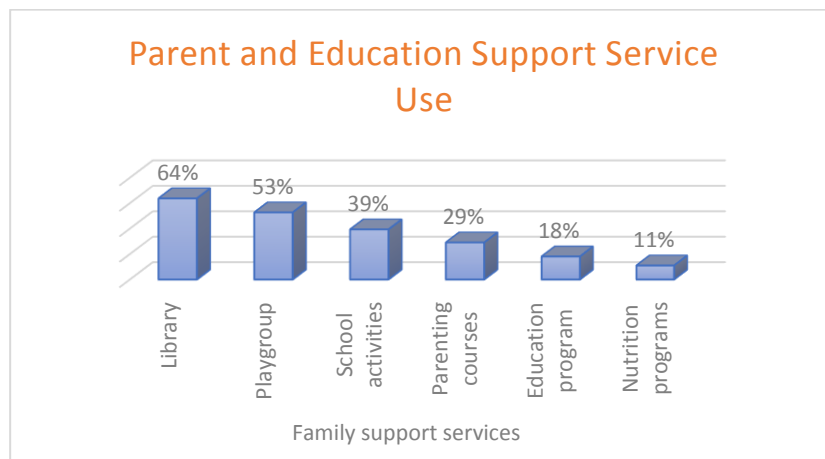
Figure 3 – Parent and Education Support Services

Parent and education support services are generally those designed to support parents in domains related to child rearing. These include areas like literacy and motor skills development along with cross cutting aspects like parenting knowledge and behaviours and awareness of nutrition.

As indicated in Figure 3, local libraries are a main source of parent education and support with 70% of participants using these services, highlighting libraries as a gateway to other parenting services. Other community services such as playgroups, school activities and parenting courses were also commonly cited.
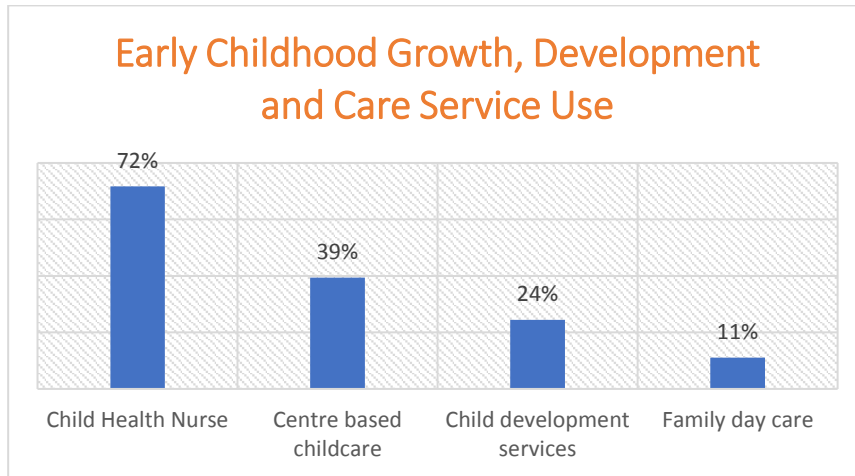
Figure 4 –Growth, Development and Care

In WA's history, early childhood growth, development and care services have made a profound difference to outcomes like infant mortality, morbidity, early detection of developmental delay and family functioning. In more recent times, these services have also facilitated the re-engagement of vast numbers of women into work.

Child Health Nurses (CHN's) have historically also been fundamental to early childhood growth and development promotion efforts and remain an important source of support, evident in their use by almost three-in-four of the Midland mothers consulted. More recent entrants to this sector are childcare services, which were cited by four-in-ten mothers as having been used since the birth of their most recent child. This reinforces the importance of childcare for families both as a means of support for child development but also as facilitators of effective family functioning.

Perceptions of most important services
The consultation asked local mothers to indicate which services they felt had been the most important sources of support to their family since the birth of their most recent child.

As indicated in Figure 5, women consulted were more likely to highlight GPs, playgroups and CHNs as their most important sources of support since their most recent birth. It seems clear from these results that the key sources cited by vulnerable mothers in Midland have some common features. These are that the services mentioned are likely to be more routinely used, their purposes are generally broad rather than specialised, and they tend to be local and, in some cases, neighbourhood-

based. Part of their relative utility, therefore, seems likely to lie in the fact that they are more often used by more women. But it would seem a mistake to discount their utility as a mere product of arithmetic. More likely, it seems that it is also a product of their '*ordinariness*' in the context of everyday lived experiences that suggests they both help families to function effectively in very practical ways while also playing gateway and linking roles vis-à-vis other programs and services. This seems a critical point in conceptualising the service interface played by GP's, playgroups and childcare insofar as vulnerable families are concerned.

This point seems particularly pertinent in the context of what the previous Midland reported regards a very cluttered program and service landscape in Midland's the early years sector (i.e. approximately 130 individual programs and services). Such a landscape appears challenging to conceptualise even for the most motivated and determined of individuals, leave alone vulnerable mothers experiencing a potential string of challenges.

In such cases, it might be hypothesised that a local, trusted and generalist service like a GP, playgroup, childcare or child health nurse will be likely to offer opportunities to raise and discuss issues in a broader family context and to consider options in a relative safe setting before embarking on any direction. Perhaps too, these '*safe*' spaces allow opportunities to canvas initial options for self-management of challenges (e.g. discussing issues with other mothers in a play group) before considering the potential need for escalation to accessing specialist service options.

While this is conjecture, it does need to be noted that the women consulted were generally within a category consistent with being more likely to be vulnerable and that, as was indicated earlier, many did have current concerns about either their child(ren)'s development or their family life. Given this, it does seem notable that the local, easily accessible and perhaps non-threatening services were the most often cited '*most important sources of support*'.

