Emerging outcomes and explanations:
A formative, realist evaluation of the Catholic Education WA Aboriginal Families as First Educators Program

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The Northern Institute acknowledges the traditional owners across the regions of Western Australia where this work was conducted. The evaluators pay their respects to Aboriginal elders – past, present and future – and acknowledge the value of Aboriginal knowledge, which informed both the implementation of this program and its evaluation.

1   Executive Summary

In 2015, Catholic Education Western Australia (CEWA) received funding from the Commonwealth to institute the Aboriginal Families as First Educators (AFaFE) program. Aboriginal playgroups, located within selected schools and complemented by a home visiting component, would support parents/carers of children aged 0-4 to act as their children's 'first educators' and therefore improve their school readiness as well as parental/carer engagement in their learning. The program would use 3a techniques, a variant of the evidence-based Abecedarian program, which focuses on language priority, learning games, conversational reading, and enriched caregiving. Relationships between schools and local Aboriginal families and communities were to be strengthened through the initiative. Increased Aboriginal student enrolment, attendance and achievement in CEWA schools were the desired outcomes.

Catholic Education WA contracted the Evaluation and Knowledge Impact team at the Northern Institute, Charles Darwin University to undertake a realist evaluation of the Aboriginal Families as First Educators program (AFaFE). Realist evaluations (Pawson and Tilley 1997; Westhorp 2014) are designed to increase understanding of how and why programs achieve different patterns of outcomes in different contexts. Context here does not refer only to policy context, geography and local community dynamics, but includes different participant groups, if they interact differently with the program, and perhaps seek or achieve different outcomes. It also includes any factors which affect the specific ways in which programs achieve their outcomes.

AFaFE commenced implementation in late 2015, and is in a relatively early stage of development. Many programs are still in the community engagement phase, with families just beginning to attend regularly. Recognising that the true impact of the program would only emerge over a period of years, as children made the transition from AFaFE into school and adulthood, the key evaluation questions were:

1. What are the early outcomes from the program for schools, service providers and families? How, why, and in what respects do those outcomes vary across sites and population groups? This included who AFaFE is <u>not</u> working for, in which contexts, and why.
2. In what ways, how and by whom has the program been adapted, with what impacts on program implementation and short-term outcomes?
3. What steps could be taken to improve AFaFE?

The methods used were: development of an initial program theory; a review of term reports from AFaFE programs which provided both quantitative and qualitative data, and primary data collection in selected sites, using semi-structured interviews. In accordance with the Australian Government's Indigenous Advancement Strategy Evaluation Framework (2018), the evaluation team worked to produce a 'relevant, robust, appropriate and credible' product (Commonwealth 2018: 3), working closely with stakeholders, valuing Aboriginal knowledge, and including a number of participatory and capacity-building elements for participants.

The answers that emerged for each evaluation question, and the resulting recommendations, were:

Early outcomes

Early outcomes from AFaFE for schools, service providers and families varied across sites and between participant groups.

For example, AFaFE was intended to increase Aboriginal children's enrolment, attendance and achievement in CEWA schools, but outcomes were highly variable. The type, degree and speed of improvement proved to be influenced by multiple factors.

The speed at which change occurred appeared to relate to the school's historical relationship with the local community. Where there was not a strong existing relationship to build on between the school and the local Aboriginal community, elders, families and agencies, a substantial period of outreach and trust building had to take place before positive educational outcomes could become evident.

Schools who already relatively high Aboriginal student enrolment rates were less likely to see a significant jump in enrolment due to AFaFE. Schools with historically low Aboriginal student enrolment rates – such as those in some urban areas – could see a jump in enrolment due to AFaFE, but the size of the effect appeared to be tempered by the proportion of Aboriginal families with school-aged children in the school's catchment area.

Those schools with longer histories of Aboriginal enrolment were more likely to report changes in school attendance due to AFaFE, although this referred to older siblings, rather than AFaFE children.

In cases where the school experienced changes in enrolment and/or attendance through the AFaFE playgroup, evidence appeared that the school was using AFaFE as a change agent, and using the resources it provided to support change at a whole of school level. This was particularly in terms of engagement with the local Aboriginal community and improving understanding of how to address Aboriginal students' issues.

A critical factor in achieving AFaFE outcomes at school was reported to be the degree to which the school principal made AFaFE a priority. In cases where it was reported that there was less ownership by the principal of the program, fewer positive outcomes were reported.

Outcomes for parents differed by the types of parents/carers and their motivation for engagement with AFaFE. Parents/carers were more diverse than anticipated, and included high achieving parents who wanted to give their children the best start in life, parents who were isolated and wanted a safe place to connect with others, parents struggling with life circumstances who were looking for any support they could find for their child(ren), and parents of special needs children who required specialised support, as well as non-Indigenous foster parents of Aboriginal children. There was a relatively high proportion of males in some sites, although mothers were the largest group in every site. Younger parents were under-represented in many playgroups.

Somewhat surprisingly, gender and age appeared to have relatively little effect on participating carers' and parents' motivations, needs and interactions with the program. What did make a difference was what participants wanted from the program, such as some wanting support in developing 3a skills but others – such as non-Indigenous foster parents – less concerned with stimulation than with cultural connection. The required program 'dosage' appeared to differ by desired outcomes.

Outcomes identified for families at this early stage of program development included increased parental/carer knowledge of child development and how to support it, and sometimes increased access to services for the family and/or for a child with special needs.

Outcomes were also reported in a substantial number of cases of greater parent and family comfort with the school as a place to be and as a site for interaction, although it was often difficult to

distinguish where this stemmed from the playgroup experience, and where it stemmed from school changes initiated through AFaFE.

Another outcome noted for AFaFE mothers was the employment secured by a significant number of them, attributed at least in part to the empowerment they felt from gaining skills as their children's first educators. In some cases, this led to the opportunity for AFaFE to employ more local staff; in others, parents and children were lost to the program as mothers found paid work and were unable to continue attendance.

There were groups of parents/carers who did not appear to be benefiting from AFaFE. In many cases these were parents/carers who had not responded to outreach; in some cases this was reported to be because they saw the program as belonging to another community group with whom they had an adversarial relationship. Others were said to be affected by 'shame'; even when they were aware of the program, they did not feel comfortable accessing it and participating in group activities. Many in this group appeared to be struggling with life issues including poverty, violence and sometimes substance abuse.

The degree and types of vulnerability that AFaFE programs in different sites are equipped to deal appeared to warrant further attention. Staff safety as well as client benefit emerged as an issue.

Outcomes for children were most apparent in older children who were ready or nearly ready to enter school, in part because, just as younger parents were under-represented in many playgroups, older children were over-represented in the program relative to infants. Outcomes noted in interviews included greater readiness for school, not just in terms of cognitive development but also in socialisation and general knowledge. Improved self-confidence and self-regulation, due in part to understanding the type of interactions that would be encountered at kindergarten and elsewhere in school, between teachers and students but also between children, appeared to be of substantial importance in ensuring a smoother transition to school for children. The location of playgroups on school grounds, and the opportunities this offered to become familiar with the kindergarten before entry, appeared to ease initial transition. However, it became apparent through the evaluation that understanding of routines, how to share toys and look at books, knowledge of number and colour words in English, and so on, were also of substantial value.

Outcomes for service providers varied by site. In a number of sites, services appeared to appreciate the improved access to potential clients available to them through AFaFE, although this sometimes led to the program being swamped by service visits to the detriment of other activities. To maximise benefits from services, guidelines were required to ensure mutual understanding between AFaFE and local services on how to work together for the benefit of families. The lack of such guidelines had the potential to lead to breakdowns in trust and credibility.

Program adaptation

In examining in what ways, how and by whom AFaFE has been adapted – and with what impacts on program implementation and short-term outcomes – careful distinctions were required between different types of adaptation.

There were many variations identified in different sites, such as place of operation (on or off school grounds), hours and days of operation, investing in transport capacity versus investment in enhanced services such as occupational therapy, and so on. These could have an impact on local participation and are discussed in later sections, but the evaluators distinguished between variations

that affected only minor aspects of how the program was delivered, versus adaptations with the potential to alter aspects of the core program.

There were a few examples of adaptations where staff deliberately altered program elements in order to better suit AFaFE to its context. They appeared to be of three types:

- those intended to be temporary, with the intention to implement the full AFaFE model when circumstances permitted;
- those designed to address special needs of some client groups (e.g. those seeking family reunification after removal of a child due to child protection concerns; those who felt unable to participate in playgroup activities but who wanted their child to benefit from 3a child development support), where the core principles and elements of AFaFE were preserved but delivery was altered substantially, such as one on one work rather than playgroup attendance; and
- those that would not adhere to the full AFaFE model due to a belief that core elements of it were not suited to the context in which it was operating.

These types of adaptations were assessed against the initial program theory, stated initial aims for AFaFE, and factors identified as important in program fidelity and high quality contextualisation. The first two, within limits, could be considered appropriate contextualisations. However, the third poses a potential risk to the program. If there is a belief – particularly at an influential decision making level – that one or more core elements of AFaFE are not suited to the context in which it is operating, it is suggested that the model be formally updated with agreement by key stakeholders.

One finding that was very positive and well attested was that in all sites investigated, the focus on the program was in supporting parents to be first educators for their children, rather than playgroup staff seeking to educate children directly.

Potential improvements

In identifying what steps could be taken to improve AFaFE, aspects of both the model and its implementation were addressed, as well as steps to its evidence base.

The AFaFE model originally funded was centred on 3a, due to the longitudinal evidence of Abecedarian programs' effectiveness internationally and the work that had been done to adapt the Abecedarian techniques for Australian children and families. The AFaFE model was much more than 3a, however. Its focus on parents as first educators required engagement with parents who may have had a lack of trust in formal education, and therefore required capacity to identify and resolve barriers preventing families from participating in the program. Actions could include providing material assistance such as transport aid or facilitated access to family support or special services.

Other components of AFaFE included the strengthening of relationships between schools and the local Aboriginal community, including establishment of an Aboriginal committee for the local program – and where warranted, significant changes in the way that school operated, to enable it to be responsive to the needs and concerns of Aboriginal families. Also, the evaluation revealed that many of the factors cited as being important in AFaFE children's school readiness were not just related to their cognitive development and relationship with their parents/carer (although they were critically important) but reflected the socialisation the program offered to child participants and particularly its kindergarten-like elements, which eased children's transition into school.

It will be important to have all elements of this model agreed or updated with agreement by all key stakeholders. If a decision is made not to have 3a as the centre of the program, for example, this needs to be agreed by multiple stakeholders, including funders and communities.

Aims of AFaFE were stated to be increasing Aboriginal enrolment, attendance and achievement in CEWA schools. Even this could be clarified further. Sites where AFaFE is operating in areas of relatively low Aboriginal population may be working well in terms of preparing children for school and in greatly enhancing relationships between the school and the local Aboriginal community, but families interviewed indicated that children were more likely to attend schools closer to home rather than the school where AFaFE was based. If this is not a desirable outcome, it may be that catchment demographics should become a larger element in site selection. On the other hand, it may be that improving Aboriginal children's school readiness and community engagement is an important outcome in itself, even if AFaFE children enter other schools.

Once the model has been fully clarified, multi-year funding is required. Multiple interviews attested to the effect on community trust – and by implication, trust in schools – if the program were to terminate after establishing relationships and beginning to establish trust. It was identified that this could have a worse result than if the program had never been instituted at all. Stability in policy and funding are also identified as important factors in program fidelity, including their role in retaining good staff.

