Early Childhood Education centre-based Parent Support and Development

January 2010

Final Report

Preface

This report has been prepared for the Ministry of Education by Donella Bellett, Meenakshi Sankar and Marinka Teague from MartinJenkins (Martin, Jenkins & Associates Limited). It draws on the research conducted by Sonia Ogier (Consultant, MartinJenkins) and has been peer-reviewed by Nick Davis (Director, MartinJenkins).

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Contents

Tables

Figures

Executive summary

The Early Childhood Education (ECE) centre-based Parent Support and Development (PSD) programme was one of a number of government initiatives aimed at improving outcomes for vulnerable children through early intervention. The programme differed from other initiatives in that it offered parent support and development through a universal service that was accessible to all parents, while simultaneously attempting to target vulnerable parents.

A total of 18 pilot ECE sites were selected and funded to provide parent support and development for a three-year period starting from 2006. Pilot sites were selected, in part, on the basis of the high concentration of vulnerable families living in the surrounding area. The sites offered a wide range of activities, including educational, social support and outreach activities.

The programme's policymakers identified four specific objectives for the programme:

- to improve effective parenting by vulnerable parents; building on their skills and knowledge

- to increase participation and engagement in ECE by vulnerable children and their families

- to improve the consistency between what children learn at home and in the ECE environment

- to lead vulnerable parents to be better connected to broader social supports and informal networks.

The programme's ultimate objective, that is, improvement of family and child well-being, was dependent on the achievement of these objectives.

Methodology

Evaluation purpose

The planning phase of the evaluation identified two overarching purposes of the evaluation:

- to identify areas of improvement to ECE centre-based PSD – this led to the design and implementation of a process evaluation phase intended to provide the Ministry of Education (the Ministry) with real time information about how well pilot sites were delivering against programme objectives

- to determine the *value* of ECE centre-based PSD – this led to the design and implementation of an outcomes[1] evaluation phase intended to provide the Ministry with robust information about the extent to which pilot sites had contributed to achieving the intended outcomes of the programme.

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[1]   A key question for the outcome evaluation was to explore the added value to the programme, as perceived by vulnerable parents and providers.

Evaluation approach

The evaluation was conducted over a three-year period in four phases. Key activities undertaken in each phase is described below:

- Phase one involved review of relevant project documents, interviews with policy and operational policy staff and two visits to pilot sites – this led to the development of an Evaluation Plan

- Phase two involved two rounds of telephone interviews, analysis of monitoring data for the period 2007/08 and case-study research with 8 pilot sites

- Phase three involved case-study research with 5 pilot sites and analysis of monitoring data for the period 2008/09

- Phase four involved synthesising the data and findings and developing this final report.

A more detailed description of the methodology can be found in Part 2 of this report.

Key findings

Programme implementation

The Ministry consciously adopted a flexible approach to programme implementation and allowed pilot sites to deliver services to meet the needs of their communities. However, not all pilot sites were well placed to take advantage of this opportunity and some sites needed considerable support and input to further develop their ideas. The Ministry responded by guiding and working with pilot sites, particularly during the application phase. While all pilot sites were required to base their application and subsequent programme design on sound needs analysis and community consultation, the reality was that most pilot sites found it difficult to do this due to the limited amount of time and resources available. Instead, they relied on prior knowledge and experience to underpin programme design and implementation.

The evaluation revealed significant variability in programme implementation across pilot sites and some apparent departures from the original intent as outlined in sites' proposals. This was in part due to the iterative approach to implementation adopted by the Ministry and in part due to the fact that, in some sites, the person responsible for writing the proposal was different to the person handed the responsibility for implementation. This suggests there is a strong need for consistent management guidance at a service level, to ensure better alignment between programme intent and programme reality.

The variability in implementation revolved around three key focus areas of the programme and attempts were made by the Ministry to help sites reshape and refocus their programmes during the three-year period. The areas addressed by the Ministry covered:

- Definition of the target group – the findings from Phase 2 of the evaluation identified pilot sites had different views about who the target group for the programme was. Some sites defined the target group as *all* parents, with an enhanced focus on vulnerable parents, whereas other sites defined the target group as parents of children between 0-5 years old. Pilot sites' implementation of PSD was influenced by these definitions.

- Emerging operating models – the operating models developed to deliver the programme were influenced by pilot sites' understanding of the intent and purpose of the programme. Some sites viewed the programme as an opportunity to offer value-added services to the parents of enrolled children (described as 'closed' sites) whereas others viewed the programme as a service available to all parents in their community (described as 'open' sites).

- Type of PSD activities offered by pilot sites – the evaluation findings indicated that there were two approaches taken by sites – those that took a structured, *intentional* approach to delivering PSD to their community, while others took a more *developmental* approach (whereby sites focused primarily on creating increased opportunities for networking and support with the underlying hope that it would translate into parents' acquiring knowledge and skills about parenting).

Parents' participation in PSD

A total of 2,246 parents participated in PSD over the two-year monitoring period. The monitoring data showed that a wide cross section of parents participated in the programme:

- the majority of participants were female (88%)

- over half of all participants identified as European, and over one-third as Māori

- over a third were aged 25 years or younger (this figure includes 13% who were under 20 years old)

- more than one-third had no qualifications, and almost a third held a tertiary qualification

- almost 60% were not in paid employment

- two-thirds had only one child aged under five years.

Although the programme was intended to focus on vulnerable parents, the overall proportion of participating parents identified as vulnerable by PSD workers was relatively low (17%). This is probably because all pilot sites provided services to all parents regardless of their vulnerability, with many sites philosophically of the view that seeking out vulnerable parents would stigmatise them.

The data also showed more than one-third of parents had an ongoing relationship with PSD – attending 11 times or more over the two-year period. Over 80% of parents participated in social support activities, which were expected to result in parents' confidence and social support networks increasing. Activities that were primarily expected to increase parents' knowledge

about parenting were attended by almost half of all parents, and a third participated in outreach[2] activities. Most parents (57%) took part in more than one type of activity, and most activities were undertaken in a group setting. Approximately 12% of parents engaged in one-on-one interactions with a PSD worker.

Key achievements and challenges

The overarching objective of the programme was to improve family and child well-being, with a special emphasis on vulnerable children. The evaluation findings highlighted significant achievements of the programme – for parents and families, for the pilot sites, and for the wider community. There were also some significant challenges in achieving the programme's objectives, particularly in terms of reaching the target group – vulnerable parents. The key achievements and challenges are briefly summarised below.

For parents and children

Interviews with parents provided strong evidence that positive outcomes were achieved for participating parents. Parents learnt about a wide range of things from specific topics relating to parenting (such as dealing with challenging behaviours, toilet training, seat belt safety, sleeping) to general life skills (such as financial literacy, dealing with domestic violence). Parents reported that participating in these activities made an important contribution to improving their overall quality of family life. In particular, parents reported increased confidence in their parenting abilities, reduced social isolation, enhanced sense of belonging to the community and increased access to other services which resulted in them participating more meaningfully in their community. Children benefited from the programme through parents improving their parenting style and, in some instances, through increased access to ECE (which gave them access to quality learning opportunities and the chance to form relationships with a wider group of peers). However increased participation in ECE was limited by full rolls in many pilot sites.

For pilot sites

Pilot sites significantly changed how they interacted with parents as a result of their participation in this programme. Sites reported that the programme had encouraged them to develop new networks, furthered their reach into the community and expanded their focus beyond children. A key factor that contributed to sites' success in this regard was the level of support they received from their umbrella organisation.[3]

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[2]   Outreach activities are defined as referrals to and/or working collaboratively with other services, undertaking marketing activities, participation in community events and provision of off-sites support for parents, including home visits.

[3]   The term umbrella organisation refers to the organisation that has management and governance responsibility for the ECE and within which the ECE is often located (for example, a church or a social service organisation).

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A number of key achievements were identified for pilot sites:

- Improved service capacity – the additional funding provided by the programme allowed sites to expand, develop and improve what they previously offered to parents. The funding was used in a variety of ways, from recruiting new staff and purchasing equipment, to creating a dedicated space within the ECE centre (thus allowing parents to meet on a regular basis and allowing other services to visit and offer their services in an accessible venue).

- Heightened awareness of their aims and goals – most sites acknowledged that participating in the programme had given them the opportunity to expand their focus to include parents and the wider whānau. It also allowed them to become more purposeful in their efforts to meet the needs of their wider community.

- Increased capability and skill of site staff – staff involved in ECE centre-based PSD increased their skills and knowledge about a wider set of issues (such as facilitation skills, problem solving skills, networking skills including social, health, legal and education services).

The key challenges for pilot sites were in attracting and engaging vulnerable parents in PSD. Even though sites were located in areas where high numbers of vulnerable parents lived, this was not sufficient for vulnerable parents to attend the programme. Sites needed to make concerted efforts to engage vulnerable parents in the programme and they struggled with this and often felt they did not have the tools and strategies to reach vulnerable parents. Other challenges identified by the evaluation included: difficulties in finding and securing suitably skilled PSD workers for the duration of the pilot; lack of available ECE places, limiting the number of additional children who could participate in ECE; and a lack of clarity as to how sites could strengthen the connection between home and the ECE environment.

For the community

One of the expectations of the programme was that the pilot sites would evolve and grow into a community hub. This would allow other agencies and services to use the ECE centre, thereby increasing the community's access to a range of services. Pilot sites that most successfully achieved this tended to be sites that focused strongly on parents' needs and offered a separate designated parent space to promote parental engagement and contact.

Communities also benefited as the programme facilitated greater interagency collaboration including joint activities and sharing infrastructure or costs for services. The result was increased coordination leading to better service quality and accessibility for the community. The most common examples of increased coordination were when PSD workers invited a number of agencies to speak about their services at the site, or when the ECE pilot site hosted cross-agency meetings at the centre.

Perhaps the most significant benefit was the growing sense of 'community' and belongingness fostered amongst participants. In addition, the programme provided opportunities to learn and grow parents' skills not merely in their role as parents, but also in their roles as members of the wider community. In one instance, a parent who participated in a PSD activity built her confidence to such a level that she went on to volunteer for another social service agency that promoted important educational messages to parents. In another instance a group of parents valued the support they received so much that they created a hub of their own, providing support to new members in their community. These initiatives suggest there is enduring value created for the wider community beyond parents who participated in the programme.

Lessons learnt from implementing ECE centre-based PSD

Identifying 'what works' in PSD is challenging, owing to the highly diverse and iterative approach taken by pilot sites. From an evaluation perspective, the diversity of sites' approaches makes it difficult to compare across pilot sites using a common standard or criterion. In light of this, it is useful to reflect on the evaluation findings with a view to raising questions for consideration by policymakers in the future.

- Targeting provision of PSD through universal services provided a 'soft' entry point for parents to access services and an opportunity to interact at a level of intensity determined by them. However, most pilot sites experienced difficulties with specifically engaging vulnerable parents (there were some exceptions), with some sites not making any distinction between parents with different levels of vulnerability, while others focused solely on parents of enrolled children (regardless of whether they were vulnerable or not). This suggests that sites would have benefited from a sharper focus on targeting of their programmes and assistance to develop strategies to identify and engage vulnerable parents (such as access to risk-profiling tools, training).

- Flexibility in implementation (that is, inviting pilot sites to shape content and focus depending on their local context) was appropriate as it allowed pilot sites to design and deliver services and activities that were relevant to their communities. However, in a number of instances sites moved away from core objectives of the programme, by delivering activities that became an end in themselves rather than a means to achieving the intended objectives of the programme. Balancing flexibility with focus on overarching programme goals is challenging and the Ministry could have played a stronger role in this regard.

- The skills of parenting support and development workers have implications for pilot sites' ability to attract and retain vulnerable parents in the programme. These skills may not always be available within ECE settings, with ECE teachers trained to work with children, not vulnerable parents. This points to the need for higher levels of training provided to ECE centres and their workers to effectively engage parents in PSD activities.

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- The development of pilot sites as community hubs was an important outcome for this programme. It allowed parents to access a number of services in familiar, local settings and built stronger relationships with teachers (as there were increased opportunities to interact with teachers in non-learning situations). Sites that had a designated parent space were able to achieve this more successfully as its use was unconstrained and parents could drop by any time they chose. This has implications for sustained delivery of PSD through universal services as not all ECE centres have access to additional space.

Introduction

The main purpose of this report is to provide information to the Ministry of Education (Ministry) and the Ministry of Social Development (MSD) on the Early Childhood Education (ECE) centre-based Parent Support and Development (PSD) pilot programme.

The report draws on the experiences of the 18 pilot sites which participated in the programme, including ECE teachers, PSD workers, community representatives and parents themselves. It draws together the findings of an evaluation conducted by MartinJenkins over a three-year period from 2007 to 2009.

The report is divided into the following sections:

- Part 1 provides the policy context, describing the design and implementation of the pilot programme and outlining its intended objectives.

- Part 2 provides the background to the evaluation, including the evaluation methodology.

- Parts 3, 4 and 5 present the findings of the evaluation:

    – Part 3 describes the way the programme was implemented, including how pilot sites were chosen

    – Part 4 describes participation in the programme by pilot site and parents

    – Part 5 looks at the programme's key achievements and challenges from the perspectives of parents and families, the pilot sites and the communities.

- Part 6 brings together the findings of the evaluation to draw broad conclusions about what works and the lessons that can be learnt from the ECE centre-based PSD pilot.

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Part 1: Policy context

This part of the report outlines the policy context for ECE centre-based PSD and describes the design and implementation of the pilot programme and its intended objectives.

This part begins by describing the range of initiatives introduced within the Early Intervention Programme (EIP) to improve young children's outcomes in general and shows how and where ECE centre-based PSD fitted into EIP. We then outline the intended objectives of the programme and present the framework we developed to explain how these objectives were expected to be achieved within the programme.

Early intervention

Making significant improvements to children's lives requires taking a long-term view and coordinating and sustaining action across the social services sector. The Early Intervention Programme introduced in 2004 is a cross-government initiative designed to progressively expand existing services for children aged zero to six years to create a strong continuum of early intervention services. It targeted vulnerable young children, their families and whānau, and had the aim that:

> All children have the best start in life, flourish in early childhood and reach their potential.[4]

EIP was based on the evidence that early intervention provided the greatest opportunity to change the life course of children at risk of poor health, educational and social outcomes. Addressing child and family risk factors, and providing a coordinated continuum spanning universal, targeted and intensive early intervention services, was thought to offer significant benefits across a range of social and economic domains. It was also seen to be cost-effective.[5]

Early intervention programmes in general aim to prevent or resolve problems that are likely to adversely affect children later in life before they cause irreversible harm. By intervening in this period, children's chances to achieve positive life outcomes are increased. Many early intervention programmes seek to assist parents or caregivers of children who are at high risk of poor life outcomes to develop positive parenting practices. This was clearly reflected in the government's policy rationale:

> Most families and whānau provide the support their children need for positive development, some do not. There is a large evidence base demonstrating that early childhood is the most important period for child development and is also the period in which children are the most

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[4] Statement of the vision for the Early Years approach in a paper developed by the Ministry of Social Development (2005) titled: Early Years: *Giving Children the Best Start in Life, Outcomes framework.*

[5] Cost-benefit studies of a number of American programmes show returns for every public dollar invested in early intervention services can range from $3.23 initially to $17.07 when participants are followed into adulthood. Evaluation of New Zealand's Early Start home-visiting programme has shown positive effects on a range of child outcomes, and suggests similar financial gains can be made here.

vulnerable to harmful influences. When children do not receive the support they need in the early years, they are at risk of later poor outcomes. Some go on to experience serious problems including substance abuse, educational failure, poor health, criminal offending and persistent unemployment. A larger group fail to achieve their potential.[6]

Governments around the world seek to provide early intervention in a number of ways. Policies can target specific populations (such as vulnerable children) or provide services universally (for example, to all children regardless of vulnerability).

The New Zealand government's EIP was named Kia Puāwai. Kia Puāwai initiatives included both targeted and universal services and were delivered through a number of agencies, including:

- health (Well Child services)

- social services (Family Start, Family Violence Witness Programme)

- education (attending ECE and ECE centre-based PSD)

- courts (Family Court Information Programme).

The early intervention approach formed the core of the government's prevention strategy to achieve sustainable, long-term reductions in poor outcomes for children, including educational failure, ill health, persistent criminal offending, long-term unemployment, and abuse and neglect. Overseas evidence of effective early interventions led to the government focusing on five broad goals, including:

- all families having easy access to good information and advice about parenting

- all families having access to community-based formal and informal support networks

- all families being provided with universal services and support that help them raise their children

- families with additional needs having access to quality specialised services to meet those needs

- families and children that continue to be vulnerable to poor outcomes receiving effective, coordinated, intensive remedial services.

Kia Puāwai included:

- *Universal services to help all families and wh*ā*nau raise their children.* All families can access universal services, but those in vulnerable circumstances who have the greatest need often require help to ensure access. Universal services therefore need to reduce barriers to participation, particularly for Māori and Pacific peoples, so as to be responsive to a wider range of circumstances and needs.

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[6]   SDC Min (04) 27/1.2 Paper Two: Early Intervention for Vulnerable Children.

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- *Targeted services that met additional needs.* Universal services needed to be able to refer children, their families and whānau to targeted services. Effective coordination and referral mechanisms were required to facilitate this.

- *Intensive remedial services when children continue to be vulnerable to poor outcomes.* These services needed to respond to the complex circumstances in vulnerable children's lives and to have specialised workers capable of responding effectively*.*

The following diagram illustrates the types of services that are contained within Kia Puāwai.

