MONASH University

MacKillop Family Services

CRADLE TO KINDER: PRELIMINARY FINDINGS

Dr Renée O'Donnell
Mrs Andrea Dunbar

ACKNOWLEDGEMENT OF COUNTRY

I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today. I would also like to pay my respects to Elders past and present

CONTENTS

1. Cradle to Kinder program

2. Evaluation Objectives

3. Preliminary Findings – Quantiative

4. Preliminary Findings – Qualitaitve

5. Summary

CRADLE TO KINDER PROGRAM

What: Cradle to Kinder is an intensive family support program delivered by MacKillop Family Services across regional (Wodogna and Bendigo) and metropolitan Victoria.

How: Access to the program occurs through; Child Protection, Child FIRST, antenatal staff (e.g., obstetrician, midwife) and other family service programs

Who: The program is voluntary and the eligibility includes:

- Mother is aged 25 years and under
- Mother is currently pregnant or within first 6 weeks post birth
- Mother/family has received a report from Child Protection or they exhibit indicators of vulnerability (poverty, homelessness, domestic violence etc.)

Note* women with an intellectual disability are a priority

INTERVENTION DELIVERY

Each family is allocated a Cradle to Kinder practitioner who visits the family home at least weekly from pregnancy until the child is 4 years of age

The aim of the home visitation sessions is for the practitioner to successfully bring about lasting positive change in the area most pertinent to the family. The types of strategies that are delivered during these sessions include:

- Infant-parent relationship building
- Safety in the home
- Psychoeducation
- Feeding practices
- Developing routines
- The watch, wait, and wonder technique

EVALUATION OBJECTIVES

The aim of this evaluation is:

1. Assess the extent to which the physical, social, emotional and intellectual development of the infant improves or declines throughout the duration of the program

2. Assess the child's safety and stability

3. Examine the extent to which the children within the program remain in the care of their primary caregiver

4. Evaluate the degree of Child Protection involvement for each of the families

5. Assess the extent to which the health and wellbeing of the primary caregiver (i.e., mental health, drug and alcohol use and social connections) improves or declines throughout the duration of the program

6. Evaluate the implementation success of the program

Design: Mixed-method longitudinal evaluation with data collection points that commence when the mother is pregnant and continue every 6 months until the child is 4 years

EVALUATION PARTNERSHIP

To evaluate the objectives of the program, MacKillop has partnered with Monash University for four years

This longitudinal evaluation will permit the examination of change, over time. Please note – the findings presented today are those reported within the first 18 months of the project and thus are considered preliminary in nature

RESULTS

Participation
20 families Bendigo
17 families Inner East
17 families Wodonga

DESCRIPTION OF SAMPLE: REGIONAL VICTORIA

Descriptive Statistics

- 37 families are presently engaged in the evaluation
- Age_{Mean} 18.66 years Age_{SD} 1.89 years
- Birth complications: Yes = 54%
- Aboriginal and Torres Strait Islander: Yes = 22%
- Current stable accommodation: Yes = 66%
- Current drug and/or alcohol misuse: Yes = 59%
- Current family violence issues: Yes = 62%
- Current Child Protection involvement: Yes = 62%

DESCRIPTION OF SAMPLE: METROPOLITAN VICTORIA

Descriptive Statistics

- 17 families are presently engaged in the evaluation
- Age_{Mean} 19.50 years Age_{SD} 2.55 years
- Birth complications: Yes = 69%
- Aboriginal and Torres Strait Islander: Yes = 35%
- Current stable accommodation: Yes = 68%
- Current drug and/or alcohol misuse: Yes = 58%
- Current family violence issues: Yes = 64%
- Current Child Protection involvement: Yes = 62%

QUANTITATIVE ASSESSMENT

- North Carolina Family Assessment Scale General Services which includes a total of 58 items that are measured on a 6-point scale from ‘Clear Strength’ to ‘Serious Problem’
- Brigance Early Child Development Assessment which includes 85 items that are measured on a binary scale of ‘yes exhibits skill’ to ‘no does not exhibit skill’
- Family Violence Risk Assessment which includes 10 items and is measured on a binary scale of ‘yes’ and ‘no

