



children's protection society



**EVALUATION OF THE EARLY YEARS EDUCATION PROGRAM AT
KORIN KORIN CHILD AND FAMILY CENTRE**

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We also wish to thank Professor Helen Skouteris, the Monash Warwick Professor of Healthcare Improvement and Implementation Science at Monash University who led this evaluation, Heather Morris a PhD student under Professor Skouteris’ supervision who undertook the consultations, literature review and prepared the evaluation report.

Executive Summary

Background and Scope

Korin Korin Child and Family Centre (referred to as the Centre hereafter) is a new early childhood education and care service that opened in February 2016 in Wollert, Victoria and is operated by the Children's Protection Society (CPS). The Centre offers a universal kindergarten program for the community in partnership with the City of Whittlesea. The Centre is unique because it applies a number of best practice elements derived from a specialised and targeted Early Years Education program delivered by CPS at West Heidelberg. The best practice elements incorporated into the Centre's program include:

- Enhanced educator Training;
- Preschool mental health consults and Communities of practice;
- Staff supervision and coaching; and
- Family Support Services for families.

This report describes the evaluation of the Centre's implementation of these best practice elements and was undertaken by the Monash Centre of Health Research and Implementation at Monash University.

Early childhood is identified as a critical time in the development of a child because the developing brain is making neural pathways that impact the child's future development, behaviours and life-course. Creating an environment that protects and enables children to thrive despite adversity requires an inclusive and holistic approach that supports the family and community, as well as the child. By using a wrap-around model of care for children and families, CPS aims to develop such an environment and nurture children so they thrive.

A wrap-around model of care allows for the early identification of problems as they arise and timely intervention, rather than waiting for a problem to become embedded. This model of care is particularly valuable for children and families who are vulnerable and require additional support. The model has a strong theoretical underpinning in the ecological approach that acknowledges the importance of the environment on the development of children. This model is identified in the Victorian Early Years Learning and Development Framework (VEYLDF) and the Early Years Learning Framework (EYLF), both of which govern the professional practice of early childhood educators¹ in Victoria.

A wrap-around model of care is not well defined within the literature, with the term often being used interchangeably with an integrated model. While, literature identifies a difference between the models, the interchangeable use of these terms led to some difficulty in finding a clear body of evidence to draw from.

Few examples of a wrap-around model of care in the Australian context were found. Of those that were found, their description about the implementation or evaluation of the model in practice was limited or lacking. International examples centralised around the

¹ The term 'educator' has been used throughout this document as a collective term for all types of early childhood educators, co-educators and teachers

primary care within the health context. Consequently, an evaluation of the unique model of practice at the Centre was clearly warranted.

Methodology

A mixed methods approach was used to evaluate the implementation of the best practice elements at the Centre, i.e., a program logic model; rapid literature review; and interviews with the educators. Information gathered from parents by CPS through their annual survey is also used in this report to provide a parental perspective of the program's impact.

The program logic model was developed in consultation with key staff at Children's Protection Society. While short, medium and long-term outcomes were projected, only the short-term outcomes were evaluated.

A rapid literature review was conducted to answer three questions:

- How is a wrap-around model of care described and defined in the literature?
- What are the theoretical underpinnings of the wrap-around model of care?
- How important is a wrap-around model of care in the early years?

Finally, interviews with educators were conducted to ascertain their engagement with the best practice elements. A representative sample of educators was recruited, as well as related staff. All participants understood that their participation was voluntary, and informed consent was obtained prior to the interview as per the ethical requirements of Monash University.

Evaluation Findings

Based on the qualitative data derived from the evaluation, the key findings are listed below. These findings represent the views of the educators as key stakeholders:

Training

- The training provided to the educators is exceptional, unique within the sector, rigorous and purposeful. It is a powerful enabler for the educators: to consider their professional practice; improve their responsiveness to vulnerable children; enhance their engagement and ability to connect with families with a deep understanding of CPS' service philosophy and the programs on offer for children and families that they can refer families to.
- Educators expressed their appreciation for the comprehensive training they received at CPS, particularly in working with vulnerable families and children. All of the educators interviewed had never had such training from their previous employers. The educators believed that CPS' investment in their training reflected how valuable they were as staff. They also felt that the development of a workplace community and culture strengthens their ability to respond to challenges.

Preschool mental health consultations

- The pre-school mental health consultations are a valuable resource for the educators because they enable a thorough exploration of a child/ circumstance. The psychologist is able to provide advice and practical knowledge that the educator can use in the classroom.

- These sessions also offer a communities of practice approach to information sharing and collaboration. This has two outcomes: 1) a recognition of the expertise of the educators in the room; and 2) the sharing of practical knowledge that they know anecdotally work.
- All of the educators acknowledged that they had never experienced the preschool infant mental health consultations in their previous workplaces, and believed that these sessions enhanced their capacity to work with vulnerable children and gave them effective strategies to support those children. It also provided them with strategies to have conversations with parents about sensitive matters, and to do it in a professional manner.

Supervision and Coaching

- The experience of supervision and coaching by the educators at their previous workplaces was either non-existent or limited to performance reviews.
- Supervision and coaching allows for the development of strong relationships between the educator and the team leader. This provides the educators with a sense of back up and support, not only in their professional practice but within their personal lives too.
- The supervision sessions develop the educator personally and professionally, and the educators perceived supervision as a powerful contributor to their experience at the Centre. They highly valued the supervision and coaching they receive at the Centre.

Family Services

- Family services facilitates connections between children, families and the community. This happens in individual consultations and also through programs like a 'coffee club' held at the Centre once a month.
- The coffee club sessions build the capacity of parents through expert presentations on topics derived by from parents' interests.
- The family services officer is co-located at the Centre for the benefit of parents who want to talk about parenting or other issues within the family, , or seek information on how to engage with other services offered at CPS. In addition to the self-referrals by families, educators can also refer parents to this program. The frequency of these consultations, and the model of delivery changed during the year to suit the needs of families.

Educators and their professional practice

- Educators were committed to the philosophy of the Centre that it is warm and welcoming; child focused; inclusive; that builds relationships; and fosters the practice of educators.
- All educators had a strong awareness about how they implement their philosophy in their classroom.
- All of the educators could clearly express how the Centre is different from other services they had worked at before. The positive image that they presented demonstrated their passion and integrity for their work and for CPS.

- Some barriers were identified that impact on an educators' integration of the best practice elements. Using a solutions focused mindset, effectively and viable solutions were suggested by the educators to address these barriers and better integrate the best practice elements within the program.

Parent feedback

- An overwhelming majority of parents rated the Centre highly for the education program delivered, quality of staff, teaching, relationship with children and the environment.
- Parents also felt that the Centre particularly helped their children in building their confidence, social skills, addressing behaviours, and in their overall learning.
- Suggestions for improvement made by parents were more addressed towards operational aspects such as timing of end-of-year celebrations, having more resources for the children etc.

Recommendations

The following are the recommendations made by the researchers as a result of the evaluation:

1. Intensify and further develop efforts to integrate the best practice elements using an approach that is inclusive, systems-like and avoids the delivery of the elements in silos.
2. Upper and middle management work with the educators to significantly impact on the barriers that prevent a greater integration of the best practice elements.
3. Track the medium and long-term outcomes identified in the program logic model to completion. This will provide an evidence base for the implementation of the EYEP in a universal setting

About Children's Protection Society

CPS is a leader in providing child and family support services with a proud history of serving the community for 121 years. CPS currently offers several innovative, evidence-based and evidence-informed programs targeting vulnerable children and young people aged 0-18 and their families. Starting from a Child Protection base in 1896, with a mission to reduce child abuse and neglect, CPS continues to focus its efforts on fulfilling its vision that all children and young people thrive in resilient, strong and safe families and communities. CPS' innovative programs and services have a strong evidence base, and a prevention/early intervention focus to ensure that families are supported as early as possible and holistically to keep them intact.

CPS' Child and Family Centre at Heidelberg is the first of its kind in Australia and supports only children and families experiencing significant family stress and social disadvantage. The model addresses both the underlying trauma experienced by these children and the resulting learning gap. A strong evidence base of the benefits of intensive high quality early learning for vulnerable children is central to this program. The Centre is innovative, inclusive, and specialised in its approach incorporating a relational pedagogy, attachment and trauma theories and a focus on meeting children's daily nutritional needs. This holistic approach enables each child to thrive and be ready for exploration and learning. The program is the subject of an RCT² by Melbourne University and MCRI³, and will test the impact of the unique program on vulnerable children's long term social and educational outcomes. This program supports families from Aboriginal communities, and migrant and refugee families in the Heidelberg area.

An ethnographic study of this program was undertaken by the Charles Sturt University in 2014/15 and sought to:

- gain a deeper understanding of what occurs in the EYEP's everyday practice;
- describe what is unique and different about the EYEP;
- Translate this understanding to enable effective replication of the EYEP;
- Understand, describe and articulate the educators' needs in implementing the program; and
- gain an understanding of the EYEP's integrated multi-disciplinary practice strategies.

The study identified the high quality of the pedagogy and the holistic child-and-family-centred curriculum as underpinning the work of the EYEP. The unique curriculum and inter-disciplinary model of service delivery builds respect and shared understandings between professionals, ensures collaborative partnerships with families, and responds to children in ways that support their social and emotional wellbeing. Supervision, training and the input from infant and mental health consultants are identified by educators as critical in enabling their work with children and families living with high levels of family stress and social disadvantage. Informed by attachment theory, educators are able to deliver a program that attends to the impacts of trauma on a child's capacity to learn, and is of the highest quality

² Randomised Controlled Trial

³ The Murdoch Children's Research Institute

in terms of the national Early Years Learning Framework⁴.

The Korin Korin Centre in Wollert was opened in 2016 in partnership with the City of Whittlesea as a universal kindergarten program. The centre reflects CPS' vision of utilising the universal platform provided by early years' programs to provide a wrap-around model of service for all children and intervene effectively and early to engage with and support vulnerable families and children in a seamless and non-stigmatising manner. The best practice elements identified in the Charles Sturt research were incorporated into the program in a universal setting for the first time to deliver a high-quality program.

CPS sought funding from the NAB Foundation to evaluate the effectiveness of the program in universal settings, focusing on the impact of the best practice elements in supporting educators to deliver the wrap-around program to children and families. The findings from this evaluation are detailed in this evaluation report.

CPS is pleased that in its second year of operation, the Centre was assessed by the Australian Children's Education and Care Quality Authority (ACECQA) as "Exceeding" National Quality Standard.