Figure 1: Kia Puāwai services
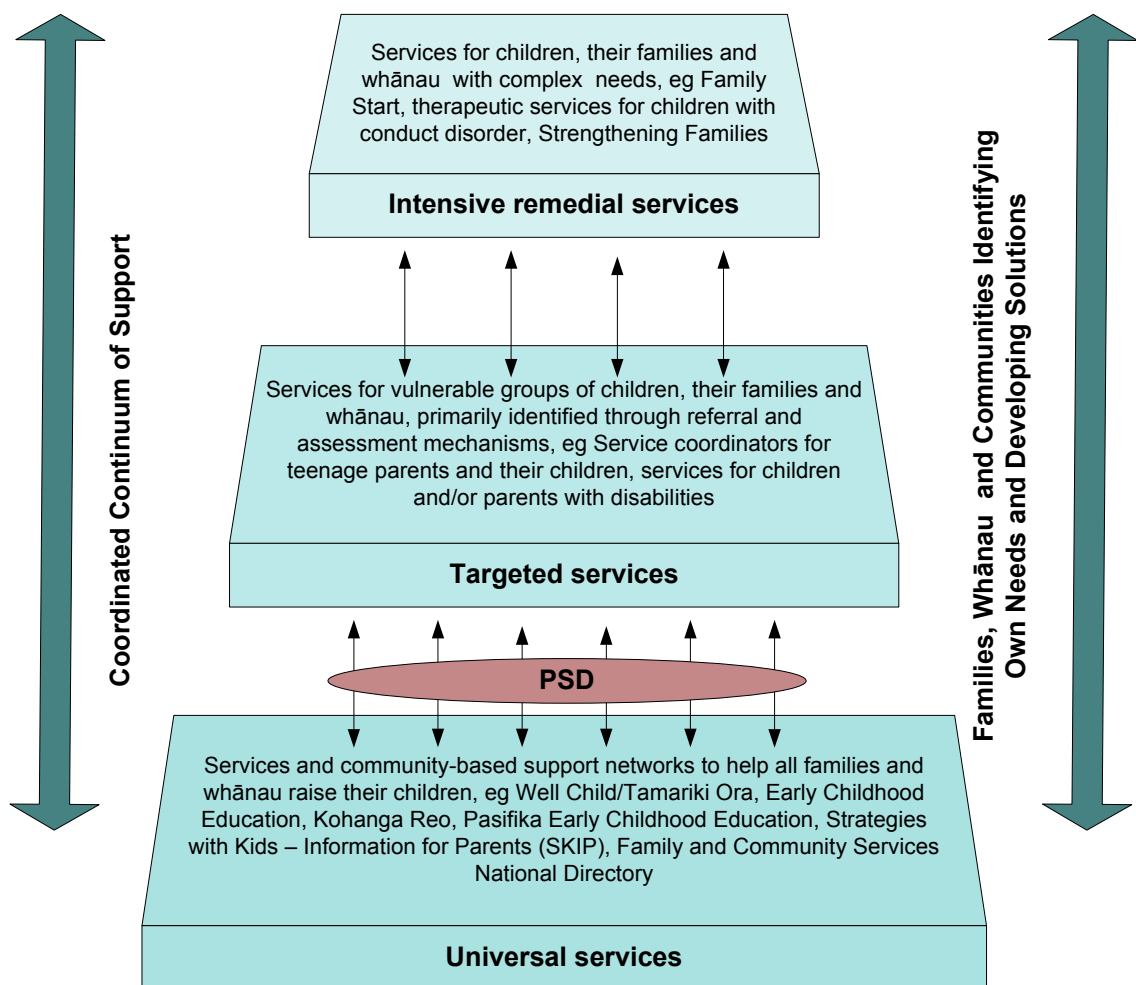
ECE centre-based PSD pilot programme

The ECE centre-based PSD pilot programme was funded under the broader Kia Puāwai umbrella and was led by the Ministry in close collaboration with the MSD. The initiative was designed to reduce perceived gaps in the coverage and intensity of parent support services available to vulnerable parents with young children. The idea was to develop the capacity of ECE centres to provide parental support, development, and outreach activities, thereby widening the centre's role as a community hub or venue, with the result that vulnerable parents would access the support and development opportunities they needed.[7]

Unlike many early intervention initiatives, ECE centre-based PSD was a targeted intervention, delivered through universal services (ECE centres). The intervention is based on evidence that programmes that combined parent education and support and ECE were more effective than solely parent-focused or child-focused programmes alone. [8] The evidence further suggested that parents would access ECE centres even when they were reluctant to access other 'agency' services. ECE centres were chosen for their potential to be community hubs that would draw vulnerable families into non-stigmatised environments. Hence, the growth and development of pilot ECE sites as community hubs can be seen as a mechanism of change within the programme as well as an outcome of the programme. Officials believed that by supporting vulnerable parents in this way the health, education, and social outcomes of their children would be improved. Intended objectives of the programme are described in more detail below.

A total of 18 pilot sites were selected; an initial eight sites in February 2006 and a further ten a year later. Pilot sites were selected on the basis that they had a high concentration of vulnerable families living in the area. Each pilot site was contracted by the Ministry to deliver ECE centre-based PSD for three years. Pilot sites were encouraged to design PSD in response to local needs following community consultation. The range of activities included:

- **educational activities**: activities to develop parenting skills and provide parenting information

- **social support activities:** to provide or facilitate social support networks for parents

- **outreach activities**: includes referrals to other services, direct contact with families through home visits, marketing/promoting the programme at various community events.

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[7] Ministry of Social Development (June 2005) Early Intervention Implementation Overview paper.
[8] Barrett, H. (2003) *Parenting Programmes for Families at Risk: A Source Book.* Gray, A. (2003) *A Review of Programmes and Programmes Features of Two-Generation and Other High-intensity Overseas Programmes.* Shankoff, J.P. and Phillips, D.A. (2001) *From Neurons to Neighbourhoods: The Science of Early Childhood Development.*

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Intended outcomes

ECE centre-based PSD was designed to focus specifically on improving the outcomes of vulnerable children. The initiative was originally aimed at children up to the age of three years. The specific objectives of ECE centre-based PSD were identified in an Overview paper as:[9]

- improving effective parenting by vulnerable parents, building on their skills and knowledge

- increasing participation and engagement in ECE by vulnerable children and their families

- improving the consistency between what children learn at home and in the ECE environment

- leading vulnerable parents to be better connected to broad social supports and informal networks.

It was anticipated that achieving these four objectives would contribute to the overarching objective of the programme: to improve the outcomes for very young vulnerable children and their families.

All 18 pilot sites were required to report their progress towards meeting these objectives. A series of hui/workshops were held by the Ministry to periodically reflect on achievements and provide pilot sites with guidance and support to implement the programme effectively.

Understanding the programme's intentions

Figure 2 shows diagrammatically how the programme was intended to operate, and the outcomes that were expected. This was developed by the evaluators to frame and identify the critical questions for the evaluation.[10] The framework presents the programme as a set of **interventions** or **mechanisms** through which the Ministry and MSD expected the overarching outcomes to be achieved. It shows that there are a number of necessary steps that act as scaffolds to enable the programme to achieve the outcomes. The four specific objectives (from the Overview paper) are shown in the gold boxes (also marked as '#') and other programme objectives are shown in aqua boxes.

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[9] Ministry of Social Development (June 2005) Early Intervention Implementation Overview paper.
[10] The Evaluation Plan document (June 2007) outlining the framework was signed off by the Ministry of Education and Ministry of Social Development as a useful basis for the evaluation.

Figure 2: ECE centre-based PSD – framework showing intended outcomes

IMPROVED FAMILY AND CHILD WELL-BEING

Improved consistency between learning at home and ECE

Improved parenting capability and practice

Parents' confidence increases

Parents become more effective by increasing their parenting skills and knowledge

Parents are better connected to broader social supports and informal networks

Increased participation & engagement in ECE by vulnerable children and their families

Parents (including vulnerable parents) engage PSD often

Parents (including vulnerable parents) become aware of PSD

Parent Education

Social Support

Outreach Activities

PSD Operates

PSD/ECE Centre becomes a community HUB

Pilot sites develop PSD programme/activities to meet local needs

18 pilot sites selected
(with a high proportion of vulnerable families or refer to deprivation index)

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The Overview paper also noted that an explicit intent of ECE centre-based PSD was that 'ECE centres would grow and develop as community hubs for the provision of parent support and development activities'. Interviews undertaken during the evaluation planning phase highlighted two distinct approaches in this regard.

- In some instances, participating pilot sites deliberately positioned and promoted the ECE centre as a community hub to achieve programme objectives. In these pilot sites, the hub acted as a *mechanism* for attracting and engaging parents into the programme and connecting parents to a broader range of social support services.

- In other cases the emergence of the centre as a hub was seen as an outcome in its own right. In these pilot sites, the implementation of PSD led to identification of a wide range of unmet needs of parents and this led to the idea of developing the ECE centre as a community hub.

Given these different approaches, the development of ECE centres as community hubs is placed on the side of Figure 2 to help capture the idea that hubs can be seen as both a *mechanism of change* as well as an *outcome*.

Increasing parents' awareness and engagement emerged[11] as an important step to improving parenting capability and for this reason it appears as an intermediate outcome in the framework. For many vulnerable parents, an increase in confidence is a vital step towards improving their ability to parent and this is implicit in the intent underpinning ECE centre-based PSD. Therefore, pilot sites and operational staff noted that for the purposes of the evaluation, it is important to discuss and document increasing parent confidence as an outcome as it helps to take a broader view of *value*.

The framework clearly shows that each subsequent step of the programme logic is dependent on the previous step being achieved. That is, for the programme to successfully achieve its objectives, it needs to be implemented as intended. Part 3 of this report examines how well the programme was implemented and what can be learnt from implementation.

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[11]   The interviews undertaken during the evaluation planning phase identified these issues.

Part 2: Evaluation methodology

This part provides an outline of the evaluation methodology, including its purpose, outcomes and key questions. It also describes how the evaluation changed its focus over time.

Evaluation purpose

The evaluation literature identifies different purposes for an evaluation:

- accountability – where the intent is to judge the merit or worth of the programme or the intervention, primarily for accountability purposes

- improvement-oriented – where the intent is to use evaluation findings for the purposes of improving and refining the programme or the intervention

- generating a knowledge base – where the evaluation findings generate insights and understanding that contribute to the knowledge base.

This evaluation contributes to all three purposes. For instance, during the evaluation findings were fed back to pilot sites and the Ministry to draw attention to aspects of the programme that were working or not working well (with regard to the programme's objectives) with a view to improving programme delivery. This final report is intended to contribute to Ministry's and MSD's knowledge base about support and development for vulnerable parents.

Evaluation objectives

The evaluation aimed to extend existing knowledge and understanding of 'what works' in ECE centre-based PSD with a view to informing future policy decisions on early intervention programme delivered through ECE settings. The original objectives of this evaluation are:

- to identify areas of improvement to ECE centre-based PSD

- to determine the value of ECE centre-based PSD.

A phased approach

The evaluation was undertaken in four phases and conducted over a three-year period as outlined in Figure 3 below.

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Figure 3: Overview of ECE centre-based PSD pilot and evaluation methodology

Jun-10
Pilot ends (final 10 sites)

Jun-10

Evaluation Activity

Apr-10

Jan-10

Final report

Oct-09

Phase 4

Jun-09
Pilot ends (1st 8 sites)

Jul-09

Apr-09

Apr-Jun 09
Case Studies, 5 sites
(round 2)

Jul 08-Jun 09
Second monitoring
phase

Phase 3

Jan-09

Nov-Dec 08
Telephone interviews
(round 2)

Oct-08

Jul-08

Phase 2

Apr-08

Feb-Apr 08
Case Studies, 8 sites
(round 1)

Jan-08

Jul 07-Jun 08
First monitoring
phase

Oct-07

Aug-Sept 07
Telephone interviews
(round 1)

Jul-07

Apr-07

Phase 1

Jan-07
PSD extended (further 10 sites)

Jan-07

Oct-06

Jul-06

Apr-06

Feb-06
PSD begins (1st 8 sites)

Feb-06

Phase 1: Scoping and planning (February-July 2007)

This phase involved the review of documents and interviews with key stakeholders within the Ministry to develop a detailed evaluation plan and monitoring framework.

Two Advisory Groups were established to oversee this first phase of the evaluation:

- Ministry-led Advisory Group: Ministry personnel (including operational and policy staff) and staff from MSD who had the overall responsibility for the implementation of the Early Intervention suite of initiatives.

- MartinJenkins-led Advisory Group: Ministry operational policy staff member; MSD research and evaluation manager with the responsibility for coordinating the evaluation of Early Intervention programmes; an academic with expertise and knowledge of parent support and development initiatives; and a representative from the sector.

The two Advisory Groups ensured that the evaluators were informed about the policy context and had access to people with expertise in the subject area. They also ensured the evaluation activities were appropriately focused. The insights gained from these meetings were used to formulate specific evaluation questions to guide the data collection in the subsequent phase.

Completed reports for Phase 1

An evaluation plan was completed in June 2007.

Phase 2: Implementation evaluation (July 2007-December 2008)

The implementation evaluation phase was designed to address the original evaluation objective, that is, to identify areas of improvement to ECE centre-based PSD. This was done by answering the following two questions:

- How was the programme implemented by the pilot sites?

- What improvements could be made to strengthen the implementation of the programme?

This phase focused on understanding and describing what was happening in the programme as it was being implemented, how it happened, and why. This focus allowed in-depth understanding of what ECE centre-based PSD was, and what the differences were between pilot sites. The evaluation period was from July 2007 to December 2008. Based on the evaluation framework (see Figure 2 on page 14), the broad areas of focus were:

- understanding the application process (why pilot sites participated in the programme and their initial experiences with regard to implementation)

- understanding the implementation process (what activities and programmes pilot sites intended to deliver and how and why they chose these activities; how they identified vulnerable parents; issues and challenges for implementation; and what was actually happening).

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This stage of the evaluation was formative in nature and the information and insights gathered were fed back to pilot sites and the Ministry for reflection and future planning.

Data sources

There were four main sources of data for Phase 2:

- Monitoring data gathered from all pilot sites for the first year of the evaluation (capturing details about the programmes and activities, and who participated in which activities, how often and for how long). Data was collected from July 2007 – June 2008.

- Round one telephone interviews with managers of the 18 pilot sites. The interviews collected data on pilot sites' intentions and expectations of the programme; how projects were set up; and how projects changed as they were implemented. This data built on the information provided by the centres in their initial proposals. Telephone interviews took place in August – September 2007.

- Case-study visits to eight pilot sites to explore implementation in-depth. Case-study visits involved interviewing a wide range of people (including PSD and ECE staff, parents, and others providing various local services and community resources) and looked at programme implementation in greater depth than was possible from the monitoring data and the telephone interviews. Case-study visits took place in February – April 2008.

- Round two telephone interviews with managers of the 18 pilot sites. These interviews explored the monitoring data from the first year of the evaluation and discussed the participation rates (in terms of vulnerable parents) that were being achieved by each site. The interviews also explored whether any changes had been made to programme activities since implementation. The second round of telephone interviews took place in November – December 2008.

Completed reports for Phase 2

MartinJenkins provided the Ministry with a series of reports on the findings of the monitoring data and the two rounds of telephone interviews. A summary of the findings of the case-study visit was given to each of the eight pilot sites. There was also a presentation to the Ministry-led Advisory Group to discuss the implications of the findings for the programme and subsequent evaluation phases. The evaluation was amended in light of these discussions.

Phase 3: Understanding the programme and learning lessons (January 2009 - June 2009)

In the original evaluation plan, Phase 3 was intended to be summative in nature (that is, to determine the value of ECE centre-based PSD). The intended foci were:

- What is the value of ECE centre-based PSD?

- What evidence exists to show that pilot sites achieved the intended objectives for the programme?

Reflecting this, the evaluation was originally planned to use a longitudinal case-study research approach including follow-up visits to the eight pilot sites visited during Phase 2. It was also intended that monitoring data would be used to support the analysis of outcomes. The aim of the longitudinal research was to gather rich data about the outcomes that were being achieved by the programme.

However, the focus of this phase changed during the course of the evaluation for the following reasons:

- Firstly, the findings from Phase 2 (the implementation evaluation) and the monitoring data found that pilot sites' ability to attract and engage parents in PSD was variable. While some pilot sites were able to achieve high attendance, others had low[12] attendance and this posed some challenges to the evaluation in terms of demonstrating achievement towards the programme's objectives

- Secondly, Phase 2 of the evaluation also highlighted that the content and shape of PSD delivered by pilot sites differed across the 18 sites. While distinct and different approaches were expected (as it was expected that pilot sites would determine the shape and content on the basis of consultation with their communities), pilot sites were still required to focus on key objectives of the programme. The evaluation findings showed that pilot sites did not consistently use the four objectives as the basis for choosing the mix of activities to be delivered; instead, seeing the objectives as something to which the activities could be matched retrospectively and primarily for reporting purposes. This posed challenges to undertaking a summative evaluation.

- Thirdly, this stage of the evaluation coincided with a significant change in programme personnel at the Ministry, resulting in renewed focus on the original objectives of the programme as well as the intended target group, namely, vulnerable families.

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[12] Low was defined as less than an average of 10 attendances per week per programme. The average attendance is the multiplication of the number of parents attending an activity by the number of activities delivered in a week. Sites tended to deliver 2 or 3 activities per week. For example, one parent attending two activities would generate two attendances, as would two parents each attending one activity in a week.