RESULTS

1. NCFAS

2. BRIGANCE

3. QUALITATIVE FINDINGS

NCFAS

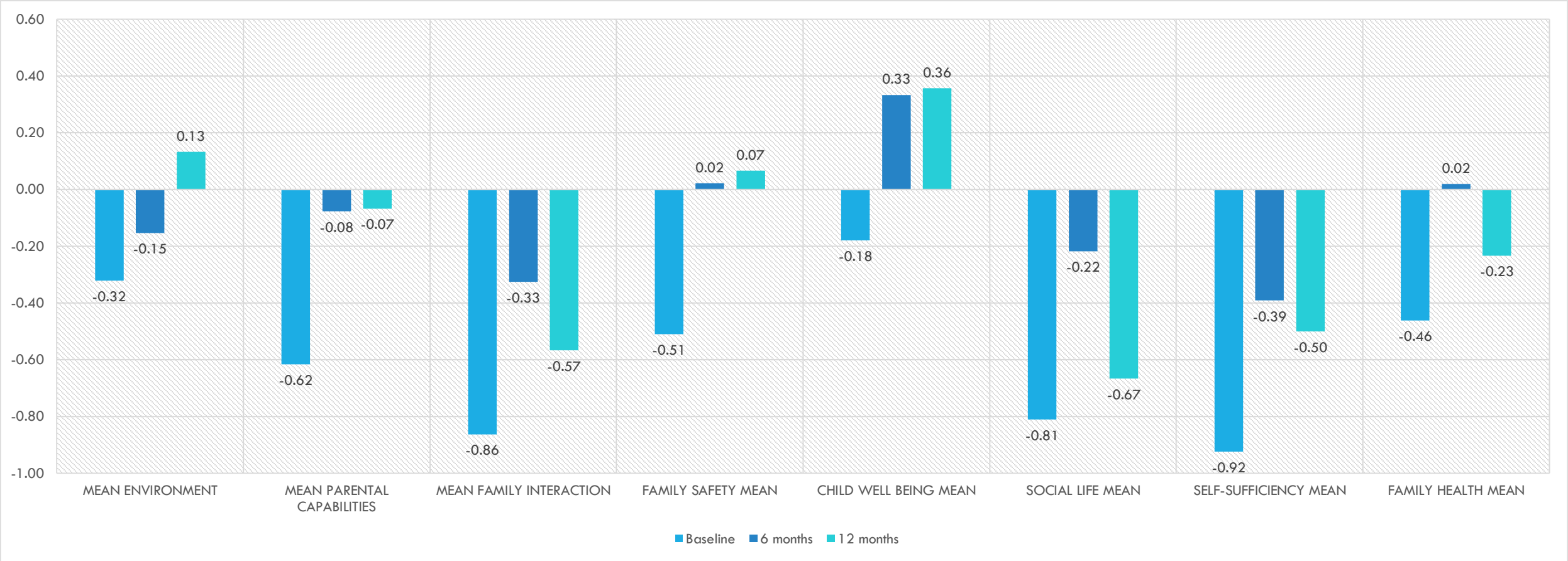
Items are presented based on the 8 domains of the NCFAS including:

1. Environment
2. Parental capabilities
3. Family interactions
4. Family Safety
5. Child wellbeing
6. Social Life
7. Self Sufficiency
8. Family Health

