



Australian Government

Department of Families,  
Housing, Community Services  
and Indigenous Affairs

# FaHCSIA Research News

Issue 34, June 2009

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## Positive parenting, child and community outcomes—locational approach

Four years of work by the National Evaluation Consortium (Social Policy Research Centre, at the University of New South Wales, and the Australian Institute of Family Studies), has culminated in the recent release of the *National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009* and the *Stronger families in Australia study: the impact of Communities for Children (SFIA)*. Other evaluative activities comprising the national evaluation include: three themed studies; promising practice profiles; service provider surveys; outcome indicators framework; and a costs and effects analysis.

The SFIA study, undertaken by Australian Institute of Family Studies, was based on a three wave longitudinal study (2006–2008) of

2,202 families living in 10 sites which had a Communities for Children (CfC) program, and five contrast sites. The contrast sites did not have a CfC program but were comparable to CfC sites for important social and economic indicators, such as socioeconomic status. The methodology used for the SFIA study was face-to-face interviews with parents by trained social researchers, and observation of their interactions with their child or children. There were low attrition and high response rates for families participating in the survey.



Headline outcomes from the SFIA study include evidence that the CfC program helped and supported parents—at Wave 3 parents in CfC sites had significantly less hostile and harsh parenting practices and higher levels of parenting self-efficacy than those in non-CfC sites.

The study indicated a positive impact on children’s early learning, with children in low-income households or in households comprising mothers with Year 10 education or

less, faring better in receptive vocabulary and verbal ability. This improved cognitive ability is likely to have implications for a child's school readiness, where listening and speaking skills are vital and, in turn, assist with a child's development of reading and writing.

Other results of the SFIA study indicate that children living in CfC sites were more likely to be living in households where at least one parent was employed, and that low-income families in CfC sites were more inclined to perceive higher levels of social cohesion in their community. In addition, low-income families and households comprising mothers with Year 10 education or less, living in CfC sites, were more likely to participate in community service activities than their non-CfC counterparts.

This in turn supports social inclusion, where it is known that a person's interconnectedness with the local community is important for social and economic opportunities, and also affects their family. Within CfC sites, the evidence indicates that, for most outcomes, children in hard-to-reach families and those in socioeconomically disadvantaged families were just as likely to benefit from the CfC program as children in other families.

The National Evaluation Consortium report that these positive findings are all the more noteworthy because they are comparable in size to those found in the United Kingdom's Sure Start Program, with those for the CfC program occurring much earlier.

The national evaluation also indicated that increased service coordination and collaboration were major outcomes for the CfC model. Where there were increases in service provision and capacity, these were accompanied by an improvement in the recruitment and engagement of families previously disengaged from early childhood services, and those from groups considered

hard-to-reach. Hard-to-reach includes lone parents; mothers with Year 10 education or less; Indigenous Australians; and people from culturally and linguistically diverse backgrounds. It can be defined in three ways: populations 'underrepresented' in service provision; service users (or potential service users) who may be 'invisible' or 'overlooked' by service providers; and service users (or potential service users) considered, for various reasons, to be 'service-resistant'.



The timeliness of the evaluation findings have helped inform the development of the Family Support Program (FSP) announced by The Hon Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs, on 16 February 2009. The FSP recognises the importance of intensive and coordinated, supportive targeting of disadvantaged communities and families. The national evaluation findings will contribute to the new FSP with its emphasis on coordination and collaboration between services and all levels of government; flexible service delivery; longer-term funding security; and less red tape to free up organisations to focus on service delivery.

With the final evaluation report being released, the program design, implementation and evaluation cycle has come full circle. The positive, measurable outcomes that arose were encouraging and are being utilised in new program design for the FSP.

Outputs from the national evaluation include:

- FaHCSIA Occasional Paper no. 22, *Engaging fathers in child and family services: participation, perceptions and good practice*
- FaHCSIA Occasional Paper no. 23, *Indigenous families and children: coordination and provision of services*
- FaHCSIA Occasional Paper no. 24, *National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009*
- FaHCSIA Occasional Paper no. 25, *Stronger families in Australia study: the impact of Communities for Children*
- FaHCSIA Occasional Paper no. 26, *Engaging hard-to-reach families and children*
- *Promising Practice Profiles Final Report* and around 60 Promising Practice Profiles, available from <<http://www.aifs.gov.au/cafca/evaluation/pubs/pppfinalreport.pdf>>.

Summaries of Occasional Papers 23–26 can be found on pages 12–18.

## FaHCSIA longitudinal research updates

### The Household, Income and Labour Dynamics in Australia (HILDA) survey



Unique among Australian datasets, HILDA is an Australian large-scale nationally representative longitudinal survey which has been providing data for social and economic research since 2003.

HILDA is an ongoing project and has contracts in place for 12 waves of data collection. The Melbourne Institute of Applied Economic and Social Research has a contract with FaHCSIA to administer the survey on behalf of the Australian Government.

Data collection for Waves 9 to 12 will be undertaken by Roy Morgan.

#### Research

Data from the HILDA survey provides a longitudinal evidence-based approach to research, enabling researchers, policy makers and advisors to explore the interdependencies and interrelationships between the various choices made by individuals and households. It also allows for investigation into the impact of various life events and the examination of the contextual determinants of change.