MARTIN'JENKINS

The evaluation team, in consultation with the Ministry and the Advisory Groups, responded to these factors by redesigning the planned evaluation activities to ensure the evaluation's continued relevance and usefulness for the Ministry. As a result, the questions for this third phase of the evaluation were reframed, and the focus shifted from its summative focus (that is, determining to what extent specific objectives of the programme were met) to gathering deeper knowledge about the achievements of ECE centre-based PSD for parents, pilot sites and the wider community. This focus was chosen because it allowed the Ministry and the MSD to draw on the lessons learnt from the programme's implementation, including in relation to the challenges associated with targeting vulnerable parents within the context of universal services. The questions covered in this phase included:

- what were the key achievements of ECE centre-based PSD for:

  - vulnerable parents and families

  - vulnerable children

  - the pilot sites?

- what were the challenges centres faced in targeting vulnerable parents within a universal service, and what lessons could be learnt?

- what lessons could be learnt about PSD delivery from this programme?

- what are the strengths and weaknesses of the pilot sites that performed relatively well?[13]

Data sources

There were two main data sources for Phase 3:

- Case-study research: five pilot sites were selected for case-study research. These pilot sites were selected on the basis of analysis of their monitoring data which indicated that they had managed to get high levels of parental participation in their programmes generally, and had engaged with vulnerable families in particular.

  - Four of the pilot sites had higher participation levels than others (that is, they had better attendance levels, and some engagement with vulnerable parents).

  - One site was chosen as an example of a site that had engaged with vulnerable parents despite having a low overall attendance level.

  Three of the pilot sites chosen for the second case-study visits had previously been visited during phase two. The second case-study visits looked at how far the pilot sites had progressed towards meeting the programme's original objectives, as well as looking to identify lessons that could be learned. The visits involved interviewing a wide range of people (including PSD and ECE staff, parents, and others providing various local services and community resources). These site visits took place in April – June 2009.

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[13] MoE and MSD agreed that participation was a key indicator of performance and sites that had higher participation (average of 10 attendances per week per programme) vis-à-vis other sites were chosen for this phase of the case-study research.

- Monitoring data gathered from all pilot sites for the second year of the evaluation (capturing details about the programmes and activities, and who participated in which activities and for how long). Data was collected from July 2008 – June 2009.

Reporting for Phase 3

The findings of Phase 3 are outlined in this report, together with the findings from the previous phases in this report.

Phase 4: Synthesis and reporting (July 2009-January 2010)

The evaluation combined a range of methods to generate broad, comprehensive insights about ECE centre-based PSD and its contribution to achieving the programme's objectives. As noted earlier, the focus of the evaluation changed during the course of the evaluation and in particular shifted from looking solely at the achievement of outcomes to gaining a more in-depth understanding of pilot sites' and parents' experiences of the programme. This final report is the synthesis of the findings from all data-gathering activities and provides a commentary on the achievements of the programme. The lessons learnt offer guidance to the Ministry and MSD for future policy development.

Part 3: Programme implementation

This part discusses the way the programme was implemented across the 18 pilot sites. It covers the pilot sites' experiences of applying to take part in the programme, and the different ways that they implemented the programme. It also discusses some of the definitional issues that posed significant challenges to the pilot sites in implementing the programme in a consistent and coherent way. The information for Part 3 of the report is drawn from the first set of case studies and the first round of telephone interviews.

Applying to be a pilot site

Selecting pilot sites

The Ministry initially selected locations they thought would benefit from ECE centre-based PSD. The areas were identified as having a population that contained a high proportion of vulnerable families (using the New Zealand Deprivation Index)[14], and applications to take part in the pilot were invited from potential ECE sites in these locations.

Developing and submitting a proposal

To be selected as a pilot site, individual ECE centres had to submit a comprehensive proposal document that described the needs of their community and how the service provider would work to achieve the Ministry's aims as outlined in the RFP, including methods for engaging with vulnerable families. As noted earlier, ECE centres had varying levels of capability and experience in applying for funding, and this was reflected in the quality of the proposals that were received and the way that the pilot sites understood the intention of the programme.[15]

In the majority of the pilot sites, the application process was mainly managed and completed by ECE staff including teachers, ECE managers and volunteers. In a small number of cases, the application form was completed by a person with specific responsibilities for seeking out business development opportunities, and in one instance the task was outsourced to a contractor due to the site's lack of experience. Not surprisingly, pilot sites that had more experience writing proposals reported having less difficulty with the process, while pilot sites that were new to such processes reported they found it difficult to fill in parts of the proposal (examination of their proposals also revealed that in a number of instances they were unable to articulate how their activities would contribute to the programme's objectives). Many of the sites reported that they found the application process stressful and that it involved significant amounts of work. Some commented that, given the amount of available funding, the requirements of the application process were excessive.

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[14] http://www.uow.otago.ac.nz/academic/dph/research/NZDep/Instruction%20book%202001.pdf.
[15] For example, some proposals contained comprehensive information and answered questions fully, while others contained little information and did not answer all questions in detail.

Needs analysis

As part of the application process, pilot sites were encouraged and expected to undertake some form of needs analysis to ensure their proposal was responsive to local issues. This required pilot sites to access relevant information (such as, published literature or the presence or absence of local services) and to use this information when developing their proposal. Most pilot sites reported that due to the limited amount of time and resources available, they were unable to undertake in-depth needs analysis and relied on their prior knowledge and experience instead of looking for new information. These sites already had clear views and ideas about how they wanted to better engage with parents in their community and saw the programme as offering them an opportunity to implement their ideas. This is well illustrated in the following quotes taken from the pilot sites' applications.

> We have a history of engaging with our parents and are seeking additional funding to further develop our services to parents. (Application form)

> We had already undertaken an action research project with our community and identified priority needs and aspirations of our parent community. The outcomes and strategies identified were aligned with ECE centre-based PSD and so we sought funding to implement these strategies through the programme. (Application form)

> There was not a lot of time to get the application done – we only had a couple of months. But we already engaged and knew what they wanted to do. (Application form)

There were some exceptions and the evaluation identified two instances where pilot sites had made an effort to draw on national and international research literature to help formulate their ideas for ECE centre-based PSD. These pilot sites observed that the programme's funding would give them a unique opportunity to target parents that faced 'significant challenges which placed them at risk' and they drew on available literature to identify strategies for engaging with vulnerable families in their community. They also used the funding to recruit appropriate staff to leverage their strong networks and links into the community, and focused on providing timely referrals and active outreach support for the parents. These pilot sites were located within a social service organisation (such as, iwi organisations or a church group) and believed that PSD gave them the opportunity to provide wrap-around services for their community. These pilot sites' motivations for participating in the pilot tended to be the opportunity to better resource and target work they were already doing in their community (only one site based within a social service organisation saw participation as an opportunity to try something different).

> The funding for an extra person could provide a lot more support and importantly allow us to better respond to referrals, that is take the parents to the agency and follow up with the agency afterwards. The process of applying for this funding has sparked thinking about how to better engage this group. (Application form)

> We applied for the pilot because our philosophy is to support our whānau. Our vision of the centre is to provide wrap around, additional services for parents and the $70,000 we received allows us to recruit a worker and buy resources to help us to do this well. (PSD worker)

All pilot sites found the requirement to provide local statistics to identify potential target groups difficult and onerous, and described the gathering and analysing of required information in the timeframe as 'mind-boggling' and 'like writing a thesis'. In their view, support from the Ministry (for example, providing access to information) would have facilitated and supported proposal development.

Community consultation

Community consultation was seen as a vehicle for undertaking needs analysis and pilot sites were encouraged to consult with their community to develop their proposals. A review of the applications indicated that pilot sites had undertaken some form of community consultation. However, pilot sites' approaches to consultation varied depending on what they understood they were meant to achieve through consultation. A minority of pilot sites saw consultation as an opportunity to understand what services already existed within the community so as to work out how their PSD programme could fit into the mix. Most pilot sites saw it as an exercise to gain community support, by promoting their intentions for the programme.

The nature and extent of consultation varied greatly. Some consulted with a large number of people including parents, teachers, local service providers, other ECE centres, and social and welfare agencies. Others consulted only with the teachers in the ECE centre. The following quote illustrates the effort one site undertook:

> We worked with all the agencies who are located on our site and are part of the Trust's one-stop shop. We were looking for encouragement and support and commitment so that we could achieve the outcomes we needed. We talked to the Trust; we talked to the ECE staff; we talked to the parents and asked how they would like to be supported, we read the programme documents to see how it would stretch and develop us and then consulted with other agencies as well. (PSD worker)

While some pilot sites concluded there was a lack of services in their area for parents (such as support for parents in general and availability of ECE), other pilot sites concluded that the *real* issue was to do with *access* to existing services. Access to existing services emerged as an issue in part because services were not well marketed, resulting in a lack of awareness; parents were confused about which service to use, and/or parents' lacked the confidence to use services. Given these issues most participating sites felt that focusing PSD to promote greater connections between parents and existing services was a useful focus.

Role of the Ministry of Education

The Ministry offered guidance and assistance to all pilot sites that applied in order to help build their capability to present a well-written proposal. The need to do this was identified during the very early stages of the project and the Overview paper clearly outlined the level and type of guidance that should be provided to pilot sites. This approach recognised the fact that not all pilot sites would have the capacity or experience to complete a proposal. Guidance and

assistance was provided to pilot sites by the Ministry by talking through the process face-to-face or by telephone.

> Following our application we had a visit from the National Office project team. We initially thought that this was an audit type visit ... we were very surprised to find out that actually they wanted to discuss our proposal and they brainstormed with us about the gaps in our proposal. They 'worked' with us to refine it and refocus it to ensure that it was aligned with their outcomes. We learnt a lot from this interaction. (PSD worker)

> We talked to the regional Ministry office in the initial application phase to ask questions and get advice on what to include. The guidelines at this stage of the process seemed a bit unclear and we wanted more detail. We found it hard to put onto paper our 'dream' and how it would practically work as we have not applied for funding of this nature before. Prior to the full proposal the Ministry visited the centre to talk about what they wanted to see in the proposal and what they needed to ensure was covered. (PSD worker)

> We broke up the application process into a number of small tasks. First we consulted with parents ... secondly we developed the programme. Thirdly, we pulled information from the ECE centre's policy and did the budget and then lastly we got letters of support from the community. We had no involvement from the Ministry but got a lot of support from a site that was funded in the earlier round. (PSD worker)

The Ministry's approach to the application and set-up phase was facilitative and supportive of pilot sites' ideas. While pilot sites were encouraged to focus on the four objectives of the programme, they were also given flexibility to design their own programmes and were advised to focus on local needs. The Ministry was keen to encourage individual pilot sites to work with their own strengths and saw the pilot as a trial, where a variety of approaches were to be expected.

The evaluation highlighted an inherent tension in the ECE centre-based PSD delivery. On the one hand, it allowed pilot sites to design local solutions for local needs. On the other hand, each pilot site was expected to design programmes that contributed to the programme's overarching objectives. The two were not always aligned, resulting in some tension for pilot sites. Feedback from the pilot sites indicated that they appreciated the support and guidance offered by the Ministry in terms of proposal development. However, pilot sites felt that they would have liked more support and guidance during the early implementation stage as a large number of them grappled with resolving these tensions and making the programme work on the ground. On reflection, support and guidance during the early implementation stage may have helped pilot sites ensure a stronger and clearer focus on the programme's objectives.

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Implementing PSD

Following the application phase, pilot sites were faced with the task of making the programme operational in their communities. Findings from the process evaluation revealed significant variability in implementation across the pilot sites and some apparent departures from the original intent as outlined in the proposal. This in part reflected the flexible approach that had been taken in allowing pilot sites to develop locally appropriate activities and to customise these as they went. Another equally important reason for this variability was that in some pilot sites the person responsible for writing the proposals was different to the person responsible for implementing PSD, resulting in a higher likelihood that implementation in practice differed from the proposed approach. This suggests there is a strong need for consistent management oversight at a service level, to ensure better alignment between the programme intent and programme reality. From an evaluation perspective, understanding these factors was important as it set the context for making sense of the achievements of the programme.

The next section discusses how pilot sites understood and interpreted key focus areas of the programme *in practice* and the attempts made by the Ministry to help pilot sites reshape and refocus the programme over time. It covers:

- identifying the target group – how pilot sites understood and defined the target group in their contexts and the factors that influenced these definitions

- operating models – how pilot sites designed and focused the programme and the factors that influenced these decisions

- type of PSD activities – the mix of activities offered by pilot sites and factors that influenced these approaches.

Identifying the target group

The Overview paper clearly stated that ECE centre-based PSD was intended to be a targeted programme operating through a universal service. The original policy intent of the programme was to enhance outcomes for very young vulnerable children and ECE centres were chosen as a place that vulnerable parents could access assistance without feeling stigmatised. However, the evaluation found that most pilot sites had different views about who the target group for the programme was, and how they could be identified or targeted.

Identifying the target group – vulnerable parents

The Ministry along with the MSD chose pilot sites in geographical areas with a significantly above average proportion of vulnerable families.[16] The expectation was that pilot sites would offer ECE centre-based PSD services to **all** parents while targeting **vulnerable** parents within the wider group of parents. Choosing pilot sites that had existing populations of vulnerable

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[16]   As identified through the NZ Deprivation Index.

parents was an indirect way of ensuring that pilot sites would focus on and engage with the target group. The implementation evaluation phase showed that this expectation was not clearly communicated to pilot sites, and as a result, two quite distinct approaches to defining vulnerability emerged:

- Some pilot sites that defined vulnerable parents as parents who faced a range of **significant challenges** (for example, solo parents, teenage parent or parents on low incomes). However, these sites struggled to identify or 'weight' the challenges faced by parents in terms of their significance owing to the context specific nature of the presenting issue. In the absence of any criteria from the Ministry, pilot sites felt they were being asked to make a value judgement about the significance of the issue and they were reluctant to do this. Consequently, they preferred to support all parents who sought advice or assistance from them and rationalised this by saying 'if they ask you for help, they are vulnerable'.

- Other pilot sites defined all **parents** as vulnerable. This definition places the status of being a parent at the heart of what constitutes vulnerability. Pilot sites that used this definition did not see any need to identify or record any characteristics of the parent.

These definitional issues posed significant challenges to programme delivery, resulting in the majority of pilot sites providing services to parents regardless of their vulnerability. Pilot sites that were not particularly *active* in targeting vulnerable parents from the outset did so for a variety of reasons:

- Some were philosophically of the view that seeking vulnerable parents out would stigmatise them, which was not appropriate. Their preferred approach was to deliver programmes that had wider appeal and hoped that vulnerable as well as non-vulnerable parents would attend. Ongoing and effective delivery of PSD would generate word-of-mouth endorsement of the programme and this would attract all parents in the community, including vulnerable parents.

- The emphasis on vulnerability was not initially well understood by many pilot sites and they did not realise there was an expectation that they should actively target vulnerable parents

- Many pilot sites considered they were too busy dealing with the parents they were already in contact with to actively seek out further parents; increasing their reach to vulnerable parents was particularly difficult for pilot sites that only worked with the parents of children who were already attending their ECE centre (11 of the 18 pilots sites operated in this way).

- PSD workers in pilot sites did not have the requisite skills, the resources or tools to identify vulnerable parents from amongst the wider pool of parents. These difficulties meant they did not know how to specifically target PSD resources towards vulnerable parents. If parents did not exhibit any particular problems, pilot sites had no clear way to identify who was vulnerable and in need of additional targeted services. As a result, pilot sites tended to respond to parents' problems as they emerged rather than proactively focusing their efforts on vulnerable parents.

- When pilot sites felt that they had identified a vulnerable parent, they took extra effort to maintain contact and build a relationship of trust. This was done through home visits, one-on-one contact and support, telephone calls and text messages encouraging participation and providing transport.

- Quarterly reporting systems set up by the Ministry required pilot sites to record parents' gender, age, level of qualification, number of children under five years and their employment status. Pilot sites were also asked whether parents were part of the 'target group'. Pilot sites resisted capturing this information given their philosophical views about labelling parents – in their view it was inappropriate, invasive and a breach of the trust parents had placed in them. Consequently, pilot sites did not have the information or data needed to profile the parents attending the programme.

This issue was identified early on as a challenge for the evaluation, since the level of data on the characteristics of participating parents is a key obstacle to evaluating the contribution of ECE centre-based PSD to vulnerable families. In order to respond to the Ministry's need for a robust assessment of whether or not the programme was reaching vulnerable parents, we developed a monitoring tool[17] that required pilot sites to record their perceptions of parents' need for PSD. Pilot sites were asked to assess (for each parent who participated in PSD) whether:

- PSD was a bonus (the parent had few perceived needs)

- PSD was useful (the parent had some perceived needs)

- PSD was vital (the parent was vulnerable and had many perceived needs).

While the accuracy of this assessment is uncertain, it enabled sites to focus their attention on vulnerable parents. Early analysis showed that most pilot sites perceived 'PSD was a bonus' or 'PSD was useful' for their parents and relatively few said that 'PSD was vital' for their parents.[18] This further suggests that pilot sites did not actively target vulnerable parents and essentially delivered PSD to *all* parents.

The few pilot sites that made concerted, deliberate attempts to attract vulnerable parents did so by:

- creating good networks with other agencies and encouraging them to refer vulnerable parents to the PSD programme

- locating outreach programmes in areas they knew there were high numbers of vulnerable parents.

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[17] There were inherent limitations in the tool as implementation had commenced and sites were philosophically not in favour of capturing information on vulnerability in their database.

[18] This is discussed further in Part 4 of this report.

Identifying the target group – children 0-3 years old

Although the original policy intent of the programme was to provide an intervention for parents of children up to three years old, the Ministry also accepted proposals from pilot sites that focused on a wider age group. This was a pragmatic response to the fact that many ECE centres focused on the wider age group and that positive benefits would still be likely for parents of children aged up to five years. Targeting parents of 0-3 year olds in this context would also have complicated delivery unnecessarily.