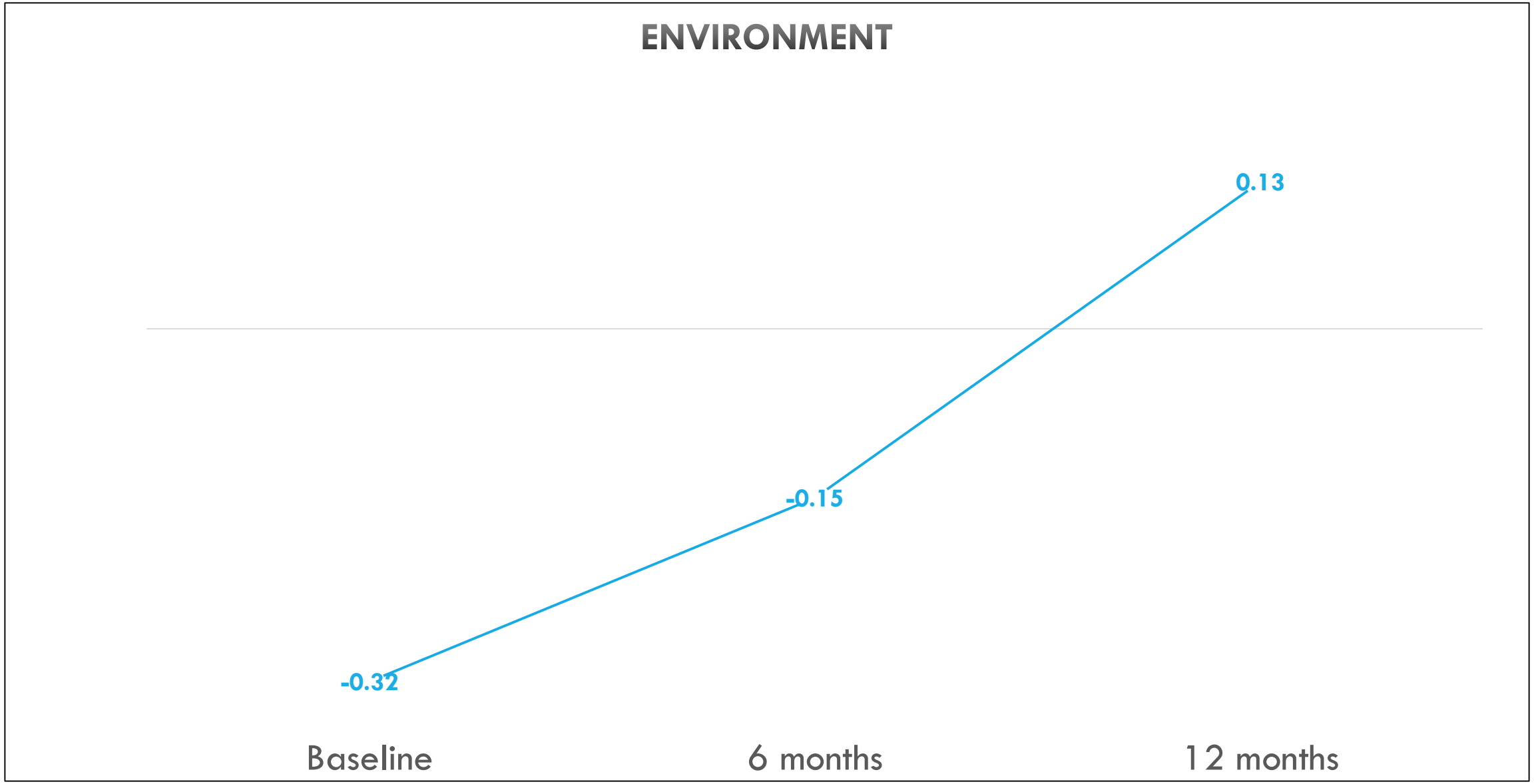
Any score that is below 0 reflects inadequacy and above 1 reflects a strength