Assuming ongoing funding is secured, it recommended that the entire program – not just 3a – be used as the basis of the training curriculum, so that materials provided to staff deal with issues such as home visits, establishing and supporting a community committee, understanding types and levels of family vulnerability, and dealing with the many challenges in community engagement, as well as instruction in 3a techniques. Specific training for principals and for committee members would also be useful, customised to their role and developed with substantial input from them. As well as initial training, significant resources for ongoing professional development and 'drip feed' training in additional topics were often requested. Increased support for peer learning was also identified as important.

An unforeseen issue identified in the evaluation was the importance of having multiple channels for accountability, to enable reception of and resolution to concerns and complaints Appropriately selected and resourced community committees may be able to take a role here, but it would be good if AFaFE project management was also able to provide an alternate channel to receive, resolve and report back on problematic issues.

Finally, a critically important issue is to improve monitoring systems, particularly related to outcomes. The current form understandably focuses on documenting playgroup activities and outputs, with some important narrative elements dealing with outcomes. There are resources with AFaFE and CEWA that could also be leveraged to provide better outcome data, including 3a quantitative achievements data as recorded by parents and retained in site records, administering and documenting ASQ-TRAK scores for children in the program at the recommended 2, 6, 12, 18, 24, 36 and 48 months of age.

It was concerning that there does not yet appear to be a system in place for tracking children participating in AFaFE after they have left the pprgram and entered school, to understand how the program may be affecting enrolment, attendance and achievement. Without such tracking (complicated if children attend non-CEWA schools but surely achievable within the CEWA system) the impact of the substantial investment in AFaFE will remain largely untested. As well as attendance

==highlight==and achievement data, it could be useful for school staff to compare AEDC results for children with significant AFaFE experience against their peers.==highlight==

Overall, to improve AFaFE, it would be useful to use the findings from this evaluation to reinforce understanding of what good practice in AFaFE is and to provide clearer guidelines on how it is to be implemented, even while still enabling a degree of local flexibility. Programs implemented in multiple locations by different people over time can begin to drift away from the original model. The evaluation findings may be of use in countering that tendency. Combining the findings here with findings from staff in different sites, and the learnings from project management staff's experience, could result in a more defined model of implementation that provides clearer guidance to communities wishing to implement the program.

Assessing the degree to which programs were on track proved challenging. Given the time scale required for programs such as AFaFE to achieve desired results, it was not easy to distinguish between slow – but genuine – progress versus potential lack of progress due to implementation issues. Reported data such as attendance figures are unreliable evidence of implementation progress. To assist in tracking actual progress in implementation, factors that emerged from evaluation interviews and the literature have been worked into a rubric (Appendix 6.4) addressing different aspects of the program.

It represents the evaluators' current understanding of how to identify progress in achieving aspects of AFaFE and can be further refined in coming years as more evidence comes available. As well as indicating areas of achievement, it enables identification of areas where programs may need extra effort or support. It therefore provides a tool for programs to self-assess and for CEWA or funders to identify issues that may warrant discussion. It could feasibly support decisions to terminate programs in sites where they are making insufficient progress.

Recommendations

1) AFaFE model development

It is recommended that discussions take place with one or more funding bodies on multi-year funding for AFaFE.

It is recommended that, as part of the funding discussion, CEWA work with funder representatives and other stakeholders as appropriate, to confirm or refine each aspect of the AFaFE model, including:

- its aims and how it will be judged for long term success as well as assessed on activity and progress towards milestones;
- whether 3a will continue to be the centre of the program or whether the central focus of the program will change – and if so, to what.

Once a program focus and implementation model has been agreed, it is recommended that AFaFE be funded for a multi-year period, as in some sites it has demonstrated its potential to produce outcomes related to Aboriginal children's school readiness, enrolment and achievement.

If multi-year funding is not secured, it is recommended that CEWA develop a program disengagement strategy, that identifies how to minimise community lack of trust as the program winds down, and looks for ways to retain benefits from what has been achieved.

2) Implementation issues

It is recommended that once the AFaFE model has been validated and/or updated, the balance of resources allocated to implementation support of new and existing programs versus investment in opening new programs be reviewed. The current allocation for ongoing implementation support appears too low, and better outcomes would be anticipated from a small number of well-supported programs than from a larger number of struggling programs.

It is recommended that better defined guidelines for implementation be developed and presented to those initiating programs. While a degree of flexibility will always be needed for local ownership, it appeared in the evaluation that enough has been learned about what works in implementation that participants can receive clearer guidance in decision making than is provided currently.

It is recommended that training and support be ongoing, and that inter-program peer learning be supported as much as possible. A professional development plan for all AFaFE staff – and members of the AFaFE project management team – should be prepared.

It is recommended that training materials should cover all aspects of the program, with 3a as a component if it is validated as the core of AFaFE in the updated model, but also training in other aspects of the program, such as establishing and working with community committees. Training materials should be developed for and provided to principals and community committee members as well as AFaFE staff, customised to the needs of their role and developed with input from them.

It is recommended that training and support include how to monitor progress and outcomes, such as using ASQ-Trak for monitoring and how to use the rubric – and also how to use findings from data to understand different aspects of the program and where action may be required. AFaFE program management staff should have training and support in this area as well if required, as they are responsible for supporting program staff in the use of these tools.

It is recommended that multiple channels be established through which problems can be reported, resolved and results reported back. Community committees are one option, but it is recommended to identify if there is a way in which AFaFE program management staff could act in this role as well.

It is recommended that – depending on the model chosen – the role of community committees be reviewed in light of the findings from this evaluation, with significant input from committee members and those who have established community committees into the review.

3) Building and using an evidence base

It is recommended that the current monitoring form be updated to align with the updated model of AFaFE that emerges from discussions with funders. The current form should align better to AFaFE's program focus of working with parents to act as 'first educators' to improve children's school readiness rather than staff working directly with children, as in more common models. The characteristics of parents and their attendance and participation could be better reflected in monitoring forms. Given the degree of innovations that AFaFE presents, special efforts to identify and record both implementation and intervention dosage would be worthwhile.

There are also a number of ambiguities in the current form, although many of these may have been addressed when it went on-line. Any problems identified in this report that have not yet been

addressed in the online form should be addressed – but perhaps only after an agreed way forward for the program has been agreed.

It is recommended that a system be developed for tracking children participating in AFaFE over time, particularly in the years after they have entered school from the program, to understand how AFaFE participation and dosage affects enrolment, attendance and achievement. This would be of use even if the program is not renewed for a multi-year period, as findings could inform future initiatives.

Depending on the shape of the updated AFaFE program model, the use of data collection from regular ASQ-TRAK administration and 3a achievement records would be useful to include in monitoring.

The appended AFaFE Implementation Rubric is recommended for use in identifying implementation issues and achievements. It provides a tool for programs to self-assess and for CEWA or funders to identify issues that may warrant discussion.

It is recommended that the evidence base developed if these recommendations are implemented be used to inform AFaFE directions, but also be shared with other groups within CEWA and externally to identify potential new directions for Aboriginal children's and families' successful engagement with education. Sharing of information could be achieved through workshops (including community workshops), conference presentations and publications, as well as various on-line options.

2 AFaFE description and setting

In 2015, Catholic Education Western Australia (CEWA) received funding from the Commonwealth to:

…establish Aboriginal Families as First Educators programs in conjunction with Aboriginal playgroups located within their local school. The program will increase the emotional attachment and engagement between Aboriginal children and their families from the earliest age possible, and build a positive connection between them and their future school in nominated communities served by Catholic schools throughout Western Australia. (Catholic Education WA 2015)

As well as the playgroups, the program had a home visiting component.

The targets were families with Aboriginal children aged 0-4 in two regions that spanned the entire State:

a. Kimberley, Pilbara and the Mid West to Carnarvon, a large region which contained remote and very remote communities, but also regional centres such as Broome and Kununurra; and
b. a southerly region including Perth metropolitan areas, Goldfields, Great Southern, South West sites and the rest of the Mid West, including Northampton and Geraldton.

2.1.1 AFaFE model in 2017/18

By 2018, AFaFE was described as:

…a program incorporating the Australian Abecedarian Approach (3a) and linking Aboriginal children and their families with school early in life. This program aims to develop the skills and confidence in Aboriginal families and carers, increasing the engagement between Aboriginal children and their families from birth, and build[ing] a positive connection between them and their future school.

Aims of Program:
Engage with Aboriginal families and organisations to form positive relationships, ease transition to formal schooling, close the educational gap and increase Aboriginal enrolment in Catholic Schools.

Support Aboriginal parents to form positive relationships, undertake training with view to future employment opportunities and grow in understanding of parental involvement with the children.

Provide a cultural safe place for Aboriginal families to gain the confidence to become part of the educational journey of their child/children.

(Fran Italiano, CEWA, July 2018, personal communication)

As shown in the appended program theory diagram, the AFaFE program consisted of several elements. Once a school principal accepted the program into the school[1], two different lines of activity commenced. One involved engaging the local community to create stronger, more positive links between the school and the Aboriginal community in its catchment area. Depending on the local situation and the history of local engagement with the school, this could be a long and sometimes challenging process. In a parallel line of activity, the principal – or someone delegated by the principal – would recruit and hire staff to facilitate the playgroup and conduct family liaison, and arrange for the physical facilities that would be accessed by the playgroup. The staff, selected for their capacity to build trust with local parents and carers, would be trained by the AFaFE team.

The staff would conduct outreach to parents, which was intended to be complemented by support from influential people in the community who had become involved with the program through the principal's engagement with the community, so that parents were willing to attend.

The playgroups typically did not begin with 3a, or at least not with all 3a activities, ie, learning games, conversational reading, and enriched caregiving, all with an emphasis on language priority. These were introduced as staff and parents became more comfortable with the program and each other. Playgroups – typically two hours in length - could start one or two days a week and then become more frequent, depending on local demand and resources. Decisions about timing, location and focus were influenced by local factors, but all programs aimed to have parents supported as their children's 'first educators' and to have children and their families see the school as a safe place for them and their learning journeys.

An appended map of the program sites shows the geographic spread of the intervention at the time of the evaluation.

2.1.2   Setting in which AFaFE operates

The CEWA funding proposal noted: 'Education is clearly one of the significant approaches required in "closing the gap", engaging families with school early impacts positively on school readiness, attendance, engagement and outcomes for children' (CEWA 2015: 6).

The proposal indicated that CEWA was committed to greater engagement with Aboriginal communities and families, recognising that Aboriginal students were under-represented in Catholic schools.

> *For example, in the Belmont area of Perth, the five Government schools have 15%, 10%, 14%, 12% and 44% Aboriginal enrolments whereas the three Catholic schools serving the same locality have 2%, 0% and 0%. Similar trends are evident in regions in Perth with relatively high Aboriginal populations and throughout regional South West and the Goldfields.* (CEWA 2015: 7).

In the Kimberley, however, there were:

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[1] This account deals only with the involvement of CEWA schools with AFaFE. The occasions where NGOs become involved with delivery raise other issues which could not be adequately addressed in this report, due in part to the difficulty of getting 'on the record' accounts of the issues involved.

relatively high enrolments (25% of Aboriginal Kimberley children). However … [despite] significant enrolments, issues remain with attendance, engagement and achievement'. (CEWA 2015: 7).

AFaFE was designed to improve engagement in order to address issues of enrolment, attendance and achievement. In order to achieve this, one focus of the intervention was to address Aboriginal families' negative perceptions of school stemming from to their own educational experiences, potentially including 'poor teaching, lack of recognition by schools of Aboriginal culture and history, and failure to engage students and parents' (CEWA 2015: 7). The CEWA proposal cited sources stating that educators tended to blame poor attendance on the home environment, including 'poor parental attitudes to school'. Both sides of these negative attitudes would have to be addressed, and the proposal indicated that enrolment and attendance were unlikely to increase until a culture of trust had been developed.