This reflects an effort to try to offer a deeper interpretation of vulnerability and its implications for services from the stand-point of families. This does not seek to locate the discussion in the context of a specific need, which is often the tendency for needs assessment undertaken by services. Rather, it attempts to situate vulnerability as something that might not often be obvious to those considered to be experiencing it and that this might distance them from potential help from services. Further, that the manifestations of vulnerability may only tend to become apparent and salient for many parents through a combination of everyday lived experiences (e.g. chatting with a GP) and through reflection on the need for action. If so, this may have substantial implications for thinking about detecting and preventing the impacts of vulnerability on families and particularly on developmental outcomes for children in communities like Midland.
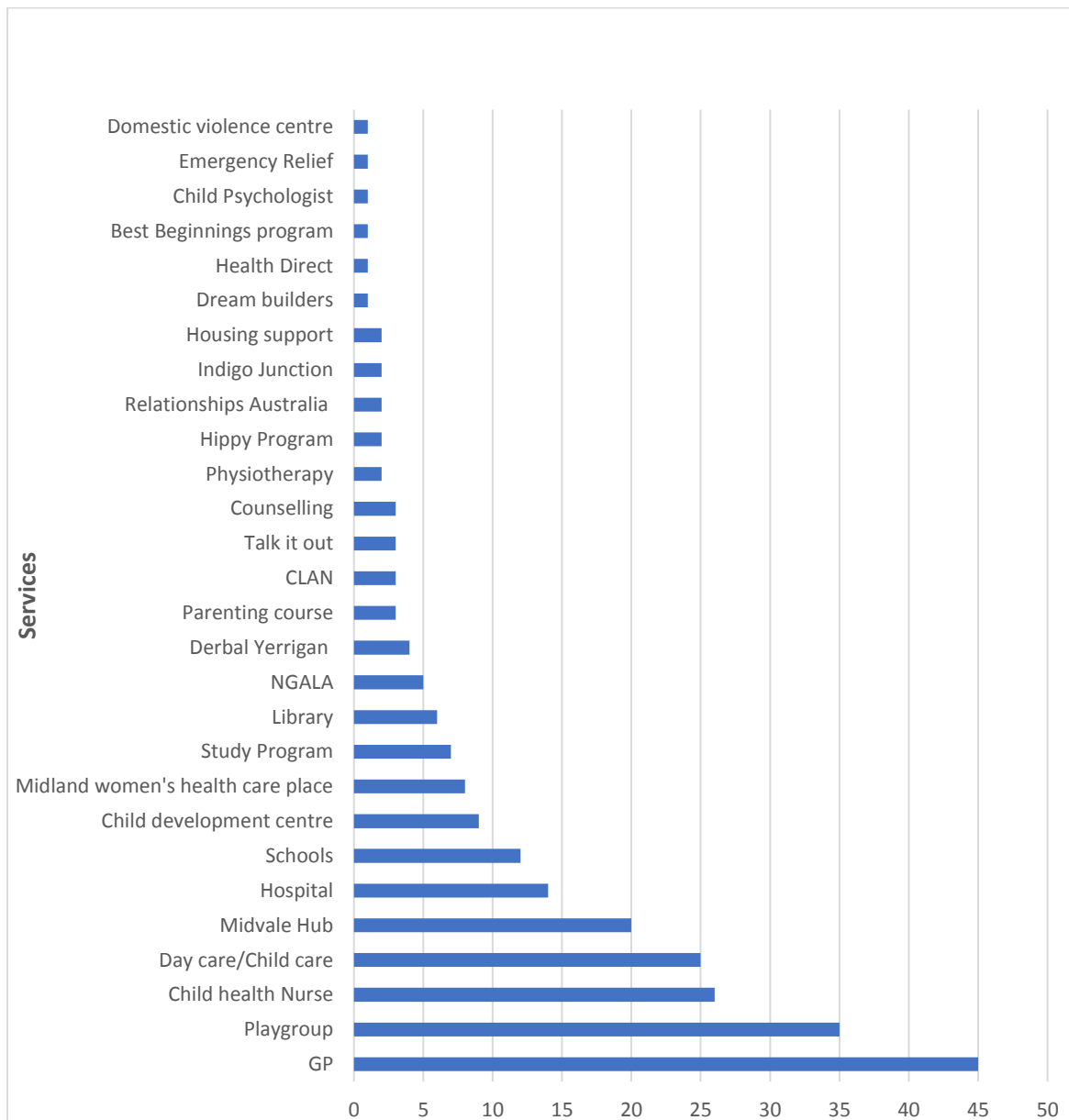
Figure 5 —Most Important Sources of Support Since Birth of Most Recent Child

As discussed, Figure 5 reflects distinctive areas of family need and points to the diversity of supports that family's access. It also points to the possibility that family and parenting support might tend to be more incidental to service use than being the focus of it. Thus, for example, a vulnerable mother might attend playgroup and in discussions with other mothers, become more aware and concerned about an aspect of her child's development and consider actions or service options she might take in light of this.

Developmental and other family-related concerns might especially be only moderately salient for many parents at any given time but might be made increasingly more so in the context of a relational space (e.g. in discussions or activities that prompt reflection and evaluation). This seems likely to be more especially true at early stages of development, where problems like late attainment of milestones are both more amenable to intervention but may also seem less clearly 'problematic' (e.g. 's/he will grow out of it'). It seems equally plausible that this might be truer of vulnerable parents who are more likely to be young and less likely to have higher levels of formal education. Their capacity to undertake their own research or to consult with family or friends with developmental expertise might also be more limited and their capacity to draw on prior encounters of *normal* progress might be relatively scant.

Thus, to extend the prior example, after attending something like playgroup and participating in structured activities with her child, a vulnerable mother might be more prone to reflecting on and evaluating developmental concerns and then take advice from trusted sources within that context (e.g. another mother who had used a child development service). This may explain why sources like childcare and playgroups were more often cited in the current consultation as more valuable points of support for vulnerable mothers in Midland.