Of the 18 pilot sites, most did not provide services to very young children prior to the programme:

- five were licensed for a small number of under-twos

- four were not licensed for under-twos

- four were playgroups (with no restrictions on the age of their children).

A number of these pilot sites indicated that they had expanded the age group that they provided services to during the pilot (for example, by starting playgroups) to better respond to the needs of their community. Pilot sites could achieve the goal of increasing participation in ECE by vulnerable families through:

- increasing the roll of the ECE centre offering PSD subject to licensing restrictions – most pilot sites had a full roll and a reasonably long waiting list

- referring parents attending PSD to other ECE centres – while pilot sites reported that they had done so, no data was collected during the evaluation to support this finding

- introducing playgroups – this occurred in one pilot site, whereas in most other instances playgroups were already in existence prior to the introduction of ECE centre-based PSD.

A minority of pilot sites had a strong focus on very young children:

- two were licensed for a large number of under-twos

- one solely targeted parents with children aged 3-12 months.

As a result of the Ministry not restricting the selection of pilot sites to those providing services (or intending to provide services) to children aged three or younger, the focus of the pilot effectively shifted to the parents of children aged up to five years. This meant that the programme ceased to be an intervention specifically for parents of only very young children.

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Operating models

The operating model developed by pilot sites to deliver ECE centre-based PSD was a function of the sites' interpretation of two critical elements of the programme: who is the programme for?; and what is the programme trying to achieve? Understanding pilot sites' responses to these questions provides clarity and insight into decisions about their focus and the activities offered.

Open versus closed system

The evaluation found that pilot sites could be broadly clustered into two groups:

- sites with an open system – available to all parents in the community, these sites tended to focus on offering parenting support (approximately 7 of the 18 sites)

- sites with a closed system – available only to parents of children already enrolled in the ECE centre. These sites primarily focused on improving the experience of children's ECE through involving parents and building relationships with them to better understand the issues facing their enrolled children (approximately 11 of the 18 sites).

Pilot sites with an open-system model were accessed by parents in the community who actively sought support or by parents who had been referred by other agencies. These sites had contact with both vulnerable and non-vulnerable parents drawn from the wider community. These sites were also more likely to act as a bridge between parents and ECE services, encouraging parents whose children were not participating in ECE to do so. In some instances parents were required to do so if they wanted to participate in the PSD programme. These sites tended to be based at a physical distance from an ECE service and employed a PSD worker with specific skills to work with families.

The majority of pilot sites (three-fifths) operated a closed-system model and saw their role as primarily working with the families of children already enrolled in the centre. They viewed PSD as an opportunity to engage more actively with their parent community and viewed PSD as a value-added service for the parents of enrolled children. Most of these sites tended to already have full rolls (and often waiting lists as well), and so felt they lacked the capacity to work with a wider group of parents. Their reach to vulnerable parents more generally was limited. While these sites did not turn vulnerable parents away, they did not fully utilise the strategies available for engaging vulnerable parents (such as, creating networks with other agencies to get referrals or setting up outreach programmes). Pilot sites operating a closed system saw the programme as providing them with additional resources to recruit staff and run activities that catered to the needs of parents and children enrolled in their centre.

The evaluation findings indicated that pilot sites operating a closed system took two distinctly different approaches to managing responsibilities for PSD within their centre. While some tended to take a teacher-led approach to PSD (in which case PSD activities were run along the lines of a conventional ECE centre but with additional activities delivered by additional teaching

staff), others tended to take a social-worker-led model (in such cases, the ECE centres were attached to a social service agency, an iwi or a church, where PSD was delivered by a worker specifically employed for this purpose). Under both approaches, efforts were made (with differing levels of success) by the person with the designated responsibility for PSD to stay connected with teachers at the ECE centre.

Approaches to delivering PSD

The design of individual pilot sites' programmes largely depended on their existing understanding of their community's needs, and most pilot sites undertook only minimal needs analysis and consultation. Differences in pilot sites' understandings of what the programme was trying to achieve were reflected in the provision of two main types of PSD programmes:

- those that primarily took a **direct,** *intentional* approach, offering a programme of educational activities for parents (that is, with a focus on providing explicit learning opportunities for parent support and development)

- those that primarily took an **indirect,** *developmental* approach, offering support to parents in accessing other agencies and giving parents a place to meet (that is, with a focus on providing tacit learning opportunities that fostered a sense of belonging). These pilot sites perceived creation of social support networks to be a critical precondition for sustaining engagement with vulnerable parents.

The Ministry *expected* pilot sites to implement PSD differently to reflect sites' local needs but within an overarching framework that would meet the programme's objectives. This tension between local needs and overarching policy intent resulted in pilot sites having differing understandings of what they were actually trying to achieve.

Refocusing the programme

The evaluation findings indicated that the programme implementation was iterative and pilot sites responded to local needs as appropriate at that time in their contexts. As a result, some pilot sites moved away from their original proposals and the programme's overarching intent and purpose.[19] The formative nature of the early evaluation phase allowed these issues to be identified and the Ministry responded through workshops, hui, one-on-one visits to pilot sites, and directed feedback on milestone reports to realign work undertaken by pilot sites to the objectives of ECE centre-based PSD.

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[19] For example, some sites ended up providing different activities than they had originally proposed, while other sites ran the activities they said they would but without including content that was clearly linked to the programme's outcomes (such as holding coffee groups with guest speakers who didn't specifically cover parenting support or development topics).

MARTIN JENKINS

As implementation progressed, the Ministry increased their efforts to communicate the programme's objectives to the sites, in particular, the intended focus on vulnerable parents. To achieve this, the Ministry employed a Programme Leader at the beginning of 2009 to improve communication between the pilot sites and the Ministry, and hui were held for PSD workers in November 2008 and February 2009. The Programme Leader also worked with pilot sites on their quarterly milestone reports, assisting them to increase their reflection and level of analysis regarding their programmes, particularly relating to contact with vulnerable parents.[20]

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[20]   Comparison of the monitoring data for individual pilot sites showed that this renewed emphasis and improved communication resulted in most sites increasing the numbers of vulnerable parents that they had contact with.

Part 4: Parents' participation in PSD

Part 4 describes the nature and level of parents' participation in ECE centre-based PSD including the characteristics of participating parents, the types of activities offered and the level of attendance.

Who participated in PSD?

The programme engaged a wide cross-section of parents across the pilot sites:

- 2,246 parents participated in the PSD programme during the monitoring period

- the majority of participants were female (88%)

- over half of all participants identified as European, and over one-third as Māori

- over one-third were aged 25 years or younger (this figure includes 13% who were under 20 years old)

- more than one-third had no qualifications, and almost a third held a tertiary qualification

- almost 60% were not in paid employment

- two-thirds had only one child aged under five years.

There were large variations in the demographics of parents across the pilot sites. For example:

- the proportion of Māori participants ranged from 90% to 7%

- the proportion of parents not employed ranged from 93% to 19%

- the level of participating parents' qualifications ranged from relatively low (at one site 93% of parents had no qualifications) to relatively high (at another site 92% of parents had University Entrance or a Tertiary qualification)

- the proportion of parents who were only caring for one preschool aged child ranged from 94% to 47%. At one site, 39% of parents were caring for three or more preschoolers.

Engagement with ECE

Monitoring data recorded whether parents and children were engaged in the ECE sector **before** they came into contact with the ECE centre-based PSD programme.

Large numbers of parents who participated in the pilot had not previously been (or were not currently) engaged with the ECE sector. Across all pilot sites:

- 67% of parents had not previously attended the pilot centre or sent their children to ECE there

- 41% of parents did not currently have their preschool-aged children enrolled at any ECE centre when they first participated in PSD.

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There are limitations to this data – taken at face value it would imply that the programme successfully introduced many families to ECE despite the fact that 11 of the 18 pilot sites were 'closed' (that is, provided services only to parents of enrolled children). There are a couple of possible explanations for this: firstly, many of these families' children may have only just reached an age where participation in ECE was possible or appropriate. Secondly, the data shows large variations across pilot sites in the extent of parents' prior engagement with ECE. At 'open' pilot sites most parents and children were new, while at 'closed' pilot sites, most were not.

Vulnerability of participating parents

Almost one-fifth (17%) of participating parents were assessed as vulnerable by PSD workers. For the purposes of analysis, "vulnerable" was defined as parents for whom PSD workers thought participation in PSD was **vital**. [21] Parents for whom PSD workers thought participation in PSD was **useful**, would also have exhibited a degree of vulnerability, but not to the same extent as those for whom PSD was seen as vital.

Table 1: Assessment of parents' 'vulnerability' across 16[22] pilot sites

Level of vulnerability	% of parents
Bonus (parents who had few perceived needs)	33
Useful (parents with some perceived needs)	50
Vital (parents vulnerable and with many perceived needs)	17

Note that assessment of parents' level of vulnerability was made by PSD workers.

The proportion of parents assessed as vulnerable varied across pilot sites, from as high as 26% to as low as 4%. While the pilot sites were provided with guidelines for making this assessment of vulnerability, it is probable that judgements were made differently at different sites, explaining some of this variation. However, variation in other proxy indicators of vulnerability (such as, educational achievement) also suggests some variation should be expected.

A comparison of the demographics of **all parents** who participated in the programme with the demographics of the **vulnerable** parents, shows that the parents who were assessed as vulnerable **did** differ from other parents – they had lower qualifications, were less likely to be in paid employment, and had more preschool children than the average participating parent.

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[21]   As previously stated, there are limitations to this data but it is the best measure available. The scale was developed in consultation with pilot sites in May 2008 and has been retrospectively applied to parents. The validity of the scale has not been tested.

[22]   Complete data was available for only 16 sites.

In addition, a further analysis of the characteristics of **all** participating parents showed that many were young, had low income and low educational qualifications – that is, three out of the 13 criteria used by the Family Start programme to identify vulnerability. This provides proxy evidence (in addition to the assessment made by PSD workers) that vulnerable parents participated in the programme.

What activities were offered by the pilot sites?

The original intention of the programme was that the PSD activities in each ECE centre be designed to meet local needs while being consistent with the programme's overarching objectives. Analysis of the activities provided by pilot sites indicates three broad categories or types of services:

- **parent education**: aimed at developing parenting skills and providing parenting information

- **social support**: providing or facilitating social support networks for parents

- **outreach activities**: referrals to and/or working collaboratively with other services, undertaking marketing activities, participation in community events, and provision of off-site support for parents, including home visits.

The range of activities offered by pilot sites varied hugely within these categories. Some of the specific activities included in the above categories are explained in more detail below.

- Parent education activities encompassed a wide range of activities from formal courses (which required enrolment and ran over a number of weeks, such as SPACE[23] or Toolbox,[24] through to one-off workshops on a particular topic, such as water or road safety, breastfeeding, nutrition, toilet training and discipline), as well as relatively informal coffee groups (where a guest speaker presented information on a particular topic). Activities such as budgeting aimed at building financial literacy were also within this category as they allowed parents to acquire skills that would ultimately achieve better outcomes for kids (such as, financial security).

- Social support activities also encompassed a range of activities including coffee mornings without a guest speaker, social get-togethers (such as parties and commemoration), cultural events or activities, music and/or movement classes, walking groups, sporting events, gardening lessons, playgroups and one-on-one interactions with a PSD worker (on site).

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[23] The SPACE programme is aimed mainly at first-time parents and their babies, and has been designed to support parents through the first year of their child's developmental journey. The programme runs weekly for 3-4 terms (i.e. 30-40 weeks). The sessions are run by facilitators who have knowledge, experience, and training in early childhood care and education.

[24] Toolbox parenting groups are a unique and fresh approach to parent education. In an informal, relaxed and friendly environment participants are equipped with practical skills and strategies that can be immediately put to use. Over six sessions key parenting principles are explored and participants are encouraged in their parenting.

MARTIN'JENKINS

- Outreach activities included referrals made by a PSD worker to other services (such as, ESOL lessons; WINZ) as well as activities undertaken to support a parent away from the pilot site. This included home visits and accompanying parents to appointments (for example, health, legal and social service appointments).

The three different types of activities reflected a view that there were multiple ways of achieving the objectives of the programme. In particular, parent education activities were intended to meet the first objective (that is, improving effective parenting by vulnerable parents building on their skills and knowledge); and social support and outreach activities were intended to meet the fourth objective (namely, leading vulnerable parents to be better connected to broad social supports and informal networks). While all of the activities were coded into one of the above categories, many activities actually overlapped categories.[25]
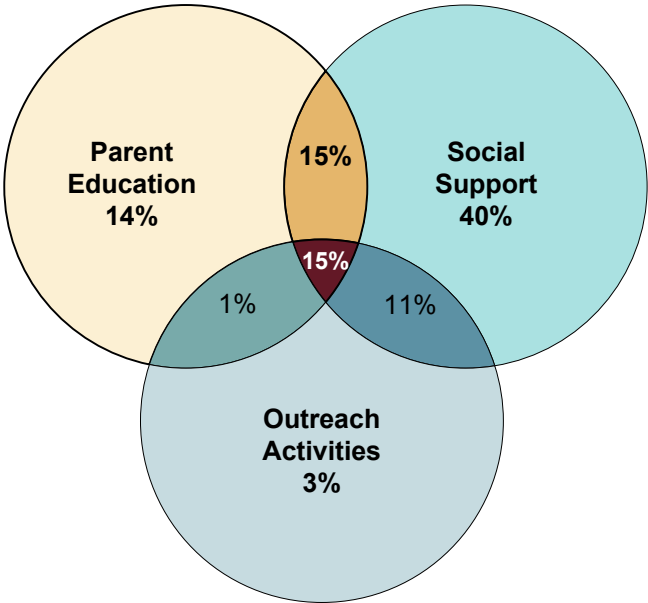
Type of activities

Parents participated in a wide range of PSD activities, with many participating in more than one type of activity. Over the two-year monitoring period:

- 81% of parents participated in a social activity

- 45% participated in parent education

- 30% participated in an outreach activity.

Slightly more than half of parents took part in one category (57%) while the remainder took part in two or more types of activity. The following diagram shows the proportion of parents who took part in the different types of activities, and the different combinations.

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[25] For example, the primary intention of a music class for children was to provide a social environment for parents and so has been categorised as a social support activity. However, by attending a music class with their child, parents would have also observed positive ways to interact with their child and learnt some of the songs that were taught, meaning that the class also had an educational element for the parent.

**Figure 4: Proportion of parents participating in different types of activities**

Most of the activities were conducted in a group setting. However, these figures also include one-on-one interactions between a PSD worker and a parent. A total of 12% of parents participated only in one-on-ones and not in any group activities.

Parents' participation by number of activity

The number of activities parents participated in also varied, and is an indication of the level of intensity of parents' engagement with PSD.[26] The following graph shows the number of times individual parents participated in all types of PSD activities over the two-year monitoring period.

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[26] Number of activities parents participated in is a proxy indicator only of engagement as some activities were inherently more intensive than others.

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Figure 5: Percentage of parents participating by number of activities

Number of activities
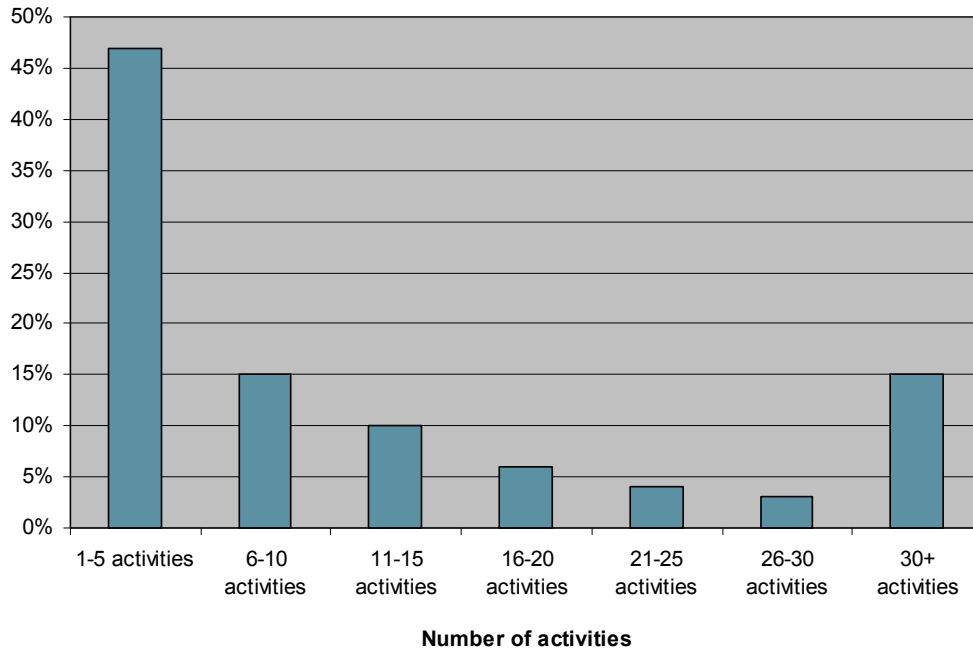
While there was some variation between pilot sites, all pilot sites showed the same general pattern:

- large numbers (almost a half of all parents) came for a small number of sessions (1 to 5)

- the proportion of parents attending further sessions then fell steadily, from about one-sixth of parents coming to 6-10 activities, to less than 5% attending 26-30 activities

- at the other end of the scale, a big group of parents (15%) attended 30 or more activities.

Parents who participated in more than 30 activities (15%) represent a group of highly engaged parents who most fully engaged with the PSD programme. This group must have had their needs met (although their needs may be purely social) to an extent as they continued to attend activities over a long period of time. However, not all parents would have needed such long-term support and engagement. If it is assumed that parents tended to participate in one activity per week, the parents who came for 11-15 activities or more were probably involved with a pilot site for three months or longer, and had a good level of engagement over time. This group accounts for nearly 40% of the parents involved in the programme.