Statistical data showed that Aboriginal students entering Catholic schools were more likely to be developmentally vulnerable than non-Aboriginal students, which could impact on achievement. Looking at children entering pre-primary at the beginning of 2014:

> *66% of all Aboriginal children… [were] 'not literacy ready' (in very remote; 91%) whereas 16% of all non-Aboriginal children… [were] 'not literacy ready'*

> *62% of all Aboriginal children… [were] 'not numeracy ready' (in very remote; 86%) whereas 16% of all non-Aboriginal children… [were] 'not numeracy ready'. (Catholic Education WA 2015: 6)*

There is substantial confirmation available of the challenges faced by many Aboriginal children. Although the majority of Aboriginal children are not abused or neglected, Indigenous children are seven times as likely to be involved with child protection services as non-Indigenous children, and children from remote areas are more likely that those in urban areas to be placed in out of home care (AIHW, 2018). Neglect and abuse have been correlated with poorer speech and language development outcomes (Frederico et al, 2018) and academic achievement. (For a recent investigation of academic achievement in abused and neglected children that includes resilience factors, see Holmes et al, 2018.)

As noted in a recent report on early childhood interventions:

> *A child who starts behind stays behind, which comes at enormous cost to him or her, the community and governments. Targeted, evidence-based early childhood interventions can prevent this from happening, and break intergenerational cycles of disadvantage. (Pascoe and Brennan 2017: 8)*

This is particularly the case for children dealing with cognitive, disability and developmental issues. To take only one example, the western Kimberley region has one of the world's highest rates of foetal alcohol spectrum disorders (Blagg, Tulich & Bush 2015: 257). The issue for schools is not just the condition itself, but the defensive behaviours that can result from students' feeling of failure and frustration as they encounter difficult learning situations (Weston & Thomas 2014), which become a further barrier to learning. Avoiding the development of defensive, self-protective behaviours that can impede learning progress is a strong justification for identification of problems and interventions to address them before children enter school.

As Pascoe and Brennan note, while parents may want the best for their child, they may not understand how much development takes place in the early years, what the key milestones are, how important play is and so on. Both Aboriginal and non-Aboriginal parents may need support in learning how to parent to best foster cognitive and social development. However, the generations of Aboriginal children removed from their families means that Aboriginal parents are at heightened risk of not having good parenting role models, and many parents are struggling with other life issues.

Brennan and Pascoe's call for evidence based early years interventions has been answered in a number of jurisdictions by the use of a 3a model with Aboriginal families. The Northern Territory's Families as First Teachers program, which acted as a model for CEWA's Aboriginal Families as First Educators model, was reported by over 90% of participating parents surveyed to have improved their knowledge of how to help their children develop (Pascoe and Brennan 2017: 23).

3 The evaluation

Catholic Education WA contracted the Realist Research, Evaluation and Learning Initiative (RREALI) team at the Northern Institute, Charles Darwin University to undertake a realist evaluation of the Aboriginal Families as First Educators program (AFaFE). It was intended to be the first stage of a multi-stage evaluation, subject to continued external funding of AFaFE.

3.1 Purpose and key evaluation questions

AFaFE commenced implementation in late 2015. This type of initiative may take years to embed, and the program is still in a relatively early stage of implementation. Many sites are still in the community engagement phase, with families just beginning to attend regularly. Recognising that the true impact of the program would only emerge over a period of years, as children made the transition from AFaFE into school and adulthood, the initial aims identified for this stage of the evaluation were:

- to clarify the existing program theory and to develop realist program theory for the program;
- to identify early outcomes from the program for schools, service providers and families, and to develop initial understandings of how, why, and in what respects those outcomes vary across sites and population groups;
- to improve understanding of how, why and by whom the program is being adapted for particular sites or population groups and the impacts of those adaptations on program implementation and short-term outcomes;
- to develop instruments and data systems for use within the first phase evaluation appropriate for use in ongoing monitoring and later stages of evaluation (subject to independent funding of later stage evaluations) and to include recommendations for adaptation of existing administrative data systems, if required, for later stages of the evaluation; and
- to inform quality improvements for the program.

Two additional evaluation aims were identified in discussions after the contract was secured:

- to better understand who AFaFE was <u>not</u> working for, in which contexts, and why that was; and
- to build an understanding of AFaFE dosage and its relationship to outcomes.

Three evaluation questions were developed and answered to address these aims:

4. What are the early outcomes from the program for schools, service providers and families? How, why, and in what respects do those outcomes vary across sites and population groups? This includes who AFaFE is <u>not</u> working for, in which contexts, and why.
5. In what ways, how and by whom has the program been adapted, with what impacts on program implementation and short-term outcomes?
6. What steps could be taken to improve AFaFE?

3.2   Methodology

The evaluation was designed to provide 'relevant, robust, appropriate and credible' evidence (Commonwealth 2018: 3) to inform internal and funder decision making. AFaFE operated in multiple sites with different characteristics and was at different stages of implementation in each region.

Realist evaluations (Pawson and Tilley, 1997; Westhorp, 2014) are designed to increase understanding of how and why programs achieve different patterns of outcomes in different contexts. Context here does not refer only to policy context, geography and local community dynamics, but includes different participant groups and any factors which affect how programs achieve their outcomes.

Realist evaluation findings can sometimes be frustrating for those who want or expect simple 'yes/no' answers. A realist evaluation does not simply ask 'Is AFaFE working?' but 'for whom is AFaFE working and for whom is it not, in which contexts, in what respects, how and why?'. This explanatory type of evaluation was therefore well suited to AFaFE, where the conditions in which it is being implemented, and the groups accessing it, are so diverse. Realist evaluations are designed to provide answers that can guide future activities, even if they are not identical to current programs, by providing insights into how outcomes are achieved.

Realist evaluation also offers potential advantages in evaluating a program at such an early stage of development. Unlike an RCT, it does not require a comparison group or a significant number of quantitative outcomes, and it provides richer information. (Nutton et al, 2011, discuss problems with using RCTs in the assessment of Indigenous early years programs.) A realist evaluation can identify how and whether progress is being made as anticipated, even at an early stage, towards intended goals, and why progress may be variable. It can also explain variation across types of outcomes, population groups, and social contexts. It enables consideration of questions of dosage that are sensitive to types of outcomes or population groups. Instead of asking 'what is the right dose?', the realist question 'what is the right dose for which outcomes, in which context, and why?'[2]

Realist approaches are also well suited in some respects to evaluating Aboriginal programs. Grounded in a realist philosophy of science, realist evaluators recognise that programs themselves do not directly cause outcomes. The participants in the program are recognised as active agents rather than as passive objects of the program. Although programs provide resources, opportunities or constraints, it is the volition of participants, the choices they make in response to those resources, that generate program outcomes (Pawson 2013: 34). The interaction between 'resources' provided by the program and the 'reasoning' of actors (which can involve feeling, attitudes and values as well as thinking) is termed a program 'mechanism'.

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[2] The question of 'dose' and whether 'right doses' can be established is debated. We return to this issue in the 'Dosage' section below.

Contexts affect whether and which mechanisms fire. Realist evaluators assume that programs will work differently for different sub-groups, even within the same setting, as well as potentially working differently in different settings.

Realist evaluations are theory-led, and multiple types of theory are used. In the case of AFaFE, theories relative to early childhood development and school readiness were required, together with a rough initial program theory that set out how this particular program was anticipated to work. This is sometimes called the 'program's theory of itself'. Data collection and analysis processes looked for evidence to support, refute or refine aspects of the program theory.

One of the challenges for the evaluation was to identify whether – or areas where – disparities between how the program was anticipated to work and how it was operating in practice indicated that the program theory required refinement, or that the program had drifted away from fidelity to its purpose and principles. A theory platform centring on fidelity and contextualisation was used for this.

3.3   Methods

A realist methodology can employ a wide range of methods. The methods used in this realist evaluation were:

- development of an initial program theory,
- a review of term reports from AFaFE programs which provided both quantitative and qualitative data, and
- primary data collection in selected sites, using semi-structured interviews.

Capacity building was undertaken throughout the evaluation to enable more informed participation by stakeholders, including realist training and the development of conference co-presentations by evaluators and AFaFE stakeholders.

3.3.1   Developing program theory

An initial program theory was developed at a one-day workshop with stakeholders including CEWA and AFaFE management and staff, a noted researcher with expertise in early child development and education, and a representative from the funding agency.

Readings on realist evaluation were distributed before the workshop, and two participants had recently taken introductory training in realist evaluation. Dr. Joseph Sparling, who has led much of the Abecedarian program's development, provided great support to the evaluation. He produced a PowerPoint presentation and two short videos for workshop participants on existing evidence of how Abecedarian programs worked, their differential effects, and factors related to program fidelity and adaptation.

That presentation was followed by discussion of how the AFaFE program was anticipated to work. The version of the program theory that emerged from the workshop was developed as a visual flow chart by one of the evaluation team (Gill Westhorp), who also critiqued missing elements of the chart. Further consultations with program stakeholders resulted in more refined versions. The fourth draft of the program theory was signed off by all participants of the workshop as an adequate initial representation of the program's 'theory of itself', that is, the expectation of what activities would be conducted, and how they would lead to outcomes.

That version of the program theory was used as the basis for data collection that would validate, refute or refine different elements of it.

3.3.2   Analysis of AFAFE reporting forms

In November 2017, reports submitted by programs to the AFaFE program manager were shared with the evaluator. These comprised Term 2 reports from 13 schools and Term 3 reports from four schools.

They were analysed to:

- identify patterns of implementation, attendance and 'dosage';
- determine how consistently information was entered between sites and what that implied for common understandings of program elements;
- identify from qualitative components within the reports what staff identified as most salient; and
- determine if there were improvements possible to the form.

3.3.3   Site selection for primary data collection

The evaluation design called for primary data collection to be undertaken in six program sites, in addition to the CEWA office in Leederville, Perth. Potential sites were chosen to provide a range of implementation contexts in terms of demographics, urban/regional/remote locations and the presence of other early years programs that offered alternatives for children and carers. Programs where playgroups had commenced and were operating for at least two days a week were preferred to those who were just commencing operations, as they could provide insights into more stages of the implementation and offered a better prospect of parent/carer interviews. To conserve time and travel expenses, the sites were selected in only two regions – the Kimberley and metropolitan Perth.

After an initial selection was made in consultation with CEWA staff, information letters were written by the evaluators to school principals or program managers, explaining the evaluation and asking for permission to visit the program. AFaFE staff also made contact with principals and managers to explain the purpose of the evaluation, and what would be expected of them. Once invitations to the evaluator had been issued in response to these letters, an initial 'meet and greet' trip was arranged to potential evaluation sites.

This trip provided an opportunity to meet with elders where possible as well as school principals and program staff, to inform them of the planned evaluation and allow questions to be asked. There was a good deal of discussion in these initial visits on the realist approach and what it entailed, as well as identifying potential participants for a future data collection trip. As the evaluators were reliant on school personnel and AFaFE program staff to recruit local participants, it was important that they understood who should be approached to participate in interviews, and that they could answer questions that potential evaluation participants might have of them. It was made clear that all participation was voluntary, and a number of potential ethical issues were identified. The trips were greatly assisted by members of the central AFaFE team. Either the Kimberley based team member or the Perth based team member accompanied the evaluation team member on their first visit to each site. All succeeding trips were made by the evaluator alone, relying on the relationships forged in the first trip.

AFaFE personnel at the Pandanus Park site – of interest because it was not located in a school and instead was delivered through an NGO – determined after the initial visit that they would prefer not to participate in the evaluation. An alternate site was sourced, a school-based program in Perth which was said to be attracting young mothers, a group reported to be under-represented in other programmes.

The final selection comprised three Kimberley sites and three metropolitan Perth sites. The table below sets out the sites selected for the primary data collection. Note that although all programs were initiated within months of each other – from late 2015 to the middle of 2016 – they differed in other ways, including whether the AFaFE playgroup had to compete with other local early childhood programs as well as location, size and demographics of the population in the program area.