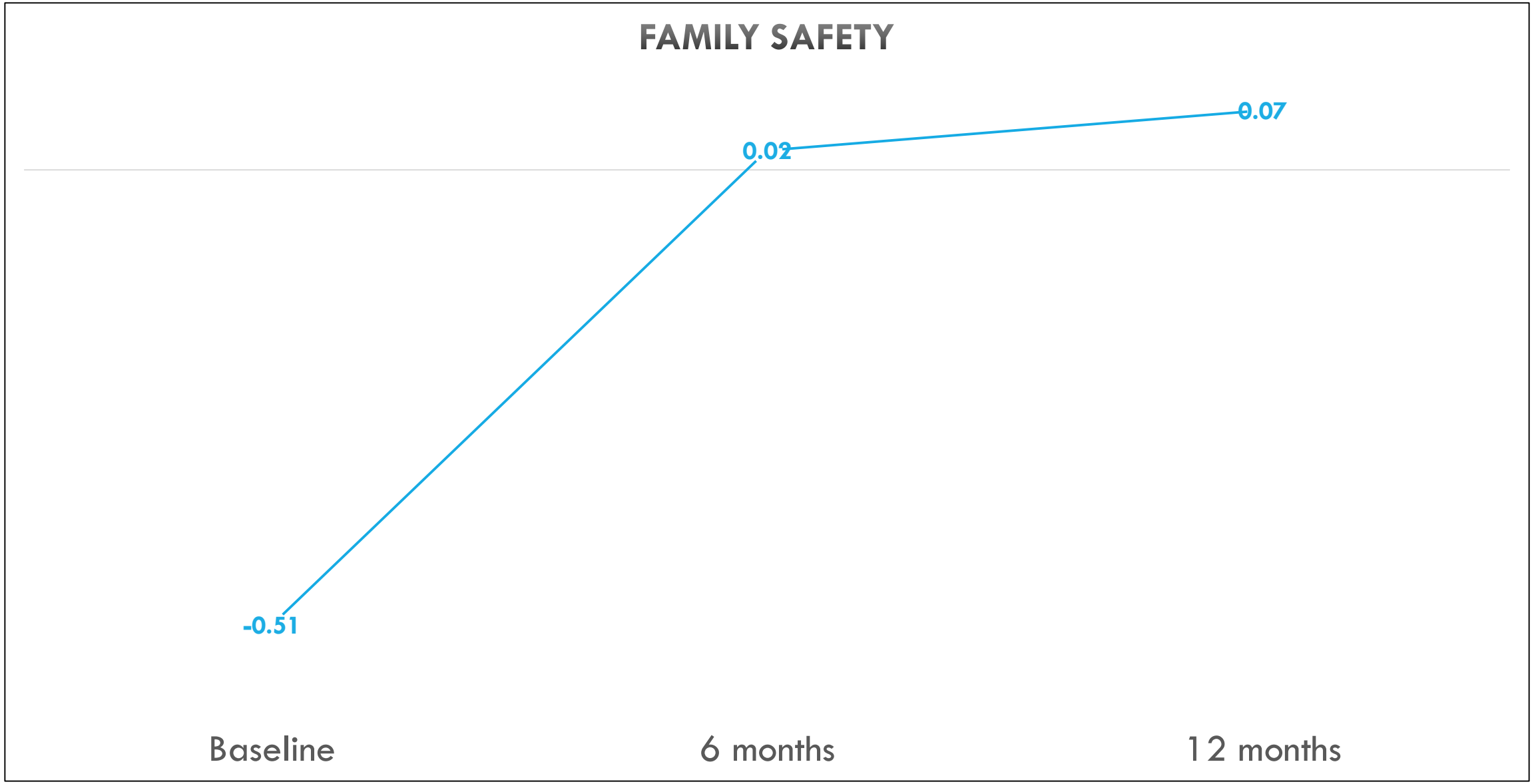
1. Housing Stability								
Intake	N/A	+2	+1	0	–1	–2	–3	UK
Interim	N/A	+2	+1	0	–1	–2	–3	UK
Closure	N/A	+2	+1	0	–1	–2	–3	UK
2. Safety in the Community								
Intake	N/A	+2	+1	0	–1	–2	–3	UK
Interim	N/A	+2	+1	0	–1	–2	–3	UK
Closure	N/A	+2	+1	0	–1	–2	–3	UK
3. Environmental Risks								
Intake	N/A	+2	+1	0	–1	–2	–3	UK
Interim	N/A	+2	+1	0	–1	–2	–3	UK
Closure	N/A	+2	+1	0	–1	–2	–3	UK
4. Habitability of Housing								
Intake	N/A	+2	+1	0	–1	–2	–3	UK
Interim	N/A	+2	+1	0	–1	–2	–3	UK
Closure	N/A	+2	+1	0	–1	–2	–3	UK
5. Personal Hygiene								
Intake	N/A	+2	+1	0	–1	–2	–3	UK
Interim	N/A	+2	+1	0	–1	–2	–3	UK
Closure	N/A	+2	+1	0	–1	–2	–3	UK
6. Learning Environment								
Intake	N/A	+2	+1	0	–1	–2	–3	UK
Interim	N/A	+2	+1	0	–1	–2	–3	UK
Closure	N/A	+2	+1	0	–1	–2	–3	UK
7. Overall Environment								
Intake	N/A	+2	+1	0	–1	–2	–3	UK
Interim	N/A	+2	+1	0	–1	–2	–3	UK
Closure	N/A	+2	+1	0	–1	–2	–3	UK