The Melbourne Institute produces an annual statistical report based on the findings from the latest wave of HILDA. This report covers a wide range of topics and gives a valuable overview of trends in Australian life.

### **HILDA Statistical Report Volume 4**

The HILDA Statistical Report Volume 4 was released on 4 June 2009.

The statistical report is produced annually and contains short reports and statistical tables covering four main areas of HILDA:

- ▶ household and family life
- ▶ incomes
- ▶ employment and unemployment/ joblessness
- ▶ life satisfaction, health and wellbeing.

### **Access to the HILDA survey data**

The Wave 7 dataset is now available. FaHCSIA staff wishing to apply for access to HILDA data can obtain the necessary application package, including an IT systems access form, from the FaHCSIA HILDA intranet site or the HILDA FIRST Public Folder. All other researchers wishing to obtain the data can apply by downloading the application form and applicable licence from the HILDA website at [www.melbourneinstitute.com/hilda](http://www.melbourneinstitute.com/hilda).

### **Deeds of licence issued**

As at 29 May 2009 there were 37 organisations signed up to the Organisational Licences (including FaHCSIA). A full list of organisations with an Organisational Deed of Licence can be found at [http://www.melbourneinstitute.com/hilda/organisational\\_licences.html](http://www.melbourneinstitute.com/hilda/organisational_licences.html).

Since Release 7 on 2 February 2009 there are 177 organisational registered users for Wave 7 data and over all releases, 1,200 individual licences have been issued.

### **Wave 8**

Wave 8 fieldwork has been completed. Key features of Wave 8 include: repeating the extension module on fertility and family formation previously included in Wave 5; and new question sequences on non co-resident family members.

### **Wave 9**

The dress rehearsal for Wave 9 has commenced and is expected to be completed by June 2009. It is anticipated that full fieldwork will commence in August 2009 using, for the first time, Computer Assisted Personal Interviews (CAPI).

The main proposed innovation for Wave 9 is the inclusion of a dedicated health module, expected to be included every four years. Among the topics being considered for inclusion are: child health; difficulties caused by health conditions; serious illness conditions; retrospective childhood health; health expectations; private health insurance; utilisation of health services; physical activity; and diet.

The development of this module has benefited considerably from the input from a specially convened group of experts.

### **HILDA 2008 Annual Report**

The Melbourne Institute produces the HILDA Annual Report each year to publicise and report on the HILDA survey activities and research produced using these data over the previous year. The HILDA Annual Report 2008 also includes a 'Highlights from the Wave 7 data' section that presents some preliminary analysis of the Wave 7 data made available to researchers on 2 February 2009. The highlights section covers three themes:

- ▶ retirement patterns
- ▶ work related training
- ▶ healthy eating.

The highlights section of the report is not designed to present definitive conclusions but to present the types of issues that could be analysed through the use of Wave 7 data.

The report is available for free download from the HILDA website at <http://www.melbourneinstitute.com/hilda/>.

### 2009 HILDA conference

The 2009 HILDA conference will be held at the University of Melbourne on 16–17 July 2009. The Minister, the Hon Jenny Macklin MP, has been invited to open the conference. The aim of the conference is to provide a forum for the discussion of research based on the HILDA survey.

#### Further information:

Enquires about the HILDA survey should be directed, in the first instance, to the HILDA website at

[www.melbourneinstitute.com/hilda](http://www.melbourneinstitute.com/hilda).

For technical enquiries about the survey email [HILDA-inquiries@unimelb.edu.au](mailto:HILDA-inquiries@unimelb.edu.au), and for data access enquiries email [longitudinalsurveys@fahcsia.gov.au](mailto:longitudinalsurveys@fahcsia.gov.au).

### Growing up in Australia: the Longitudinal Study of Australian Children (LSAC)



The longitudinal study of Australian children

LSAC is a landmark study designed to add to the understanding of childhood development, inform social policy debate and help identify intervention and prevention strategies for children and families. LSAC aims to provide data to enable a comprehensive understanding of children's development in Australia's current social, economic and cultural environment, and thereby become a major element of the evidence base for future policy and practice regarding children and their families. Policy areas of interest include: family relationships and functioning; child care; employment; education and schooling; mental and physical health; and parenting.

The study follows two cohorts: 5,000 infants, aged 3 to 19 months (B cohort), and 5,000 four to five year olds (K cohort) in Wave 1 in 2004. Since the first interviews in 2004 there have been two further biennial main waves. In addition, between-wave questionnaires were distributed in the years in-between the main waves. Data is collected from children, parents, carers and teachers using various data collection methods including computer assisted, face-to-face interviews, self-interviews, telephone interviews and self-complete questionnaires.