Attendance by site

Parental participation and attendance in programmes can be seen as a key indicator of success of the programme. If parents do not participate, or participation is low, it limits the programme's ability to contribute to positive outcomes for parents. Parents need to participate and to meet other parents in order to extend their confidence, networks and knowledge of parenting.[27] However, determining attendance levels based on the monitoring data proved to be challenging for the evaluation. Consequently, a number of measures were combined to understand attendance patterns across the programme. The figure below provides a snapshot of this analysis.

Figure 6: Attendance levels by vulnerability of parents for pilot sites
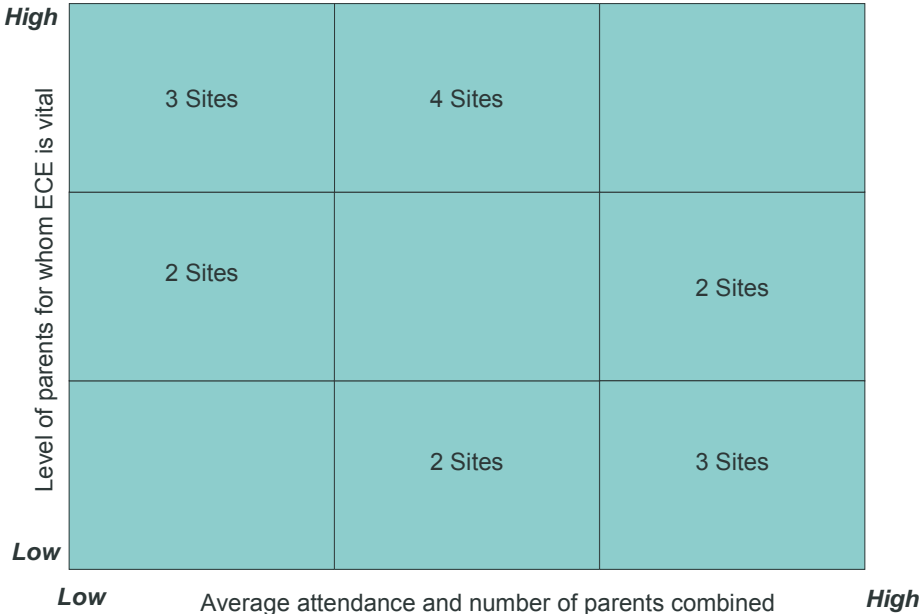
In order to differentiate sites on the basis of attendance and engagement with vulnerable parents, two measures were constructed from the monitoring data (note that sufficient data was only available for 16 sites):

- **Good attendance** was determined by ranking sites based on a score for the total number of parents who attended combined with the average number of times parents attended. This resulted in a site's attendance being rated **relative** to the others. For example, pilot sites were rated 'high' if they had high numbers of parents coming often; sites were rated 'medium' if they had a combination of either high numbers of parents not coming very

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27 The Overview paper also defined effective services as those that had contact with parents that was high in intensity and long in duration.

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often, or low numbers of parents coming very often; sites that rated 'low' had low numbers of parents not coming very often. Using this measure:

– 5 sites had high attendance

– 6 sites had medium attendance

– 5 sites had low attendance.

- **High engagement by vulnerable parents** was determined by ranking sites by the proportion of vulnerable parents[28] that attended. This resulted in a site's engagement with vulnerable parents being rated **relative** to the others. Using this score:

    – 7 sites had high engagement with vulnerable parents

    – 4 sites had medium engagement with vulnerable parents

    – 5 sites had low engagement with vulnerable parents.

These measures were constructed within the evaluation to differentiate achievements of sites in the most appropriate way as no benchmarks were set to determine high or low attendance within the programme by the Ministry.

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[28] Parents for whom PSD was assessed as being vital, by PSD workers.

Part 5: Key achievements and challenges

This part discusses the key achievements and challenges of the ECE centre-based PSD programme from a number of different perspectives: parents and families, the pilot sites themselves and the communities in which the pilots were based. It draws primarily on information gathered during the second case-study visits to five pilot sites and the quarterly milestone reports that each of the 18 pilot sites regularly provided to the Ministry.

Parents and families

The overarching objective of the programme was to improve family and child well-being with a special emphasis on vulnerable children. The monitoring data showed that a total of 2,246 parents participated in the programme during the two-year monitoring period, of which 17% were categorised as vulnerable. This section looks at the achievements and challenges of the pilot from the perspective of these parents and their families.[29]

Key achievements for parents

Parents learnt about 'good parenting'

Each of the 18 pilot sites provided activities specifically designed to increase parents' knowledge, skills and understanding of a wide range of parenting issues. The monitoring data showed that nearly half of all parents (45%) took part in an educational activity. The activities ranged from those that were formally taught (through workshops and longer-term parenting courses such as the parenting toolbox) where the learning was more explicit, through to informal activities where the learning occurred more tacitly (for example, modelling appropriate behaviour or delivering information while parents were present for a social activity).

Parents who participated in these events observed that they gained a lot from participating in PSD, as illustrated in the following quotations.

> Some days I just need to unwind, some days I need fresh ideas on how to deal with my child, some days I need company and some days I need counselling and advice, and some days I need to just have fun. This centre provides it all. (Parent)

> I always feel like I am a bad parent as I [am] always saying no to things or asking my kids to behave or I am telling them off. But then when I started to come to the tool box meetings I realised that it is ok to say no. I feel reassured that I am not a bad parent after all. (Parent)

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[29]   Research by Barnes and Fruede-Lagevardi (2002) and by Ghate and Hazel (2002) noted that "participants' perceptions or beliefs form some of the most important factors in determining success of a programme – factors that are often overlooked by practitioners and policymakers in their search for the definitive models or techniques that constitute successful programmes". Thus any assessment of *value* in the context of ECE centre-based PSD needs to involve a closer examination of outcomes for participants as identified by participants.

MARTIN JENKINS

> We learn from each other. When we talk and share about our kid's behaviour, we think about how we would respond in similar situations. We watch each other and how we behave with our kids and we learn that way as well. (Parent)

The evaluation found that across the 18 pilot sites, there was a mix of formal, structured courses and informal, unstructured opportunities for learning. It is difficult to assess the effectiveness of these approaches within this evaluation. All interactions within the context of ECE centre-based PSD present opportunities for learning and while some pilot sites offer explicit opportunities, others took a more tacit approach to learning.

On the basis of our interviews with parents, it was evident that those who had participated in formally taught parenting courses were better able to clearly articulate the insights, knowledge and understandings they had gained from participating in these courses. They were also able to reflect on changes in their own responses to particular behavioural issues as a result of their participation in formal courses. On the other hand, parents who had attended PSD in pilot sites that took a more informal, unstructured approach to delivery, learnt more tacitly. When talking about what PSD had taught them these parents tended to focus on the social support dimension of PSD and the sense of feeling connected and the belongingness that developed. This was clearly important for them and they did not necessarily have the language to articulate the acquisition of parenting skills and knowledge in the same way as parents who attended more formal courses. The following quotations reflect the range of responses from parents.

> I like it because it's a structured programme – now I can make sure that he's getting expanded and stimulated. For me, I get to meet other parents and now I have other people to talk to. (Parent)

> The coffee mornings and the toolbox sessions are quite different. At coffee mornings we discuss quite a lot of things but very generally. At the toolbox sessions we talk specifics – we will talk about an incident, we reflect on the kind of parents we think we are, we will talk about how we react when our kids do something wrong. (Parent)

> I have learnt about the need to be calm. I now have got a better sense of the need to control my responses verbally and physically. There have been times in the past when I have lost it and been very violent with my kid. I now know it is not right. (Parent)

> A place to learn essential skills to help me be a great mum, like learn[ing] games, songs, how to make toys, how to console a crying baby. I have found this programme fantastic and look forward to it every week. (Parent)

Pilot sites reported numerous examples of parents' new skills ranging from using their knowledge about car seats to educate others, to singing and playing with their children, to decreasing the amount of sugar they were giving their children. Pilot sites that held structured courses captured what parents had learnt through course feedback forms, allowing these sites to continue to teach the topics that parents really engaged with and/or reported as most useful.

Many pilot sites also offered more general skill development by holding workshops or courses on topics such as budgeting, cooking from scratch, craft, computers, scrapbooking and gardening. Pilot sites offered these types of activities both to increase parents' general life skills and also as a way to draw parents into the site.

As parents participated in these activities, it gave them an opportunity to acquire new skills and forge new relationships.

> Now I look at prices for things. I spend $130 [on food] instead of $300 a week and we have real food in the house. Now I plan a week's meals and budget for them. (Parent)

> Toolbox [was good], I didn't like other parenting courses, they weren't friendly and made you feel silly for asking questions. (Parent)

> It makes you realise it's 'all on you', how they feel and their behaviour. Now I give him more veggies and try lots of different food. (Parent)

> Now my family want me to cook for them! Now I want to do catering as a career. (Parent)

Informal discussions between parents (sometimes also involving a PSD worker) were another important way that parents learnt and shared knowledge. Pilot sites reported that this was most likely to happen as parents became comfortable with the environment and spent more time at the site. Coffee-groups were a common way that pilot sites achieved this. The PSD worker would often provide an article from a magazine, or a question, to provoke a discussion among parents as a way of getting them to think about and reflect on an important issue. Over time, parents 'opened up' and participated more freely in discussions, asked their peers for assistance with a parenting problem or offered their opinion on others' queries. Many PSD workers reported watching as parents grew in confidence as they learnt to take part in these interactions and began to see the benefits of information and knowledge sharing.

> This is a friendly place where parents get to share ideas, make new friends and learn new skills and parenting tips. I love it. (Parent)

In some cases the level of interaction between a PSD worker and a parent was only minimal, but by encouraging parents to drop in to the centre when they dropped their children off at ECE, parents gradually came to spend more and more time with the PSD worker and other parents. This often resulted in parents being drawn into discussions and debates.

MARTIN JENKINS

Social support networks were created, increasing parents' sense of belonging to the community

The case studies showed that many parents who participated in PSD were socially isolated, with reasons including: being a young parent, a sole parent, not having family nearby or being new to the area/country. PSD workers worked hard to create a sense of community throughout the pilot and provided social activities for parents. Monitoring data indicated that 81% of parents participated in a social activity of some kind.

> I've had post-natal depression and I'm new to the area. It's a good way for us to see others – we live a twenty minute drive away. (Parent)

> It's a constant, safe place with a stable, supportive, family type environment – very positive. It's a belonging feeling, rather than learning, activities are secondary to the environment. (Parent)

> When my brother committed suicide [the PSD worker] came, she made dinner, and connected me to other people. She offered to come to court – she came to the funeral with some other mums. (Parent)

In most pilot sites a sense of community was primarily achieved through creating a space that parents could use. In pilot sites that had a separate parents centre, this usually took the form of a physically separate space for 'adults' that was welcoming and comfortable. This was achieved in various ways, including having comfortable places to sit, having communication facilities available (such as computers, printers and telephones), having kitchen facilities (usually with tea and coffee and sometimes baking provided) and having information available. The provision of such an environment meant that parents felt comfortable using it and, over time, came to 'own' the space which led to them using it more broadly. This naturally led to parents getting to know each other and making friendships.

> It is a welcoming place. We can drop in for a chat and a cuppa and we can stay if we want to. There is complete freedom. (Parent)

> Being a parent can be isolating and at this centre I feel like I have a home, a place where I can meet and chat with other people and not feel like I am a bad parent. (Parent)

> I enjoy it, now we see each other outside coffee group, we've become friends since our children are the same ages. (Parent)

> I've started to come to coffee group for the social side, see other mothers and talk about parenting – child behaviour, how to solve issues. And the kids get looked after! (Parent)

> The best thing is the friendships… everyone is from different age groups and backgrounds but we have children in common. (Parent)

> I first came because I was new to the area and had no family or friends here. It was a good chance to meet other mums and for my son to get social skills. Now I come because I have made friendships and I can relax and have quality time with my son. (Parent)

Most pilot sites were quite intentional in creating opportunities for parents to meet, by actively providing additional opportunities for parents to develop their social networks. These included social functions (such as celebrations, fish and chip nights, end-of-year parties and cultural events) as well as initiatives targeted specifically at parents who did not appear to know others (such as 'will you come to dinner?' evenings).

> Some parents work all day so we have social evenings at night once a term. Now there is more scope for parents to meet each other. Young parents and solo parents really benefit, meeting someone who is in the same boat as them. (PSD worker)

One site successfully engaged a parent who had been living in the community for eight years without any community links or contacts. This parent had six children and was socially isolated due to being unable to speak English. Through her involvement in PSD she gradually built her confidence within the community and was put into contact with an ESOL[30] tutor. This parent reported that she was now recognised in the community, felt that she 'belonged' and had somewhere that she could go.

Many pilot sites also worked hard to involve parents who were isolated by giving them transport to workshops or events, providing childcare or by encouraging and supporting their participation via text messages or telephone calls.

> [PSD worker] also phoned me up regularly to see how I was feeling and to be a support, which was fantastic as I needed it! (Parent)

> It's time for yourself. Someone looks after the children which is quite important, it's hard to find babysitters during the day. (Parent)

Parents' confidence increased

Over the course of the pilot, PSD workers in pilot ECE sites spent a great deal of time getting to know individual parents, through both group-based activities and intensive one-on-one interactions. They spent a lot of time providing support and education to parents and issues of confidence and self-esteem were often discussed. The monitoring data showed that for 12% of parents this was the **only** interaction they had with the programme.

As pilot sites got to know individual parents better, they reported that parents would begin to trust and confide in them. Once a trusting relationship was established, the PSD worker was able to provide answers to specific parenting queries, or make suggestions about ways things could be done. As trust developed, individual parents felt able to seek help for issues that were personal or private (for example, when abuse or learning difficulties were involved) or that were very individual (such as, seeking assistance with a particular behaviour that their child was exhibiting). Pilot sites reported very positive feedback from parents whom they were able to help in this way, and were able to see parents using the knowledge they had gained.

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[30] English for Speakers of Other Languages.

MARTIN JENKINS

PSD workers across all of the pilot sites regularly reported seeing parents' confidence and self-esteem increase as they became involved in the pilot and came to realise that they had something to contribute. Many PSD workers saw such changes as being particularly significant for their vulnerable parents. Although such parents may not have appeared to have achieved much from an outside perspective, PSD workers talked of changes in confidence as transforming individual parents and opening up a whole range of possibilities and potential. Increases in confidence and self-esteem were seen as a vital first step for many vulnerable parents to go on and learn and achieve other things that would eventually benefit their family.

Parents interviewed in case-study pilot sites also reported a high level of satisfaction with parenting support and development activities delivered by sites. Qualitative data gathered indicated that parents responded well to activities that taught them specialist skills to use when faced with particular situations with their children.

> We take the time to work with them to self-reflect and solve problems for themselves – building relationships, you need lots of time and space to do this. They need to talk it out for themselves. (PSD worker)

> My self-esteem has lifted, as a mum I'm the most important person in the family – when parents are happy their children are happy. You need to look after yourself healthwise. (Parent)

> It made me realise that I am an important person, it gave me self-confidence as a parent. You don't have to lose yourself to be a good parent. I also learnt how to deal with particular behaviours without getting annoyed or angry. I now know how to deal with my son and not feel like I have to smack him. (Parent)

Some pilot sites ran specific workshops designed to increase confidence or address issues which might be holding parents back, for example self-esteem workshops and workshops on abuse, violence and drug use. Group-based activities offered a lot of comfort and confidence to new parents who were anxious about whether they were 'doing it right'. PSD workers gave numerous examples of individual parents 'blossoming' as they participated in PSD. Specific examples included parents doing things they would not have previously had the confidence to do, such as facilitating a coffee morning or workshop, teaching craft skills at a workshop, teaching waiata and te reo, helping to clean up, organising events and celebrations, and initiating conversations and friendships with others.

> I also come to the art classes … [the PSD worker facilitates] and then invites people to do demonstrations. It's not so scary! (Parent)

> I have never been involved in any community activities. But now with the contact I have had with the parenting programme I feel I have something to contribute to the community. I feel more confident and now have worked to support other programmes in the community. I work with the police and talk to a range of people to change their behaviour towards seat belts. (Parent)

Ease of access to other services

An integral part of the ECE centre-based PSD programme was that pilot sites would refer parents to appropriate services if they needed help, including educational, medical, legal, social support and medical services. It was anticipated that centres would effectively develop into community hubs, that is, places where parents would know they could come for help.[31] Pilot sites did this in a number of ways including:

- providing information about appropriate services

- assisting parents to make appointments with services

- attending appointments with parents

- hosting service providers at the centre for individual appointments or for clinics open to all parents.

These types of activities have been grouped together as 'outreach' activities. The monitoring data showed that nearly a third of all parents (30%) participated in an activity of this type.

Both the pilot sites and the parents who accessed other services through the programme were positive about the effectiveness of this support. Sites and parents believed that the support and knowledge provided by the PSD worker led to parents improving their access to essential services. For parents who did not have the knowledge or confidence to access services, the links that the pilot site provided were crucial. For many parents, a lack of confidence was a key barrier to accessing services, while for others they did not think they would be eligible for assistance.