This general proposition seems to fit with the findings of some research into the referral of young children with suspected developmental delay to specialty clinics and the factors that prompt such action. For example, Shevell, Majnemer, Rosenbaum, and Abrahamowicz (2001) found the average delay between initial parental concern and specialty assessment was greater than a year, suggesting parents do spend a good deal of time in a '*wait and see*' mode where issue salience is not yet sufficient to prompt action. Perhaps this propensity is even greater among vulnerable families, however, it is important to recognise other barriers that can impede help seeking behaviours and/or access to services (e.g. costs, transport).

Attributes and Perceptions of Services That Make Their Use More Likely
Parents perceive early years services in different ways, with their perceptions playing an important role in the propensity to seek help from a provider, particularly where a

parent already feels marginalised. Early years services also have attributes or design features which influence utilisation.

The result is, as Carbone et al. (2003) note, that not all parents have equal access to or find the same value in early years services. Thus, they believe specific efforts are needed to create early years services that are accessible, inclusive and capable of meeting the needs of all parents, including those who are more vulnerable.

Within the consultation, mothers of young children provided feedback on the attributes of early years services which made them *most helpful and useful* to families. Comments were then classified into the following categories: service atmosphere, positive relational dimension, cultural safety of the service environment, ease of service access, and family friendliness of the service. These attributes generally accord with the elements customers commonly cite in studies of perceived service quality (Shahin, 2008). Table 3 details the service categories rated as most important to the mothers consulted, broken down by their age and ethnicity.

Literature on quality points to some consistent features which make services more '*attractive*' to vulnerable families. Central among these is the capacity of service providers to establish supportive, non-judgemental trusting relationships with parents, characterised by a high level of interpersonal warmth (Azzi-Lessing, 2013; Carbone et al., 2003). This literature also points to issues of convenience, flexibility, practicality, and responsiveness to the parent's own family or personal context (Azzi-Lessing, 2013; Carbone et al., 2003). Other issues that seem important include the degree to which the different parts of a local early years system coalesce, so that there is effective communication and cooperation between different services and practitioners (Axford, Lehtonen, Kaoukji, Tobin, & Berry, 2012).

Each of these elements or issues seem to be represented in various forms in the data from the Midland consultation outlined in Table 3. Notably, Carbone et al. (2003) argues that these elements operate in combination in vulnerable families. In other words, they work collectively to make services or a system more or less attractive to vulnerable parents and therefore determine how likely it is that the system will be used.

Carbone et al. (2003) explain that this is because many vulnerable families face competing stresses in their lives, perhaps concurrently struggling with things like financial difficulties, chronic health problems, and domestic violence. Added to this, they point to common barriers to early years service utilisation like a lack of: knowledge of the local system; confidence in navigating it; limited social supports to help with access; and fear of judgement of how their parenting might be regarded by professionals or services which might possibly result in their children being removed from their care.

Table 3: Attributes Most Valued in Services by Mothers (%)

Ethnicity	Age	Atmos-phere	Relation-al	Cultural security	Ease of access	Family friendli-ness
ATSI	18-34	48	28	24	48	12
	35+	44	11	0	67	22
CALD	18-34	67	22	11	56	19
	35+	59	42	6	29	0
Non-ATSI	18-34	49	28	14	38	11
	35+	62	35	8	8	8
Total	**All**	**55**	**30**	**13**	**41**	**13**

The data in Table 3 highlights positive attributes or qualities of services that seem most important to vulnerable mothers in Midland. First, that the general atmosphere of a service and the relationship quality with the mother are significant '*pull factors*' across all ages. Likewise, convenience or '*ease of access*' seems important.

The data also appears to point to the possibility that contextual factors make some dimensions more important to some mothers. For instance, cultural security was understandably mentioned by more Aboriginal mothers, but it seems a most important issue for younger Aboriginal mothers, perhaps because they are less confident in

accessing services more generally. Ease of access generally seems less important to older mothers, but this was not true in the case of Aboriginal mothers.

What such apparent differences may point to is the underpinning importance of things like family size, the availability of transport and prior life experience. Thus, while some consistent 'pull factors' related to having a '*good experience'* when accessing services appears to matter most, general life circumstances like the number of children a mother has, her access to transport and her age and experience interact with these pull factors to magnify or reduce their importance.

This points to several things. First, it reinforces the generic importance of early years services embracing a system-wide customer service orientation to their work with all families. This accords with a previously-mentioned point made by Carbone et al. (2003) which was that the features of early years services interact so that the qualities in one part influence use in others.

A second point is that the consultation data suggests a role for ascertaining how family contexts affect needs so that these can be considered in the arrangement of service encounters. This has the potential to allow early years services to better respond to the things that matter most to different groups of mothers in their circumstances, which might be especially important in engaging with vulnerable families.

Such issues seem well suited to co-design processes, where members of the community work alongside service providers to explore options for service design.

Perceptions of Services That Make Their Use Less Likely

Along with attempting to determine key 'pull factors' that make services more attractive or '*magnetic'* to vulnerable families, the consultation also sought to determine commonly held views of the reverse or 'anti-magnetic' dimensions that make service use less likely.

As was the case with positive attributes, feedback about negative dimensions was coded into five categories respectively related to the service dimensions of: atmosphere, relational dimension, cultural security, service access, and family friendliness. Table 4 provides the breakdown of responses by age and ethnicity.