⁴ Charles Sturt University, 2015 Qualitative Study of the Early Years Education Program: The EYEP:Q, Executive Summary of Observations, p3

About Korin Korin Child and Family Centre

'Korin Korin' is the Aboriginal (Wurundjeri) word for 'grow'. The name was selected for the new centre for two reasons: 1) it recognises the traditional owners of the land; and 2) it reflects the growth and expansion within the Centre and the broader community (Children's Protection Society 2017).

In 2017, the Centre was comprised of 132 children, a capacity agreed with the City of Whittlesea:

- 33 children in 2 x four-year-old groups;
- 22 children in 2 x four-year-old groups; and
- 22 children in 1 x 1, three-year-old group.

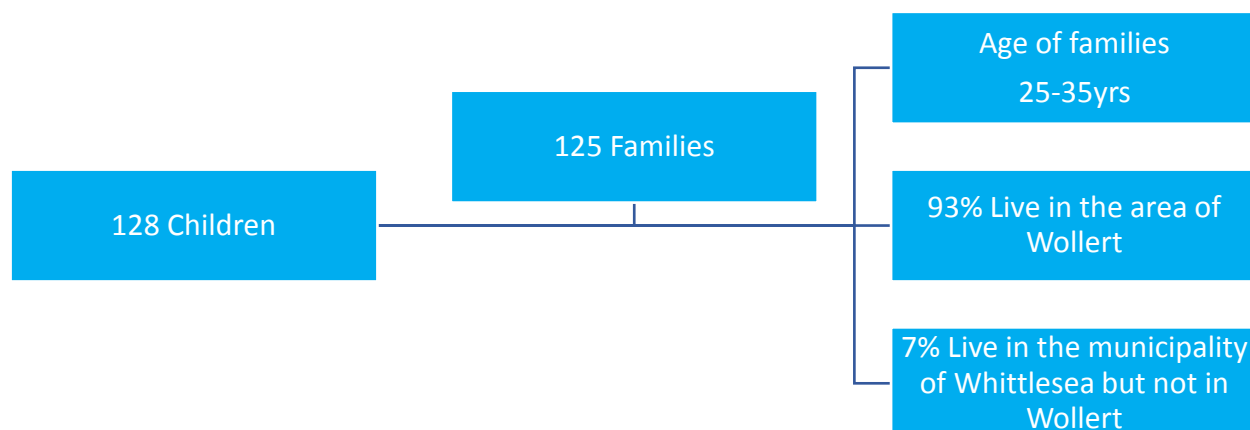
In 2018, the agreed capacity is 165 children comprising of

5 x four-year-old groups (3 x 33 and 2 x 22) and one three-year-old group. The demographic data available include family structure and ethnicity; see below:

The Centre Kindergarten Numbers for 2017

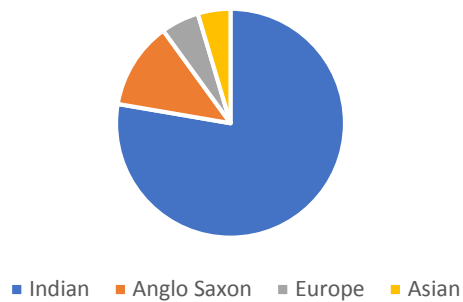
FUNDED FOUR YEAR GROUPS	KANGAROO	KOOKABURRA	GOANNA	WOMBAT
Number of children attending	33	22	33	22

THREE-YEAR GROUP	POSSUM
Number of children attending	22



FAMILY STRUCTURE	FAMILY DEMOGRAPHIC
<ul style="list-style-type: none"> • Nuclear 95% • Single parent 4% • Foster 1% 	<ul style="list-style-type: none"> • Single child 30% • 1 or more siblings 70%.

Figure 1: Cultural Backgrounds of the families at the Centre



The educators and team leaders at Korin Korin Child and Family Centre

There are 14 staff at Korin Korin Child and Family Centre: 5 kindergarten teachers, 7 co-educators and 1 team leader. The Manager, Early Years Programs provides overall management oversight of the Centre. The staff are all female aged between 30 and 56. It is an ethnically diverse team that supports the cultural backgrounds of the children and families in the centre. A family services worker attends the centre one day a week and the psychologist who provides the preschool mental health consultations is at the centre once a fortnight. There has been low staff turnover since the centre has opened.

Conceptual model of Korin Korin Child and Family Centre

Figure 2 shows the conceptual model of Korin Korin Child and Family Centre. Surrounding the universal early years' program are the four best practice elements from the West Heidelberg centre and includes referral pathways to services with and outside of Children's Protection Society as well as parenting support programs provided by Children's Protection Society. Underpinning the whole model are the specialised theoretical approaches to care including relational pedagogy, attachment and trauma approaches and early intervention for vulnerable families.

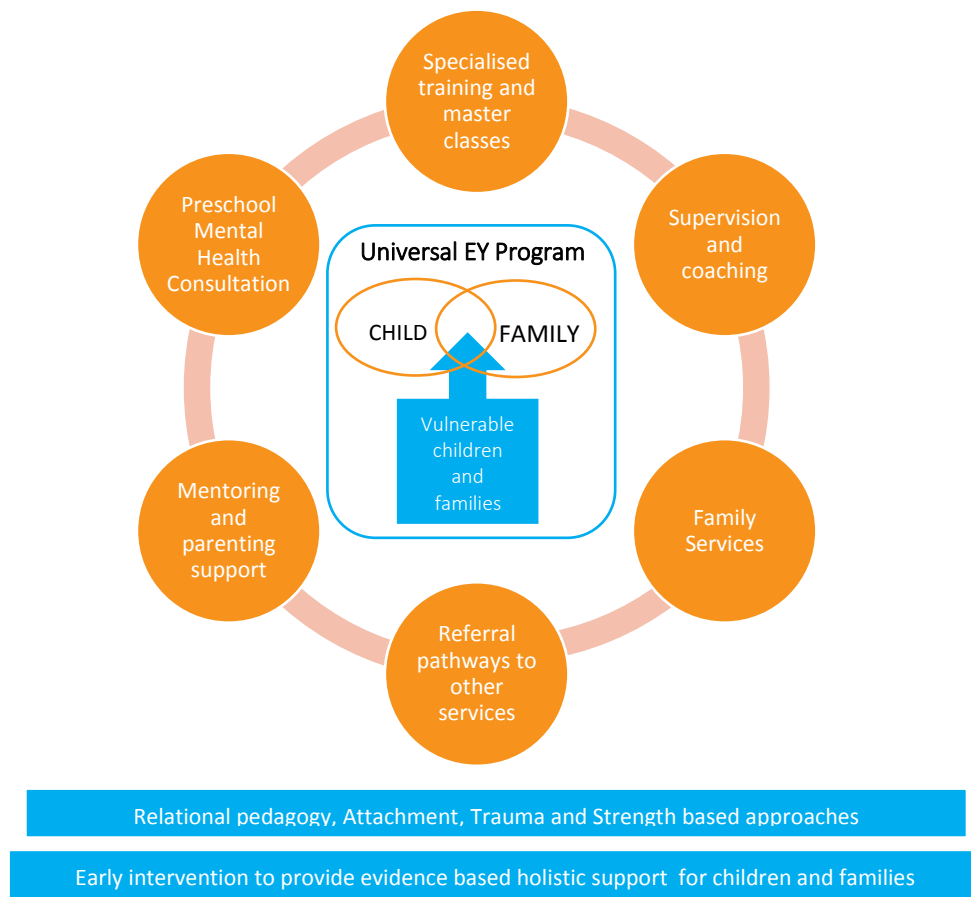


Figure 1: Conceptual model of Korin Korin Child and Family Centre

Best Practice Elements of the Centre's program

In 2010, CPS opened the West Heidelberg Child and Family centre. This centre is purpose designed child care centre and delivers a targeted program to meet the needs of children who have been assessed as having two or more risk factors (Fordham 2015). The program is a specialised and targeted model with multiple elements to address the site-specific population (Jordan, Tseng et al. 2014).

As the Korin Korin Centre is a universal program and does not focus only on children with multiple risk factors as the West Heidelberg Centre does, such a targeted approach is not required, and is also not an efficient use of resources. However, given the profile of the population in emerging growth corridors of Melbourne, CPS identified the need to tease out the critical elements from the West Heidelberg model that would make the biggest impact on the Centre's community.

In a process that was informed by the ethnographic study undertaken by the Charles Sturt University, and involved stakeholder engagement and considerable discussion, CPS identified four key elements from the West Heidelberg Model to be trialed as best practice components at the Centre.

These four elements are:

1. Educator Training
2. Preschool Mental Health Consults and Communities of Practice
3. Staff supervision and Coaching
4. Family Services Support

Educator Training

The training provided to educators is unique when compared to the training provided to their educators by other early childhood education centres in the sector. The first unique element is that the training is extensive — lasting approximately 3 days. Over these days, critical theoretical and practical elements of helping vulnerable children as found from the research based in the West Heidelberg Child and Family Centre (Jordan, Tseng et al. 2014) are covered. This includes relational pedagogy (Brownlee and Berthelsen 2006), how to have a trauma informed view and approach to practice, and attachment theory. Secondly, all of the intervention programs that are available to the parents through Children's Protection Society are discussed. Rather than providing a simple overview, the leaders who are responsible for each program deliver a presentation about the philosophy, rationale, aims, eligibility criteria and other relevant information about the program.

This has had a two-pronged effect:

- it provides the educators with a thorough understanding of the vision of the organisation and programs it offers to support families;
- it has also has reduced the disconnection between the educators who are engaging with the end users of the programs, and the leaders who can be (not always) somewhat disconnected from the people the program is for.

Overall the aim of the training is to prepare educators to develop an understanding of trauma and support both parents and children (situations and behaviours) experiencing trauma or vulnerability. Educators are trained to be responsive to parents and children through relational pedagogy and facilitate strong attachment between them.

Three elements of the training are interrelated and hence, have been specifically included in the training. It is known that children who experience trauma early in their lives, can have significant issues with attachment and relationships. The strong link between these two cannot be understated. The inclusion of relational pedagogy is purposeful because it equips the educator to embrace and engage in the development of an educative relationship that promotes strong attachments. In addition, when relational pedagogy strategies are purposefully employed, it also supports the educator to view the child and their behaviour through a trauma informed lens.