School name, location	Region	Site type	Aboriginal and Torres Strait Islander population %	Availability of other playgroups / early years programs	When AFaFE playgroup program initiated
Sacred, Heart, Beagle Bay	Kimberley	Small remote settlement, pop'n approx 285	Majority, over 90%	No other options	Term 1, 2016
St Mary's, Broome	Kimberley	Large regional town, pop'n approx 14,000, with considerable mobility	Sizable minority, approx 28% (not counting large tourist influxes)	Numerous other options	Term 4, 2015
St Joseph's, Kununurra	Kimberley	Small regional town, pop'n approx 5,300, high mobility	Sizable minority, approx 23% officially recorded	Few other options	Early 2016
St Maria Goretti, Redcliffe	Metro Perth	City suburb near airport with areas of disadvantage	Small minority, 2.8% in Redcliffe (but well above the Perth average of 1%)	Numerous other options	Term 1, 2016 (Aboriginal playgroup already operational prior to AFaFE)
Star of the Sea, Rockingham	Metro Perth	Fast growing satellite city of Perth	Small minority, 1.8% in Rockingham (above Perth average)	Numerous other options	Staff employed Term 2, commenced Term 3, 2016
St John Bosco, Piara Waters	Metro Perth	Fast growing suburb of mainly new homes on urban fringe	Very small minority, 0.5% of Piara Waters (currently lower than the Perth average, expected to grow over time))	Numerous other options	Term 2, 2016

3.3.4   Ethics approval

Approval for the evaluation had to be secured from both Catholic Education Western Australia and the Human Research Ethics Committee (HREC) at Charles Darwin University. As the HREC would not consider the application without prior approval from CEWA, it was secured first. The development of

the HREC ethics submission was aided by members of the program theory workshop, who helped to identify how values such as 'reciprocity' and 'respect', which had to be discussed in the HREC ethics submission, could be interpreted in the Kimberley sites. The HREC commented favourably on this aspect of the submission, and approval was granted. The CEWA approval, approved informed consent form, permission for taping form and plain language statement are provided in Appendix 5.6

3.3.5   Primary data collection and analysis

Realist 'teacher-learner' interviews (Manzano, 2016) were conducted in each site, enabling two way learning between the evaluators and the evaluation participants. Aboriginal knowledge was valued, and collection methods were guided by participants' preferences in how to provide input and share knowledge.

Judith Lovell conducted interviews in Beagle Bay and Kununurra; Emma Williams interviewed at all other sites.

Each member of the CEWA AFaFE management and support team was interviewed, either in Perth or in Broome. All school principals and all AFaFE staff in the participating sites were interviewed. Parents made up the largest proportion of interviewees in almost every AFaFE program site, with the exception of Beagle Bay, where program attendance was almost zero on the day of the evaluation (in spite of the date having been chosen in anticipation of relatively high attendance on that day).

Mothers considerably outnumbered fathers as interviewees in all sites, but a significant number of men attended the selected programs, and several fathers provided interviews. Interviews were also conducted with a smaller number of grandmothers, aunts and other male and female relatives. There were two interviews with parents who were seeing their child only during the AFaFE program, as part of a reunification process after the child had been removed due to safety and well-being concerns.

Although almost all of the participating children in the selected programs were Aboriginal, not all parents/caregivers were. There were cases where one parent was Aboriginal and the other non-Aboriginal, with the non-Indigenous parent undertaking the interview. There were also a number of foster parents attending programs, particularly non-Indigenous carers with Aboriginal foster children in metropolitan Perth; interviews were secured from this group.

Interviews were also conducted with stakeholders identified by AFaFE staff at each site as being able to provide useful insights into their local program. A number of those who had reportedly agreed to be interviewed, including some of the Perth-based elders, were unable to attend due to other commitments. However, elders were interviewed in Perth and the Kimberly, as well as: AFaFE committee members; school personnel able to speak on differences they had observed since the local AFaFE program was instituted (including kindergarten teachers); and service providers working with local families and children at risk, including representatives from child protection agencies.

Over 70 interviews in all were conducted and taped. They were professionally transcribed before the evaluation team analysed them to identify areas where they validated, refined or refuted areas of program theory. Where outcomes such as changed behaviours or belief were mentioned as being due to AFaFE, analysis was conducted to identify the context(s) in which this had occurred and the mechanism(s) through which it had occurred. Special attention was paid to changes mentioned in participating children's behaviour that appeared relevant to the domains the AEDC identified as critical for children entering school. However, as the programs were so new, many of the interviews centred on how Aboriginal parents had been engaged, and how the schools were working to engage

better with the local Aboriginal community. Later analysis was conducted focusing on dosage and fidelity/contextualisation.

3.3.6 Measures of children's well-being and readiness for school

The evaluation was intended to identify early outcomes from AFaFE. There are resources within 3a that can document program activities and outcomes in the form of meeting child development milestones. However, few programs were documenting these. This was a useful finding in itself.

Two other potential sources of quantitative data on changes to children's well-being and school readiness were identified.[3]

ASQ-TRAK is a developmental screening tool for identifying developmental delays and monitoring the developmental progress of Australian Aboriginal children. After discussions early in the evaluation process, ASQ-TRAK kits were purchased for each AFaFE site.

Although critically important in identifying areas where early intervention may be required, the ASQ-TRAK website warns that it 'may not be sensitive enough to accurately measure change over time or the impact of an intervention'. This aspect of evaluation analysis focused on how sites were using ASQ-TRAK rather than examining patterns of ASQ-TRAK results, which appeared to be infrequently recorded in most sites.

A second tool was identified to identify potential emerging outcomes from AFaFE sites. In 2009, the Australian government funded the national rollout of the Australian Early Development Index (now the Australian Early Development Census, or AEDC) and Australia now collects national data on the developmental health of every child on entry to school. In addition to demographic information from school enrolment forms, teachers complete Early Development Index forms for each child, based on their observation of the child in their class. A substantial amount of work went into an adaptation of the AEDI to take into account cultural differences in the influences on Aboriginal and Torres Strait Islander child development and improve its cultural accuracy. WA children played a particularly important role:

> … overseen by a National Indigenous AEDI Reference Group with input from Aboriginal and Torres Strait Islander peak bodies and grass roots community organisations, parents, unions and government and non-government stakeholders throughout the project… [the] adapted version of the Early Development Instrument (EDI) was piloted in 2008 with Aboriginal and Torres Strait Islander children from 49 schools in three sites around Western Australia- Armadale, Murchison Gascoyne and the Pilbara… (AEDI and Aboriginal and Torres Strait Islander children webpage 2015, downloaded January 2018 http://www.aedc.gov.au/about-the-aedc/history/validation-and-trial-of-the-aedi/the-aedi-and-indigenous-children)

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[3] NAPLAN results were rejected for this evaluation as any potential impact of AFaFE on NAPLAN results was not foreseen for a considerable time.

The Aboriginal and Torres Strait Islander version of the instrument as now administered requires:

- *Use of Aboriginal and Torres Strait Islander school personnel to work as cultural consultants with teachers in completing the Australian version of the EDI for Aboriginal and Torres Strait Islander children.*

- *Inclusion of contextual information in the online teacher guide so that cultural considerations can be taken into account on certain Early Development Instrument questions.*

- *Inclusion of additional Early Development Instrument items of relevance to understanding the particular circumstances of Aboriginal and Torres Strait Islander children that may affect attendance and performance (cultural, sickness or other); use of home language, history of otitis media or hearing difficulties. (ibid)*

As AEDC domains have been established as relevant to school learning, the domains in the AEDC were used as a basis of analysis of evaluation interviews describing the developmental situation of children in the AFaFE program, and particularly any changes mentioned by interviewees. AEDC uses three categories in each domain, 'children developmentally on track', 'children developmentally at risk', and 'children developmentally vulnerable'. The five domains, taken from the AEDC website, are Physical health and wellbeing; Social competence; Emotional maturity; Language and cognitive skills (school based); and Communication skills and general knowledge. The descriptions for the categories and the domains are provided in Appendix 2.

In analysing interviews, evidence was sought that revealed how and in what contexts children moved – or were prevented from moving – in the direction of 'on track' from being 'vulnerable' or 'at risk' in any of these domains.

3.4 Theories informing the evaluation

As an early years program, children development theories would appear best suited to guide the evaluation In this case, as the program centred on a particular program with a well-developed theoretical framework and longitudinal evidence base, Abecedarian/3a was used as the key source of theory. As the program was intended to be contextualised in a wide range of sites while remaining true to core principles, theory related to fidelity and contextualised also proved relevant. Dosage was an important issue, so elements of theoretical approaches to dosage were also considered.

3.4.1 Abecedarian and 3a program theory

AFaFE centres on a Western Australian adaptation of the 3a program, itself the Australian variant of the Abecedarian program, which originated in America.

The original Abecedarian project, led by Craig Ramey and Joseph Sparling, involved intensive learning and social-emotional supports for children and their families, starting in infancy and continuing until the age of five (or up to three years of age in a later variant of the program). The original goal of the Abecedarian Project 'was to reduce mild, familial mental retardation and school underachievement in at-risk children. Therefore, we designed a program that we thought would have both a cognitive and school achievement effect' (Sparling 2011: 4).

Longitudinal studies have demonstrated substantial long term positive effects in participants from the original program in areas such as tertiary study and adult employment (Campbell el al 2012,

Ramey 2017). In succeeding years, the Abecedarian program has been implemented in many countries, and has typically shown that multi-risk families benefit more from it than low risk children and families. (See for example Bann et al 2016, which looked at its impact in lower resource families. However, this is not to claim that multiple <u>severe</u> risk families would be most likely to benefit from the Abecedarian program. See Westhorp 2008 for more on this.)

The four major components of the program are described below. The materials excerpted here are taken from a document created for this evaluation by Joseph Sparling to explain the theoretical basis of each Abecedarian element and how they work together:

Language priority

In the early years, the adult serves a special role by surrounding the child's efforts with his or her own subtly supporting and enabling behaviors… Key is oral language, which provides the critical link between the social and the psychological planes of human mental functioning. For example, the adult's narration of the child's actions and decision-making in a learning experience gives the child a template on which to build his own private speech. And private speech is what starts the child on the road to self-regulation. So, with language, the adult is helping the child both socially (toward self-regulation) and cognitively (gaining knowledge and problem solving skills). (Ramey, Sparling and Landesman Ramey 2017: 1)

Language priority underlay the other components:

Enriched Caregiving

Enriched and responsive caregiving with protective and stable relationships is desirable and appropriate… what is being learned about stress and brain development provides another strong reason for giving responsive care. Through animal research, it is known that brain development is negatively affected by higher levels of stress early in life… preschoolers produced larger rises in cortisol (a stress-sensitive hormone) over the day if the site had lower quality of interaction between caregivers and children… [and] levels of cortisol are related to memory, attention, and emotion in children… [Also] much repetition in the routines of care… gives enriched caregiving its power to promote child learning. By seeing all these repetitions as educational opportunities rather than as simple jobs, adults can turn the commonplace parts of the child's day into occasions for care + learning. Educators and families are more likely to achieve their education goals for children if they link most of these goals to caregiving. (Ramey, Sparling and Landesman Ramey 2017: 2)

Joint attention was a special focus:

LearningGames®

The Abecedarian Approach has adult-child, game-like interactions at its core[4]… a child's higher mental functions are formed fundamentally through activities mediated by an adult or more competent peer. Each of the learning games activities is one of these mediated activities. Vygotsky proposed that educational activities should be in a "Zone of Proximal Development," that is, the activity should be one that the child can do with a little help. The adult serves a

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[4] The streamlined version of the rationale presented here does not cite how theories from Vygotsky and Piaget informed the Abecedarian project, but the linkages are clear in the original, longer document.

special role in the learning games by surrounding the child's efforts with his or her own subtly supporting and enabling behaviors. This process is referred to as "scaffolding"… [Joint] attention provides an additional rationale for learning games, the child's ability to coordinate attention with others in regard to objects and events… Most of the learning games activities can be thought of as promoting joint attention routines. (Ramey, Sparling and Landesman Ramey 2017: 1)

Conversational reading

An important rationale for conversational reading is found in the concept of joint attention. The development of joint attention skills appear to be critical to early social, cognitive and language development. A longitudinal study of 14- to 17-month-olds found that one type of joint attention skill, the tendency to follow the gaze and pointing of an adult, was a significant predictor of receptive language development. Another study examined individual differences in the development of the capacity of infants to respond to the joint attention bids of others (gaze shift, pointing, and vocalizing) across the first and second year and found that this ability was related to subsequent vocabulary acquisition. One of the key things that the young child learns to do in conversational reading is coordinate his or her attention with the adult reader's.