Table 4 – Service Attributes Least Liked by Mothers (%)

Ethnicity	Age	Poor atmos-phere	Poor relation-ally	Culturally insecure	Difficult to access	Not family friendly
ATSI	18-34	40	44	36	36	4
	35+	44	32	22	77	22
CALD	18-34	67	67	11	11	22
	35+	29	59	29	35	18
Non-ATSI	18-34	42	40	7	51	21
	35+	54	50	8	50	17
Total	**All**	**44**	**44**	**23**	**50**	**18**

The data in Table 4 reflect attributes that in positive form are valued by vulnerable mothers and which, when absent, mitigate against service use. Once again, as Carbone et al. (2003) noted, barriers to early years use among vulnerable parents are likely to interact and span areas of: structures; services features; and issues specific to a parent and their environment. Consequently, there is value in addressing these issues systemically, such that positive design features in one area flow into others and encourage, facilitate and reinforce access and inclusion.

Part of this seems likely to be greater consideration of the role family context plays in shaping perceptions and use of early years services. For example, cultural insecurity is understandably a bigger concern for CALD and Aboriginal mothers than their non-Aboriginal counterparts and so, planning for these aspects systemically and in partnership with members of these diverse communities seems appropriate.

Perceptions of Service: Key Themes
Taken together, the consultation data on positive and negative perceptions of early years services in the Midland area provides useful insights on how these services might

better meet the needs of vulnerable families. Figure 6 attempts to extend the tabular analysis to provide a general thematic model of an ideal early years system informed by the views of mothers in vulnerable families.

Key themes | Ideal System Features

Early Years Workforce
- Early years staff qualities/behaviours are recognised as being at the centre of service sucess
- Early years services give relationship building skills among staff a priority

Community and Cultural Emphasis
- Early years services foster linkages between residents and across services in the community
- Early years services take account of cultural dimensions as they strive to foster inclusive use

Early Years Service integration
- All early years staff have good knowledge about available community programs and services
- Information is readily shared and there are multiple ways to access it
- Pathways, links and referrals between early years services providers are extensive

Access to Early Years Services
- There are few barriers to early years service use (e.g. lack of transport, financial cost)
- Delivery of early years services occurs flexibly to enable increased engagement
- All services in the early years system work together to facilitate easy access for families experiencing adversity

System Improvement
- A system-wide early years service plan exists and focuses on community needs
- A system wide method for early years quality improvement is in place
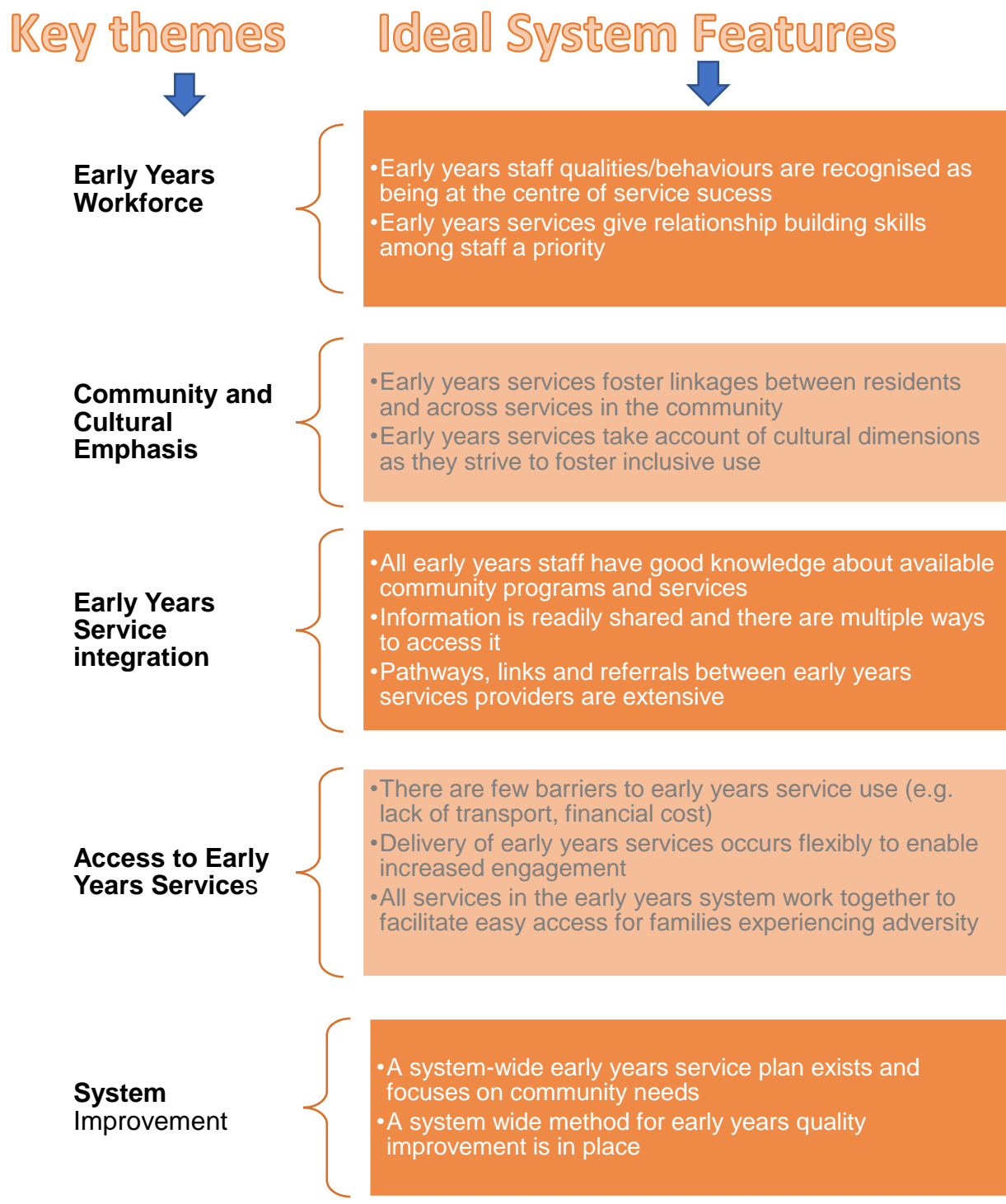
Figure 6– General Early Years System Improvement Model for Midland

Each of the themes in the model outlined in Figure 6 is explored in more depth in the following section on themes emerging, drawing directly, where possible, on the voices of women from Midland who participated in the consultation.