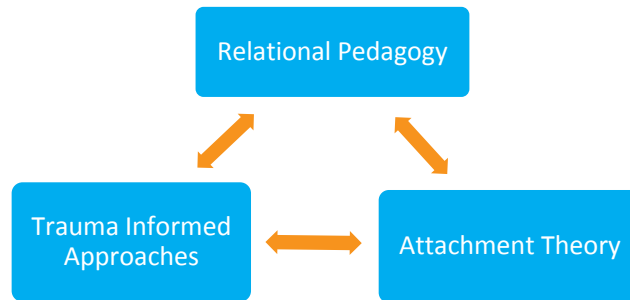


Figure 2: Interrelated components of the training

Relational Pedagogy

Relationships play a significant part of the human existence and are essential to healthy human development. The educator can play a large role in teaching children how to relate to others, resolve conflict and improve self-regulation - all essential to positive relationships which support human development.

“Some experts suggest that a relationship with at least one caring adult, not necessarily a parent, is perhaps the single most important element in protecting young people who have multiple risks in their lives (e.g., Gambone, Klem, & Connell, 2002), and for many children this adult is a teacher (Pianta, Hamre, & Stuhlman, 2003).” (Sabol and Pianta 2012) pg1

Relational pedagogy is centred around 5 key areas for effective interactions.

1. **Teacher-Child Relationships** (attachment)
2. **Joint attention** (Scaife and Bruner 1975). “Joint attention refers to moments when a child and adult are focused on the same thing, but for most researchers it also includes the notion that the participants are both aware that the focus of attention is shared; that is, joint attention involves the child and adult coordinating mutual engagement with their mutual focus on a third entity” (Akhtar and Gernsbacher 2007, pp. 1)
3. **Shared Sustained Thinking**. This “occurs when two or more individuals work together in an intellectual way to 'solve a problem, clarify a concept, evaluate an activity or extend a narrative” (Siraj-Blatchford 2009, pp. 78)
4. **Intentional Teaching**. There are 4 components: **Knowing** (knowledge of child development & how children learn, knowing what great teacher-child interactions look like, knowing your own strengths); **Seeing** (Being able to identify high quality teacher-child interactions in practice, both their own and in their colleagues); **Doing** (Enacting high-quality teacher-child interactions in the classroom); **Reflecting** (analysing our own teaching practice with the goal of becoming more effective)
5. **CLASS Dimensions** (Teacher-Child Interactions). Emotional support; Classroom organisation; instructional support (Teachstone 2011)

Trauma Informed approach

“Traumatization occurs when both internal and external resources are inadequate to cope with external threat” (Van der Kolk 1989) pp 393. The traumatic event exhausts the child’s capacity to cope. A young child can experience many different types of trauma including exposure to domestic violence, neglect, psychological abuse etc. The impact of trauma in the early years is perhaps more significant in the early years for a number of reasons:

- increased risk of adverse brain development;
- pre-verbal infants don’t have language to help them make sense of their experiences;
- less understanding of ‘cause and effect’ and less distinction between reality (external) and internal processes;
- dependency limits capacity to keep oneself safe;
- inability to organise and categorise their experience coherently

Trauma in the earliest of years has the most prolonged and protracted effects. The earlier the adversity/trauma, the more detrimental to brain development, and the higher the risks for future maladjustment, mental and general health problems, developmental difficulties, relationship difficulties.

A child’s response to stress can be very different and this can lead to behaviours that can be described as reactive, withdrawn, sensitive or hypervigilant. As an educator, being aware of the impact of trauma and how it presents as behaviour in a child can make a difference. Further, a positive secure attachment at a time of trauma can make significant difference to the impact of the trauma and feelings of safety and security. Thus, an educators’ role when

trauma is, or is suspected, is to build trusting relationships with the child and family, be respectful, offer support and be genuine. Here, a strengths' based approach is needed, to build the capacity of parents.

Attachment Theory

Attachment theory is a central concept when trying to understand and work with young children. Attachment to other human beings is something that we are born to do. From birth, humans seek comfort and connection from other human beings. The bonding that occurs between the primary care giver and a baby, shapes how a child feels safety and security. There are four key characteristics of attachment which were identified by Bowlby who did ground-breaking work in the area of attachment theory (Bowlby 1988). These are:

- proximity maintenance (wanting to be physically near to the persons we are closest to);
- safe haven (returning to attachment figure when feeling frightened or sense of threat (perceived or real));
- secure base (the attachment figure represents a secure base from which the child can explore their environment and other relationships;
- separation distress (anxiety when attachment figure is absent).

There are a number of attachment styles, however they are beyond the scope of this brief introduction. For further information, please see (Ainsworth and Bell 1970)

When a child is in the care of an early childhood educator, they become the secure base for the child. This enables the child to safely explore and learn in their surroundings. Children exhibit attachment behaviours when they are feeling threatened and are unable to cope with the situation. This can include moving towards the caregiver for reassurance, tantrums and other perhaps out of character behaviours. When the child is feeling safe, their ability to explore and safely detach from the care giver is reinstated. An educator's skill is to acknowledge the importance of attachment in children's behaviours, and become a safe haven for the children in their care. They should also be aware of the signs of poor attachment with parents and refer to other services as needed.

The outcome from the training offered to educators at CPS is effective pedagogy that supports the social, emotional, developmental needs of the child, because the education the children receive is of a high quality and targeted to their needs. See Figure 4 below:

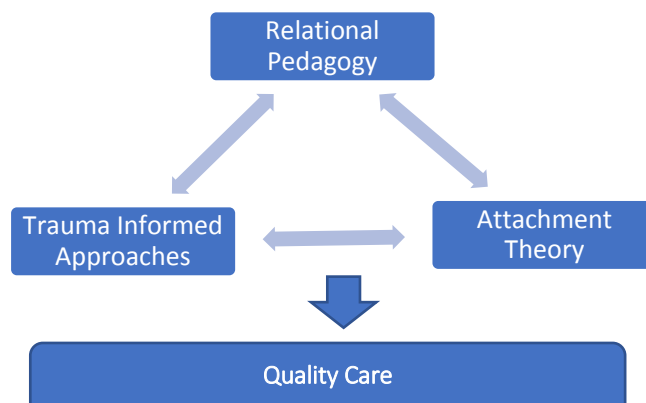


Figure 3: Outcomes from the interrelated training components

Preschool Mental Health Consultations and Communities of Practice

Preschool mental health consultations involve a trained psychologist, mental health nurse or other accredited practitioner, working within the early childhood education service. These consultations often involve the direct observation of the children within the kindergarten environment. The model implemented at the Centre is that of secondary consultation, where the psychologist works with the educator to support them based on the situations of concern that are observed and presented by the educator. The psychologist's value is to create a safe space where the educators feel comfortable and supported to share their concerns and seek support. They enable the educators to explore and learn more deeply about the complex underpinnings of a presenting issue. The psychologist supports educators' in their interactions with the children and parents to achieve the best outcomes. These consultations also help an educator understand the boundaries of their role, and when to refer a family on, including what programs or services may best support the family. Finally, their role is to facilitate the session, ensuring it runs to time and covers all the appropriate areas.

At the Centre, the preschool mental health consultations are conducted once a fortnight with two groups sharing the session. Each group presents a case study, being an issue of concern about a child. The educators have 45 minutes to present each case study to allow enough time for discussion. The discussion time is not purely for the psychologist to speak, but for a communities of practice approach to be taken. Communities of practice is about not only belonging to a group but also being able to participate in a shared practice (Lave and Wenger 1991). The practice relates to what is important to the group and what matters (Wenger 1998). The educators at the Centre have a varied experience of early childhood teaching; as such, the community of shared practice constitutes a wealth of knowledge that everyone can learn from; this requires the acknowledgment that each educator is an expert and that they have knowledge to share with the other educators they work with.

Aims and goals

- To provide a safe space for educators to reflect on their work and relationships with the children and families with whom they work, in a shared learning environment.
- For participants to have exposure to the 'outside lens' of having an external person thinking with the group (i.e. the consultant) – this may come in the form of suggested strategies or ideas, or merely by an alternative hypothesis about a particular child/family/topic being discussed.
- To reflect on possible underlying contributions and meaning to young children's external behaviours.
- The use of psychodynamic ideas (including attachment theory), trauma theory and family systems thinking are drawn upon.
- To explore educators' internal responses to their work.
- To consider the mental health and development of the children at the centre.
- To consider routines, structures and transitions of sessions with the children in order to enhance the experience for the children, families and educators.

- It is important to the team that the consultations do not feel imposing on workload, but rather for educators to support each other and learn from each other.

Supervision and Coaching

The model at Children’s Protection Society is of capacity building, support and structure. Consistent with this model is a mentoring program called supervision. Due to the possibly dynamic connotation that ‘supervision’ implies, a more appropriate term would be coaching. The definition of coaching is also more in line with the process of supervision — “a disciplined, structured process where two or more people form an ongoing relationship for the improvement of professional practice and achievement of goals” (Twigg, Pendergast et al. 2013, p.74; this definition describes the process of supervision at the Centre. Furthermore, the supervision is not only provided to the educators, it is also provided to the team leader and executive staff.

At the Centre, supervision is provided to staff every fortnight. The assistants meet with the team leader for 30 minutes, and the teachers meet with the team leader for one hour. A variety of topics are explored that relate to the professional practice of the educators. The aim of the supervision is to discuss issues like wellbeing, relationships, and determine how they are tracking. This allows the team leader to provide appropriate assistance.

Universal Early Years Programs Provided at The Centre

The provision of universal kindergarten program to 3 and 4-year-old children is the core business of the educators at the Centre. Building the physical, mental, developmental and academic needs into a quality curriculum that achieves outcomes is a significant part of their role. The four best practice elements, taken from the West Heidelberg model, support the educator to excel within the universal care space. Furthermore, they allow the educator to identify and target support appropriately and quickly.

In addition to these four best practice elements, there are a series of programs that support the educators to implement the best practice elements in their day to day routines with the children. The Children’s Protection Society has chosen 6 secondary programs that work within the universal early years model to target specific areas. These programs were not included in the evaluation; however, a brief description is included below:

Kids Matter

KidsMatter is a mental health and wellbeing initiative for children. KidsMatter Early Childhood works with early childhood education and care services to support the mental health and wellbeing of young children, their families and early childhood educators using the promotion, prevention and early intervention framework.

Using the whole service framework, Children’s Protection Society provides resources and support for ECEC educators and families, while fostering partnerships with health and community organisations. With KidsMatter, services can embark on a continuous improvement process to further develop their collective understanding of mental health. They will have opportunities to focus on children’s social and emotional learning, working with families and supporting children with mental health difficulties.