> I didn't think I was entitled to anything but then the WINZ[32] lady came, she told me what to do and organised my application… it was so much nicer than at the WINZ office, the reception [at WINZ] had said nothing. (Parent)

> If they don't know the answer they'll put you in touch with the person who does. There's no other place like this in the community, where they don't make you feel like an idiot. (Parent)

> If it wasn't for the PSD worker, I would not be alive today. I come from a violent background and I have tried to get help a number of times. But I have backed out at the last minute. But the PSD workers just put me in her car and took me to the agency and got me the help I needed. Since then other parents have been very supportive and I feel like they don't judge me. (Parent)

Many parents reported that prior to receiving support from a PSD worker they had felt anxious about being humiliated or ridiculed for seeking help from a government agency. In these cases, simple things like assistance to make an appointment, or the PSD worker accompanying them, made a significant difference. In a small number of cases, the pilot site was the only link parents

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[31] Ministry of Social Development (June 2005) Early Intervention Implementation Overview paper.
[32] Work and Income New Zealand.

MARTIN JENKINS

had to services, meaning that the pilot sites provided a crucial link for these parents, with a very positive effect.

> I needed a tooth done. I can't afford to go to a dentist. [The PSD worker] rung the hospital, she encouraged me. I would have just left it. [The PSD worker] listened and encouraged me to go and get it sorted. (Parent)

> Now if I have any problems with my children, or any worries in the health world, I always go to [PSD worker]. She can help with anything. (Parent)

> [PSD worker] found me a counsellor and someone to give me advice on legal issues about separating [from partner]. (Parent)

Encouraging service providers to use the PSD centre for clinics or appointments also had a positive effect. Clinics providing Well Child checks and hearing and vision checks for children were used by most parents in the community, and providing them through the PSD site ensured greater visibility for PSD. It also triggered parents who had previously not had their children's health checked in this way to participate as parents felt safe, comfortable and confident in the environment provided by the centre.

The services that parents were referred to were wide-ranging and included financial (budget advice, banks, WINZ), general support and education (Birthright, HIPPY, SKIP),[33] health (hospitals, Plunket, hearing and vision checks for children), legal (lawyers, community law centres) and services to address safety and well-being issues (services providing help for drug, sexual and physical abuse).

> When we find out they are vulnerable, they get extra attention. Teachers will spend time talking to them, discuss their issues, identify areas that need to be referred on. (PSD worker)

Key achievements for children[34]

Although data on outcomes for children was not specifically collected, the evaluation endeavoured to capture information on the benefits to children resulting from their parent's engagement with the programme. Parents reported significant benefits for their children as a result of their participation in PSD, including positive changes to their parenting style and approach. Parents talked about learning to react to their child's tantrums in non-physical or non-aggressive ways, spending more time playing and nurturing their children, and working with their partners to create a positive home environment. Parents felt that participating in ECE centre-based PSD was beneficial for their children as they received better-quality and more responsive parenting.

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[33] Birthright provides practical and emotional support to single parents; HIPPY and SKIP are acronyms, respectively, for Home Interaction Programme for Parents and Youngsters; and Strategies for Kids and Interventions for Parents.
[34] As perceived by parents and PSD workers.

> [The PSD worker] gave out information on how to identify kids' personalities – just a piece of paper, but it changed our family dynamics. If you know your child's personality type you know what upsets them, how to praise them. I used to think all children were the same, now I understand how my children are different. (Parent)

> [It's given me] so much! The wealth of knowledge I have received is amazing. It has helped make me a better parent in giving me the tools I needed to help my son grow to his full potential. (Parent)

> I am a better parent. I am now much calmer and much more conscious about not losing it verbally or physically. That has to be a good thing for the child. I have also learnt much more about how to communicate with my child and how to enjoy my child. Sometimes we are so troubled or bothered by little things, we have actually forgotten how to enjoy being with our kids. The swimming with our children programme has brought a smile to our faces and I am really grateful for that opportunity. (Parent)

At some pilot sites, a parent's participation in PSD allowed their children to access ECE, and in some instances it was the child's first time in an ECE setting – the monitoring data showed that prior to participating in PSD, 41% of parents did not have their children enrolled in any ECE centre.[35] In a small number of pilot sites, ECE places were specifically set aside for parents who participated in PSD. Some of the reasons why parents felt able to enrol their children in ECE for the first time included:

- being able to physically 'see' their child and be confident they were happy and well cared for

- being able to trust the providers of the service because they had a relationship with the PSD worker or centre

- having the ECE place made available to them free of charge while they attended PSD[36]

- feeling they had something worthwhile to do (for example, a PSD activity) or being convinced they were entitled to some time off

- being provided with transport to help them get to the ECE centre or getting text messages or phone calls to encourage them to attend.

Through their participation in ECE, the children experienced and had access to quality learning opportunities from professionally trained teachers, as well as the opportunity to form relationships with a wider group of peers.

> [My son] loves all the cool toys and fun activities and making lots of new friends. (Parent)

> It's a place we come to so [my daughter] can play with children her own age. (Parent)

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[35] While on the face of it this seems counter-intuitive (given that 11 out of 18 sites were 'closed'), this is most likely to be because many of these children were previously too young to participate in ECE. That is, the timing of the pilot coincided with these children beginning their enrolment at the ECE centre. The data also shows that those who were new to ECE were more likely to be attending an open site than a closed site.

[36] This was related to the '20 hours free' ECE policy which allowed parents to early childhood education at no extra cost.

In instances where PSD was offered to parents of already enrolled children, the value of the programme lay in forging stronger connections between the ECE and the parent. For these sites increasing participation in ECE was not a realistic goal, since they already had full rolls. As a result, PSD workers turned their attention to enhancing their relationships with parents more generally and sought to motivate increased parental involvement in children's learning.

The programme funding allowed workers to spend quality time with parents and inform them of their children's progress. Consequently, parents took a more active interest in their child's achievements.

PSD workers were also able to help parents with particular concerns they had about their children and in many cases followed up with home visits. Home visits appeared to have a positive result with both the child and the parent feeling more confident and comfortable with ECE as a result. In one pilot site, home visits were used by the PSD workers as a way of forging a relationship with a parent who had registered with the ECE and was on the waiting list, and to familiarise and prepare the parent and the child for ECE.

> Now we offer home consultations as staff are now paid to do that. Some families want five minutes, some want hours. One parent had her first home visit – her children were finding it very hard to settle – now they are more willing to come and they settle easily. (PSD worker)

In a few instances, children who participated in ECE through the pilot site had their learning and achievements documented in a 'profile book'. Profile books were a source of pride for children and provided a good link between an ECE centre and home, allowing parents to see what their child was learning.

Pilot sites

Monitoring data shows that some pilot sites ran PSD programmes that were better attended (by more parents more often, including vulnerable parents) than others. Other evaluation data confirms that well-attended pilot sites all offered programmes that were aligned with community needs and made additional efforts to engage vulnerable parents in their programmes.

The evaluation findings as a whole showed that the way most pilot sites interacted with parents changed as a result of the programme. While some pilot sites continued to focus on children's learning, other sites (including the best-attended sites[37]) used the opportunity to invest greater time and effort to engage with their parent community. To some extent, all 18 pilot sites felt that the programme had encouraged them to develop new networks, had furthered their reach into the community and expanded their focus beyond children. A key factor that contributed to pilot

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[37] As defined in Part 4 these sites had high numbers of parents coming often, including relatively high numbers of vulnerable parents.

sites' success was the level of support they received from the umbrella agency/organisation they were part of.[38]

Key achievements for pilot sites

This section outlines some of the key achievements from the point of view of the pilot sites and focuses attention on the benefits for the pilot sites of participating in the programme.

Improved service capacity

The additional funding provided by the programme allowed pilot sites to expand, develop and improve what they did. For some pilot sites the programme gave them an opportunity to fulfil existing aims and goals that they had not previously been able to achieve. This was the case for sites that already recognised there were unmet needs in their communities. For other pilot sites, it was the first time they were able to shift their focus from the day-to-day needs of the children. All pilot sites reported that participation in the programme increased their ability to meet the needs of their community in ways that ECE centres would not normally be able to. The funding was used in a variety of ways including:

- recruiting new staff (either a dedicated PSD worker or a relief ECE teacher to enable existing ECE staff to provide PSD)

- purchasing new equipment (including computers, cameras and resources for parents' centres)

- expanding their space to include dedicated space for parents

- providing new activities for parents and/or children (including social functions and days out)

- extending hours of ECE operation

- improving basic operations (record-keeping, communication within their own organisation and to other organisations).

For most pilot sites the most significant capacity improvement was the ability to widen their focus beyond children. The programme enabled pilot sites to make dedicated 'parent space' and resources available for the first time.

> Now we can get guest speakers in, we couldn't do that before. (PSD worker)

> We have an extra teacher [through PSD] so now there's time during work hours to do things like write the play group debrief, build up relationships with parents, do home visits or chats in the parents room. (PSD worker)

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[38]   All but two sites had an umbrella organisation.

MARTIN JENKINS

Heightened awareness of their aims and goals

Most pilot sites reported that their focus prior to participating in the programme was limited to the children in their care. Their experience in the pilot gave them the opportunity to expand this focus to include the children's parents and the wider whānau. These sites believed that this was a more holistic way of working with vulnerable children and believed it was more likely to result in positive outcomes for children. Pilot sites were able to do this largely due to the additional funding they received.

> The funding has allowed us to employ an extra teacher. So teachers have time during the week to make appointments with parents, or just be available to them. We have the time to encourage parents to look into more detail into their children's profile and get more contribution from parents for those profiles. Also the teachers are seeing a bigger picture about what is happening for each child. They have more opportunity for informal chats, stay around during arrival times and pick ups so that we can ask more in-depth questions or pass on more detailed information about a child's stay here. (PSD worker)

> Is PSD different? No, it just means we get paid to do what we were volunteering to do previously. The money has taken the pressure off. (PSD worker)

> [What we're doing now] has always been our philosophy, now it's a relief that we have the money to do what we believe. We're also learning about what's the best way to do things, now that we have the chance to try. (PSD worker)

In addition, participating in the project gave pilot sites the opportunity to reflect on their aims and goals which in turn led them to become more purposeful in their efforts. The reflective opportunities built into the programme included developing their initial proposal (which required them to develop their ideas and put them into words), writing regular reports for the Ministry (which required them to reflect on how they were meeting the programme's objectives), and attending workshops and hui (where they listened to and shared their work with other pilot sites). Undertaking these activities provided valuable opportunities for PSD workers to develop their skills and share their experiences, and reflect on their achievements and challenges with their colleagues.

Increased capability and skill of site staff

A key outcome for the pilot sites was the increase in staff skills in dealing with both children and their parents/whānau. In some pilot sites, existing ECE staff extended their skills beyond early childhood teaching, while in other pilot sites (where they brought in a dedicated PSD worker) a whole new set of skills became accessible to the centre.

> It's challenging working with vulnerable parents. They have built up a wall and don't want to drop their guard. But building relationships based around their child can help break it down. (PSD worker)

Pilot sites utilised some of the funding for staff training and professional development to increase their ability to provide help and assistance to parents/whānau. They also received input from the Ministry that helped them rethink and refocus their programme to be more aligned with the intended objectives. Types of training and support received included:

- facilitation, adult education, leadership and people skills

- health and safety (including first aid, infant health and car seat safety)

- networking and partnering skills

- project planning and finance skills

- tools and strategies to deal with child behavioural issues

- new ECE skills and ideas (including music, movement, child development, and arts and craft training)

- te reo Māori.

Challenges faced by pilot sites

While pilot sites reported many benefits from participating in the programme, they also faced a number of challenges and these are discussed below.

Attracting vulnerable parents was challenging for all pilot sites

Even though pilot sites were located in areas where high numbers of vulnerable parents lived, this alone was not enough to make vulnerable parents automatically attend the programme. There are a range of reasons vulnerable parents might not participate in an early intervention programme such as ECE centre-based PSD, including low self-esteem, lack of awareness, fear, shame, unwillingness to seek help, communication/language barriers, and the stresses and complexities associated with daily life. Overcoming these barriers is a critical first step and the pilot sites understood these challenges and responded to them by being flexible, adaptive, non-judgmental and fluid in their interactions with vulnerable parents.

> Vulnerable parents have built a wall and do not want to drop their guard. But building a relationship around their child can help break it down. (PSD worker)
>
> No, I do not think we reached as many vulnerable parents as we'd originally hoped. (PSD worker)
>
> One of the challenges for me has been learning about so much abuse – family violence – in our community. (PSD worker)

Providers also implemented a range of strategies to promote the service locally, provided outreach services and parent-centred practices in which relationships and their rapport with parents played a central role. Despite these strategies, not all pilot sites were successful and

MARTIN'JENKINS

they struggled with this aspect of the programme. The result of this was that not as many vulnerable families received help and support as originally anticipated by officials.

However, the pilot sites that offered parent-focused support believed that the **quality** of service and assistance they were able to provide was such that it made up for any lack of **quantity** (in terms of numbers of vulnerable parents reached). Pilot sites were generally confident that they were making a difference to parents they were able to reach, and therefore that their efforts were still worthwhile.

Staffing

All pilot sites 'employed' a worker (or workers) to deliver PSD for the duration of the pilot and to support implementation of the programme in their site. While some pilot sites brought in new staff to run PSD, others used the funding to employ a new teacher and release existing ECE staff members to implement PSD. The approach to staffing was a reflection of the site's approach to the programme. For instance, if the pilot site saw the programme as primarily a parenting programme, they tended to bring a person in with social work or community development skills to ensure they had appropriate skills and experience (for example, being able to work with different cultures, the ability to kōrero Māori, relevant teaching qualifications and/or strong networks and knowledge of the community and available services).

Trained social workers tended to have previous experience working with vulnerable families, while ECE teachers had not been specifically trained in this area. This lack of training led to difficulties for those who only had an ECE background especially with regard to knowing when and how to refer vulnerable parents to more appropriate providers. There were a number of instances of boundaries not being clearly set between a vulnerable parent and a PSD worker, resulting in the parent becoming dependent on the PSD worker rather than becoming empowered to help themselves.

Pilot sites reported that it was difficult to find suitably experienced and qualified staff, especially in small towns and rural areas. Pilot sites reported that this difficulty was exacerbated by the limited amount of money identified in the original application, with suitable staff costing more than they had available to pay them. Some pilot sites resorted to topping up wages through other means (such as receiving additional funding from an umbrella organisation).

Disruption was also caused to programmes when staff left unexpectedly and/or could not be replaced. The nature of the programme was such that many parents needed to build up trust with staff members to feel able to participate. This trust was lost when staff moved on, leading to difficulties maintaining links with vulnerable parents.

Increasing participation in ECE

Pilot sites tried to motivate and sustain participation in a number of ways, including organising whānau waiata sessions, attendance awards and putting in place an events calendar to communicate with parents about upcoming events at the centre. Despite these efforts most pilot sites struggled to find a way to increase participation in ECE. A key objective of the programme was to increase participation in ECE by vulnerable families. As many of the pilot sites were ECE centres with full rolls ('closed' sites), they had little opportunity to offer new places to children. However, during the course of the pilot, a number of sites began prioritising places that became available to families that were vulnerable, or starting playgroups for children who could not otherwise access ECE.

> At playgroup children get used to each other and meet teachers. It's worked well as an introduction – now 3 children have started in ECE – it's been an easy transition because we'd already built up the relationship. For parents too – they're happier to leave their children in a place they know. (PSD worker)

> We've run a playgroup for those on the waiting list to be involved in ECE sooner. It's a hard one, both here and other ECE centres are full – we've been referring people by phone to other centres. (PSD worker)

One site offered a parenting programme and no other PSD activities. This site's programme was offered to the parents of very young children and required them to enrol in a course that was run for two to three hours every week for up to a year (during term time only). The programme involved both parents and children attending together, and individual support was also offered to parents who needed it. Because of the children's involvement in the programme, they received some exposure to ECE. At the conclusion of the programme, however, many parents did not continue their child's involvement in ECE by formally enrolling their child in the centre.

Strengthening the connection between home and the ECE environment

All pilot sites struggled with this objective of ECE centre-based PSD. The Overview paper listed the ways in which these connections between home and the ECE environment were expected to be strengthened: parents would understand how their child was learning and developing; parents would reinforce learning in the home; ECE teachers would understand the child's home environment; and ECE teachers and parents would have meaningful interactions about an individual child's development. However, many pilot sites reported difficulty in *knowing* how to strengthen the connection between what they did at the ECE centre with children, and tracking what parents did at home. These sites reported that, as they built trust with parents, they could see they had more influence on the way parents cared for and interacted with their children. Pilot sites were confident that when parents participated willingly in activities designed to improve their parenting knowledge and skills, they were most likely to take those skills home.

Many pilot sites were also able to make home visits, which they reported were very effective in communicating key messages and ideas to parents, as this was done in an environment where parents felt comfortable.

> Previously we weren't set up organisationally to do home visits, especially in vulnerable parents' homes – where there might be drugs, alcohol, gangs… now we have a few more resources. (PSD worker)

A number of pilot sites also reported increasing parental involvement in their child's interests and achievements throughout the pilot. This was the result of staff having more time to communicate with the parents about what their children had been doing.

> Children's profiles [books recording their achievements] have become more important to us and to the families. Parents come and ask us questions about them now. (PSD worker)

> Home visits mean parents who hadn't talked about profiles have talked about them in their homes. Teachers also have more time to send information home – for example, we sent a trip photo home with kids the other day. (PSD worker)

Many pilot sites also held playgroups for children but did not necessarily realise that this was also acting as a way to strengthen the connection between home and ECE. One site started a new playgroup during the pilot to provide more connection and exposure to ECE for children and parents who were not currently participating.

Marketing to the community

Marketing themselves and networking within the community was quite challenging for some of the centres, as it was not something they saw as their core business, and had previously needed to do. For 'open' centres to effectively reach parents, and become known as a community hub, they needed to promote their activities in the wider community. 'Closed' centres on the other hand did not see this as a relevant issue for them as they were more focused on improving the educational outcomes of the children who were already enrolled in their ECE centre.