Themes emerging from the Midland consultation

Relationships

A feature described as being central to a positive service experience for vulnerable families was 'staff qualities', especially those relating to establishing sound relationships with parents. This accords with the literature on effective engagement with vulnerable families (Azzi-Lessing, 2013). For vulnerable mothers consulted in Midland, the attitudes and capacities of staff was as a key element in determining the capacity of early years services to provide them with support and ensure better outcomes for their families. Comments from most participants also reinforced that while the physical features of facilities were important, it was the attitude and ability of staff that most determined whether they were receptive to receiving a service.

> "*Staff are the heart of a centre, they need to be kind and happy in their work ...*"

Along with building relationships, adapting to each family's needs was perceived as critical to engaging with vulnerable families. For the women consulted, it was essential that a first step in engaging was for early years providers to build a mother's confidence and trust in a service provider before positive outcomes could be hoped to be achieved. These women indicated that staff that approached them reflecting a *positive* (i.e. *strengths-based*) attitude, providing tailored or personalised assistance and helping them feel they mattered was the key to effective family partnerships. As Azzi-Lessing (2013) note, this needn't preclude what might be considered '*confronting conversations*' about issues like parental drug-use or domestic violence and their associated risks for children, nor does it diminish the importance of working on such issues. But rather, that these things become more realistic or possible when parents are engaged and committed to working with services in pursuit of agreed goals and objectives.

"When a service has staff that are well trained, mixing knowledge and passion about their job, friendly people that are able to listen … giving relief…someone to talk to [better outcomes are possible]"

For the Midland women consulted, three relational factors seemed to emerge as the most important qualities for service providers that wanted to engage with vulnerable families. First, there were general personal qualities such as assertiveness and kindness; second, the ability to quickly establish rapport; and third, a high-level of cultural awareness. These appear to be the minimums needed to establish trusting relationships with vulnerable parents in general and to increasing the likelihood that early years services would be used by vulnerable parents.

Additionally, it is these qualities that seem likely to determine whether a mother from a local vulnerable family would recommend a service to her friends and relatives. As Axford et al. (2012) indicates, this is important because '*vouching*' of an early years service or provider by a trusted person is a primary means of successfully engaging with vulnerable families.

"It is always nice when you find good people that help you and treat you well; I recommend services like this"

Likewise, it is the absence of these qualities among staff that negatively impact service utilisation, acting as a barrier to engaging families who might usefully be supported by a service but who will not engage because they feel unwelcome or judged.

"If the attitude of the staff is not the best, if I do not feel well treated in a place, I [will] not come back"

"Staff need to be more welcoming, I have been judged and I felt not engaged"

This pattern seems most acute among mothers who may be considered 'hard to reach'. When people experience adversity, it seems they are more sensitised to feeling stigmatised or judged (perhaps projecting their own sense of shame) and may therefore be less likely to engage with early years services unless there is a high level of sensitivity among providers to this risk (Riggs et al., 2014).

This theme ran through many of the consultations conducted as part of the current project, with the importance of trusting relationships and respectful interaction a recurrent theme cited as being important vulnerable women with 0-4-year-old children in Midland.

"It is really important to have good contact and relationships with people that run services and to trust them"

"Good communication and relationship with staff members make me feel welcome and safe"

Regarding locating responsibility for establishing relationships with them, most of the women consulted seemed to see this primarily as the responsibility of early years staff rather than their own. Perhaps this reflects a relational power imbalance, with mothers from vulnerable families perhaps being less likely to have experienced having significant power in their prior relationships with organisations and their representatives (e.g. in the workplace, with health professionals etc.). Whatever the reason, women consulted did seem to see that the primary responsibility for engaging and attracting parents like themselves and in encouraging them to use local early years services or programs lay with providers.

They often also seemed to regard this as requiring an active commitment to engagement among early years staff, as if early years services needed to establish their bona fides before vulnerable parents would invest trust in them and commit to a partnership arrangement.

"I would like to see more engagement from staff with parents"

Levels of cultural awareness among service providers was another key relational factor for approximately one-in-three of the women consulted. This was especially true for Aboriginal mothers consulted who were understandably more likely to report an absence of cultural security as a negative dimension of their early years service use experience in Midland (Chi square $<.05$). It was, nevertheless, also relatively common among the CALD mothers consulted.

Obviously, in Australia there is a need to be inclusive of other cultures, because it is a country in which almost half of its population come from culturally and linguistically diverse backgrounds (Australian Bureau of Statistics, 2016). Awareness of the implications of this diversity seems critical to building relationships with vulnerable families and to delivering appropriate services to them.

This was reflected in comments made by women consulted, who often suggested that through experiencing a degree of cultural acceptance and engagement by staff and other parents, they strengthened their local social networks and this had made them more likely to use community-based services. For CALD mothers, this resonates with the concept of acculturation, which is a complex process of cultural and psychological change and adaptation, occurring when a person interacts with other cultural groups (Li, Marbley, Bradley, & Lan, 2016). Consistent with the comments of many of the CALD women consulted, acculturation can positively or negatively influence their use of social or health services.

"Aboriginal cultural inclusivity and cultural safety environments for parents and kids [are important]"

"More cultural engagement is needed, where staff members and parents are aware of cultural diverse backgrounds and respect one-another"

"It is hard to have different cultural background and be [culturally accepted] in a new environment, I do not want to feel excluded or criticised because of the way I look or talk, I just want people to be aware about Australia as a multicultural society"

To summarise, comments from the Midland women consulted broadly reflected the importance of early years services focussing on making them feel comfortable and safe accessing services. For Aboriginal women, especially younger Aboriginal mothers, this seems especially important because they seem more inclined to personalise any experience of receiving a poor service as intentional (i.e. race-related) rather than being mere *organisational or staff deficits* (e.g. poor interpersonal skills or a lack of cultural competency). If so, this may partially explain why the engagement of

vulnerable mothers tends to be better or easier where a service provider has more in common with the client (Azzi-Lessing, 2013). In such cases, it seems possible that any tendency to assume 'project' negative motives based on experience might be diminished.