Healthy Together Achievement Program

The Healthy Together Achievement Program was jointly developed by the Department of Education and Training and the Department of Health and Human Services. It is based on the World Health Organisation's Health promoting schools model and aligns with the National Quality Standard and Early Years Learning Framework. It supports the centre to focus on children's health and wellbeing through a whole- service approach. This involves planning, teaching healthy practices like mindfulness and providing opportunities for challenging play.

Early Learning Languages Australia (ELLA)

ELLA is a child-centred program specifically aimed at preschool children in the year before school. It is a fun, digital, play-based language learning program for children in preschool. It helps children to become more comfortable with different languages early in life so that they can stay engaged with learning languages in later years. In 2017, the Centre chose to teach French, whereas in 2018, Hindi will be taught. ELLA is part of the Australian Government's commitment to supporting language study in Australia and the Centre is one of the early adopters of the program.

Animal Fun

Animal Fun is a unique program designed to promote motor skills and social skill development in young children aged 3-6 years. Based on imitating animal movement, Animal fun allows children to practice and develop their skills within an imaginative play environment. Animal fun activities can be embedded into the everyday routines and programs for the children. Whilst this program is designed to be inclusive and suitable to all children of all abilities it may be particularly beneficial for children with motor coordination delays such as Developmental Coordination Disorder. (DCD)

Animal Fun is an evidence-based program which meets many of the desired outcomes of the National Quality Framework and the Australian Curriculum for Health and Physical Education (Foundation Year). Animal Fun is divided into nine modules: Body movement; Locomotion; Object control; Body sequencing; Body management; Fine motor planning; Object control (Manual skills); Hand skills; and Social/Emotional development.

Sustainability Outreach Program

The Centre have been involved with the City of Whittlesea in participating in their 2-year funded SOW Program (Sustainability Outreach Whittlesea program). This has provided children and the community knowledge and skills to make better sustainable choices for the future. This Program offers teachers support and resources to further educate children and their families for the conservation of our world through future sustainable living.

School Readiness Program

The Centre works in partnership with two of the local government schools within the geographical area. Teachers work closely with each other to assist families and their children with the transition process to school. Visits from Primary Prep teachers visit each of the groups and discuss with families the expectations of children in the foundation year. Children have the opportunity to venture out to the schools on excursion to be part of a transition to school alongside their teachers for support and security. Semester parent

meetings take place to further discuss this process and further goals that we can achieve together.

Evaluation Methodology

The evaluation of the 4 best practice components at the Centre was conducted using a mixed method approach. This included a program logic model; a rapid literature review; and interviews with staff.

Program logic model

A program logic model was developed through a series of discussions with Children's Protection Society leaders. This was conducted to capture the elements of the best practice components and their short, medium and long-term outcomes. Please note, the evaluation report here is focused only on the short-term outcomes.

Rapid Literature Review

A rapid literature review was conducted in a systematic way to examine the following research questions:

1. How is a wrap-around model of care described and defined in the literature
2. What are the theoretical underpinnings of the wrap-around model of care
3. How important is a wrap-around model of care in the early years

Staff interviews

A representative sample of educators and other relevant staff who work at The Centre were invited to take part in the interviews.

Recruitment

The educators were invited to be interviewed by Heather Morris at one of their team meetings. A plain language statement and consent form was handed out to each educator and they were collected on the same day by Heather Morris.

Interviews

All interviews were conducted at the Centre during work hours. No interview was conducted without informed consent by the staff member. The interviews with the educators were scheduled by their team leader. Just under half of the educators were interviewed and saturation was achieved. The educators were asked about the training they received prior to their employment at the Centre; see Appendix 1 for interview schedule. They were also asked about their experience of supervision/coaching and about the preschool mental health consultation; see Appendix 2 for the interview schedule. The interviews with other staff at the Centre, including the team leader, the clinical psychologist who runs the preschool mental health consultations and the family services officer, were scheduled at a time that worked for the staff member and also took place at the Centre; see Appendix 3 for interview schedule.

Transcription

The interviews were transcribed by the second author.

Ethics

Ethics approval was granted by Monash University Human Research Ethics committee, in accordance with the National Statement on Ethical Conduct in Human Research (project number: 11672). All staff were invited to participate in the project however, their participation was voluntary and they were under no obligation to do so. Consent was obtained from the organization, senior staff and educators.

Program logic model

A program logic model was developed for the purpose of the evaluation and is presented as Figure 5 below. The stakeholders including the Team Leader, Executive Manager and Chief Executive Officer were invited to the initial program logic meeting and subsequent meetings took place as the evaluation evolved.

The program logic model identifies the four elements under evaluation: Training, Supervision, Preschool Mental Health Consultations, and Family Services; only the short-term outcomes have been evaluated. The program logic model shows information about the resources or inputs needed to support the program activities and participation that is needed to realise the outcomes (Wholey 1994).

Inputs: Resources	Outputs: Activities	Outputs: Participation	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<p>Staff time</p> <p>Program Specific Staff (from CPS programs)</p> <p>Funding (from CPS and others)</p> <p>Facilities (the Centre)</p> <p>Equipment (toys in rooms, admin etc.)</p>	<p>Training</p> <ul style="list-style-type: none"> - book and staff completion of training prior to employment - book PDs and master class training as needed <p>Supervision</p> <ul style="list-style-type: none"> - Schedule and complete fortnightly supervision - discuss a range of topics as needed <p>Preschool Mental Health consultations</p> <ul style="list-style-type: none"> - Schedule and complete 	<p>Training</p> <ul style="list-style-type: none"> - Educators learn about relational pedagogy, trauma informed approaches and attachment - Educators learn about CPS services and referrals <p>Supervision</p> <ul style="list-style-type: none"> - wellbeing is assessed - deeper relationship between colleagues - support <p>Preschool mental Health Consultations</p> <ul style="list-style-type: none"> - Experience sessions of 	<p>Training</p> <ul style="list-style-type: none"> - Educators complete the training prior to their employment at the Centre - Educators become aware of CPS programs <p>Supervision</p> <ul style="list-style-type: none"> - Educators experience supervision sessions on a fortnightly basis. - discussion occurs about what the educator feels is relevant <p>-Educators begin to develop a deeper relationship with supervisor</p> <p>Preschool Mental Health Consultations</p> <ul style="list-style-type: none"> - Educators share a case study with their group and another 	<p>Training</p> <ul style="list-style-type: none"> - Educators begin to embed the training principles into their everyday practice - Educators begin to refer families to services as needed <p>Supervision</p> <ul style="list-style-type: none"> - Educators set personal goals, develop a track record of success -Stronger ties to the supervisor <p>Preschool mental health Consultations</p> <ul style="list-style-type: none"> - Educators implement suggestions they receive. -Begin to develop a track record of success 	<p>Training</p> <ul style="list-style-type: none"> - the training principles are embedded into the kindergarten program and curricula -Timely and correct referrals to CPS programs as needed <p>Supervision</p> <ul style="list-style-type: none"> - Educators personal and professional wellbeing is reinforced and supported. -Strong relationships are forged <p>Preschool mental health Consultations</p>

	<p>monthly consultations</p> <p>Co-located Family Services</p> <ul style="list-style-type: none"> -Family services officer visits The Centre on a regular scheduled time -Officer schedules and conducts coffee club sessions with parents 	<p>professional development</p> <ul style="list-style-type: none"> - receive support and practical advice - experience a communities of practice forum <p>Co-located Family Services</p> <ul style="list-style-type: none"> -Families are able to access the officer -Parents receive support as needed 	<ul style="list-style-type: none"> - Educators receive suggestions from the psychologist that they can implement - Educators participate in a communities of practice style of discussion with other educators <p>Co-located Family Services</p> <ul style="list-style-type: none"> -Family services officer assesses and evaluates the need of their service - Family services officer organises 'coffee club' sessions 	<ul style="list-style-type: none"> - The communities of practice forum of knowledge sharing expands the educators' skill set and implementation of suggestions has occurred <p>Co-located Family Services</p> <ul style="list-style-type: none"> -Families begin to access services as needed 	<ul style="list-style-type: none"> - The educator's professional practice has broadened. -The educators have advice and experience to deal with complex relationship problems effectively <p>Co-located Family Services</p> <ul style="list-style-type: none"> -Reduction in social isolation -Parents develop a network of new friends and families from the coffee club.
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Figure 4: Program Logic Model

Findings: Rapid Literature Review

Aim of the review

The aim of this rapid review was to evaluate the effects of a “wrap-around” model of care in the early childhood sector. The theoretical rationale behind this model and the justification for its use in early childhood are also discussed.

Definition

Whilst there is no definitive definition of a “wrap around” model of care, one report calls it “an approach that ‘wraps’ targeted and holistic interventions around a family or family member (Victorian Government 2016).” As such, a protective circle of relationships, services and programs surround a child and/or family who need(s) help to reduce the negative developmental and health impacts of disadvantage and vulnerability. This model is similar to an integrated model of care, which has no clear definition however involves the collaboration of aligned organisations and services, where resources and information is shared, governance and vision are similar and are often at the same physical location (Press, Sumsion et al. 2010). Integration is the final stage in a continuum of integration, beginning with Coexistence, then Cooperation, Coordination, then Collaboration before integration (Horwath and Morrison 2007). The rationale for an integrated model and a wrap-around approach are the same, that is, to reduce the silo effect and barriers to access and increase the use of services designed to support vulnerable families.

Who does a wrap-around model of care cater to?

In Australia, a wrap-around model of care is generally reserved for highly vulnerable families, such as Indigenous Australians; see for example (Chee, Boffa et al. 2016). This is because the gap in health, education, economic and other outcomes is significant when we compare these vulnerable families to the rest of the Australian population. In the Northern Territory, an integrated approach to improve service delivery has been advocated for strongly, in particular to interrupt the cycle of teenage parents and the impact this can have on the offspring and intergenerational disadvantage (Government 2015).

The wrap-around model of care is particularly relevant for vulnerable families because it is likely that they experience more than one risk factor that will impact healthy development. In addition, the problem that a family is referred for, or presents with, is unlikely to be the main factor that is driving the issue (Victorian Government 2016). Thus, the connection of services and ability to refer to other programs is an essential part of providing a model of wrap-around care. This attempts to prevent children and families from falling through the cracks and not receiving or accepting services in a timely manner.

The theoretical perspectives of a wrap-around model of care.

The wrap-around model of care has a strong theoretical basis in the socio-ecological model that was originally developed by Urie Bronfenbrenner (Bronfenbrenner 1979). The model is conceptualised by a centre circle with concentric rings around it. The child is placed in the centre of the model, with socio-demographic and environmental factors such as family, community and government in concentric rings impacting on the child’s development. The Victorian Early Years Learning and Development Framework (VEYLDF) acknowledge the impact that this environment has on the development of the child, and has also used the

socio-ecological model as the basis for the framework (Department of Education & Early Childhood Development 2009).