Different pilot sites approached this challenge in different ways, including making public presentations at meetings and conferences, sending out newsletters and emails, providing information to organisations they were affiliated to, and having brochures and information available in appropriate locations (for example, women's refuges, healthcare providers and maternity services). However the primary method of marketing for most pilot sites was through the PSD worker developing and maintaining their personal networks.

Community

Key achievements – for the community

Creation of community hubs

One of the expectations of the pilot programme was that the ECE centre through which PSD was delivered would evolve and grow into a community hub (this idea was outlined in the Overview paper.[39]) This would allow other agencies and services to use the ECE centre, in turn increasing the community's access to a range of services. The pilot sites that most successfully achieved this tended to be sites that focused on parents' needs and had a separate parents centre ('open' sites). These sites worked hard to keep the parents centres as 'neutral' and accessible as possible, so that a variety of service providers would feel comfortable using them.

These sites worked hard to build networks with other service providers and actively encouraged them to hold meetings and clinics on-site. In order to do this, sites needed to have sufficient space, including a private meeting room when it was required. Sites made their facilities available to services to encourage them to utilise the space. Both parents and PSD workers believed that agencies coming to the site led to more parents using their services, including parents who lacked confidence and/or knowledge about how to access them elsewhere. This also benefited the services, as it allowed them to become more 'mobile' and undertake outreach activities to meet with parents and convey information about programmes or parenting, or other general topics.

The types of services that were offered and organisations that operated out of sites were wide-ranging and included:

- educational services (SKIP, HIPPY[40])

- health services (Plunket, GPs, Public Health Nurses, La Leche League)

- financial services (WINZ)

- family services (Family Group Conferences, counselling).

> We work with everyone, people aren't labelled … CYF thinks we are positive for all parents, so they send everyone. (PSD worker)

> We get help for our parents from other agencies – we bring them in. Or we send our parents to them – if you say 'go', your word is trusted, they feel safe because the person [you're sending them to] has been vetted. (PSD worker)

> You can't build a hub on top of a hub. We were already an ECE community, so we work with that. (PSD worker)

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[39] Ministry of Social Development (June 2005) Early Intervention Implementation Overview paper.
[40] SKIP stands for Strategies for Kids, Interventions for Parents and HIPPY stands for Home Interaction Programme for Parents and Youngsters.

MARTIN JENKINS

We've got a wider profile in the community now as an ECE centre. But if someone had no connection with us, they wouldn't see this as the place to come. (PSD worker)

This centre has been operating as a 'hub' for 18 months. Aims at all types of parents – I have regular clinics here, Plunket comes, a Pacific Island GP comes. The challenge is getting people to come along. The centre has a reputation of being nice, friendly and supportive of parents and children. It's very warm and welcoming. (Public Health Nurse)

I am responsible for running the safe seat belt campaign for this region and usually it is hard for me to find a venue through which I can reach parents. I now have access to this space and use it extensively and I have come back to run a number of sessions with parents over the last two years. It makes it easier for me to deliver the programme when I have a shared space I can use. (Service provider)

It's great knowing we are making an impact and filling a community need, and the kudos we get from other community agencies. (PSD worker)

Increased coordination across services in the community

The communities in which the pilot sites operate also benefited when agencies collaborated by undertaking joint activities, sharing infrastructure (for example, co-location of services) or costs for services. The result of increased coordination tended to be a better service quality (through shared knowledge) and improved accessibility, at a lower cost.

The most common examples of this were where PSD workers invited a number of agencies to speak at the site and agencies developed better networks and communications with each other as a result. Individual site examples include:

- hosting of a monthly SKIP forum which brought together staff from agencies across the city and resulted in effective networking and coordination of citywide parenting events

- one site hosted a monthly violence intervention forum which brought together a number of agencies including health, education, law enforcement and social services

- one site developed strong relationships with teachers from local primary schools. Teams met to discuss how the transition between the two sectors could be managed better and links were established between curriculum documents so as to transfer knowledge across the two sectors. This was incredibly beneficial to the wider community as it ensured support for parents in the transition from ECE to school.

    Now we're building more meaningful relationships in the community. Public health nurses, WINZ staff – now that we've built up a relationship it's not a threat, we don't need to go into details, we can just ask a quick question, because we've built up trust. (PSD worker)

    We're a bridge for people. (PSD worker)

Building community capital and assets

The parenting support and development programme has contributed significantly to growing a sense of 'community' and has provided opportunities for people to learn and develop their skills not merely in their role as parents, but also in their role as members of the wider community. Consequently, participants have gone on to apply their newly acquired confidence and skill to other aspects of community life, thereby contributing to building community capital. Instances of parents volunteering in the community as their confidence grows, or volunteering for other social programmes such as the seat belt campaign, illustrate the growing asset base in these communities.

MARTIN JENKINS

# Part 6: Lessons learnt from ECE centre-based PSD

This part draws on the evaluation findings to identify lessons learnt from the implementation of the programme. Identifying lessons is important for identifying future opportunities for the Ministry to provide support to parents through an ECE platform. This section reflects on our findings in relation to core elements of the programme and raises critical questions for consideration for the development of future policy and delivery in this area.

Identifying 'what works' in parent support and development is challenging owing to the highly diverse and iterative approaches taken by pilot sites. From an evaluation perspective, the diversity of approaches and the hugely variable circumstances and conditions of individual sites, makes it difficult to make comparisons across pilot sites using a common standard or criteria. In light of this, this section reflects on the evaluation findings in relation to core elements of the programme with a view to raising questions for further consideration by policymakers. We believe there is merit in using the elements identified as a checklist as part of a needs analysis or review of parent support and development initiatives in the future. There are six elements that have emerged as central features of the ECE centre-based PSD pilot programme. These are:

- iterative approach to programme design and implementation

- targeting within a universal service

- engaging with vulnerable families

- types of PSD activities delivered by pilot sites

- the creation of hubs

- partnerships and networks.

These components are interconnected and influence each other in a complex web of cause and effect, hence the honeycomb pattern (see Figure 7). These linkages mean that achieving intended objectives requires an understanding of how these elements work in concert (as some components will be enablers and others will be natural consequences of getting the enablers right). Sitting around these central elements is the role of the Ministry which plays an integral part in supporting pilot sites to see the connections and linkages so as to maintain a clear focus on the overarching objectives of the programme.

Figure 7: Critical elements in ECE centre-based PSD programme
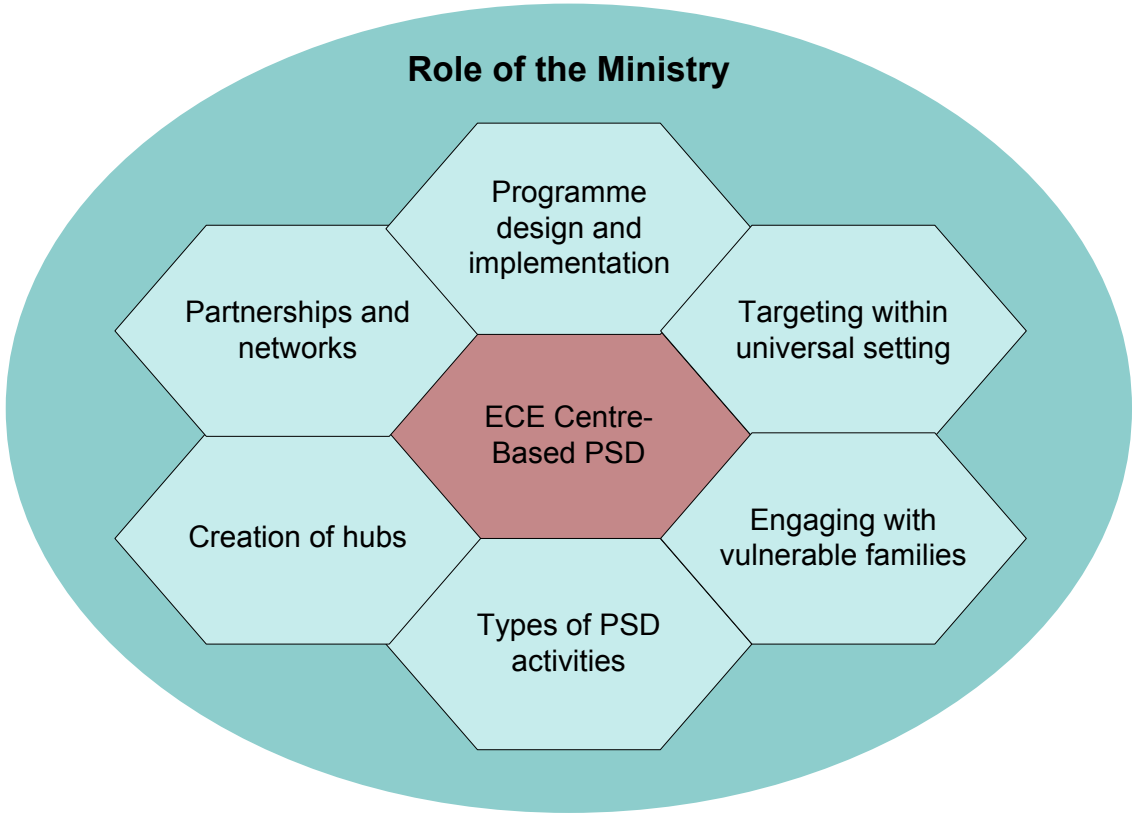
To reflect on our findings with a view to identifying lessons and critical policy issues we briefly discuss each of these elements in turn.

Programme design and implementation

The Overview paper noted that pilot sites should ideally develop a programme of activities that is responsive to local needs while also meeting the programme's overarching objectives. Pilot sites were supported to do this by the Ministry through workshops/hui and one-on-one contact which took place face-to-face or by phone. Pilot sites responded well to this approach as the process valued their first-hand knowledge and insights about their community and invited them to develop programmes that were suited to meet these needs.

The evaluation findings indicated two distinct approaches taken by pilot sites - some took a well structured, *intentional* approach to delivering PSD to their community, while others took a more *developmental* approach. The approach taken by pilot sites appeared to be influenced by:

MARTIN JENKINS

- the philosophy of the umbrella organisation within which ECE centre-based PSD was located

- the professional background of the person(s) responsible for delivering PSD

- pilot sites' understanding and interpretation of the programme's objectives, including the intended target group

- pilot sites' understanding and interpretation of the needs of their community.

The interaction of these factors ultimately impacted on what was delivered by each site, who was targeted, how success was defined, and who was recruited to deliver PSD. The following table outlines key differences between these two approaches.

Table 2: Two distinct approaches to implementing PSD

Implementation of PSD	Pilot sites that took an 'intentional' approach to delivery	Pilot sites that took a 'developmental' approach to delivery
What was delivered?	These sites tended to offer a mix of activities that addressed more than one area of need without losing sight of core objectives of the programme. For instance, they combined parenting skills, social support and outreach activities depending on needs of individual parents. They also varied the mode of delivery, spanning group work, home visits and guest speakers.	These sites were driven by parents' preferences – this meant that the activities became ends in themselves. These sites tended to retrospectively fit activities to the programme's objectives. They tended to focus on providing social support to parents with the underlying hope that parents would acquire skills and understandings through these interactions.
Who was targeted?	Pilot sites tended to span a continuum ranging from those that focused on parents of enrolled children to those that focused on all parents in the community. The key difference between these two groups was that pilot sites that took an 'intentional' approach to delivery were able to clearly articulate the reasons for their choices to be an 'open' or 'closed' site.	
How was success defined?	These were able to describe their theory of change and knew where they wanted to go and how they would get there. The relationships between inputs, outputs and outcomes were understood by staff and they reflected on their progress periodically.	These sites tended to view the *process* as an outcome in its own right. Consequently, they tended to define success in terms of outputs delivered rather than outcomes achieved.

Implementation of PSD	Pilot sites that took an 'intentional' approach to delivery	Pilot sites that took a 'developmental' approach to delivery
Who was recruited to deliver PSD?	These sites viewed quality and training of staff as vital to programme success. They tended to employ trained, professional and para-professional workers to deliver PSD in their centres.	These sites tended to view the role of the PSD worker as a coordinator and a connector – as a result they tended to recruit PSD workers with strong interpersonal and networking skills and leveraged other support within the organisation to meet particular needs of parents.

These findings suggest there may be an inherent tension in the ECE centre-based PSD model in terms of balancing flexibility (so as to allow activities to be community-focused and driven) with national-level direction and steering (so as to allow clearer focus on the programme's overarching objectives). There would also appear to be a role for supporting pilot sites to better articulate the conceptual basis for their approach and presented below are some questions for consideration by policymakers.

- How can sites be supported to develop flexible and context-specific PSD programmes without losing sight of the overarching objectives and intent of the programme?

- What evidence exists nationally and internationally regarding the effectiveness of these approaches to programme delivery? For instance, do 'intentional' approaches work better than 'developmental' approaches in the context of PSD?

- What types of support and guidance are needed to move sites from a 'developmental' approach to an 'intentional' approach?

- How can sites be guided to articulate and demonstrate how their interventions will benefit the target group? Is it possible to set clear objectives that can be measured over time?

- How should sites be monitored and managed to ensure that programmes are being implemented as intended while simultaneously retaining their flexibility in local application?

Targeting within a universal service

Locating PSD within a universal service provided a 'soft' entry point for engaging parents and allowed sites to offer a non-stigmatised, neutral environment where all parents could interact at a level of intensity determined by them. This was consistent with the policy rationale that sites would cater to *all* parents (either in the wider community or within their centre) and develop strategies to target vulnerable parents from within this pool of parents. However, this feature of the programme posed some challenges and most sites struggled to extend their reach and targeting their programme to vulnerable parents. Sites felt they needed more guidance and support for identifying vulnerable parents.

MARTIN JENKINS

This finding reveals an inherent tension in interventions that require a targeted approach within a universal service. Recent research conducted by the Institute of Education for the UK Department for Children, Schools and Families (2009) [41] called for a 'more nuanced distinction between universal and targeted provision (or between mainstream and specialist parenting support)'. The research report described a 'continuum of accessibility' to parenting support, between universal and targeted services as follows:

- Support embedded within universal services and delivered by workers in the universal setting.

- Support activated as part of the universal services (such as childcare) delivered by workers linked to the universal service.

- Universally accessible support – delivered through open-access whereby the service is open to all, but with a 'come-structure' [42] that requires the parent or family to access the service.

- Targeted specialist support, whereby parents and families must be identified as meeting certain criteria and referred to access the service.

In the context of ECE centre-based PSD it is clear that pilot sites spanned this continuum and tended to combine or straddle these categories without the required support or training to deliver effectively. This raises a number of questions for consideration by policymakers for the future.

- Where is the gap in terms of provision of support to parents along this continuum in the New Zealand context?

- What is the ideal model of provision for the Ministry of Education in the context of NZ (that is, where should sites be located along this continuum)?

- What tools and resources would ECE centres need in order to help them identify vulnerable parents (for example, risk-profiling tools) to make targeting within universal services work better in practice?

Engaging with vulnerable parents

All sites reported difficulties in engaging with particular groups of parents and pilot sites identified a number of factors that, in their view, affected engagement with vulnerable parents:

- fear and anxiety in dealing with government agencies[43]

- language or communication difficulties

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[41] The research reviewed parent support in non-English speaking countries in order to derive clear, translatable messages for policy and practice development in England.

[42] Garbers (2008) in his discussion of parenting support in Germany makes a conceptual distinction between services with a 'go-structure' where professionals *go* to the family, and those with a 'come structure' whereby service-users *come* to the providers setting to participate in the intervention.

[43] While ECE centres are not perceived as a government agency, its formalised structure and trained staff can make ECE centres appear intimidating for vulnerable parents.

- fear of being judged

- stress associated with day-to-day life

- lack of a hub or a centre where parents could 'hang out' and meet other parents.

A small number of sites (comprising sites that took an *intentional* approach) had specific, well articulated strategies for parent engagement, including: undertaking home visits, connecting up with other social service agencies to identify and 'recruit' parents who would potentially benefit from PSD, actively referring parents to and following up with other agencies, and deliberately setting the ECE centre up as a hub to allow ease of interactions across all parents. These sites demonstrated an ability to be flexible in the services and strategies that they offered, so that they could respond to the needs of parents along the entire continuum of vulnerability (from few needs to highly vulnerable).

These strategies offer important lessons for policymakers and ECE services in the future as vulnerable parents are often the intended targets of a wide range of government programmes. The above lessons also illustrate that engaging and responding effectively to vulnerable parents and families requires experience and skill - skills that are not always available within ECE centres, with ECE teachers trained to deal with children not vulnerable parents. The evaluation also found that it was important for PSD workers to know and understand professional boundaries, to keep both themselves and the parents safe and supported.

These issues raise a number of questions for consideration by policymakers.

- Should there be any core competencies for a PSD worker? In what ways do the training, qualification or practice of the PSD worker enable or hinder parental engagement with PSD?

- To what extent are ECE teachers equipped to pay attention to and understand the circumstances of parents of non-enrolled children as well as their cultural and ethnic backgrounds to motivate engagement with the service?

- Are some PSD workers better able to appreciate and recognise their own abilities and limitations and be prepared and able to refer families to other more appropriate services?

- How can government invest in building the capacity and skills of PSD workers?

Types of PSD activities

Sites tended to deliver a mix of activities aimed at supporting parents and the mix usually included some combination of social support, outreach and parent education and skill development activities. Pilot sites also used a combination of group and one-on-one interactions to achieve positive outcomes for parents.

MARTIN'JENKINS

While group work is cost-effective and has spin-offs in terms of connecting parents with the ECE learning environment, some parents are unsuited to group work or may have needs that are best met on a one-on-one basis. Decisions regarding the best approach to use appeared to be driven by the experiences and beliefs of the PSD worker and not based on any robust evidence base of what works.