Cross Cultural Networking and Security

Building the capacity of community-based services to facilitate cross-cultural social networking and to provide culturally secure services for parents/families was a most common point made by women consulted.

"I enjoyed the idea of playgroups, but sometimes I found other mums too closed, not interested in being open and sharing with others"

Establishing early years services as '*curators'* of cross-cultural awareness and as *connectors or linkers* seemed commonly regarded as important in building community capacity for families with young families to support one- another. This included creating opportunities for fathers to participate, building their knowledge and understanding of child development and fostering their confidence and parenting abilities.

"I would like to see more engagement with Dads, most of the playgroups or activities are designed for mums and kids, but it should be nice to have dad involved"

Many women consulted also reported the importance of engaging grandparents and carers, reflecting the critical role they often played in vulnerable families. This recognition of the diverse caring roles at play and the value of broadening social integration was once again seen as a way to strengthen relationships within the local community thereby supporting the capacity to scaffold the development of local children.

"As grandparents we would like to be more engaged in social activities to play with kids and socialize with other people"

Cultural security was also often reported as an important part of improving socialization between staff and parents. Aboriginal mothers were especially more likely (p<.05) to cite a need for services to proactively engage with the community and to reflect its cultural diversity than their non-Aboriginal counterparts. Many of the Midland women consulted emphasised the importance of including cultural activities to allow people to develop a better understanding of one-another's background, improve social networks and make services more culturally secure for parents. This seems to accord with other research showing that community services are more effective when they take account of the values of users and their views of desirable characteristics in service design (Heery, Naccarella, & McKenzie, 2018).

"Including more activities related to our culture, maybe what our elders used to do…programs where we feel that we are part of it…it would keep us more engaged"

"Programs or activity groups usually have a lot of people from diverse cultures, it would be good to do something to involve everyone considering their background and learning from them"

Service Integration

Widespread availability of information and high levels of awareness of local early years services is obviously an important pre-requisite to their use by vulnerable families. Despite this, most of the women consulted suggested there was a lack of information and poor linkages between local services in Midland. Most of the feedback pointed at limitations in information about services that were offered or lack of advertising of what was available locally.

"There is not enough information about what services are around the area, I don't know…how can we know?"

"There is not any visible information, there is a lack of advertising about local services"

In this context, women consulted had often come to know about local services only because friends or relatives had used and recommended them. This does reinforce the relational domain and highlights the role the community itself can play in social

marketing, especially based on the issue of trust and positive experience (Axford et al., 2012).

"I knew about playgroup because one of my friends told me about it, otherwise I would not know it or use it, because I do not see much advertising around"

Women consulted generally felt that both information about services as well as connections between local services was important. Some suggested that service-community partnerships created opportunities to improve understanding about community needs and priorities and that more collaboration would improve the capacity of the early years system to be more responsive to community needs. This accords with parent engagement literature (Axford et al., 2012).

There was also a view expressed by some of the Midland women consulted that a systemic view across all early years services and providers would ensure there was greater local capacity to prioritise vulnerable families and to enable them to better access the support they needed.

"Connection with other centres is really important, would be good for all [services] to work together to offer more support going in the same direction to help people"

To achieve this, women consulted pointed to the importance of local partnerships and sound relationships between service providers. In particular, they described the significance of services working seamlessly, showing a willingness to collaborate with one another to facilitate referrals, making the early years system accessible and inclusive for families with multiple or complex needs.

"More linked services, where people can find all services required in one place"

Accessibility

Accessibility is obviously critical to service utilisation yet most (80%) of the women consulted identified access barriers in the Midland community. These included lack (or inconvenient) transport, lack of affordability of services, locating services in hard to reach places, or difficulty in finding parking or that it was expensive.

> *"Transport it is not convenient or affordable, it is hard to use a service if I have to wait long time for a bus"*
>
> *"Location is not convenient...I live in the hills, there are few services there, so if I want to use a service there is a long journey to access it"*
>
> *"If I have to pay money for a service, I can't afford it...I prefer free services and closer to home, something easy to access"*
>
> *"Parking availability and cost is always an issue in some places that do not have enough parking bays for clients or it is too expensive"*

Regarding the issue of service accessibility, there was no statistical difference according to women's ethnicity, but when examined by increasing maternal age, differences in perceived inaccessibility of early years services approached significance (i.e. $p < .1$). This pointed to the issue of family size and the day-to-day challenges associated with having more children as being a substantial access barrier for families. Inaccessibility was nevertheless a commonly reported problem among the women consulted, cited by one-in-two (45%) as having been an issue for them.

Service level barriers are known causes of early years service access and participation problems for vulnerable families (Carbone et al., 2003). In fact, Axford et al., (2012) indicates that research consistently points to time demand and scheduling issues as major barriers to parental use of early years services.

Many of the women consulted also articulated a need for local services to operate more flexibly. A significant concern for participants who worked full-time was rigidity in hours of operation that would permit them to access local supports and services without having to take time off.