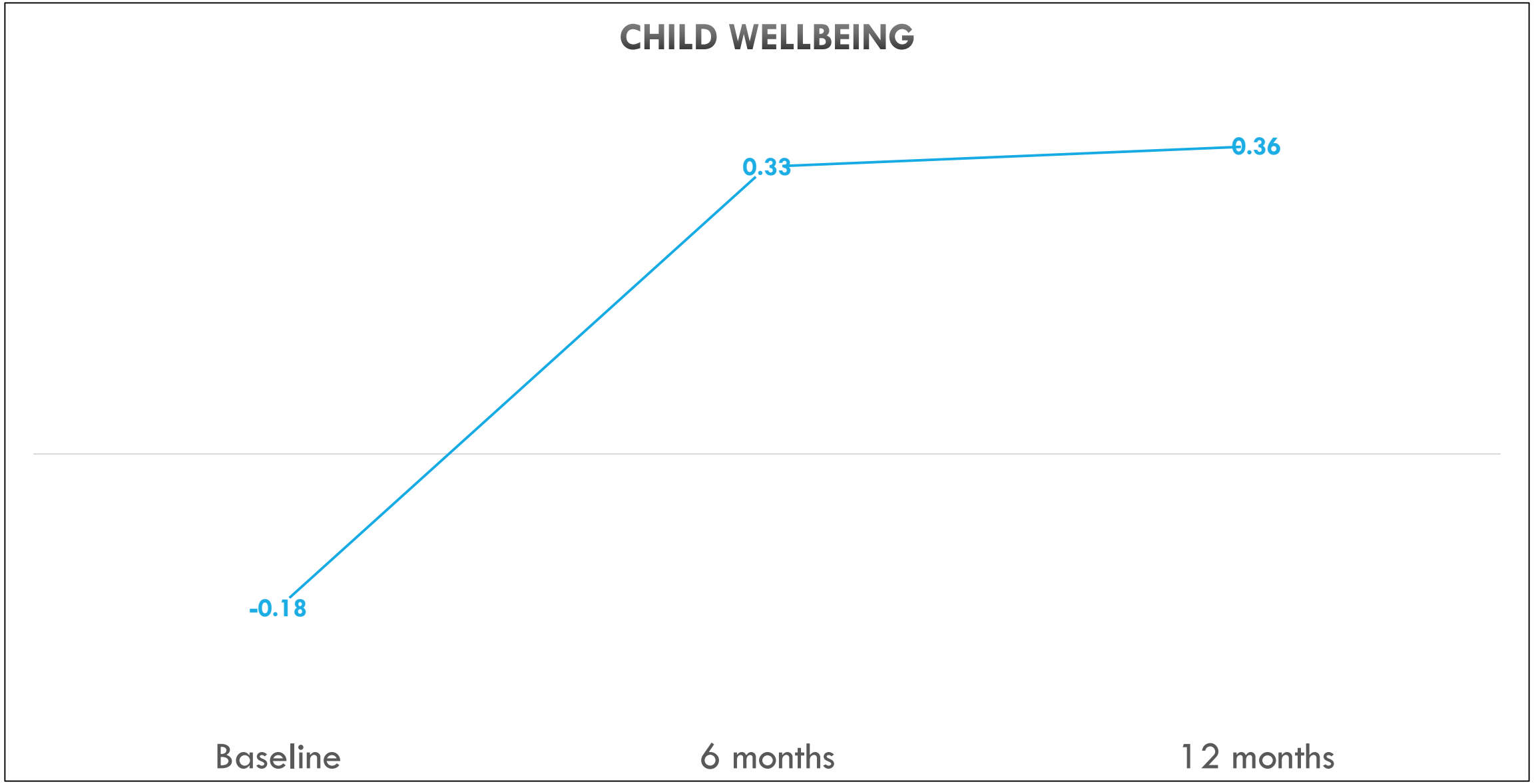
Comments:

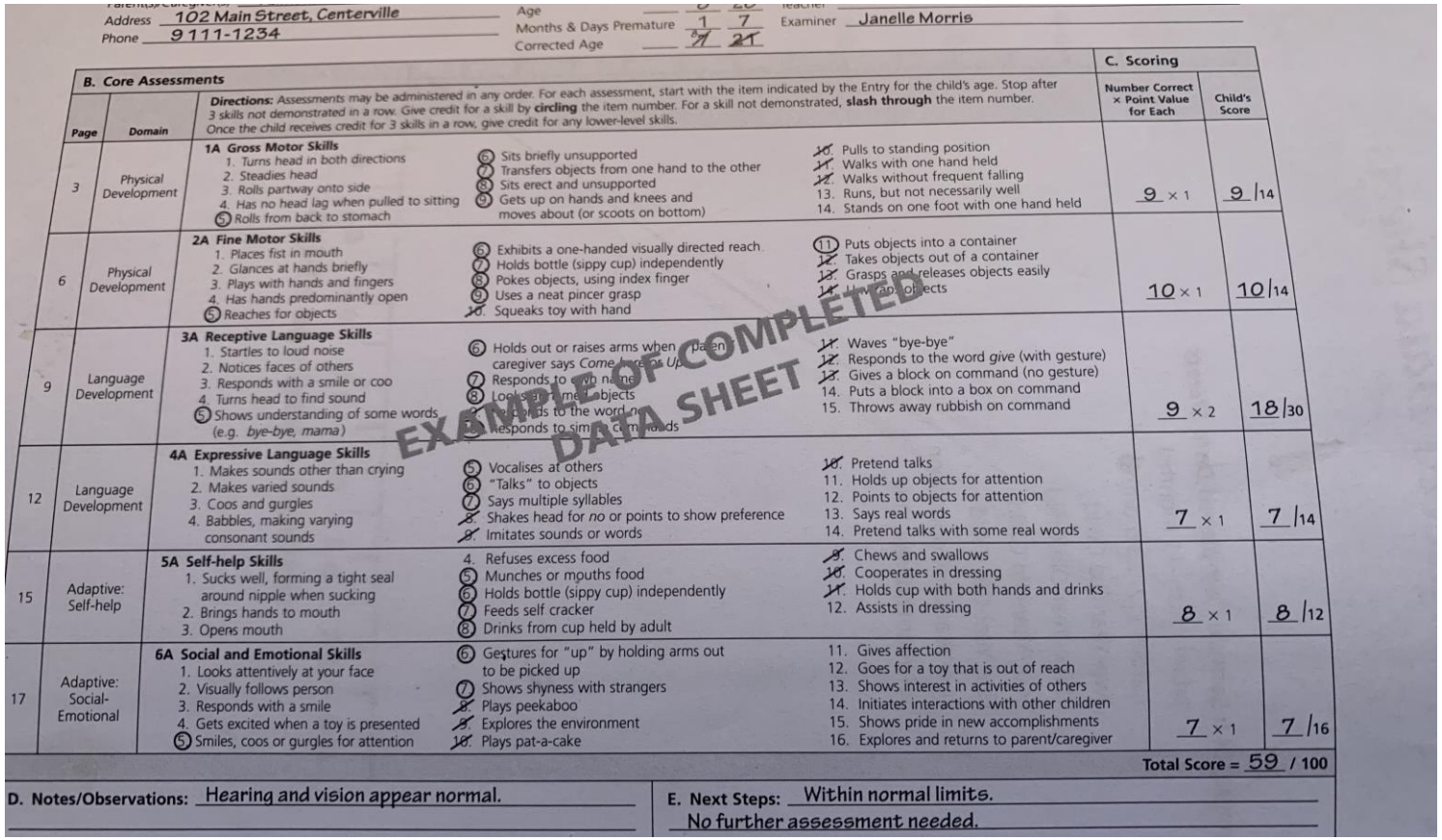


NCFAS — THE DATA PRESENTED IS AGGREGATED ACROSS 54 FAMILIES ACROSS BOTH METROPOLITAN AND REGIONAL VICTORIA


ENVIRONMENT
0.13
-0.15
-0.32
Baseline
6 months
12 months


FAMILY SAFETY
0.07
0.02
-0.51
Baseline
6 months
12 months


CHILD WELLBEING
0.33
0.36
-0.18
Baseline
6 months
12 months



Address 102 Main Street, Centerville
Phone 9111-1234
Age 1 7
Months & Days Premature
Corrected Age
Examiner Janelle Morris

B. Core Assessments

C. Scoring

Directions: Assessments may be administered in any order. For each assessment, start with the item indicated by the Entry for the child's age. Stop after 3 skills not demonstrated in a row. Give credit for a skill by **circling** the item number. For a skill not demonstrated, **slash through** the item number. Once the child receives credit for 3 skills in a row, give credit for any lower-level skills.