(Ramey, Sparling and Landesman Ramey 2017: 1)

Each these four components was intended to lead to cognitive and social development, and all four are required to provide the desired outcomes. Specific pathways between each component and different types of outcomes have not been easy to detect:

It is true that we put a lot in and had particular outcome hopes and expectations, but when you work over the whole sweep of the birth to 60 month period (or birth to 36 as in… [the Infant Health and Development Program] the trail of cause and effect gets very diffuse – with many overlapping trails. There actually are unanalyzed data in IHDP that recorded individual curriculum items for individual children and their mastery of each that could be the basis of such an analysis, but I doubt that the results would be very clear because the curriculum items can't be exclusively assigned to 1 particular expected outcome. (Sparling 2011: 4)

Working with Joseph Sparling, researchers at the University of Melbourne adapted the Abecedarian approach to suit Australian situations. According to the 3A site:

Abecedarian Approach Australia –3a – was developed after an international literature review of the findings of model early childhood programs and approaches, including the Abecedarian studies, and selected as the approach most relevant to supporting very young children living in disadvantaged circumstances, including poverty and social marginalisation.

Because it is vitally important to understand local context when seeking to implement any model program successfully, the core components of the Abecedarian Approach were reviewed and customised through sequential projects and activities that explored and adjusted content details to suit local conditions… For example, the LearningGames® were redeveloped in consultation with Aboriginal communities through an adaptation and trialling process led by the Northern Territory Department of Education in collaboration with Professor Sparling and the Melbourne Graduate School of Education… (University of Melbourne 3A site)

The website also notes that of 3A elements have now been aligned with contemporary Australian Early Childhood policy, including the Early Years Learning Framework and the National Quality Standard of the National Quality Framework for early years programs.

All four of the Abecedarian components were retained as the program was adapted for Australian use. The program has now been implemented in a number of Australian jurisdictions, including the Northern Territory's 'Families as First Teacher's' program as well as CEWA's Families as First Educators.

The Abecedarian approach has been used previously in home-visiting programs, family day-care homes, long day-care settings, and kindergartens. However, CEWA appears to be the first to introduce the concept of Abecedarian-based playgroups located within schools, and which focus on giving parents/carers of at-risk children the skills to support their children's language, cognitive and social development.

The differences between Abecedarian and other day-care/centre-based programs had been recognised (Ah Chee, Boffa and Tilton 2016), but it had previously been classified as a 'child focused' rather than 'carer focused' program (Ah Chee, Boffa and Tilton 2016: 10). Although the program is designed to ultimately benefit children, AFaFE playgroup staff are intended to focus less on directly supporting children than on modelling behaviour for parents/primary caregivers to emulate, and supporting them to conduct learning games, enriched caregiving, and conversational reading[5] with their children.

3.4.2 Dosage

The evaluators were asked to examine AFaFE dosage. The concept of dosage in early years programs is 'complicated', as noted by Wasik at al 2013, and many words are used to describe different aspects of dosage. Only two areas of dosage vocabulary will be discussed here. The first is the distinction between 'implementation dosage' and 'intervention dosage'. Implementation dosage refers to the amount (quantity, intensity and/or duration) of implementation activities required to enable staff to implement the intervention 'with fidelity' (Wasik at al 2013: 6). This typically incudes training, support and monitoring activities.

Intervention dosage, on the other hand, refers to the amount of intervention (again usually in terms of quantity, intensity and/or duration) required to change the behaviours of intervention targets. Wasik et al note that the use of both terms implies at least two levels of participants are involved, e.g. centre staff or home visitors receiving training to deliver the intervention, and then the children or adults whose behaviour is to be influenced by the intervention. In the case of AFaFE, at least four levels are relevant:

- AFaFE program staff – centre based or liaison officers conducting home visits – receiving the training, monitoring and support required to deliver AFaFE with fidelity;
- school personnel – particularly principals – who need adequate information to enable implementation of the AFaFE program in their school with fidelity;

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[5] It should be noted that Abecedarian 'conversational reading' does not require either literacy or fluency in standard English; books are used to build joint attention rather then used primarily as reading materials. Conversation can centre on illustrations in the book, using a 'see, show, say' technique in the preferred home language, with no need to read the text.

- the parents/caregivers who are the primary target of AFaFE, who must receive sufficient modelling and support that they can practise elements such as conversational reading and enriched caregiving with fidelity; and
- the children, who require enough of the program elements (modelled by AFaFE staff but primarily delivered by their parents/caregivers) designed to build their cognitive and social skills, and therefore their school readiness.

Another set of distinctions critical in this evaluation are those Wasik et al make between:

- dosage **intended** (the quantity, duration and/or intensity of intervention intended by the program developers and/or funders);
- dosage **offered** (the quantity, duration and/or intensity of intervention actually delivered through the program); and
- dosage **received** (the quantity, duration and/or intensity of intervention actually received by participants, who may not attend all available sessions or activities).

(See Wasik et al 2013: 7 for further discussion and examples of these distinctions in childcare and education programs.)

For AFaFE, the dosage 'intended' could refer to the dosage provided by the Abecedarian programs demonstrated to have long term positive effects; in America these were full day programs, five days a week. This was not possible for a playgroup program like AFaFE; the AFaFE designers at CEWA, when asked, indicated that they had been aware that this would not be possible. However, they had anticipated that playgroup sessions even once or twice a week could bring valuable results.

The quantity, duration and/or intensity of AFaFE activities (and therefore the opportunities for intervention dosage) varies by site. Not every program offers all components of AFaFE. Some playgroups are only open for two days a week, others for three or five days a week. A playgroup may commence by operating a single day a week, and build up over time.

The difference between dosage provided and dosage received is familiar to any service provider, particularly in voluntary programs. Attendance rates and levels of participation in sessions vary, often for reasons that have little to do with the program itself. This is true in AFaFE as well.

Another complication is that dosage relates to quantity of some resource, and the realist understanding of what a 'resource' is differs somewhat from the way the word is used in standard English. To a realist evaluator, a resource is the element of the intervention – or of the intervention experience – that interacts with the participant's thinking, feeling or attitude in such a way that it generates a different decision and changed behaviour, which contributes to a changed outcome. In AFaFE, that outcome would relate to a change in a child's school readiness in the form of cognitive and/or social behaviour, or to an adult's capacity to support such a change in the child. A 'resource' may be, for example, a particular piece of information, or a sense of being respected, or emotional support from other parents.

This process is expected to be context-sensitive, that is, the resource is not just a program activity, but some element of how the activity is experienced and engaged with. It will differ according to participant, situation and outcome type. The original Abecedarian program appeared to have defined aims and an expectation of what was required to achieve them (Sparling 2011). However, AFaFE participants were quite diverse. They had disparate reasons for coming to the program, and the outcomes they desired and experienced were varied. For example, in metropolitan Perth it was not unusual for an AFaFE playgroup to be accessed by a highly literate foster carer in an

educationally stimulating home, in order that an Aboriginal foster child in the playgroup could rebuild or maintain a cultural connection (and therefore the child's identity, self-esteem and/or social confidence) before the child encountered school. The resources the program provided in such a case were quite different than cases where a remote community parent might be seeking better access to books, interactive exercises and toys for stimulation, or where a carer in a regional centre might access the program with a special needs child, such as a toddler with previously undiagnosed hearing loss or Foetal Alcohol Syndrome Disorder (FASD).

Finally, it should be noted that realist evaluators do not expect a 'constant' relationship between program dosage and program outcome. Some parents will make significant changes to their behaviours with relatively little guidance; others will require ongoing support. Some will make changes quickly, others more slowly and in a few cases changes may lead to negative rather than positive outcomes (Westhorp 2008). However, the issue of dosage remains important to understand, primarily because "under-dosing" may be a critical in preventing desired outcomes from being achieved. If, as earlier research into Abecedarian programs has suggested, good longitudinal outcomes result from years of engagement with programs that are full day and five days a week, then a serious question exists as to whether a session or two of playgroup each week can in fact be effective. It certainly cannot be effective in the same way, which is not to say that it is impossible for it to be effective to the same degree. It is for this reason that the issue has been retained in the evaluation. However, it cannot be satisfactorily answered until rigorous outcomes data is available across a large enough cohort of programs and students.

3.4.3   Fidelity and contextualisation

As noted above, the evaluation sought to identify whether disparities between how the program was anticipated to work and how it was operating in practice indicated that the program theory required refinement, or whether, in some sites, implementation had drifted away from fidelity to AFaFE purpose and principles. This was not always an easy distinction to make. AFaFE operates in so many different environments that it cannot be a 'one size fits all' program. Also, a degree of local customisation was encouraged to build ownership.

For this evaluation, Dr. Joseph Sparling very generously prepared a slide for the initial program theory workshop, that sets out which elements of the Abecedarian program needed to be maintained and which were particularly suitable for local adaptation.

Must be retained:	Can be changed:
• Frequent program availability • Frequent child and family participation • Emphasis on adult-child interaction and conversation • Use of all 4 Abecedarian program elements	• Method and location of program delivery • Language of engagement and delivery • Pictures and words used to present the 4 Abecedarian elements • Sequence and balance of the program

He also prepared a slide with suggestions on how to support local adaptation but avoid program drift.

To encourage adaptation [high quality contextualisation]	To avoid harmful program drift
• Provide on-going mentoring or coaching	• Use staff-kept records of implementation

• Weekly staff meetings that focus on program and good ideas that "come up" • Celebrate and reward adaptations created by staff and families • Encourage sharing of self-videos	• Keep focus on adult-child interaction • Reward staff for facilitating parent/child interaction (rather than staff "taking over" child interactions) • Connect sites through a "community of learning" • Review, review, review

In order to further analyse the data, a 'conceptual platform' about program fidelity and contextualisation was used. A conceptual platform is a type of program theory that is designed to be applicable to a wide range of programs[6]. This particular platform had been developed for an evaluation of international development programs. Like AFaFE, programs implemented in multiple countries need to be contextualised to work in different types of sites, while not losing fidelity to critical elements of the program.

In the international research, high fidelity implementation was found to require:

- A model with a clear program theory that identified how and why it worked; research evidence about social system and behavioural change as well as the program's technical content and a clear initial description of implementation strategies;

- A context of sufficient stability [which could include policy and funding stability] to ensure operations, effective stakeholder and beneficiary engagement, adequate resourcing and adequate time for implementation;

- Staff and partner characteristics including a deep understanding of how and why the model worked, a belief that the contextualised model would work in their local circumstances, a thorough understanding of what to do and how to do it, and the relevant competencies required (attitudes, attributes, knowledge and skills). The last required culturally safe training in the model for staff, training and supervision in implementation, and ongoing technical support.