### **Wave 3**

The data collection phase of Wave 3 was completed in January 2009, reaching a total of 8,685 respondents, or 91 per cent of the issued sample. Of the 8,685 participating families, there were 4,366 and 4,319 interviews on the main parent (P1) completed in the B cohort and K cohort respectively, while 371 (3.9 per cent) refusals and 348 (3.6 per cent) non-contacts were recorded. In Wave 3, parents living apart from the study child (PLE) were interviewed by telephone for the first time. Of the 847 PLE selections issued, 624 (73.7 per cent) were interviewed. Of the remaining issued sample, there were 33 (3.9 per cent) refusals and 84 (9.9 per cent) non-contacts. Both parents in the household (P1 and P2) were also given self-complete questionnaires. Around 87 per cent of Parent 1 forms and 72 per cent of Parent 2 forms were returned. Furthermore, 68 per cent of Time Use Diary and 82 per cent of teacher forms were sent back.

### **Wave 3.5**

The Wave 3.5 form was mailed out on 9 June 2009. Wave 3.5 is the third between-wave questionnaire. Between-wave questionnaires help maintain contact with study families and therefore assist with retention rates in the main waves. In addition they are used to capture data that:

- ▶ cannot be captured in the main wave due to lack of space
- ▶ concerns parts of children's lives that are changing rapidly
- ▶ concerns aspects of policy or the environment that are relevant at the specific time of the between-wave or age of the child at that time.

Much of the K cohort questionnaire in Wave 1.5 will be repeated for the B cohort in Wave 3.5 to allow cross-sequential analysis between cohorts. New content is included for

both cohorts. Since the majority of children in B cohort are now at school age, a substantial part of the B cohort questionnaire contains questions about transition to school including: transportation to/from school; psychological and emotional adjustment at school; parental views; and experiences of child's school life. The K cohort children are nearing the end of primary school and a number of them are expected to reach puberty. Part of the K cohort questionnaire is designed to capture pubertal changes in these children. In addition, Wave 3.5 has a large section on children's use of digital technology.

### **Wave 4**

Significant changes in data collection methods are planned for Wave 4. Older children are becoming increasingly important as respondents on their own development, activities and environment. Children will use Audio-computer assisted self interviewing (A-CASI) in order to maintain the child's interest and privacy. Privacy of responses is increasingly important as children enter the teenage years and LSAC asks questions about issues they might not want to talk about openly. This technology presents questions on the computer screen and through headphones so that they can hear and answer questions in confidence. The feasibility and effectiveness of using A-CASI in the LSAC context was field tested and the responses from both interviewers and children were very positive. The main parent will also experience a change in their interview methods. As well as the computer assisted and face-to-face interviews completed in previous waves, they will be interviewed by telephone for basic details at the initial contact and A-CASI. This will use the respondents' time efficiently, and provide the interviewer with additional opportunity to assist the study child with their own computer interview and conduct direct measurements with the children.

The use of telephone interviews for PLEs will be continued in Wave 4 due to the increased response rate from Wave 3 and the positive responses received from the PLEs.

As the children age, a substantial amount of new content on children's physical, emotional and social development and their interactions with the environment will be added to the older cohort. Content for the younger cohort will largely mirror that of the older cohort in previous waves (for the same age group).

#### **Beyond Wave 4**

LSAC is an ongoing project and the FaHCSIA team is currently negotiating a new agreement with the Australian Institute of Family Studies (AIFS) and Australian Bureau of Statistics (ABS) for delivery of services for Waves 5 to 8 of the study.

The LSAC project will extend beyond the originally contracted four waves. Thus LSAC will be able to explore children's development well into the stage of adolescence and early adulthood, capturing their social and psychological changes as well as physical maturity in addition to allowing analysis of some longer-term impacts of earlier environment and outcomes. LSAC is negotiating a structural shift in project management and data collection by moving more data tasks to the ABS and expanding research roles for AIFS, to better utilise each agency's expertise. The new arrangements—as at 1 July 2009—will enhance the productivity and efficiency of LSAC in coming waves.

#### **Recent publications**

A list of recent publications using LSAC data can be found on the AIFS website at <http://www.aifs.gov.au/growingup/pubs.html>.

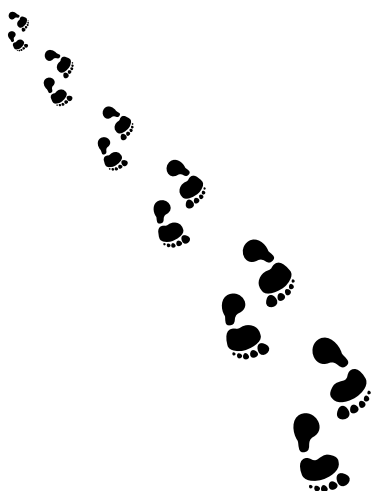
#### **Data access**

FaHCSIA staff wishing to apply for access to LSAC data can obtain the necessary application package, including an IT systems access form, from the FaHCSIA LSAC intranet site. All other researchers wishing to obtain the data can apply by downloading the application form and applicable licence from the LSAC website.

#### Further information:

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## Footprints in Time—the Longitudinal Study of Indigenous Children (LSIC)



*Footprints in Time* is collecting important information about the lives of Indigenous children, covering areas such as health, culture, education, housing, and family relationships. The study is designed to better understand the developmental pathways of Aboriginal and Torres Strait Islander children and what helps improve their wellbeing, and support good outcomes as they grow up.