Page	Domain				Number Correct × Point Value for Each	Child's Score
3	Physical Development	**1A Gross Motor Skills** 1. Turns head in both directions 2. Steadies head 3. Rolls partway onto side 4. Has no head lag when pulled to sitting (5) Rolls from back to stomach	(6) Sits briefly unsupported (7) Transfers objects from one hand to the other (8) Sits erect and unsupported (9) Gets up on hands and knees and moves about (or scoots on bottom)	~~10~~. Pulls to standing position ~~11~~. Walks with one hand held ~~12~~. Walks without frequent falling 13. Runs, but not necessarily well 14. Stands on one foot with one hand held	9 × 1	9 /14
6	Physical Development	**2A Fine Motor Skills** 1. Places fist in mouth 2. Glances at hands briefly 3. Plays with hands and fingers 4. Has hands predominantly open (5) Reaches for objects	(6) Exhibits a one-handed visually directed reach (7) Holds bottle (sippy cup) independently (8) Pokes objects, using index finger (9) Uses a neat pincer grasp ~~10~~. Squeaks toy with hand	(11) Puts objects into a container ~~12~~. Takes objects out of a container ~~13~~. Grasps and releases objects easily ~~14~~. Uses tools	10 × 1	10 /14
9	Language Development	**3A Receptive Language Skills** 1. Startles to loud noise 2. Notices faces of others 3. Responds with a smile or coo 4. Turns head to find sound (5) Shows understanding of some words (e.g. *bye-bye, mama*)	(6) Holds out or raises arms when [illegible] caregiver says *Come here* or *Up* (7) Responds to own name (8) Looks at named objects ~~9~~. Points to the word *no* ~~10~~. Responds to simple commands	~~11~~. Waves "bye-bye" ~~12~~. Responds to the word *give* (with gesture) ~~13~~. Gives a block on command (no gesture) 14. Puts a block into a box on command 15. Throws away rubbish on command	9 × 2	18 /30
12	Language Development	**4A Expressive Language Skills** 1. Makes sounds other than crying 2. Makes varied sounds 3. Coos and gurgles 4. Babbles, making varying consonant sounds	(5) Vocalises at others (6) "Talks" to objects (7) Says multiple syllables ~~8~~. Shakes head for *no* or points to show preference ~~9~~. Imitates sounds or words	~~10~~. Pretend talks 11. Holds up objects for attention 12. Points to objects for attention 13. Says real words 14. Pretend talks with some real words	7 × 1	7 /14
15	Adaptive: Self-help	**5A Self-help Skills** 1. Sucks well, forming a tight seal around nipple when sucking 2. Brings hands to mouth 3. Opens mouth	4. Refuses excess food (5) Munches or mouths food (6) Holds bottle (sippy cup) independently (7) Feeds self cracker (8) Drinks from cup held by adult	~~9~~. Chews and swallows ~~10~~. Cooperates in dressing ~~11~~. Holds cup with both hands and drinks 12. Assists in dressing	8 × 1	8 /12
17	Adaptive: Social-Emotional	**6A Social and Emotional Skills** 1. Looks attentively at your face 2. Visually follows person 3. Responds with a smile 4. Gets excited when a toy is presented (5) Smiles, coos or gurgles for attention	(6) Gestures for "up" by holding arms out to be picked up (7) Shows shyness with strangers ~~8~~. Plays peekaboo ~~9~~. Explores the environment ~~10~~. Plays pat-a-cake	11. Gives affection 12. Goes for a toy that is out of reach 13. Shows interest in activities of others 14. Initiates interactions with other children 15. Shows pride in new accomplishments 16. Explores and returns to parent/caregiver	7 × 1	7 /16

Total Score = 59 / 100

EXEMPLAR COMPLETED DATA SHEET

D. Notes/Observations: Hearing and vision appear normal.

E. Next Steps: Within normal limits. No further assessment needed.

BRIGANCE

The Brigance provides an assessment of infant development across 6 key areas

It is also used as an early identification tool. If an infant does exhibit signs of behavioural, social or cognitive delays then referral to early intervention can be initiated through the program.

BRIGANCE SUB SCALES

Gross Motor Skills: Skills involving the strength and control of large groups of muscles

Fine Motor Skills: Skills involving manipulating the small muscles of the hands and fingers

Receptive Language Skills: Skills that indicate comprehension of spoken language

Expressive Language Skills: Skills that demonstrate the ability to produce speech, to express ideas and feelings