- Communications between staff and partners and program infrastructure resources including monitoring and analysis of implementation and outcomes data, and responsive supervision and management systems.

AFaFE requires implementation in quite disparate settings and circumstances. Multiple factors were identified as required for high quality contextualisation, that is, adapting a model so that is responsive to different contexts, but remains faithful to key program principles and elements.

They included:

- An organisational culture and systems that provided clear authority to contextualise and accountability for contextualisation led to staff confidence. Good knowledge management systems captured successful innovation so that 'reinventing the wheel' was minimised.

- Thorough situation analysis, with community voices contributing to a quality needs assessment and risk analysis to reduce risks to beneficiaries and staff. While 'objective' data

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[6]. Grateful acknowledgement is given to World Vision UK for permission to share aspects of the platforms originally developed for them in this report.

on issues and needs was important, so too was a deep understanding of culture and power relationships, leading to an understanding of how participants would be likely to 'reason' in response to program resources.

- Staff knowledge and understanding, including a high level of technical knowledge, coupled with a deep understanding of how and why the model works. This led to core mechanisms of the models being protected during adaptation, so that core principles are reflected in the adapted program, and adaptations that would generate harm were avoided.

- Maintaining monitoring of implementation data and outcome indicators, comparable across contexts, together with reflection on the model and its effectiveness, enables refinement of the model as required.[7]

The items in the Sparling tables and the factors identified in the fidelity/contextualisation platforms were used to guide elements of the analysis.

3.5   Knowledge translation

Attempts were made to increase the utility of evaluation findings through offers to CEWA and other AFaFE stakeholders of interactive presentations – typically better at disseminating actionable information that written reports – and by efforts to build capacity within CEWA of understanding of realist evaluation and how to use it. Realist training was undertaken by the original commissioner of the evaluation, and two members of the AFaFE team participated in developing presentations on the challenges of estimating AFaFE dosage and of using realist evaluation findings at different levels of the program. These were presented to an international audience (Williams, Kennedy, Beckingham and Nicholls 2017; Williams, Nicholls and Kennedy 2017).

3.6   Limitations

Between the program reports and interview transcriptions, there were approximately 1,000 pages of data available for analysis. However, a number of limitations must be acknowledged. Some are common to almost all projects. For example, while this evaluation seeks to identify the impact of AFaFE, it is only one of the initiatives being implemented in participating schools and communities. Realist evaluation was developed in part to address the fact that most programs occur in this type of situation, 'complex interventions introduced into complex social systems' (Pawson 2013: 33), but it was still challenging to identify how outcomes achieved by AFaFE children and families might be affected by other contextual factors.

There were occasions when language and cultural barriers noticeably limited the amount of information provided and/or understood during interviews – and it is likely there were other cases where this was true, even if less noticeably.

Another significant limitation was selection bias. The views of eligible families not accessing AFaFE playgroups, or who had visited a playgroup once or twice and then rejected further attendance, would have been of particular value. However, this was not possible. There had been early discussion of facilitating a group of non-participating parents/carers to talk about why they were not

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[7] See Westhorp and Williams 2017 for more factors and discussion, including how program sustainability is linked to fidelity and high quality contextualisation.

involved in the program. However, that raised a number of ethical sensitivities; due in part to the potential for the evaluators becoming aware of issues that might require reporting of child protection concerns, it was not pursued. Overall, it seemed likely that the same factors that kept people from engaging with the program may have operated to keep them from engaging with the evaluation. Although some second-hand information emerged from participants' stories of daughters, sisters and brothers who refused to enter the program or who had dropped out of it, the evaluation is almost entirely based on the views of those who had chosen to engage with it. This is an important limitation. For instance, there were fewer accounts in interviews than anticipated of parents'/carers' own negative experiences as students. This may be due to such experiences being rarer than anticipated. However, it is also possible that adults' with very negative early experiences were less likely to engage with AFaFE and therefore with the evaluation.

Older pre-school children are currently over-represented in AFaFE compared to infants and young toddlers. Although attempts were made to address this in the program, it likely contributed to outcomes relating to older preschool children being identified more in the evaluation than those for infants and younger children.

Perhaps the greatest limitation was the early stage of program implementation when this evaluation occurred. This type of initiative, which aims to overcome decades of mistrust as well as to change aspects of institutional behaviour, takes a significant time to embed. Most of the programs are still at such an early stage that patterns of outcomes were not easy to identify. Outcomes such as changes in school achievement and behaviour for children whose parents/carers were involved with AFaFE were not available in every site as there had not yet been a transition into school from a number of playgroups.

Finally, all participation was voluntary and informants could determine which of their comments were recorded and used for analysis. Some information had to be discarded for that reason; this report is based only on information that participants agreed could be shared more widely.

3.7   Initial Program Theory

The initial program theory, the program's 'theory of itself' and how it would work, is provided in a diagram in Appendix 1.

It shows the anticipated progression from the principal's early involvement to the training of AFaFE staff and their engagement with parents/carers through to the changes anticipated in children and their families' interaction with schools.

Critical elements of the theory include:

- Selection of staff with whom parent/carers are happy to engage;

- Processes to engage parent and secure their willingness to participate in the program;

- Modelling of 3a activities (as described earlier) which, when repeated by parents and carers, contribute to children's development and school readiness;

- Building a positive relationship between families, staff and the school site where AFaFE is provided, such that children and parents see school as a welcoming place.

The initial program theory leaves as an open question why it is that school principals become involved with AFaFE, as repeated questioning at the beginning of the evaluation did not result in an answer. However, the theory does make clear that their involvement requires two types of actions:

engagement with the local Aboriginal community, as well as within-school activities of hiring staff and ensuring suitable physical facilities for the playgroup.

The program theory demonstrates that parental engagement is anticipated to be built through hiring staff whom parents will trust, and also through the stronger links developed between the school and the local community.

One area of the program theory diagram relates to 'home visits', where an important function was anticipated to be monitoring of 3a activities in the home, as parents/carers applied the new ways of interacting with children they had learned at playgroup. As the bulk of the 'intervention dosage' for the child is anticipated to be provided at home rather than in the playgroup, these visits could form a basis for identifying – and also documenting – what stimulation the child was receiving, how and how much.

The program theory diagram shows the expectations that both children and parents/carers would come to see the school as a more welcoming place. While the brain development that children received from 3a activities would also ensure they were better prepared for school and lifelong learning. It was anticipated that parents/carers, due to their improved relationship with the school, would encourage children's attendance, which would also boost children's learning outcomes, leading to better prospects for employment and better quality of life as adults.

The program theory indicates also that AFaFE staff will be trained to understand how to implement AFaFE and how to document it, and that the documentation of activities, dosage and results would be transferred into formats suitable for monitoring and evaluation. Monitoring would be used to ensure the program was on track and to inform improvements, and data would be used to attract further government funding.

4   DATA AND FINDINGS

The data and findings are discussed in two sections, one for data from term reports and one for data from interviews.

4.1   PROGRAM REPORT DATA AND FINDINGS

AFaFE sites are required to provide quarterly reports to CEWA. In November 2017, 13 Term 2 reports and four Term 3 reports from AFaFE programs were provided to the evaluation team for analysis. They contained both quantitative and qualitative data.

The template for reporting had been updated in 2017 to provide better detailed information to CEWA and the funder, the Commonwealth Indigenous Advancement Strategy (IAS). Improved recording of 'dosage' was a focus of the updated forms. A copy of the reporting template is appended. It should be noted that this form preceded the introduction of on-line reporting, which was implemented too late for evaluation.

4.1.1   Analysis of AFaFE reporting form

The wording used on the form, and the categories of information required, provide a view of what is – and is not – seen as critical data for AFaFE to monitor.

The form begins with a request for staff names and an indication of the staff member's Indigeneity. It is noted that counting names on the list will provide staff numbers.

A statement of AFaFE's focus follows: "The AFaFE program will focus on building the trust, skills and confidence Aboriginal parents need to develop and maintain a positive, supportive and ongoing relationship with schools."

This is followed by instructions to assist staff completing the report, which requires them to document:

a) Overall total number of children who attended for the term in specific age groups.
b) A table of information on participating children, with suggested items: date of birth of child, date they commenced playgroup, Aboriginal identity and dosage.

The document includes instructions on how to record 'dosage'; a key is given that expresses these as number of days per week attendance. This is the key provided in the document:

Key	
Excellent dosage: Attends 4 or more times a week.	E
Average dosage: Attends 3 times a week	A
Poor dosage: Attends l or 2 times a week.	P

c) The number of adults who attended the program and their relationship to the child(ren), by week
d) Which 3a/Abecedarian elements have been integrated into the playgroup, ie Enriched Caregiving, Learning Games, Conversational Reading.

e) Details for how each of these elements is being integrated into the playgroup setting and how parents are coached in using the elements.

f) How many home visits were completed each week.

g) The number of ASQ-Trak tests administered, with a table to be filled in documenting: the child's/family's name, whether the child was full term or born prematurely; the ASQ-Trak age level; the communication, gross motor, fine motor, problem solving and personal social scores; and any follow-up actions. (The form notes: [ASQ-Trak] is completed when each child begins playgroup as it is a screening tool to assess developmental delays. If an issue is identified the child will need to be re-assessed later in the year.)

h) A list of agencies or specialist referrals as a follow up from the completed ASQ-Trak

i) An overview of number of children making a transition to kindergarten or pre-primary and the steps being taken to assist them.

j) Parent comments – 'What have parents raised as concerns, other challenges that your group need to address'.

k) Any issues experienced by the group and any steps being taken to rectify them

l) Collaborative relationships with external groups and organisations, and any partnership successes

m) Good news story: Promote the successful interactions, achievements and outcomes of the playgroup. Schools are required to complete this section in Term 2 and Term 4

n) Whether there is an associated committee, whether they met this term, attendance at their meetings, number of Indigenous participants, summary of meeting and reflections

o) Over the course of the year, two detailed six month case studies are required in relation to individual children (Terms 2 and 4 only) detailing:

   ▪ Introduction of the situation: Child's age, sex, general character, e.g. shy, loud, happy, lonely. What is the home situation (de-identified)

   ▪ Middle of story – what has happened, why are you writing about this child – your thoughts, feelings and concerns/reflections

   ▪ Conclusion, what has been done to change the situation: how have you assisted, or the playgroup been of help to child and family.

The form was analysed to identify what was considered central to the program. For example, note that the form indicates that dosage should be collected only for children, and measure only their playgroup attendance, although the intent of the program is to empower parents/carers to provide learning experiences for children at home and in other areas outside the playgroup.

4.1.2 Analysis of reports

Reports were provided from the following schools:

PROGRAM SITE	2017 TERM 2 REPORT	2017 TERM 3 REPORT
St Joseph's, Albany	Yes	Yes
St Maria Goretti, Perth	Yes	Yes
Sacred Heart, Beagle Bay	Yes	Yes
Mandurah Catholic College	Yes	Yes
St Joseph's, Moora	Yes	
St John Bosco, Perth	Yes	
Yurmulun Playgroup, Pandanus Park (not school based)	Yes	
St Mary's Star of the Sea, Carnarvon	Yes	

St John's, Rangeway	Yes	
St Joseph's, Kununurra	Yes	
Star of the Sea, Perth	Yes	
St Joseph's, Waroona	Yes	
St Mary's, Broome	Yes	

The reports were analysed to determine:

- patterns of implementation, attendance and 'dosage';
- the degree to which information was being entered consistently between sites, which could provide an indicator of common understanding;
- which elements of the program staff reported about (giving insight into what appeared most salient to them);
- what the form itself revealed, and if there were improvements possible to it and/or how it is completed.