The evaluation raised a number of issues for consideration by policymakers that relate to the duration and intensity of activities and whether explicit or tacit learning approaches work best. For instance, do parenting programmes have to be all things to all parents (for example, a wrap-around service that takes a holistic view of parent needs) or should they be tailored to meet particular needs of parents in their community? Specific questions that policymakers may wish to reflect on are presented below.

- What are the optimum duration and intensity of programmes that work?

- What is the relative mix of group-based activities vis-à-vis one-on-one work?

- Do formalised, structured programmes work better than informal approaches where messages are embedded within day-to-day interactions with parents?

- How can pilot sites be supported to determine the type of programmes most likely to achieve desired outcomes for parents (for instance, is there evidence to show whether cognitive programmes work better than knowledge-based programmes or behavioural programmes)?

- What evidenced-based models or programmes exist that could be utilised by PSD workers?

- What are the different needs of parents presenting with different types of problems/issues?

Creation of hubs

The creation of hubs, particularly creating a space that was physically separate from the early childhood centre helped sites to attract and sustain engagement from parents. Parents came to view this as their 'own' space and, over time, this determined how often and for how long they participated in PSD. It also facilitated the development of trusting relationships with PSD workers and other parents.

Sites achieved this in different ways - using the space to run social and parent support events; allowing parents to drop in at all times; having food available at all times; allowing other services to access this space; making it child-friendly so as to allow parents to bring younger children with them. This led to the evolution of the centre as a hub, a node through which parents were able to access a range of services (such as, ESOL tutoring, health services, welfare services, seat belt campaigners, food and nutrition programmes) that traditionally do not have a coordinated base. Parents came to view this space as a safe haven, a place to network, to chat, a place to find companionship/support/information and a place to access other services.

Support derived through these interactions was important in some instances where connecting with other parents facing the same difficulties reduced a parent's sense of isolation.

While the creation of hubs therefore had short-term beneficial impacts it is unclear whether this will translate into lasting, enduring social support networks that persist outside the programme and, indeed, whether these networks would continue without professional facilitation and support from the PSD worker. Some questions for consideration by policymakers are outlined below.

- To what extent did parents not linked to an ECE access PSD as a result of the creation of hubs? What factors helped and/or hindered this?

- At what point could sites be described as truly acting as a community hub?

- How are hubs supported and maintained to ensure their sustainability?

- In what ways do hubs grow and evolve to engage vulnerable parents from the wider community?

Interagency partnerships and networks

Interagency collaboration and networks are pivotal to the success of any community-level initiative as they allow services to access a wider range of complementary skills and knowledge. The evaluation showed that some sites had integrated themselves into the community and its support networks allowing them to grow and develop successfully into hubs – with benefits flowing in both directions.

Building relationships and networks with other services in the community also ensured strong referral processes. Sites were able to refer their parents to other agencies to receive the most appropriate help. This had positive benefits for both parents (who received better support as a result) and other agencies. Not surprisingly, sites that were located within an umbrella organisation[44] were able to capitalise on existing community networks more easily. In these cases the umbrella organisation provided the sites with credibility as well as practical support. Some questions for further exploration by policymakers are outlined below.

- How easy or difficult is it for ECE centres that are not located within an existing social service organisation to develop relationships and partnerships with other agencies in the wider community?

- What additional support and skills are needed to ensure effective networks?

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[44] The term umbrella organisation is used to refer to the parent organization that has management and governance responsibility for the ECE and within which the ECE is often located (for example, church or a social service organisation).

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Role of the Ministry

As illustrated in the diagram (see Figure 7), the Ministry had an important role in ensuring successful implementation of the programme and in ensuring programme objectives are met. The ECE centre-based PSD pilot was an ambitious programme, delivered in diverse ways across the sites. The programme aimed to improve parent and child well-being for a hard-to-reach group (namely, vulnerable parents and families) through a universally available service (that is, ECE centres) in order to make it easier for vulnerable parents to access necessary support. Despite the programme's clear objectives, the evaluation findings showed that sites had significantly different interpretations of these objectives leading to significant differences in implementation.

From the Ministry's perspective, the steps taken to select individual pilot sites were sound. The Ministry took a staged approach to the implementation of the programme so as to integrate lessons learnt from the first round of pilots into the next round; funding was made available for three years (thus alleviating anxiety and uncertainty surrounding short-term funding cycles); and care was taken to ensure that the sites were located in vulnerable communities. The Ministry also provided a high level of support for sites to develop and refine their applications. However, the evaluation brought to the surface significant issues with programme design and management which raises a number of questions for consideration by policymakers in the future.

- How could the Ministry have better identified and resolved some of the philosophical differences between sites and the Ministry with respect to targeting vulnerable parents and families?

- What additional support could have been offered to sites to ensure stronger, more consistent focus on the programme's objectives?

- Was the funding sufficient to ensure recruitment of appropriately skilled, high quality staff to deliver PSD?

Appendix: Monitoring data

Table 3: Key characteristics of 5 pilot sites

Pilot site	Approach[45]	Type of system[46]	Type of programme
1	Intentional	Open	Parent and child education
2	Developmental	Closed	ECE centre
3	Developmental; becoming intentional over time	Open	Parent centre
4	Intentional	Closed	ECE centre
5	Developmental	Closed	ECE centre

Table 4: Demographics of parents participating in PSD

Demographic		% of parents[47]
Gender	Female	88
	Male	12
Ethnicity	European	55
	Māori	36
	Pacific	3
	Asian	2
	Other	4
Age	Under 20	13
	20 – 25	22
	26 – 30	27
	Over 30	38
Education	No qualifications	36
	School Certificate	20
	University Entrance	15
	Tertiary qualifications	29

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[45] Intentional – offering a programme of educational activities for parents; developmental – creating opportunities for networking and support with the underlying hope that it would translate into parents' acquiring knowledge and skills about parenting.

[46] Open system – PSD open to all parents; closed system – PSD only available to parents of enrolled children.

[47] Not all columns total 100% due to rounding.

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Demographic	% of parents[47]
Employment	
Employed full-time	17
Employed part-time	21
Not in paid employment	58
Student	5
Number of children added 5 years or under	
1	65
2	28
3	5
3+	2

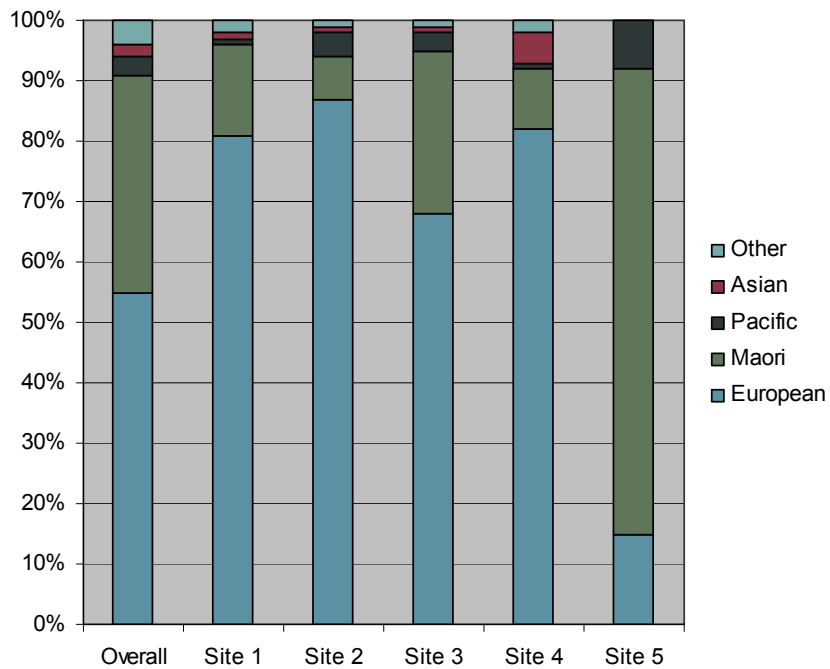**Figure 8: Ethnicity of participants – overall average v 5 pilot sites**

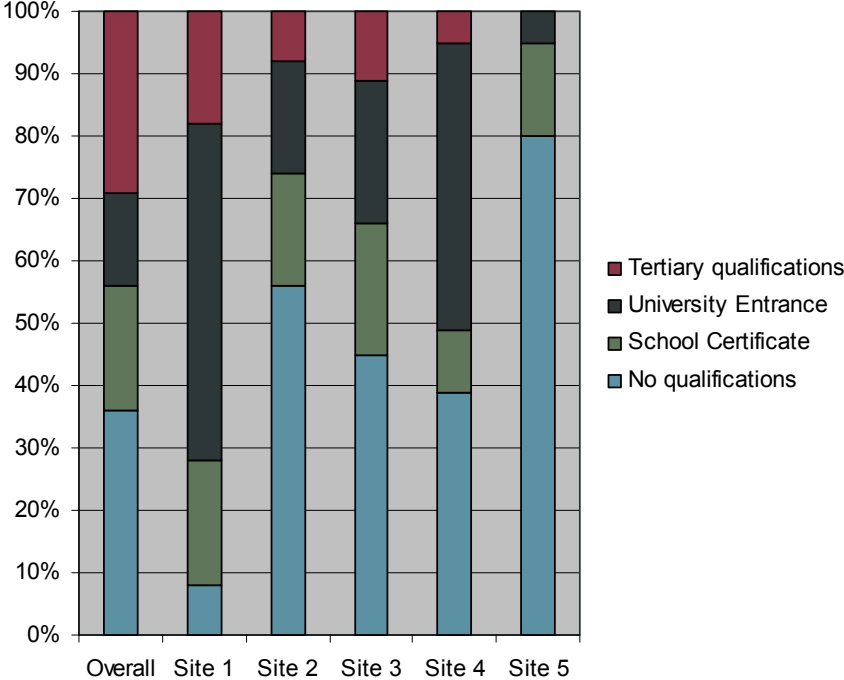**Figure 9: Qualifications of participants – overall average v 5 pilot sites**

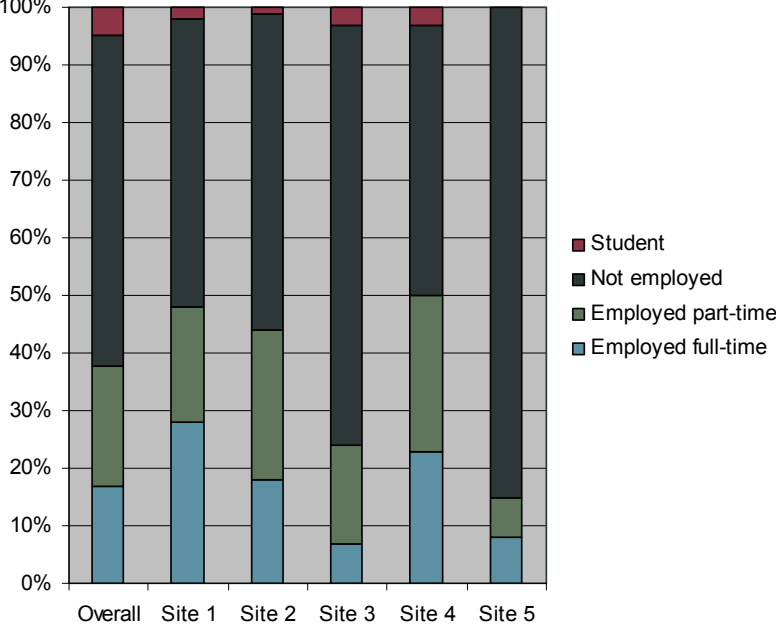**Figure 10: Employment status of participants – overall average v 5 pilot sites**

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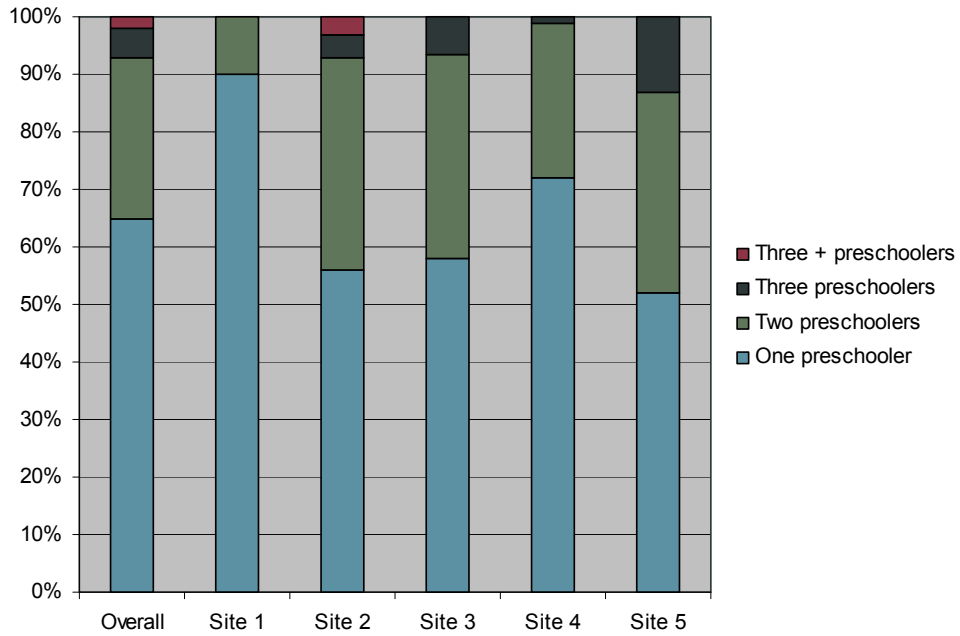**Figure 11: Number of preschool children per parent – overall average v 5 pilot sites**

Table 5: Families' engagement with ECE prior to the pilot

Measure of engagement	% of parents[48]
Parent new to the pilot site (no contact before the pilot)	
Yes	67
No	33
Children enrolled in any ECE centre (prior to the pilot)	
Yes	49
Some	11
No	41

These two measures show that large numbers of the families who participated in the pilot had not previously been (or were not currently) engaged with the ECE sector:

- across all 18 sites, 67% of parents had not previously attended the pilot centre or sent their children to ECE there

- across all 18 sites, 41% of parents did not currently have their preschool aged children enrolled at any ECE centre when they first participated in PSD.

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[48]   Not all columns total 100% due to rounding.

This indicates that the programme successfully introduced many families to ECE for the first time. However, there was variation across the sites, and the figures for Sites 1 and 5 show diametrically opposing trends:

- at Site 1, almost all of the parents were new to the centre and three-quarters of their children were not involved in ECE

- at Site 5, the opposite was true – only one-third of parents were new to the centre, and four-fifths of their children were already attending ECE.

The differences between Sites 1 and 5 clearly demonstrate the difference between 'open' and 'closed' sites. Site 1 offered a parent and child education course that was open to all parents, whereas parents could only be involved in PSD at Site 5 if their child was participating in ECE there (as it was a closed system).

Table 6: Families' engagement with ECE prior to the pilot – all sites v Sites 1 and 5

Measure of engagement	% of parents (over all sites)[49]	% of parents at Site 1 (open)	% of parents at Site 5 (closed)[50]
Parent new to the pilot site (no contact before the pilot)			
Yes	67	94	30
No	33	6	70
Children enrolled in any ECE centre (prior to the pilot)			
Yes	49	24	82
Some	11	0	9
No	41	76	8

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[49] Not all columns total 100% due to rounding.
[50] Not all columns total 100% due to rounding.

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Figure 12: Assessment of parents' vulnerability – overall average v 5 pilot sites

Legend:
- PSD is vital
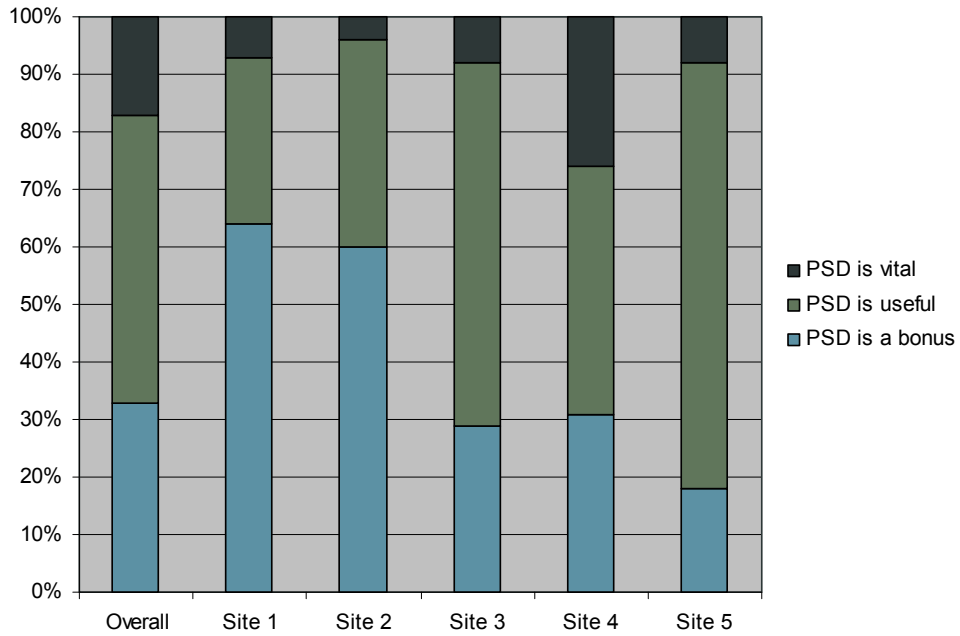- PSD is useful
- PSD is a bonus

Figure 13: Selected demographics – average participant v vulnerable participant

Legend:
- Average of all participating parents
- Vulnerable parents

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