The study plans to follow the development of Indigenous children across Australia and includes urban, regional and remote locations. The parents and carers of two groups: babies (6 to 18 months) and children (3 years, 6 months to 4 years, 6 months) were interviewed last year to collect Wave 1 data. They are currently being reinterviewed to collect Wave 2. With parental or guardian permission, questionnaires are also being given to each child's teacher or child care provider to complete.

The LSIC team would like to congratulate Professor Mick Dodson, Chair of the LSIC Steering Committee, on becoming Australian of the Year. Professor Dodson is an invaluable part of LSIC and a passionate advocate for the equitable provision of education for Indigenous and disadvantaged

children. A transcribed address given by Professor Dodson to the National Press club on this issue is available at <<http://www.reconciliation.org.au/home/latest/mick-dodson-speaks-at-the-national-press-club>>.

### Wave 1 preliminary data

The majority of data collected for Wave 1 occurred from April to December 2008. Wave 1 preliminary data has been received from Roy Morgan and is in the process of being checked for consistency and validity. This data will soon be available to FaHCSIA staff and members of the LSIC Steering Committee, in order to assess the data findings.

Public access to the Wave 1 data will commence in August 2009. Those interested in accessing the data will need to put forward an application describing their intended use of the data in order to obtain a licence. Members of the Steering Committee will monitor how people are using the data. More information on data access will be available on the website later in 2009 at <[www.fahcsia.gov.au/lxic](http://www.fahcsia.gov.au/lxic)>.

Sample characteristics of the total number of interviews collected, Aboriginal and Torres Strait Islander background and geographical location are available.

Approximately 1,850 interviews were collected with a parent or primary carer of an Aboriginal or Torres Strait Islander child. Two hundred and sixty-eight interviews were collected with the secondary parent or carer, 54 education questionnaires were collected from teachers or child care providers, and 1,658 child assessment interviews were collected. The education questionnaires will increase this year with many of the child cohort starting school. We also plan to spend more time collecting data from more fathers or other significant carers.

Within the study, 88 per cent of the children were identified by their parent or primary

carer as Aboriginal, 6 per cent were identified as Torres Strait Islander, and 6 per cent were identified as both Aboriginal and Torres Strait Islander.

There were roughly even numbers across remote, regional and urban localities. There were 495 participants in remote areas, 649 participants in regional areas and 673 participants in urban areas.

### **Wave 2 collection**

In February 2009 LSIC Research Administration Officers (RAOs) participated in a week of training. The RAOs and national office staff were debriefed on Wave 1 outcomes and shared experiences about good practice. The RAOs were also introduced to changes in the Wave 2 survey instruments and qualitative interview collection planned for this year.

Wave 2 data collection commenced in March 2009 and is expected to be completed by September 2009. Wave 2 builds on the dataset collected in Wave 1, and explores change in many of the areas previously covered. These include social and emotional wellbeing; major life events; child vocabulary; child health and development; and housing issues. Additional content collected in Wave 2 includes questions about the stolen generation, injuries, child support and starting school.

### **Wave 3 design**

The survey instruments for Wave 3 are now being considered. Subjects that may be incorporated into Wave 3 include identity, culture and self-esteem; gambling; work and family life; values and attitudes; and parental and family relationships.

The LSIC team is currently conducting consultations with stakeholders, including the Steering Committee as well as policy areas within a range of government departments including Department of Health and

Ageing; Attorney-General's Department; and Department of Education, Employment and Workplace Relations. Other agencies include: Australian Institute of Aboriginal and Torres Strait Islander Studies; National Aboriginal Community Controlled Health Organisation; Sax Institute; Secretariat of National Aboriginal and Islander Child Care; and Reconciliation Australia.

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## Seminars at FaHCSIA

### Australian Social Trends 2008

On 12 March 2009, Dr Paul Jelfs, Assistant Statistician from the Social Analysis and Reporting Branch of the Australian Bureau of Statistics (ABS), presented a seminar to FaHCSIA staff titled 'Australian Social Trends 2008'.

In his presentation, Dr Jelfs gave an overview of Australian society and how it is changing over time, place and across populations, drawing on the latest ABS data to highlight key trends and issues.

Dr Jelfs talked about changes in Australia's population distribution from recent census data collections. This data revealed that in 2006, more than two-thirds of Australians lived in major cities and that there is a trend towards increasing urbanisation that is expected to continue. As a result, remote areas generally lost people to the cities, although some remote areas did not experience a population decline due to the mining boom.

Trends in families and communities were also discussed. Dr Jelfs explained that approximately one in eight families have a child with a disability and that these families experience significant indirect costs due to reduced opportunities for the parents to work. As a result, families with a child with a disability had lower incomes on average compared to families without a child with a disability. Dr Jelfs also highlighted that families with a child with a disability may also be affected by a range of direct costs, for example, increased healthcare costs, emotional strain and strain on family relationships.

In the area of health, Dr Jelfs described how approximately one in five men and

approximately one in ten women aged 18–24 years reported regularly drinking at high risk levels. These proportions are double and triple the rates among men and women over 25 years old. Dr Jelfs discussed transport accident related deaths, which have decreased, but highlighted that these accidents were still the most common cause of death for 15–24 year olds and that males were more likely than females to have accidents. Dr Jelfs also noted that death rates for Indigenous people for all ages were higher than their non-Indigenous counterparts and are still likely to be underestimated.