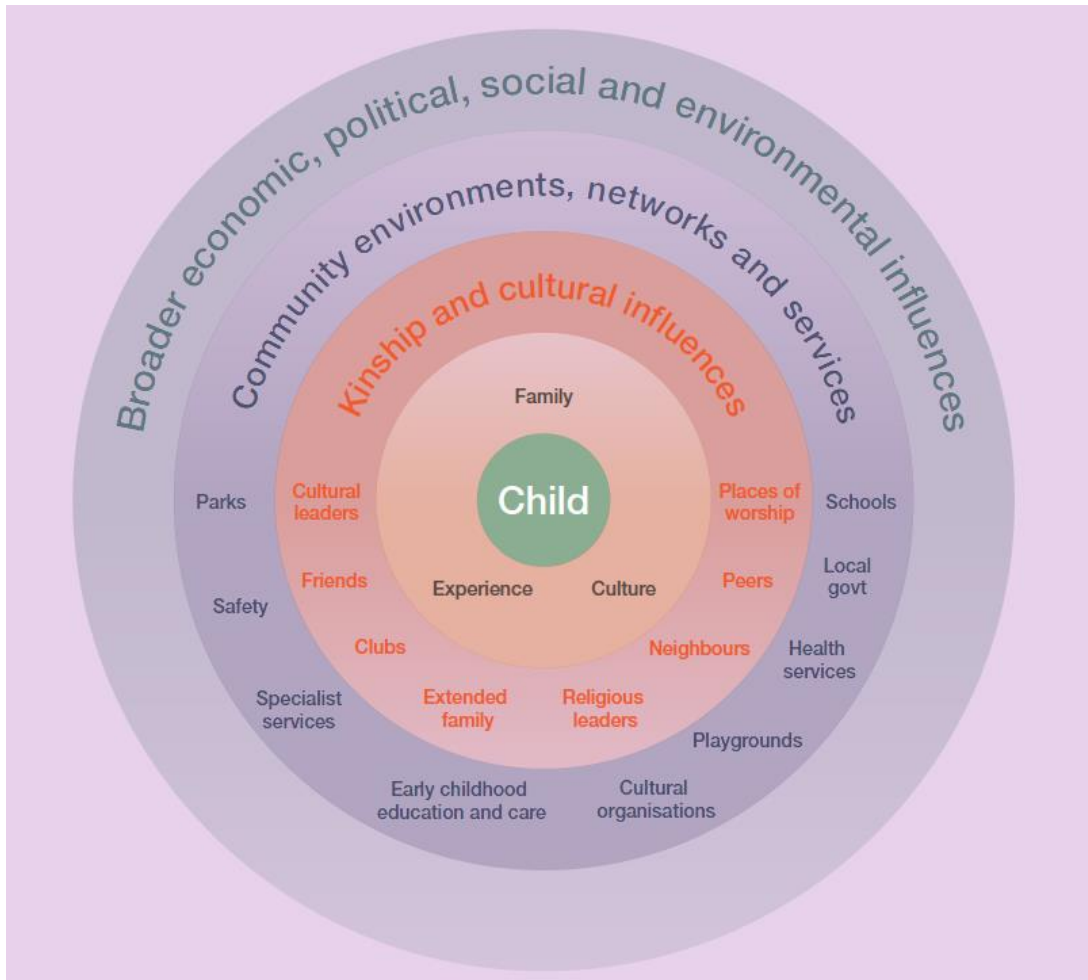


Figure 5: Ecological Model. Taken from the Victorian Early Years Learning and Development Framework, pp5

As can be seen from this model, the community environment of networks and services are wrapped around the child and family in a protective manner that provides an additional, grassroots model of care. The broader influences not only impact at the family level but also at the community level. What is important are the connections that the community sphere can make on the kinship and family level for the support of the child. The greater the development of these connections the greater the ability to make significant impacts on a child's developmental outcomes.

Why is a wrap-around model needed in the early years?

The first 1000 days of a child's life, usually conceptualised from conception to two years of age, are seen as the most critical years because integrated bodily systems are responding to the environment around them (Moore, Arefadib et al. 2017). If a child feels safe, loved, has access to nutritious foods, lives in a clean space, this child is primed for learning and age appropriate outcomes. However, as disadvantage can be passed down on a cellular level, a

child growing up in these conditions develops in survival mode (Moore, Arefadib et al. 2017). A brain that is wired in this way can have lifelong impact on learning and development.

“The early years are a time where the exposure to vulnerability can have long lasting effects, not only cognitively, but also developmentally, economically, and physically. If the necessary conditions for thriving are not in place, the cumulative experience of disadvantage is known to impact development. Furthermore, more than one risk factor can multiply the negative outcomes rather than just add to it.” (Appleyard, Egeland et al. 2005)

There are several risk factors that, if present from the early years, have been associated with adverse effects on children’s development. Each of the following factors have documented robust evidence to support their inclusion in this list. They include:

- child abuse and neglect
- lack of responsive caregiving
- disturbances in attachments
- lack of stimulation and learning opportunities
- poor nutrition and limited opportunities for exercise
- homelessness and housing insecurity
- restricted opportunities to mix with other children and families
- lack of access to regular health care services,
- lack of access to high-quality early childhood programs

List taken from (Moore, Fry et al. 2011, pp 4. which includes references for each item)

The ways these risks factors develop is as varied as the people who experience them. While some of these factors cannot be changed through a simple intervention or program, some can be shifted significantly when a model of wrap-around model of care is supporting them. When children are in their second 1000 days (between 3 and 6 years of age), another period of intense child development, most children in Australia engage with early childhood education and care. In fact, 344,676 children aged 4 or 5 years old were enrolled in a preschool program in 2016 with a 96% attendance rate (Australian Bureau of Statistics 2017). This makes the early childhood education service the ideal and perhaps an easier point of entry for services and programs to engage with families when compared to the first 1000 days. When a child is part of an early childhood education service that provides a wrap-around model of care, modifiable risk factors can be impacted (Cabaj, McDonald et al. 2014). This is a significant advantage compared to an education service that does not provide this type of care. This wrap-around model of care may support the parents and children to switch from ‘survival mode’ to a thriving learning patterning (McLean 2016). The plasticity of young children’s brains means that any neural patterns laid down early in life are more easily changed (Moore, Arefadib et al. 2017). Through a quality early childhood education service that offers a wrap-around model of care, the negative impacts of disadvantage and vulnerability can be reversed.

How early childhood educators are a critical element to the wrap-around care model.

When a child enters an early childhood education and care service, they become a valued member of a group which fosters belonging, safety, friendship and learning. For parents,

having their child in care enables networking, engagement with other parents, freedom to pursue employment or simply focus on themselves. In addition, they have an opportunity to talk with the teacher about the child should they choose to or even access the services provided at the centre. While a child is in care, the educator is able to balance the needs of both the parents and the children through quality education and their personal relationships with the parents. Through their professional practice and high-level training, they are also able to observe for signs trauma or effects from disadvantage on the child's learning and development, as well as suggest or refer parents to services for more support. However, in order for an educator to be in a position to identify an issue and recommend the right support, they need to be highly skilled. This means having training in relational pedagogy, trauma informed approaches to care and attachment theory. This training enables the educator to identify abuse and neglect, develop and encourage attachment with the child and their peers, observe parents and caregivers, refer to services if needed, and also provide an opportunity for parents to interact with other parents within the service. In addition, the professional practice of an educator to teach children and the governance that guides them, will also ensure the cognitive, physical and emotional aspects of development are met. The early childhood education service is extremely well placed to interrupt the cumulative effect of disadvantage and the wrap-around model of care around the child is the best practice approach to do this.

Why waiting to intervene until the primary years is too late

By the time children reach school, many developmental milestones have passed. Thus, interventions move away from preventing negative outcomes rather beginning to treat them. Late achievement of many cognitive and developmental milestones can set up children to have lifelong issues with disadvantage and the risk factors it presents (Ghassabian, Sundaram et al. 2016). There is an abundance of evidence that suggests early childhood education programs have long term impacts on the personal, economic and health outcomes of vulnerable children (Barnett 1995, Ramey, Campbell et al. 2000). While there is no longitudinal evidence of Australian programs like Best Start, it is known that Head Start (Kline and Walters 2016), the Abecedarian program (Masse and Barnett 2002), HighScope Perry Preschool Program (Belfield, Nores et al. 2006) and others have demonstrated significant social improvements and economic returns per dollar spent. These programs not only focus on the child by providing early childhood education and care, they also provide assistance to improve parenting and increase nutrition in an integrated way.

Ultimately, robust international (Heckman 2015) and national evidence (Coopers 2014) exists that suggests an investment in early childhood education has economic and social impacts, most significantly for vulnerable families. Investing early is the most important thing for our children, and for our community, society and economy.

Examples of a wrap-around model of care in Australia

As the wrap-around model of care being delivered at the Centre is within the Australian context, the literature search was initially limited to only Australian research. The subsequent dearth of examples in Australia necessitated a wider search. The international examples found were from the United States and centred on mental health (Wraparound Orange, 2017), criminal justice system (Center on Juvenile and Criminal Justice, 2017) and

systems of care (Winters & Metz, 2009). It is likely that other examples existed however the rapid nature of this review limited the scope of the search.

There are only a few examples of a wrap-around model of care being undertaken in Australia. Of the models which have been found most have self-described as integrated rather than wrap-around. The most notable example is the Doveton college located in Doveton, a suburb with significant disadvantage. They provide education from early childhood inclusive to year 9. They “wrap-around health, family and children’s services on site [and] it is Australia’s first fully integrated education service (Doveton College 2017).” Since they only opened in 2012, the evidence base for this model in the Australian context is slim, however evidence from 2016 NAPLAN results suggests that the students are moving toward their peers (Doveton College 2017).

The EACHchild childcare centre in Ringwood East also calls itself an integrated service. This centre provides childcare and kindergarten, a co-located Maternal and Child Health Nurse and access to other child and family services (EACH child 2017).

These two examples are amongst a small number of early childhood education services which explicitly state that they employ an integrated or wrap-around model of care. A literature review conducted in 2008 provides only four examples of services that were providing an integrated approach, none of which had been evaluated. Due to the relatively new nature of Doveton College, evaluation is in progress. No updated literature review on this topic was found.

Findings: Evaluation of the Training

Six educators were interviewed about the training that was provided prior to their employment at the Centre. Specific attention was paid to the difference between previous employers and Children's Protection Society regarding training and how they felt it supported their professional practice.