4.1.3   Quantitative data - patterns of implementation, attendance and dosage

The figures in the Term 2 reports provided a snapshot of what proportion of local programs were implementing which AFaFE components. The ones most often implemented were those that had been the greatest focus of training and were most structured: Learning Games, followed by Conversational Reading, with Enriched Caregiving in somewhat fewer sites. Conducting home visits and establishing a committee, although part of the AFaFE model, are not integral to the 3a model, and are not covered in the training. Similarly, not all centres had as yet received a great deal of training and support in administering ASQ-TRAK tests.

It was anticipated, according to later interviews, that over time all of the programs would be implementing all components of 3A. The one program that reported that none of the 3A components had yet been implemented had just received training.

4.1.3.1   Program Components Implemented

Chart 1 shows the number of sites which reported implementing Learning Games (12 of the 13 sites), Conversational Reading (11 of 13 sites) and Enriched Caregiving (9 of 13 sites). This was less than the number which had conducted home visits (10 of the 13), but more than had conducted ASQ-TRAK tests (8 of 13). Just 7 sites had set up committees.

Figure 1: Program Components Implemented

CHART 1: PROGRAM COMPONENTS IMPLEMENTED

(bar chart showing Yes/No for each program component: Learning Games, Conversational Reading, Home Visits, Enriched Caregiving, QTRAK, Committee; vertical axis 0 to 14)

Legend: ■ Yes ■ No
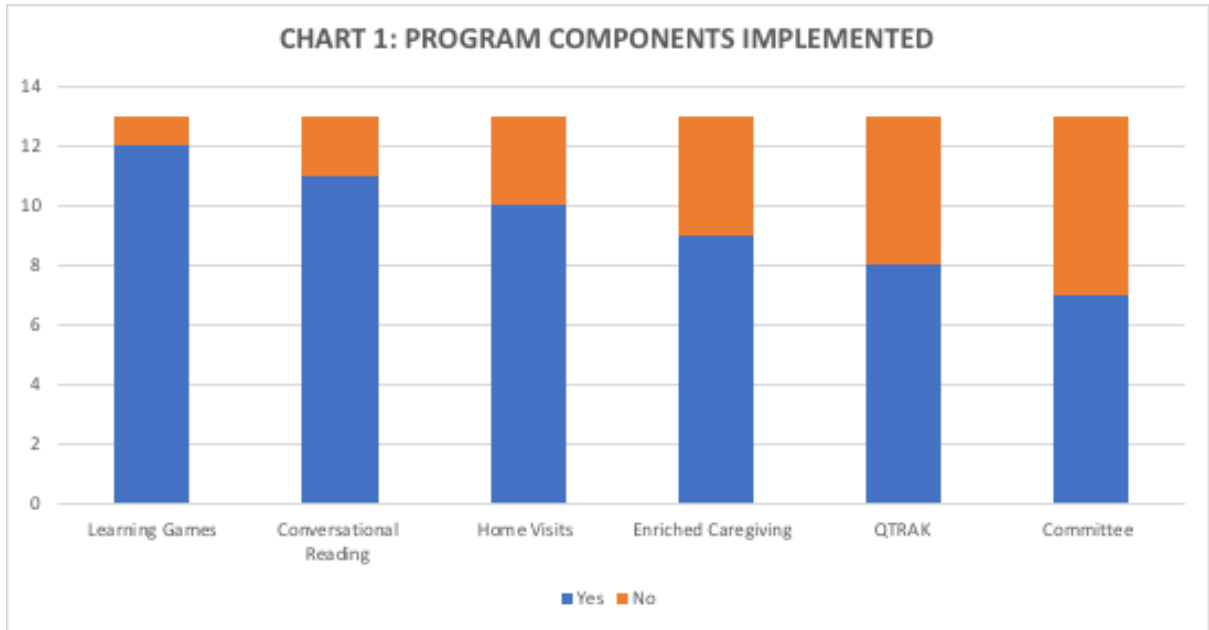
4.1.3.2   Ages of children attending

Chart 2 shows the ages of the 192 children whose attendance was reported in Term 2. The chart shows that older children were more likely to attend than toddlers and infants.

Figure 2: Ages of Children, Term 2 2017

CHART 2: AGES OF CHILDREN, TERM 2 2017

(bar chart showing ages of children by category: 0-6 MOS, 6-12 MOS, 12-24 MOS, 24-36 MOS, >36 MOS, NON-IND; vertical axis 0 to 70)
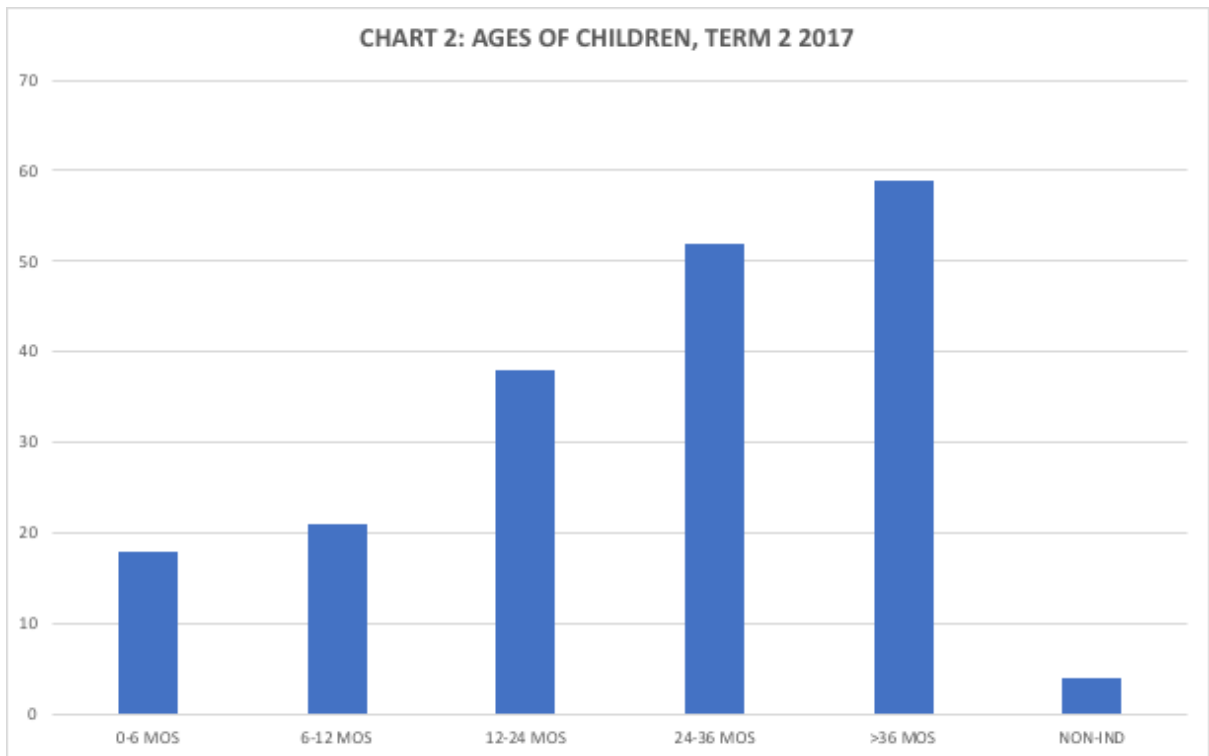
Abecedarian studies indicate that earlier engagement is most beneficial. At least one program was considering how to reach out to pregnant mothers, to increase the number of infants involved with AFaFE.

4.1.3.3   Number of Weekly Visits by Relationship

Chart 3 is one of two showing the relationship between the adult and the child attending the playgroup. Adult attendance in the Term 2 forms was not recorded in the same way as children's attendance and proved more challenging to analyse. While individual children were recorded and their attendance tracked, only 'the number of adults who attended the program and their relationship to the child(ren), by week' was recorded for those who accompanied them.

Options for relationship to the child listed on the form were: mother, father, grandparent, related kinship care, non-related caregiver, volunteers (no instances recorded in any program), non-Indigenous. Related kinship care could be an auntie or grandmother, while 'non-related caregiver' may have been an Indigenous foster parent. Non-Indigenous could be a non-Indigenous parent of an Indigenous child, or a non-Indigenous foster parent. There was potential overlap between these two categories of 'non-related' and 'non-Indigenous', and it may be that there was inconsistency between sites in entering this data.

There were 683 recorded instances of weekly visits by an adult. It is not noted in the reporting forms whether there were multiple visits by the adult in that week. Mothers visited the majority of the time, with fathers' visits making up less than 10% of the total, and other relationships even less.

Figure 3: Number of Weekly Visits by Relationship,
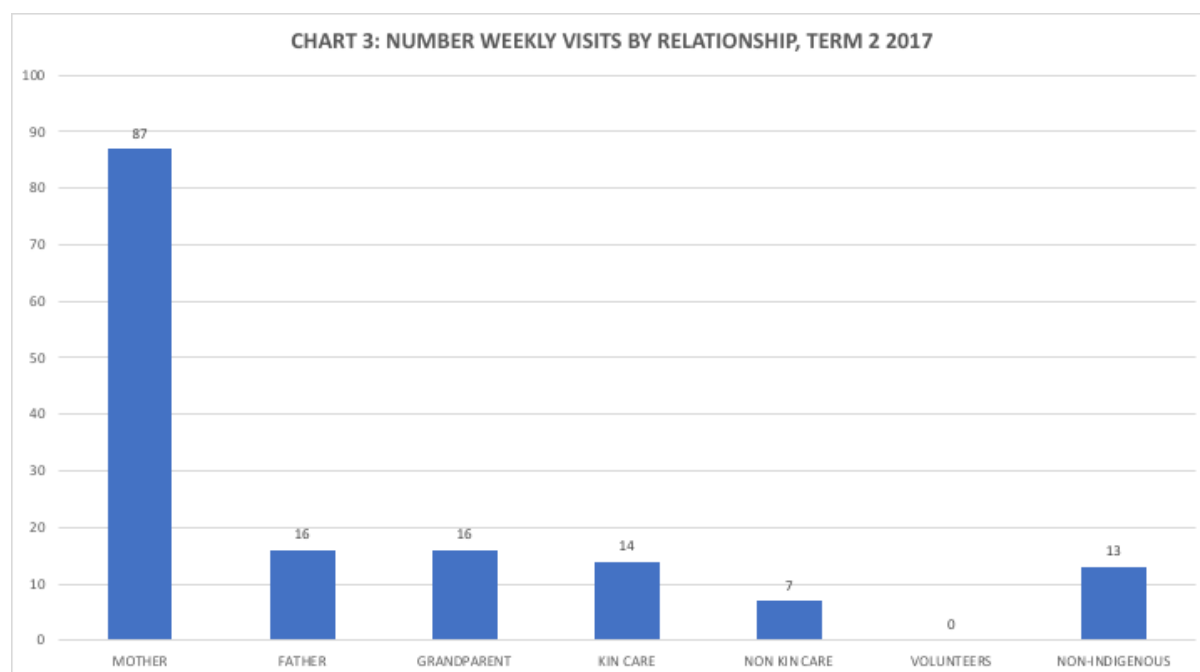
4.1.3.4   Number of Visits Recorded

The number of adults who visited at least once per term was more difficult to ascertain from the recorded figures. It was rare for program staff to record the names of all the adults who attended, so

calculations were undertaken from the data that was available. For example, if 8 fathers were noted as having attended during a single week, then at least eight different fathers attended during the term. The figures below in Chart 4 are minimums; the true numbers are almost certainly higher.