Dr Jelfs then talked about education and how the number of people with a non-school qualification increased between 1996 and 2006, as did the numbers of people completing bachelor and higher degrees. These improvements in educational attainment were particularly apparent in major cities, while there were more modest improvements in remote and very remote areas. There were also higher Year 12 retention rates for females compared to males, and for non-Indigenous people compared to Indigenous people.

In relation to workforce participation, Dr Jelfs showed data demonstrating that female workforce participation has increased from 50 per cent in 1988 to 58 per cent in 2008. Moreover, since 1982, more women are earning higher incomes, while the number of men earning the highest incomes has decreased.

To conclude the presentation, Dr Jelfs discussed upcoming topics in the March 2009 release of the *Australian Social Trends* publication.

The latest *Australian Social Trends* is available from the ABS website <[http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4102.o?opendocument?utm\\_id=LN](http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4102.o?opendocument?utm_id=LN)>.

## What determines family structure?

On 19 March 2009, Professor David Blau, Social and Behavioural Sciences, Distinguished Professor of Economics at Ohio State University, presented a seminar to FaHCSIA staff titled 'Determinants of family structure and consequences of family structure for children'. In his presentation, Professor Blau gave an overview of recent research and examined unresolved questions on family structure.

Professor Blau began by discussing how changes in western societies in the past three decades have had significant impacts on family structure, including lower rates of marriage and higher rates of divorce, cohabitation and non-marital childbearing. He also examined the historical living arrangements of children in the United States (US) and showed that Australia has experienced similar changes in family structure over this time. However, Professor Blau highlighted that in the US there are also large differences in family structure based on race and education. For example, families with lower levels of education and African American families are more likely to be single-parent families.

Professor Blau then discussed the importance of understanding the consequences of these changes in family structure. For example, single-parent families usually require more public support than two-parent families and single parents can experience stress in trying to fulfil several roles. Family structure is also strongly associated with a range of child outcomes in economic, social, behavioural and psychological domains.

A number of areas of family structure research also need further study. For example, researchers do not have good explanations for the major changes in family structure that have occurred in recent decades. It is also

unclear how much of the association between family structure and child outcomes reflects a causal relationship or a correlation due to selection factors.

Professor Blau described possible explanations for the increase in single-parent families and the differences across populations. Some of the more plausible explanations for these changes include the increased availability of reliable and convenient contraception and changes in attitudes and social norms.

The associations between family structure and child outcomes were also explored. Professor Blau explained that on average, children with married, biological parents experience better cognitive, emotional, social and educational outcomes compared to children who grow up with alternative parenting arrangements. These benefits also persist in a range of later life outcomes including adult education, employment, marriage and childbearing. Moreover, these associations are reduced, but not eliminated, after controlling for a range of parental, sociodemographic factors, including education, earning capacity and self-esteem. However, it is still unclear whether this relationship is causal or whether there may be other, unobserved factors that better explain these relationships.

Professor Blau explored the relevance of this information for policy development, including whether there is enough known about the determinants and consequences of family structure to guide policy. A further key question is the extent to which policy makers should attempt to reduce the incidence of single parenthood or to accept this social change and try to minimise adverse consequences for single parents and their children. Professor Blau described a range of areas such as the divorce and abortion laws,

tax and income support policies, contraceptive availability and child care and early education that could influence family structure.

Professor Blau concluded by stating that better data and research strategies are now available to study family structure. Despite this, a good understanding of different family structures on child outcomes is lacking. Professor Blau noted that it is better to be aware of research gaps, rather than confident of answers based on correlations and anecdotes. However, it was also noted that policy making cannot wait for definitive research results—rather new research findings should be used to improve existing policies.

## New publications

### Occasional Paper 23

#### **Indigenous families and children: coordination and provision of services**

#### **Stronger Families and Communities Strategy 2004–2009**

*Saul Flaxman, Kristy Muir and Ioana Oprea*

The report examines service provision, service coordination, Indigenous families and children in Communities for Children (CfC) sites, factors that facilitate or hinder service provision and outcomes, and sustainability. The following are summarised key findings.

#### **Service provision**

- ▶ Program delivery is enhanced by consultations and partnership relationships with Indigenous organisations and community members.
- ▶ The four-year CfC model does not allow sufficient time or resources to consult and engage with Indigenous communities, especially in rural and remote areas.

#### **Service capacity and focus**

- ▶ Most respondents believed that the number and scope of services available to Indigenous families and children had increased since the inception of the Stronger Families and Communities Strategy (SFCS) 2004–2009.
- ▶ Respondents were in favour of the Facilitating Partner (FP) model because it gave them greater control over the types of services they provided and the ways in which they delivered them.

#### **Access and engagement by Indigenous families**

- ▶ Increasing the number, scope and capacity of services did not necessarily mean Indigenous families accessed and engaged with these services.