The response to the question about training revealed that 100% of the educators had never had training in these areas, with previous employers focusing on Occupational Health and Safety (OHS), risk and compliance issues.

- *"most other training I've had at other places has been about how to lift objects or, you know, about general risk assessments or stuff you need to know but I don't think is very helpful for your job"* E06⁵
- *"I had [training] at my last job but it wasn't before I commenced employment that I did it, it kind of got delayed, but that was just literally sitting down with the manager and going through a checklist"* E03
- *"I haven't had any training at other places"* E05
- *"I haven't had any training like that before"* E04
- *"it is the first time with CPS, that I've seen that they are doing that sort of training, we never get that sort of training"* E02

The training was considered very highly, as was the organisation as a whole.

- *"we have so much training here, its brilliant"* E01
- *"nothing but positive for the training we did, it was really good, really good induction to CPS, to Korin Korin to all the health and safety, child safety..."* E03
- *"I think that's really important, I think that a lot more organisations should be like that, but that's why I always wanted to work at CPS because I thought they are such an amazing organisation"* E05

The training also reflected the wrap-around model of care that the Centre are trying to promote. The holistic model of care and services for families was an important part of the training, and it helped the educators to see the connection between the Centre and CPS as a whole.

- *"they put thought and effort into it because they got the key speakers to come out. They organised people to come out and visit, you got to meet all the other people from the organisation, we got to meet the ladies that run the other programs in CPS like Mothers in Mind. So, you really got a good picture of the whole service"* E03
- *"I guess it was different in the sense that it was really focusing on the child and the best interest of the family and child and how to work with the whole family collaboratively rather than saying well this is the misbehaviour, this is how we are going to treat it. But rather looking at it more holistically"* E04

⁵ To protect the identity of the educators a code has been used instead of their name. The letter 'E' is for educator and the number denotes the specific educator who said the quote.

- *“well it’s good to know that CPS has a broader range of services for families and children, so that’s good to have in the background and it’s good to have that knowledge of what’s available if we need to” E05*

Finally, a positive outcome of the training is how the educators perceive that the company values and supports them because of this training investment. This is important to highlight because the feeling of being respected and valued are known to reduce a high turnover of staff.

- *“absolutely brilliant, it’s nice to know that we are supported in training and in everything else” E01*
- *“I have never felt that support, from peers and even upper management that have here. [Team Leader] is just an amazing person, even with my other educators, it’s a really nice little community that we have here, very supported” E05*
- *“I think even though they’re [head office] separate, you know they’re there as a support if you need them” E03*

Follow-up training and Master classes

Follow-up training, masterclasses and support as required are provided to the educators ensuring the fidelity of the programs being delivered. This allows for an in-depth interrogation of the program materials and a better translation of the core elements of the training program. One educator states why follow-up training and master classes are so important:

“when I started it was just like boom, boom, boom [session after session], so refreshers or even, you know, leaflets you could hand out that say I remember that training, it had this, this, and this, or something just so you can refresh” E06

Overall, the educators felt that the initial training has given them an excellent start to fulfil their role at the Centre and to understand the organisation as a whole. They also felt that the development of a workplace community and culture, strengthens their ability to respond to challenges and reduces absenteeism.

Evaluation of the preschool mental health consultations

Evaluation of the preschool mental health consultations has been an ongoing procedure since their inception at the Centre. In April 2017, a process evaluation was conducted about the efficacy and procedure of the consultations. This review was conducted by CPS and involved consultations with four educators at the Centre who chose to participate in the consultations. Educators were asked a set of questions exploring their experiences of the consultations so far, concerns if any, views on practical elements of the consultation such as frequency, length of consultations etc., and any feedback to improve the consultations and educator experience.

Feedback from the consultations indicate that the following positive aspects of the consultations:

- Educators value the opportunity to consult with the pre-school mental health consultant as a group, and the opportunity for reflective practice that this consultation provides.

- Educators learn strategies to manage challenging behaviours and situations, how to work best with the child, see the situation/child from a different lens, and receive ideas on how to set up the environment and manage transition times.

Suggestions for improving these sessions include the following:

- Making the consultations broader, focusing on group dynamics, routine/transition challenges to better utilise the time allocated for the consultations, and not focus on just one child as a case study.
- Ensuring resources are allocated to implement the strategies suggested by the consultant.

Some of these views were also reflected in the interviews with educators conducted as part of this evaluation.

End of year independent evaluation

The psychologist who facilitates the preschool mental health consultations is highly valued by the educators. The educators noted that suggestions she provides are considered, appropriate and useful. Her external lens, that she views the case study with, is useful to the educators and very practical. From the psychologists' perspective, her role is quite varied:

"I'm not here in any other capacity other than to come in on that monthly basis with the groups and think with them about their work. That can be thinking with them about their work in relation to specific children, it can be about group dynamics that they may be thinking about, it could be about the organization and things that come up for them in relation to obstacles that they encounter, or, things that they want to be able to process in relation to the organization as a whole. It can be in relation to working with the parents so there's a whole range of different things up for grabs in those consultations"

The educators support this perspective and have identified the things that were important to them about the sessions.

"useful to give us different strategies within the room as well" E01

"where [the psychologist] can bring that kind of things out and professional language you can tell the families" E02

"the mental health consults were amazing. She really gives good advice and gives you like guidelines of where to go from next, because sometimes it can be like, what do I do? But she really gives great advice" E03

"the mental health consults, she really just lets you know that there is only so much you can do and she kind of talks through what can be done and stuff. It's been amazing having that. You need to be able to discuss that in a confidential space, in a safe space because sometimes it can be quite stressful sometimes when you've got children who need that extra care and attention but you don't have the support because they're not diagnosed, you don't get the funding so having that little outlook to talk about it really helps" E03

"she kind of gives you the confidence to be like, okay, at the end of the day there is only so much we can do. A lot of it falls back onto the family" E03

“she’s really good at giving it from the view point from the family as well” E03

The communities of practice part of the session are also valued very highly by the educators; this has taught the educators and supported their professional practice.

“I think oh I might go do that, but that what’s beneficial about it is there’s a group, we’ve got such a big group that someone’s like, ‘oh I’ve experienced this before and this is what I did’” E06

“I’ve just been learning from the other people present. Like, oh that’s a really interesting perspective of what that child might be going through or what they are learning from their parents, so I think there’s certain things you could apply in the future if you saw something” E04

“what we tend to do is we feed off of each other, we all talk each week in groups... we also give input when the others are giving theirs, just to support them as well, and visa-versa for them. They might come up with a suggestion for us, so it’s really good that we have them as well, because it supports us with anything, and gives us that chance to discuss things we might need a different approach for, or they might need a different approach that we can see, which good as well” E01

Capacity Building of Educators

The educators hold a considerable amount of value to these sessions, with one educator saying they have helped her professional practice 100% (E03). This is important these preschool mental health consultations are a significant part of the capacity building of the educators. This is not only for the specific child that is the concern of the case study, but it enables the educators to talk to parents about sensitive topics, and do it with acceptable language and a professional representation of Children’s Protection Society.

“I’ve never really had anything like that before, so that makes it a point of difference for CPS and I hope they have that and continue it. It’s just good to have another view point, especially from her background, which is so different but I think in childcare you still need that view of psychologists. It would be awesome to continue it” E03

“I think I’m learning a lot from them [the consultations], and I think if they didn’t happen, it would be hard to get a proper understanding what might be happening for this child. I think that they’re really good” E04

“you don’t get that anywhere else to be able to speak to someone on a fortnightly basis about any issues they have related to children’s behaviour or room setting, or relationships with other educators, or anything like that. From my understanding that’s what they can ask. It’s a really, really good aspect to have as a centre” Team Leader

“I think the educators here are really trying to think about trying to helping children learn how to do a whole range of, sometimes quite basic skills they haven’t been able to master for various reasons. Like regulating their emotions, managing social relationships differently, and I think all kinders’ do that too to a degree, but I think that there’s an enhanced awareness that I think is always developing in educators here, and I think the consultations give them a space to do that” Psychologist

Program Modification

Only one educator made a suggestion about altering the format of the sessions to include a quick follow-up from the previous session. This would ensure some integrity of process and provide some closure or request for more information.

"[the psychologist should] say 'so before we move on how did it go with the last one?' Just so you can still talk about that briefly and then if you've got something else you can move on to that one, ... so I feel like those five minutes or ten minutes could be [useful to ask] so how did that one go or did everything work out okay" E06

This suggestion was also supported by the team leader who is not a part of these sessions.

"I think there needs to be some accountability, some, not targets as such, but you need to be able to say well this is what was said, this is what we did about it, this is what we couldn't do about it because of this barrier" Team Leader

Evaluation of the Supervision and Coaching

The educators experience of supervision, or something like it in previous organisations they worked at, was either non-existent or haphazard.

"supervision is good because at least you can discuss things that need to be discussed. You can get help as well, that's another thing I had never had, never had supervision before" E01

"I used to have [supervision], but that's the thing, here we are having it fortnightly, but they don't do fortnightly, it was kind of every three months, six months" E02

"I think there's usually not much support at all" E04

The expression of being supported and valued by the supervision was overwhelmingly strong. The belief that supervision sets Children's Protection Society and the Centre apart was evident.

"the fact if you do have a problem or you need to get it resolved, you have backup, because that's the one thing, there's nothing worse than not having backup. It just makes life for people at work that don't have that backup unpleasant really, that's one thing I do like about being here, there's just so much positivity and support within the centre and who we work for, so, having never had that, to actually get what we get is really, really good" E01

"I think it's good to have that designated time, and it kind of gives you something to focus on, you know, you have a break and see how your tracking" E03

"I do think it's useful especially because there's a lot of things we deal with, parents and working with colleagues and with children, that sometimes we just want to talk those things through. It, sort of, just helps you let go of things, I think" E04

"it's good to have that one on one, and just feel like you're valued and you can talk about things. It's just nice to have that support, and you don't think 'oh it's all on my own shoulders'" E05

From the team leader's perspective, the aim of supervision was *"to make sure the wellbeing of the educators or the staff were being maintained. So, you're making sure obviously that their physical, mental wellbeing is at a point where they can perform."* While there is an economic imperative at play here, the decision to make an effort to support the wellbeing of the educators comes first. This is an important point because supervision is a new experience to five of the six educators interviewed.

The team leader found the provision of supervision to be an important way to stay connected and also be viewed as someone other than a superior.