> *"... it would be really useful to have after hours operations"*
>
> *"design services around people's needs, ask what we need and be flexible"*

Women were asked where they usually looked for information about local social or health services. Most cited more than one source of information they had considered useful (see Figure 9).
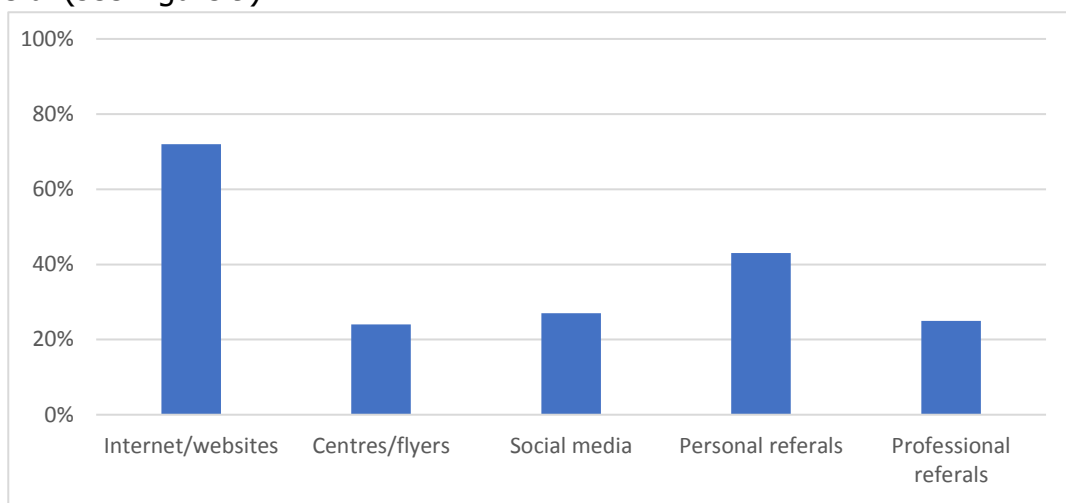

Figure 7 – sources of information

Most women indicated they frequently used the internet for information about local early years related services. This highlights the importance of websites having accurate information and accessibility features that ensure they are designed to maximise access and inclusion for all families. As previously discussed, some local co-design or review processes involving vulnerable families in Midland road-testing access and inclusion of early years websites might be considered to ensure the information that is available is being provided in appropriate forms and languages.

Women consulted also reported that they garnered information about services through referrals from other providers (25%) and via recommendations from friends and relatives (43%). As friends and family are such important sources of information, it suggests that women may feel more confident to ask such sources questions about their parental role, child behaviour, and services. Therefore, it is also important to ensure that the information in broader the community is accurate, and that misinformation does not become another barrier to seeking professional help and support.

Information at the point of service and via social media are potential opportunities for accurate information, especially if they are designed for specific groups within the community. Once again, there seems an opportunity for co-design in this process, engaging local women from different cultural backgrounds in this process.

As Axford et al. (2012) point out and as the Midland consultation also confirms, information provision, especially for hard to reach families, is important to use and requires a multi-component strategy to engage families in their own communities and in familiar settings.

This issue might be considered by those within the Midland early years service provider community, particularly the degree to which the existing forms and methods of social marketing extend to well-timed and attractive displays in high-visibility locations (e.g. shopping centres, recreation facilities) and whether these are provided within a coherent 'systems-level' communication and information plan.

Strengths in the local early years system

There are local early years services that are highly valued by vulnerable women

It is important to stress that while the Midland consultation identified potential areas which those in its local early years service system might consider addressing to enhance access and inclusion for vulnerable families, it also found a system with major strengths. This accords with the broader findings of the previous Midland study.

The current consultation highlighted that there are local health services and early childhood support and family support services that are commonly used by vulnerable mothers with 0-4-year-olds and that these act as primary sources of support for many.

"It is always nice when you find good people that help you and treat you well…"

"Good communication and having a relationship with staff that make me feel welcome and safe"

"Relationships and customer service is a key to frequent use…"

Positive dimensions of local services that were key sources of support (i.e. the '*magnets*') were consistently issues of having an engaging staff, accessible services, mothers feeling safe in the 'service space' and also feeling that their children were welcome in the service environment.

> "*It is really important to have welcoming staff that attend you well and smile you establishing a good connection and relationship with parents*"
>
> "*Helpful activities like playgroups are great, as kids can play and interact with others and mums can socialize as well.*"

What is perhaps of most note is that there are clear touch points for many families within the distinct clusters of local services, suggesting both a relational dimension borne out of regular use and presumably the trust and understanding that arises from this, a neighbourhood-level dimension to the important sources of support, and that the emphasis of those that were commonly cited tended to be universal rather than targeted or *problem-oriented*.

This seems to suggest that it may be valuable for the system to seek greater integration of services in settings like Child and Parent Centres and other neighbourhood locations if there is to be more success in supporting the development of children in vulnerable families. Such a strategy seems likely to offer a range of benefits, including better access and inclusion regarding early years services, but also the potential to strengthen levels of the community support and capacity via the creation of richer local social linkages and improved understandings of services and their roles and of the diverse people and cultures that make up the population of parents and carers who live in the Midland area.

A potential benefit of such a general strategy towards greater neighbourhood or place-based service integration is that families who experience stronger social support and interaction within the community and services seem subsequently more able to engage and contribute to making the service system even more responsive to their community (Heery et al., 2018).

Systems wide approach to relationship building

Women consulted were confident of what they looked for in local early years services in Midland and made a number of re-design suggestions they believed would lead to *systems improvement* for vulnerable families. As previously discussed, many women reflected on staff qualities and identified the important role they played in their early years service use.

Not surprisingly, therefore, many of the women consulted suggested there was a systemic need for professional development focused on improving customer service, team work and cultural awareness of staff working in the Midland area. This accords with early years literature on the benefits such skills and knowledge can have for vulnerable families and children, substantially because it fosters workforce capacity to build trusting relationships with them (Mersky, Topitzes, & Blair, 2017).

Early years staffing

Local women consulted also indicated a desire that the staffing structures of local early years services better reflect the cultural diversity of the community. This fits within the broader reality of Midland reflecting the cultural diversity of Australia. In this context, local early years services are likely to be critical to establishing shared understandings of the many different cultures that exist within the local community and could act to broaden perspectives, tolerance and cohesion, which is important given the diverse ethnic backgrounds of people living in the area.