- ▶ Several respondents in urban, regional and remote sites commented that mainstream models rarely fit Indigenous service users.
- ▶ It is challenging for service providers in large, diverse communities to identify and target Indigenous families.
- ▶ Financial and attitudinal barriers to families' access to services create a need for early intervention and prevention services for young children to:
  - educate Indigenous communities about the importance of the early years and the strengths-based nature of programs
  - encourage families to participate by using 'soft' engagement strategies
  - provide culturally appropriate and respectful services at low cost to families.

### **Service coordination**

As an Indigenous family's engagement with a child care service may be the only connection they have with service networks, referrals between early childhood service providers and other support services are crucial.

### **Service coordination within CfC sites**

- ▶ CfC increased networking, coordination and collaboration between services.
- ▶ In most cases, a four-year program was too short for services to establish effective, strong relationships with each other (where there was no pre-existing relationship).
- ▶ Remote and rural sites were at a disadvantage within the CfC model because of the limited number of services to coordinate with and/or the limited number of pre-existing relationships, in comparison with urban locations.

### **Indigenous families and children**

- ▶ Many Community Partners (CPs) and FPs reported limited numbers of outcomes for families, and attributed this to the short period of time the initiative lasted, and the extensive time required to consult and build trust with Indigenous families and communities.

- ▶ The greatest reported change was in increased access to services and in first-time Indigenous family engagement with services.

### **Indigenous family demographics and outcomes in CfC sites**

- ▶ The average age of both Indigenous and non-Indigenous children who participated in the Stronger Families in Australia study and were living in a CfC site and eligible to receive services when the program commenced was 2.8 years at Wave 1 and 4.5 years at Wave 3.
- ▶ Almost half of the Indigenous children in the study were living in single-mother households, compared to only one in five non-Indigenous children at Wave 1.
- ▶ During Wave 1 and 3, Indigenous children were less likely to be living with an employed parent. However, the proportion of Indigenous children living in households with an employed father increased and remained constant for non-Indigenous children.
- ▶ Indigenous families had a lower income than non-Indigenous families at Waves 1 and 3, but both groups experienced a significant increase in income between 2006 and 2008.
- ▶ Indigenous parents were significantly more likely than non-Indigenous parents to have moved during their child's life at Waves 1 and 3. By Wave 3 almost one in three Indigenous families (31 per cent) had moved three or more times since their child's birth, compared to approximately one in five (19 per cent) non-Indigenous families.
- ▶ Indigenous parents' self-reported general health improved slightly between Waves 1 and 3 and the gap between Indigenous and non-Indigenous parents decreased.
- ▶ Mental health improved for Indigenous and non-Indigenous parents between Wave 1 and Wave 3.

- ▶ Indigenous parents reported lower levels of parent efficacy than non-Indigenous parents at both waves.
- ▶ Indigenous and non-Indigenous families were more positive about their neighbourhood as a place to bring up children at Wave 3 than Wave 1.
- ▶ Indigenous families and non-Indigenous families reported significantly improved levels of support when they needed it between Waves 1 and 3. By Wave 3 there was no longer a significant difference between Indigenous and non-Indigenous families in this area.

#### **Factors facilitating or hindering service provision and outcomes**

- ▶ Both the literature and the SFCS evaluation 2004–2008 suggest that culturally appropriate services are those which have structures that:
  - are non-threatening, informal and low cost
  - are flexible about where and how services are provided
  - offer access to services away from formal, institutional settings—for example, in a person’s home
  - consult with and involve family and extended kin networks and community members in service delivery.

#### **Staffing availability, skills, qualifications, background and enthusiasm**

- ▶ Recruitment and retention problems were addressed by employing, training and mentoring locals, offering flexible hours and secondments, creating Indigenous support roles, and offering traineeships.
- ▶ Employing Indigenous locals in SFCS 2004–2009 programs, and providing training and mentoring support, helped to increase local capacity and skills, and improved staff retention rates and program sustainability.

#### **Community context**

- ▶ Lack of transport hindered many Indigenous families’ access to SFCS 2004–2009 early childhood services. Services offering community transport (pick-up/drop-off services) and mobile services were successful in increasing access and engagement of Indigenous families.
  - Community asset mapping and planning should look at transport as well as service provision.
  - Services need flexibility in funding rules, so that funds can be used for needs as they arise, such as the purchasing of capital assets like motor vehicles.
- ▶ The CfC model is substantially hindered in remote sites because remoteness implications were not factored into the funding or the model.
- ▶ The remote issues could be partially addressed by:
  - ensuring that future programs have different funding formulas and timelines for remote areas
  - encouraging fly-in/fly-out service providers to share flights to remote areas (this decreases disruption to communities, and offers savings and support networks for service providers)
  - assisting providers to gain some understanding of the local languages
  - engaging a trusted local person to support the service provider.
- ▶ Severe socioeconomic disadvantage and social problems (poor living conditions, transient populations, family disputes, tenancy instability, mental illness, domestic violence and substance misuse) make it difficult for families to prioritise early intervention and prevention service use.
  - Social problems need to be addressed before early intervention and prevention initiatives (or in association with them) if these programs are to be successful.