"as the supervisor, it's nice to get to know my educators. It's a time where you can sit and there's been times where we haven't talked about work, because that's not the issue, and I think it's building more than a professional relationship with the educators rather than knowing me as a co-ordinator"

"I like to know that I'm still at level ground with them. But for them to be able to explain their expectations of me so we can both have that conversation together"

On the whole, the experience of supervision is more than just a professional development session; it is about the personal health and wellbeing of all the staff at the Centre. The experience of a model that supports the educators personally and professionally appears to be unique.

Findings: Evaluation of the Family Services Program

The family services program has been available at the Centre since it opened in 2016. Internal progress evaluations of the level of utilisation of this service and the demand for the service are conducted periodically by CPS to ensure that the service is meeting the needs of the families. It is understood that the needs of parents and families at the centre will change every year as a new cohort of 3 and 4-year-old children arrive at the service, and the frequency and nature of this service will vary according to the needs at any given time.

The Family services worker has an important role to support parents with their parenting. Being physically present and able to talk to parents on a regular basis is an enabler to open discussion and relationship building. Parents have a lot of questions and require support which is the family services officer's role.

"supporting the parents with any parenting needs they have. Whether they've got questions about behaviour management at home, or if they're struggling with routines and stuff at home as well"

"part of [my role] is individual parents, and the other part of it is with the [team leader]. We co-facilitate the coffee club"

The coffee club was described as *"just an informal get together with the parents and the children are in the room as well, to share information about any topics they want to learn about or might be relevant for them."*

The coffee club is a space where parents can guide the family services worker to provide knowledge about topics that is of interest to them. For example:

“the parents said they wanted to talk about how to prevent child abuse from happening and how to look out for it and stuff like that. So, we organised for someone from the sexual abuse counselling and prevention program here at CPS to actually go out and have a chat with them and talk about that because they specialize in that area”

Capacity building of parents

Like most other parents, those at the Centre desire some assurances about their parenting. Positive reinforcement and suggestions that will improve the parental relationship with their child, is one of the roles that the family services officer plays. This will also enable the parent to build confidence and self-efficacy in their parenting ability, which will only further strengthen their attachment and bonding with their child.

“it’s really just about the parents feeling encouraged to keep doing a good job with the kids but also just branching out and looking for extra information”

Meeting the needs of parents

The 2017 cohort of parents at the Centre have not required the individual consultations with the family services officer very often. This was determined during the progress evaluations that have occurred throughout the year. This has resulted in the discontinuation of the individual sessions:

“we’ve actually decided to not continue the individual consultations I was doing with the parents, because I only had, I think, three parents that wanted to come and, for a chat... I think that just shows that there wasn’t really, well for this year, there wasn’t really great need for it for that one-on-one consultation. I think it’s just more about having the information available for them”

However, this has not meant that the service was removed or abandoned. In fact, simple modifications were made to allow for the service to be present, but with a better use of time and facilities. It was decided that the individual consultations were to be provided on a ‘on-demand’ basis. This meant that if a parent needed assistance, they could call (or an educator could refer) family services and someone would come out to the Centre at a time that was convenient for them. It is expected that the family services progress evaluations conducted by CPS will continue in 2018 as the needs of the new cohort will be different

The timing of the coffee club has required renegotiation, however with consultation, suitable options will ensure the success of the program.

“I think the main thing with Korin Korin is to come up with a good time that we can cater to all the parents for the coffee club, because there’s been a sort of issue... so, yeah, so if we could sort out a good time that would cater for all parents I think that would be useful”

Family services has evolved to meet the needs of the parents and carers at the Centre. The flexibility of checking in with parents, being available and being co-located is a point of difference to other services in the area.

Findings: Educator Focus Group

A focus group session was conducted with all educators by both authors. The session was about how the four best practice elements that have been implemented at the Centre align with the centre's philosophy and how they are realised in the rooms with the children. Three questions were asked at the focus group to foster discussion:

1. What is the philosophy of Korin Korin Child and Family Centre? What vision drives their practice as educators?
2. How are the four best practice elements aligned with philosophy and vision and what do they "look like" in practice? That is, if a new parent walked into a kindergarten classroom at Korin Korin Child and Family Centre, what would they see that reveals the innovative way the educators work using the four best practice elements?
3. What barriers exist to integrating the four best practice elements in a sustainable and effective way and what solutions to overcome these barriers can be suggested?

The philosophy of The Centre through the eyes of the educators

A vibrant and purposeful discussion ensued when the educators were invited to share their vision and philosophy of Korin Korin Child and Family Centre. The outcome of this discussion centralised around four themes: child focused; relationship focused; community focused; and educator practice; see Figure 7.

In this exercise, the educators were able to connect with a number of different elements that comprised the holistic philosophy of the Centre. The importance of educator practice as it supports the development of the child is apparent. Being available, spontaneous and responsive to their needs allows the educator to build a relationship with the child that is so important to vulnerable children.

The outcome of this discussion was a very strong focus and ability to meet the needs of the children. The thread of the four best practice components come out within this list. Elements were included from each best practice principle including the training (relational pedagogy); preschool mental health consultations (advocates for the rights of the child); supervision (teacher network); and family services (relationship focused and connection with community services).

Child Focused

- Health and safety needs
- Positive responsiveness
- Strengths based approach
- Indoor/outdoor environment
- Quality
- Sustainability

Relationship Focused

- Relationships with families
- Being inclusive
- Parent helpers in pedagogy

Community Focused

- Connection with community services
- Maternal and Child Health
- Smiles for Miles
- Wollert fire
- Police
- Library
- Speech pathology
- Schools
- Elderly

Figure 6: Philosophy of Korin Korin Child and Family Centre

Implementation of best practice

Once the philosophy of the Centre was established, the educators were asked by the first author to identify what elements of this philosophy could be identified if someone saw a classroom in operation. Author 1 then invited the educators to divide into two groups to discuss and brainstorm possible answers to the question. Figure 8 presents the notes from their brainstorming sessions. After a period of ten minutes, the groups came together to present their ideas. Figure 9 is a list derived from their discussions. The educators were able to identify a number of tangible and specific things that correlate with the philosophy of the centre.

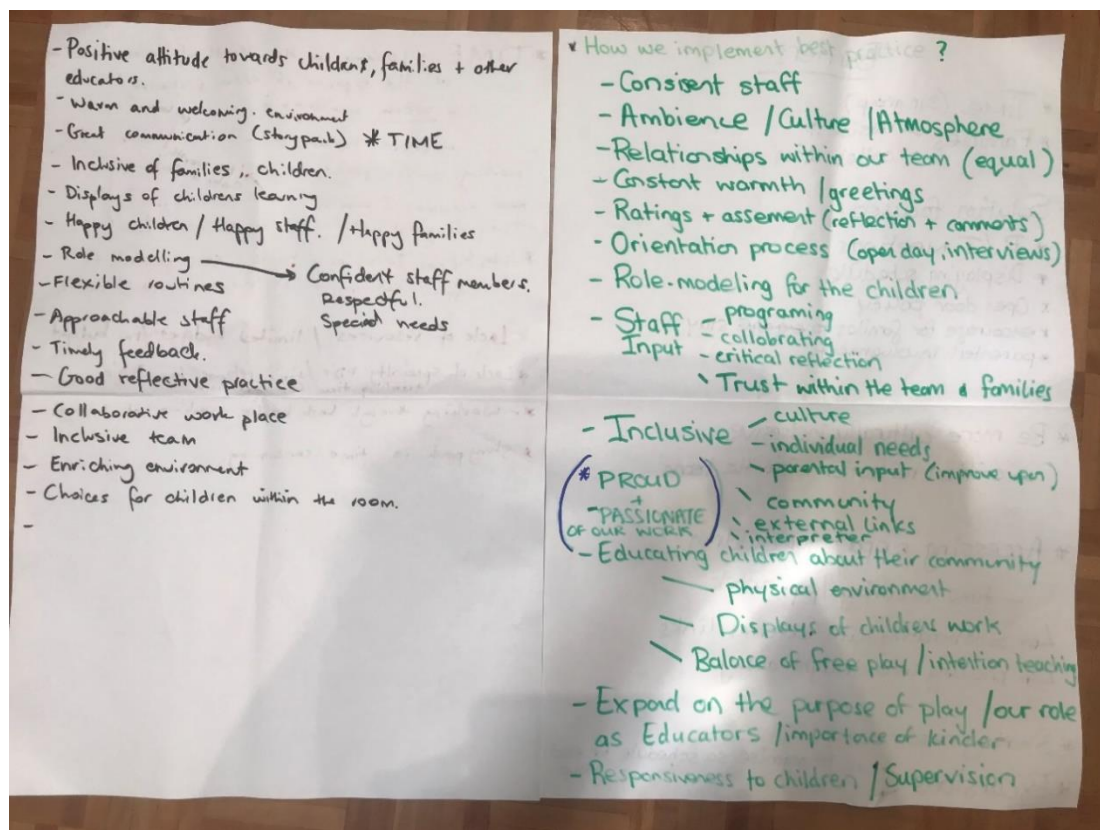


Figure 7: Workshop notes from educators in response to question 2

Staff

- Happy staff
- Warm and welcoming
- Generous and genuine
- Collegial and collaborative
- Unspoken back up
- Consistent staff (less staff turnover)
- Respect
- Solid bonds
- Sharing across teams
- Balance between intentional teaching and open-ended play
- Skill building
- Identification of key elements – continuous improvement
- Parents are happy to talk and engage; safe; comfortable; trust

Orientation Process

- Thorough and in-depth process
- Begins before the child enters Korin Korin
- Able to get to know the child
- Able to talk with parents and families

Choices for children

- Physical environment
- Flexibility in program, rooms, days, times
- Confidence
- Active agency – handwashing; sunscreen; progressive meal times
- Belonging
- Display of children's learning
- Storypark & parents sharing on Storypark

Sense of community

- Coffee Club
- Family Services
- Playgroups
- A hub to combat isolation

Management

- Supervision
- Preschool mental health consultations
- Regular staff meetings
- Teacher meetings
- Planning (Monthly)
- Programming

Figure 8: Implementation of best practice within the classroom

The impact that staff can have on the implementation and maintenance of the philosophy at the Centre was seen as significant. The training, supervision and coaching, and the preschool mental health consultations were apparent in the importance of connecting with parents, and backing up other staff who are developing a trusting relationship with parents. What is significant here is that the 'educational' element of an educator's practice was barely acknowledged. This is an important point because the education is not a point of difference. All early childhood education and care services provide educational experiences however, they do not always provide a skilled workforce who are able to engage with vulnerable families, and provide early intervention if needed.