Women consulted seems to echo this desire, referring to the importance of cultural inclusion and social integration within their community. Specifically, they wanted more culturally inclusive activities to promote engagement, improve interaction, and to extend and support social networks. Obviously, any systemic strategy to implement

such activities would need to be pitched carefully to reduce barriers to access and inclusion.

Early years service access

Improving access to early years services was another common theme among women consulted. Access refers to many facets of service delivery, including having family friendly and flexible options for appointments to accommodate work schedules, facilitating fathers' involvement, and responding to a range of family contexts (Carbone et al., 2003).

This might entail consideration of occasional weekend and after-hours services along with alternative methods of service delivery (e.g. outreach, internet-based education programs, etc.). Such offerings not only increase flexibility of when a service or program can be accessed, but potentially reduce barriers such as lack/cost of transport, lack of childcare, etc.

System promotion, links and referral pathways

While the previous Midland report identified 126 local 'early years' or related programs and services that were provided in the area, women in the current consultation cited few of them. This seems to suggest that consideration might be given to better targeted communication regarding these available supports, perhaps including more effective links between the programs and services and streamlined referral pathways.

Early years system awareness and navigation for vulnerable families seems a widespread challenge, in WA and elsewhere in Australia and overseas. Part of the solution to this in Midland seems likely to be more effective promotion of local services, including a systemic strategy for the use of social media and displays in high-profile locations frequently visited by all members of the community (e.g. shopping centres).

An advantage of more effective systems-level social marketing of services and programs is that the community itself might become a more robust repository of knowledge about the local early years system. This means that '*word of mouth'* marketing, which is known to be a key source of information seeking and provision for vulnerable families,

should be better empowered to be effective in reaching them with more accurate information.

Added to this, staff within the different services and programs within the Midland early years system might also be better familiarised with what is available within their peer or counterpart services and programs. This could extend to having more effective tools to assist them to help their clients navigate and negotiate access to tailored supports and assistance with enabling *warm referral* processes. This would seem especially valuable for parents who have more limited help-seeking knowledge and skills and who may, consequently, lack the capacity to fully explore the options available to them.

System partnerships

Cross-cutting service partnerships for the Midland early years system seem crucial to optimising its effectiveness, especially for vulnerable families. Much work has been done in this regard over a long period, especially through structures like the Midland Early Years Action Group and related initiatives.

Perhaps some gaps in the process to date have been the extent of community involvement in service co-design along with possibly having the full range of agencies that might have a role in the broader system fully engaged. Having a comprehensive early years systems-level approach operating in Midland requires all groups taking a shared responsibility for supporting child development and learning. This of course means the effective participation and engagement of the full range of service providers, but it would also benefit from links to civil society organisations, business, community and families committing to working together to ensure the best outcomes for local children (Simon & Epstein, 2001).

A starting point for this may be to look at potential ways to develop system-wide processes that have the capacity to address community needs. These include dimensions like coordinated marketing and promotion, but they also include issues of staff development, referral pathways, systems staff mix and so on. While this is complex, requiring a move beyond siloed services and their constraints, working more effectively as a system has the potential to improve developmental outcomes and

reduce gaps; certainly, this seems to be the view of the vulnerable women consulted in the current project.

Next steps

This report has attempted to give voice to the views of vulnerable mothers of young children in Midland about the local early years system and its strengths and potential areas for development. An aspect of note is that many local services clearly engage well with these women and their families and provide valued support to them.

As indicated in the prior Midland study, it seems clear that the areas for improvement are predominantly systemic rather than being within the capacity of any one service or its staff to address. Thus, it appears that insofar as local vulnerable families are concerned, the areas for development lie mostly in how well the overarching early years system knits together with their own in-home efforts and those of their network of family and friends to provide a coherent and consistent scaffolding supporting the best developmental outcomes for their children.

The need for a systemic approach was characterised in the previous report as follows:

"*Ascertaining the commitment, participation and willingness of local agencies to work even more closely together to implement a new approach to the delivery of services will clarify whether further investments of time in this issue are warranted*".

The current consultation has indicated that a systemic approach to the early years will require much more than simply agency commitment and participation. It suggests that local families have clear and practical ideas about how their early years system might function more effectively and of strategies that might ensure this can be realised and that they are willing to engage in voicing their opinions.

Thus, together with the previous research undertaken in Midland, the current consultation reinforces that the time seems right to explore a new form of early years

agency-community-civil society arrangement in Midland, working alongside the community to identify an achievable set of strategies for short-to-medium-term early years system improvement.

As the previous Midland report indicated, developing such strategies seems best initiated via preliminary widespread engagement with the community, its leaders, early years service providers and others to gauge collective interest in a system reform and to interpret how a strategic process might best be undertaken and monitored in Midland. In considering the most appropriate form of strategic process, an aspect the current consultation reinforced was that engaging with community members in simple ways can be a rich source of wisdom, ideas and knowledge.

To progress the broader agenda of systems level reform, the following steps are suggested for the remainder of 2018:

1. Release the current report via a public launch and subsequently make it available to both community members and organisations in a variety of locations and forms, including as a summary of key points and recommendations, inviting public comment;

2. Conduct a workshop with local services providers to respond to priority community needs identified in the report;

3. Work with local early years stakeholder groups and agencies to discuss their views as to if and how they might like to proceed with establishing systems change agenda for Midland;

4. Consult with Regional and Statewide peak organisations and leaders to ascertain their interest in, and support for, a Midland early years system reform effort and interpret their willingness to facilitate and enable this occurring; and

5. If there is support, progress a plan to restructure the local early years system, establishing formal local partnerships that capture shared intent and commitment, and clarify the roles and responsibilities of different parties.

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