## Sustainability

- ▶ Unless funding continues for the employment of staff members and actual service delivery, SFCS 2004–2009 programs are not sustainable in Indigenous communities.
- ▶ Future, long-term funding for early childhood services in Indigenous communities is essential if Indigenous outcomes are going to improve.
- ▶ CfC, which has a four-year funding cycle, is not sufficient to result in long-term positive outcomes for young children and their families in disadvantaged Indigenous communities.

## Occasional Paper 24

### National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009

*Kristy Muir, Ilan Katz, Christiane Purcal, Roger Patulny, Saul Flaxman, David Abelló, Natasha Cortis, Cathy Thomson, Ioana Oprea, Sarah Wise, Ben Edwards, Matthew Gray and Alan Hayes*

The evaluation was undertaken over four years by a consortium comprising the Social Policy Research Centre (SPRC) at the University of New South Wales, supported by the Australian Institute of Family Studies (AIFS). Although the evaluation covers three of the Stronger Families and Communities Strategy (SFCS) initiatives—Communities for Children (CfC), Invest to Grow (ItG) and Local Answers (LA)—the evaluation places a particularly strong emphasis on outcomes from CfC.

The evaluation reported a number of outcomes across the early childhood sector in CfC sites, both for services and for families, children and communities. Further, the programs had successfully engaged families traditionally thought of as hard-to-reach.

## Key findings for Communities for Children:

- ▶ CfC had small but positive effects on a number of outcomes for families, children and communities. These changes were encouraging because of the short period of time between implementation and evaluation.
- ▶ Parents living in the CfC sites had significantly less hostile and harsh parenting practices and significantly higher levels of parenting self-efficacy than those in contrast sites (non-CfC).
- ▶ Children living in CfC sites were significantly more likely to be living in households where at least one parent was employed than children in contrast sites.
- ▶ Given the comparatively low cost of CfC, the program appears to be cost-effective relative to other similar interventions aimed at equivalent populations (Sure Start Local Programs in the UK and Early Head Start Program in the USA).
- ▶ The comparison between the baseline data (Wave 1), and subsequent data collection (Waves 2 and 3), shows early years programs and family services in CfC sites report being **much** more locally coordinated and cooperative across planning, referrals and training, and in the identification of needs for delivery of new early years programs.
- ▶ The skills and availability of staff were absolutely critical to every success or failure. Engaging staff or volunteers from hard-to-reach groups (including fathers) was a successful strategy. Organisations with an existing profile and engagement in the communities they worked in were more likely to be successful.
- ▶ State and territory governments were not well engaged at the strategic level; however, collaboration was most successful with local government.

For LAs, positive attitudes among staff, positive relationships with clients, good local connections, client-focused approaches,

partnerships and training contributed to the success of projects.

For ItG, local evaluation reports included child, family and service outcomes.

- ▶ For children, reported outcomes included improved behaviour and social, motor, language, literacy and academic skills.
- ▶ For parents/families, reported outcomes included improved awareness and access to services, improved parenting skills and increased knowledge of child health risks.
- ▶ For services, reported outcomes included increased collaboration with other agencies, increased staff knowledge and improved attitudes towards families.

### Conclusion

- ▶ SFCS successfully raised the profile across Australia of early intervention and the need for a coordinated approach to the early years.
- ▶ Overall the implementation went well for CfC, ItG and LA and the vast majority of projects, initiatives, activities and sites were well implemented and achieved their objectives.
- ▶ SFCS successfully engaged families traditionally thought of as hard-to-reach.
- ▶ The three programs of the SFCS were not well integrated.

## Occasional Paper 25

### Stronger families in Australia study: the impact of Communities for Children

#### Stronger Families and Communities Strategy 2004–2009

*Ben Edwards, Sarah Wise, Matthew Gray, Alan Hayes, Ilan Katz, Sebastian Misson, Roger Patulny and Kristy Muir*

This report presents the results of the evaluation of the short-run impacts of the Communities for Children (CfC) initiative on child, family and community outcomes. The study was based on a three wave longitudinal

study of 2,202 families living in 10 sites that had a CfC program and five sites comparable to the CfC sites (contrast sites). The first wave collected baseline data, Wave 2 was conducted during the implementation phase of the CfC and Wave 3 was conducted in 2008 approximately one year after the CfC program was underway.

The aim of the study was to measure changes in child, family and community outcomes in CfC communities over the funding period, and potentially beyond. This aspect of the evaluation was designed to:

- ▶ identify whether the CfC initiative had an impact on child, family and community-level outcomes
- ▶ ascertain whether there were any differences in these outcomes for different groups of children.

### Key findings

The overall conclusion is that, on balance, there is evidence that CfC had positive impacts. The positive impacts were that:

- ▶ fewer children were living in a jobless household
- ▶ parents reported less hostile or harsh parenting practices
- ▶ parents felt more effective in their roles as parents.

There is some evidence that parents in CfC sites reported lower levels of child physical functioning. It is possible, for example, that exposure to CfC programs and activities brought parents and their children to the attention of professionals and others who may have recognised undiagnosed health conditions, or that CfC programs and services in some other way increased parents' understanding of their own and their children's actual health needs.