Another point of difference was the thorough orientation process that occurs prior to the child entering into the service. These experienced educators commented on the depth of the orientation process. While one educator noted that more time could be allocated to this process, the consensus was the process was sufficiently thorough.

The focus on children as people in the making that was emphasised in the discussion. Building active agency was identified as a way for children to make decisions that support their own health and individual needs. The shift away from top-down instruction to bottom-up approaches was evident.

Connection with community was identified as a way to counter social isolation. At the Centre, there is a strong focus toward the building of community connections through a number of programs and services offered at the centre. The coffee club and family services were identified as powerful ways that people could connect.

Finally, management was seen as a significant predictor and enabler to the presentation and implementation of the Centre philosophy. Without the supervision and coaching, the preschool mental health consultations, planning, team and teacher meetings, the educators would have a limited capacity to use the best practice elements in an effective way. Management were seen as a backup and support that the educators could rely on to do their job well and with a high quality. This is also supported by the consistent staff with low staff turnover.

Barriers and solutions

Following the implementation of best practice principles discussion, the first author invited the educators to consider the barriers that prevent their implementation of best practice at the Centre. They were also invited to consider solutions that they believe would be effective in reducing the impact of these barriers. Once again, the educators separated into their groups to discuss this question. Figure 10 shows the workings of each group about this question.

Following the group discussion, the educators came together to discuss the barriers and

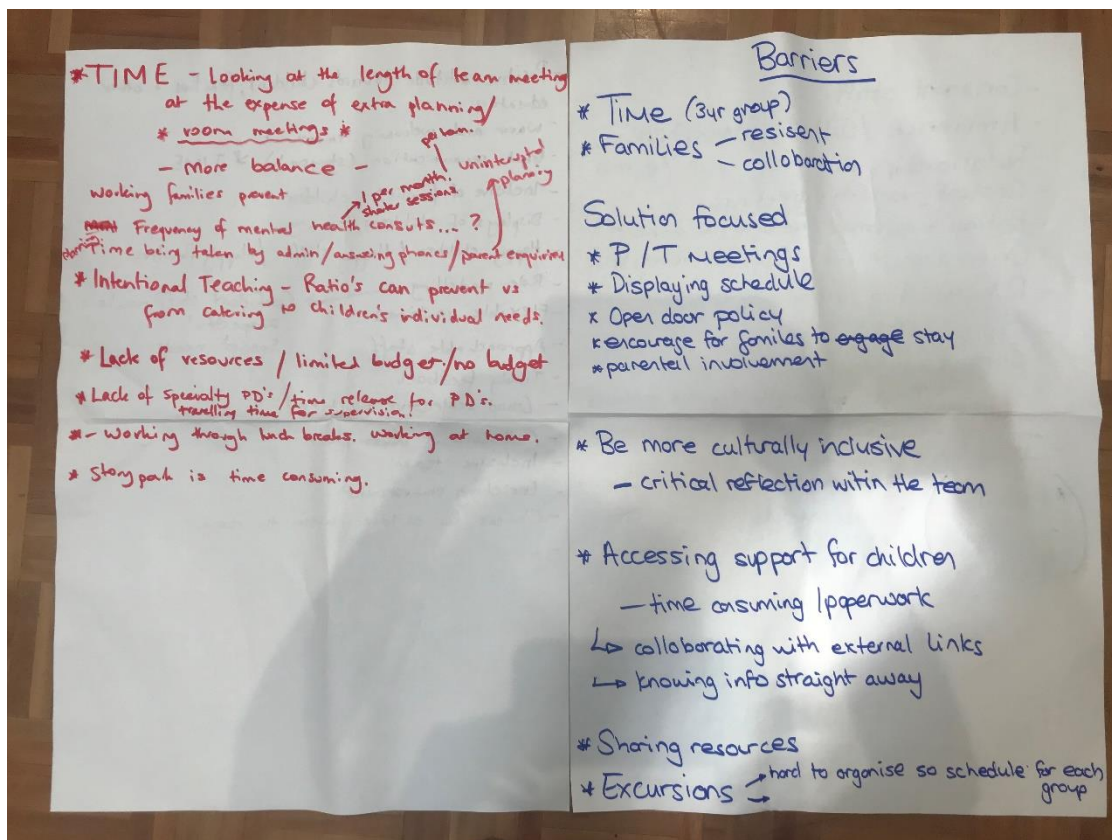


Figure 9: Workshopped answers about barriers and solutions

possible solutions. There were four themes that emerged: time; planning; communication; and accessing external support for children. The educators were thoughtful and respectful of the barriers that existed and why they were present. Using a solutions focused mindset, the educators presented a number of solutions to the barriers they faced. The barriers were not considered impossible to overcome, on the contrary, it was believed that small changes would have large results. See Figure 11 below.

	Barriers	Solutions
Time	Team Meetings	<ul style="list-style-type: none"> • Reduce duplication of topics across meetings • Find ways to condense team meeting

	Children in room after session ends	Administer stricter pick up policies to minimize frequency of this occurrence.
Planning	Interruptions	<ul style="list-style-type: none"> • More dedicated, uninterrupted planning time • Reducing team meetings would allow more time to be given to planning
Communication	Flexible communication is needed	<ul style="list-style-type: none"> • Allow staff to check work emails at home • Use Storypark to send information to staff • Messaging other teachers
Accessing external support for children	Administration can be time consuming and challenging	<ul style="list-style-type: none"> • More collaboration with external links • Improve ways to attain information quickly

Figure 10: Barriers and solutions

On the whole, the educators were very positive about the Centre and welcomed the opportunity to work for CPS. They valued the best practice elements that builds their capacity as educators and supports their wellbeing. While barriers exist, the commitment to overcoming them, renegotiating and being flexible, and a passion for child education, is a positive indication that these barriers will be overcome.

Findings: Parent feedback

This task was undertaken by CPS through a survey of parents. A total of 45 responses was received from parents. 99 per cent of respondents rated the following aspects of the program as either exceeding (76%) or Good (23%):

- Educational program and practice
- Children’s health and safety
- Physical environment
- Staffing arrangements
- Relationships with children
- Collaborative partnerships with families
- Leadership and service management

In response to a question about the specific areas that they felt the Centre supported their child with their growth and development, 24% of parents mentioned confidence, 21% mentioned social skills, and 10% each mentioned behaviour, learning and all areas.

82% of respondents said they would refer the centre to their friends and family given their satisfaction with the service, quality of educators, curriculum and facilities.

Many parents did not want anything at the Centre changed, and a few that identified some changes suggested improvements to operational aspects such as the timing of the end-of-year Christmas celebrations, photographer, and having more resources and equipment.

The feedback from parents backs up the findings from the evaluation undertaken by Monash University, with a strong indication that the program model has helped children to form strong connections with their educators and peers, build their confidence as learners and improved their social skills. The training and support provided to the educators is also reflected in the positive feedback from parents about the quality of the educators, their teaching, the educational program and the overall service they received at the Centre.

Recommendations

The Centre has embedded four best practices derived from a specialist, targeted program in West Heidelberg. As a universal early childhood education and care setting, the children and families at the Centre present different demographic characteristics, not requiring the intensity and programming from the West Heidelberg model. The best practice elements that have been extracted from West Heidelberg and implemented at the Centre have enabled the educators to effectively identify, manage and support children who need it. It is recommended that more is done to integrate all best practice elements within a systems approach rather than in a siloed approach that does not reflect the dynamic nature of the population. Given that the Centre is brand new, and these practice elements have never before been employed together within a universal care setting, further development of an integrated approach to delivering the elements is warranted.

It is also recommended that senior and middle management work together with the educators to find solutions to the barriers that have been identified. Working together on solution-focused strategies will facilitate a collaborative approach towards overcoming barriers and improving outcomes for children.

Finally, the medium and long-term outcomes identified in the program logic model need to be tracked to complete this evaluation and to provide an evidence base that will support the implementation of EYEP best practice components in a universal early childhood education and care setting.

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Appendices

Appendix 1

Training questions for the educators

Educators were asked questions about the following concepts

- About the training they received.
- About prior training they received at previous employment.
- To compare the training at Korin Korin to the training from their previous employment
- What they liked and disliked about the training at Korin Korin
- What they think should be added/removed.

Appendix 2

Preschool Mental Health Consultations Questions for the Educators

Educators were asked questions about the preschool mental health consultations and any case studies they may have presented.

- To provide a de-identified example of a case study they presented to the educator.
- What suggestions, solutions, comments did the psychologist provide about this case study?
- Were these suggestions, solutions, and comments from the Psychologist useful for your work with the child? Please explain answer.
- Have the insights been applicable to other children?
- How have the preschool mental health consults aided your professional practice?

Supervision and Coaching Questions for the Educators

The educators were asked about their experience of supervision.

- What is the best part about supervision?
- Have you experienced supervision at other workplaces? Please explain answer.
- Do you think that supervision is useful or would another type of support be better? Please explain answer.
- For the teachers as opposed to the assistants: is it useful having supervision with the educators at southern road? What knowledge do the educators provide? How is this knowledge useful to you?
- What do you feel are the outcomes of supervision?
- Is the time/frequency sufficient?

Appendix 3

Questions directed towards other team members

Team Leader

Preschool Mental Health Consultations:

- What is their opinion of the mental health consults?
- What are the strengths and weaknesses of this?
- Is it a valuable inclusion to the suite of services that Korin Korin provides?
- What are the structured KPI's (or other) that you are looking to meet/achieve from the completion of the mental health consults? How do you measure these?

Supervision:

- Tell me from the team leader's perspective about providing supervision.
- Is it a useful tool? Please explain answer.
- What is the best part about the supervision?
- Have you experienced supervision at other workplaces? Please elaborate.
- Do you think that supervision is useful or would another type of support be better?
- What do you feel are the aim of supervision?
- What do you feel is/are the outcome(s) of supervision?
- What are the structured KPI's (or other) that you are looking to meet/achieve from the completion of supervision? How do you measure these?

Psychologist

- What is the brief that you were provided by Korin Korin?
- What sorts of things do you talk about with the educators?
- What are the strengths of the educators that you have identified?
- What sorts of clinical knowledge and skills do the educators provide?
- Is the time provided sufficient to address all the educators' needs?
- What are the structured KPI's (or other) that you are looking to meet/achieve from the completion of the mental health consults? How do you measure these?

Family Services Worker

- Please describe your role in relation to the family services
- What do you see are the most important needs of the parents you see?
- Do you feel that you are able to meet those needs?

- What skills or knowledge do you feel that parents of children in Korin Korin need the most?