Self Help Skills: Skills that allow one to function independently in daily life

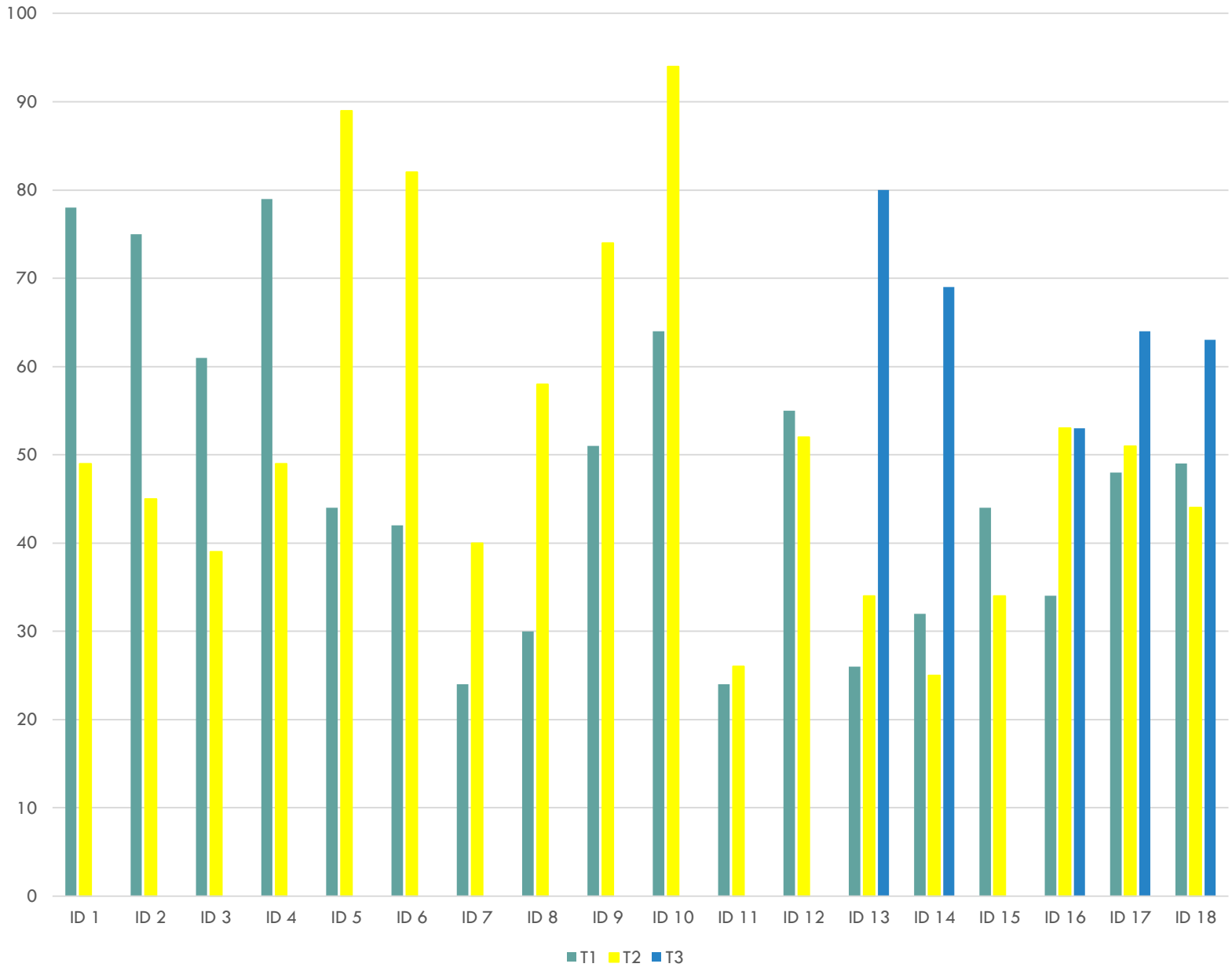
Social and Emotional Skills: Skills involving relationship with adults and peers, play skills, motivation and pro social behaviors.

BRIGANCE FINDINGS

T1: M =47.7 (SD=18.07):
45th Percentile

T2: M=52.11 (SD=20.36)
49th Percentile

T3: M=65.80 (SD=9.83)
54th Percentile



QUALITATIVE ASSESSMENT

In order to examine the implementation plan surrounding C2K, and process evaluation, one-on-one semi structured interviews have been implemented with the following;

n = 9 Stakeholders

Roles = Child Protection, Maternal Child Health Nurse, Community Based Clinician

Gender = 7/7 female

Age = 42 years (SD=3.1 years)

PRELIMINARY THEMES: STRENGTHS

Addresses a gap in the community

"*I think it has been fabulous. It is something that has been really needed in our community. There is a real demand for it. We have recently lost the young parenting and pregnant program in Bendigo, so some of the services that these really vulnerable families may have had connections with before don't exist anymore locally. C2K has been able to fill a bit of a gap in that way for some of these vulnerable families*" [ST3]

Flexibility and long duration of the program

"*I think it is the relationship that the workers can develop with the families. Their ability to be flexible as well – they are sometimes able to just drop everything else and just be with that family if they are going through a really rough patch. That can alleviate the anxiety of the child and some other things as well*" [ST1]

PRELIMINARY THEMES: LIMITATIONS

Stronger engagement

"*I think there is room for improvement. I have seen some really fantastic engagement attempts but I have also seen others where the workers are like oh the mum said that everything is fine so they haven't visited in a month. I mean… there is definitely room for improvement.*" [ST4]

More support for dads

"*We have asked C2K to be a lot more inclusive of dad because he has the primary carer, but we are just not getting the same kind of enthusiasm or engagement with the dads. If I was manager at C2K, I would be sorting that out. That would be my main criticism – the difference between engaging the mums compared to dads.*" [ST2]

SUMMARY

- This is the first evaluation of a maternal child health program, delivered in Victoria, for the duration of four years
- The preliminary findings highlight that improvements are evident in both maternal and infant health and wellbeing
- Resource needs to continue to focus on supporting staff, and the implementation success of the program

ACKNOWLEDGEMENTS

MacKillop Family Services

Monash University

Monash Centre for Health Research and Implementation

Dr Nick Halfpenny, Andrea Dunbar, Christine Sharman, Rebecca Rodda, Dr Robyn Miller, Professor Helen Skouteris

THANK YOU – QUESTIONS?

Renee.odonnell@monash.edu