The Stronger Families in Australia evaluation study also estimated whether the CfC intervention had different impacts for three groups that are at particular risk for poor

child outcomes and who have been shown in some studies to be less likely to benefit from area-based interventions. The groups are:

- ▶ hard-to-reach households with at least one of the following characteristics: no father present, mother not employed **and** father not working/not present, low household income, maternal education Year 10 or less, a parent born overseas, and child is of Aboriginal or Torres Strait Islander origin
  - households with low incomes (\$485 a week or less)
  - households with mothers with low education (Year 10 or less).

Positive and statistically significant findings in relation to these hard-to-reach groups included:

- ▶ higher levels of receptive vocabulary and verbal ability among children of mothers with Year 10 education or less
- ▶ less hostile/harsh parenting among hard-to-reach parents
- ▶ higher involvement in community service activities among parents in households with relatively lower income
- ▶ higher involvement in community service activities in households comprising mothers with Year 10 education or less
- ▶ fewer children in jobless households across all three subgroups
- ▶ increased parental perception of community social cohesion reported in relatively lower income households at the  $p < 0.07$  level of statistical significance.

Consistent with the estimates for the population as whole, there were also some negative findings from the CfC intervention on health outcomes for the hard-to-reach, low-education and low-income groups, which may be the result of increased awareness gained through exposure to program activities. They were:

- ▶ decreased reported mental health of mothers with Year 10 education or less

- ▶ decreased reported general health of mothers in relatively lower income households
- ▶ decreased reported child physical functioning among children in all three subgroups.

However, the overall findings demonstrate that the CfC initiative had some success in improving outcomes among the most vulnerable children and families in relation to children's early receptive vocabulary and verbal ability, joblessness rates and mothers' involvement in community activities.

The effect sizes of the CfC impacts on all outcomes were small, but can be considered positive relative to what was observed in the early phase of Sure Start (a large-scale area-based initiative in the United Kingdom). An important question, however, is the extent to which these effects compare with alternative early childhood interventions that target specific client groups and seek to enhance child outcomes through other processes, such as centre-based programs, home visiting programs, case management interventions and parenting programs. It should also be noted that most of these evaluations measured outcomes for children who were directly enrolled in the program, whereas CfC is aimed at improving outcomes for children in the whole community.

The fact that the effect sizes of CfC were comparable to, if not greater than, many alternative early childhood interventions, and that these effects were evident irrespective of whether parents and children in the CfC communities had actually received services, seems to point towards an additional effect over and above the provision of new, stand-alone services, possibly as the result of a better coordinated local system of early childhood services and/or other enhancements to the community context in which children develop.

## Occasional Paper 26

### Engaging hard-to-reach families and children

#### Stronger Families and Communities Strategy 2004–2009

*Natasha Cortis, Ilan Katz and Roger Patulny*

This report documents one of three themed studies undertaken as part of the national evaluation (2004–2008) of the Stronger Families and Communities Strategy (SFCS) 2004–2009. The study explores how Communities for Children, Invest to Grow and Local Answers projects and activities have engaged clients who may be considered hard-to-reach. Using interviews with key informants in a sample of projects, the report explores the key research questions:

- ▶ How, and how effectively, have services receiving Local Answers, Invest to Grow, and Communities for Children funding engaged hard-to-reach populations?
- ▶ What challenges have they faced?
- ▶ What would help improve reach and engagement?

Overall, interviewees from Local Answers, Invest to Grow and Communities for Children identified similar groups to be hard-to-reach, with participants from all programs highlighting that who is considered hard-to-reach depends largely on context. Many of the strategies employed to engage hard-to-reach groups were similar, such as employing outreach workers, using soft entry points, and collaborating with services working more closely with target groups. Challenges unresolved by the SFCS model include inadequate time to affect change, and staff shortages or instability which could disrupt relationship building.

Importantly, while these challenges are not fully resolved by the SFCS model, they cannot be clearly attributed to the SFCS programs. Rather, challenges of reach and engagement are likely to characterise services for families

and children more generally. While it is difficult to compare each part of the strategy due to differences in research methodology used for each, evidence did not emerge suggesting Communities for Children, with its place-based and collaborative ethos, is vastly superior for reaching and engaging hard-to-reach groups. The recommendations arising relate to activities within all strategy programs and to the child and family service sector more generally, including the need for longer-term, more sustainable funding arrangements to minimise disruption to relationship building processes, promote staffing stability, and support specialist outreach workers.

In addition to the qualitative analysis outlined above, the Stronger Families in Australia (SFIA) dataset was analysed to assess the relative impact of Communities for Children on hard-to-reach and other families. Overall, the findings were consistent with the main findings of SFIA—that the Communities for Children initiative had small but important positive impacts in most domains, with a few negative impacts, mainly in the physical health domain (possibly attributable to increased parental sensitivity to their children’s physical health issues). Hard-to-reach families were more likely to participate in community activities of various types, a particularly positive finding for Communities for Children. Parents who were not hard-to-reach, on the other hand, were much more likely to report increases in unmet service needs.

These findings indicate that Communities for Children was equally effective for the general population in Communities for Children sites, hard-to-reach and not-hard-to-reach families. This confirms that the efforts of Communities for Children sites to engage with hard-to-reach families seem to have been effective.

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Further information:

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ISSN: 1835-5633

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FaHCSIA10165.0906