Figure 4: Number of Visits Recorded, Term 2 2017

CHART 4: NUMBER OF VISITS RECORDED, TERM 2 2017
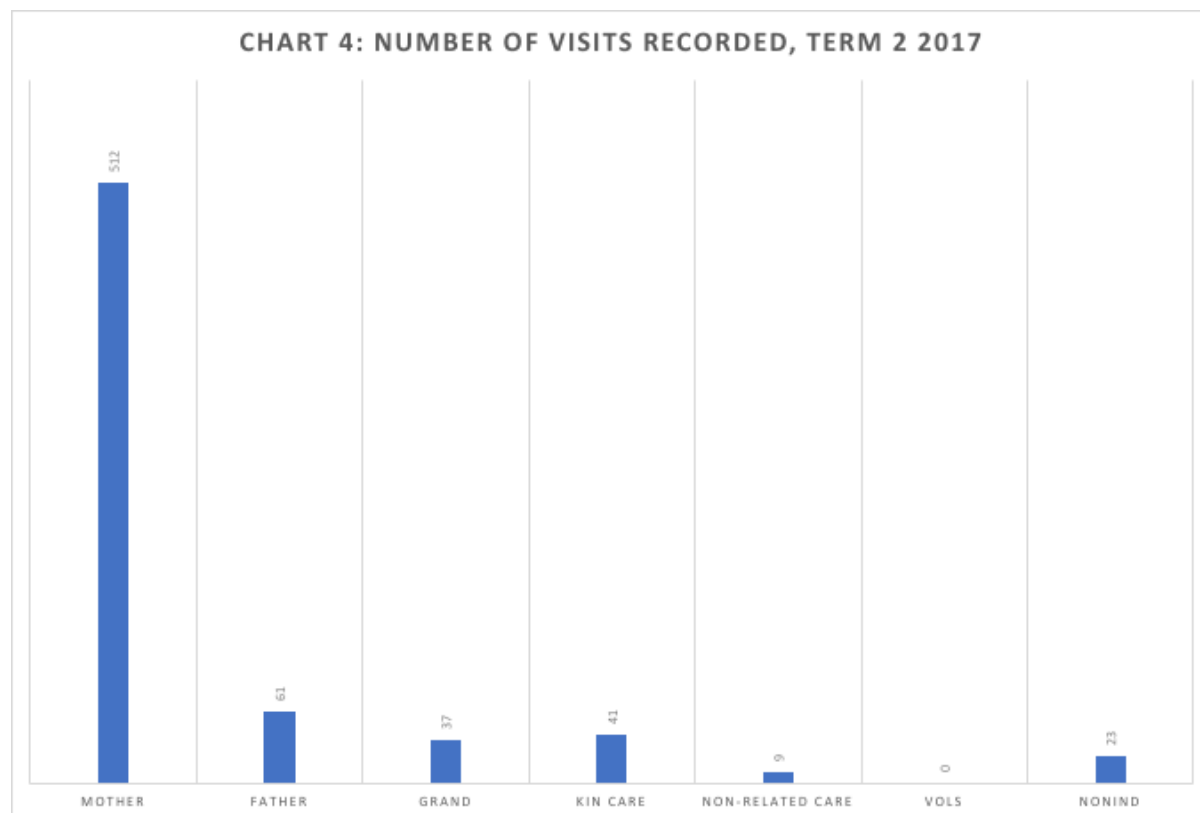
From the limited information available, it appears that mothers attend more consistently than those with other relationships to the child. Mothers make up just over half of the individuals identified as having visited at least once during the term (almost certainly an underestimate) but make up three quarters of recorded 'attendance during the week' (although the number of visits during the week is not recorded on the forms).

Note that this is not a representation of 'dosage'. A chart of dosage, using the proxy measure noted on the form of 'attendance per week' was not prepared, although originally intended. There were three reasons for this.

One was the finding that recording of attendance was inconsistent (further discussed below). An even more important factor was that not every AFaFE program site offers playgroup on more than two days per week. The figures in the reports, even if they had been completed accurately, would not distinguish between parents and children attending playgroup at every possible opportunity (but who have limited opportunities) and those who could attend every day if they chose, but are only attending for a small proportion of the time. Quite different responses are required to these two groups; investing in additional days of service is likely to affect dosage only if participants would welcome increased opportunities to participate.

A more fundamental question relating to dosage is why the form focuses primarily on children's attendance. Unlike many other playgroups, the AFaFE program is designed to empower and support adults to build their child's social and cognitive skills to prepare them for participation at school. The

'intervention dosage' for the child is meant to largely come from the parents/carers participating inte program, and is intended to come largely outside of the playgroup. It is surprising, therefore, that parent/carer attendance and participation, and perhaps even their developing capacity, is not a greater focus.

4.1.3.5   Number of Children Attending by Term

It had been intended to analyse more patterns over time, but with only four sites offering a minimum of two terms of data, little could be achieved. Chart 5 is the only one that used Term 3 data, comparing number of children attending in Term 2 and Term 3. The number of children in three of the four schools decreased in Term 3, relative to Term 2.

It is not clear the degree to which this may reflect seasonal trends, staff changes or even problems in one or more of the four programs providing this data, but the chart does indicate – not unexpectedly – that attendance growth will not always be steady. Genuine trends will only emerge over a longer period.

Figure 5: Number of children attending by Term
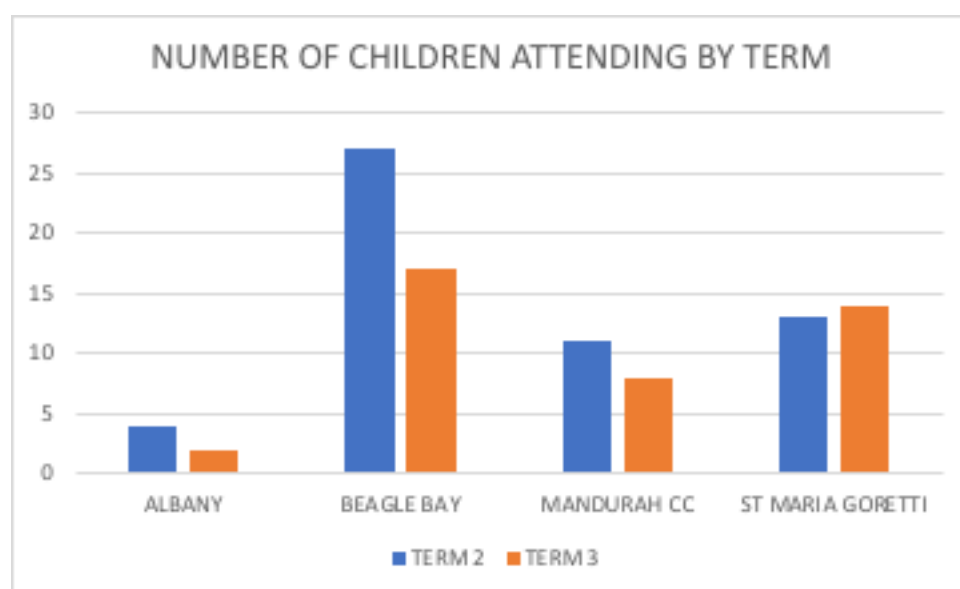
4.1.4   Data entry consistency and issues

There was substantial inconsistency in how forms were filled out, probably reflecting different interpretations of what was required.

Taking dosage as an example, there was variation in how the reports were filled in – not just between programs but even within a report provided by a single program. For example, in one report, a child was marked E (which the key identified as attending 4 or more time per week) at a program that operated for only two days a week, while another was marked P (one or two times per week) for the same attendance. Yet another child marked A (three days per week attendance) had attended, as shown elsewhere in the report, once in some weeks and zero times in other weeks.

Who was recorded as 'staff' also appeared to be a little inconsistent; a principal was listed as an AFaFE staff member on one form. This was a school that had made strong efforts to integrate playgroup staff into the school, for example by providing a birthday cake in the staff lunchroom when an AFaFE staff member had a birthday. It may be that this was not a mistake but a way of

noting the principal's close relationship to the program. However, in working out how many staff were working in each site, it was an anomaly.

No guidance seemed to be given for staff changes during the term, so it was not always clear whether the form recorded included all staff who had worked with the program during that term, or referred solely to the day on which the report was submitted.

The numbers of children in each age range attending the program were recorded inconsistently and sometimes left blank. The evaluation team spent a considerable time working with the data available elsewhere in the form to produce Chart 2. (Where children's birthdates were given, the child's age was calculated for the date on which the report was signed off.)

One item asked staff to record if children were born full-term or prematurely, and respond with Y or N. It was not clear on the form whether Y meant 'Yes, full term', or 'Yes, premature', and different sites worked out their own responses to this.

Although these are minor inconsistencies that would not affect the success of the program, they do reduce the utility of the data for monitoring and evaluation. More support is required in relation to record keeping, monitoring, and the use of data for service improvement. The findings also imply that additional support and closer monitoring may be required to ensure consistency in other aspects of program implementation that are less visible than documentation, but of even greater importance.

4.1.5 Qualitative data - Staff reports of program elements

The aim of this aspect of the evaluation was to investigate whether AFaFE staff understood the program at the 'deep' level identified as important for program fidelity, understanding how and why it worked, as well as being aware of what activities they had to undertake. When staff wrote about how they implemented different aspects of the 3a program and how they coached parents, the evaluators looked for concepts identified as critical in 3a/Abecedarian, such as joint attention, scaffolding, and so on, whether or not they were expressed in those words.

Some responses focused on timing:

> *Elements are integrated into the playgroup daily program/ routine, time is set aside and everyone completes the 3a elements at the same time.*

> *Conversational Reading is done after pack and before we sing and say good bye.*

More detail was provided in some cases, and some indicated 3a techniques were used:

> *Conversational reading is the second activity of every day at playgroup – after the first activity it's time for each parent to select a book with their children and engage in see-show-say for half an hour…. Parents are given a local contextualised pamphlet to read that explains conversational reading / if they are still hesitant the facilitators will go through the process with a parent/child but so far parents have picked it up very quickly and don't need any further guidance to start conversational reading with their child.*

> *The conversational reading books has the see, show, say prompt question cards on every book with example questions related to the book to help parents.*

In other cases, it was not clear that staff were prioritising joint attention, and may have been linking conversational reading to other areas, such as vocabulary building:

> *Depending on the age of the child, educators will model to read a new material to the child if he/she is below 1 year of age. This exercise is aimed to assist with building contextual and conceptual understanding as well as their vocabulary bank (for younger children or children with limited vocabulary). When the same reading material has been read more than twice to the same child, a conversational reading will take place to ensure a successful and fulfilling experience for both child and guardian. This happens (conversational reading) faster with older children who has [sic] developed some contextual and conceptual understanding of their own and who has a bigger vocabulary bank (English and/ or mother tongue).*

Reports of Learning Games were more likely to note how closely playgroups followed 3a procedures:

> *Learning games – takes up almost half of the contact hours, every day, and is split up into 2 sessions – an indoor and an outdoor session. A main table is set up for the art activity of the day which allows children and caregivers to co-create art pieces. It's an excellent opportunity for children to learn concepts and practise listening skill whilst having fun. We would also set 3 other tables up with a variety of learning games, either from supplied packs or self generated ones (usually based on texts that they have been exposed to several times), and each game would be selected according to its learning goals (colours/ numbers/ motor skills/ shapes etc) and age appropriateness for the children on the day. On each of these tables, we would have an educator to model how the game is played. Children and caregivers are encouraged to rotate around these game stations as well as choosing their own game(s) to play. The outdoor session is more of a free play session which opens up endless learning games opportunity generated and led by children themselves, leaving caregivers the task of mediating the play into a deeper and meaningful play. The learning games kits are stored in the common area and are accessible to parents.*

> *Learning games for this term have focused on colours this is continued throughout the day with kids being asked to find/identify colours in each activity they are engaged in… Parents are encouraged to choose a learning game for the day with the help of the facilitator to make sure it's appropriate for the level of that child then move onto the next level when ready. Parents are engaged through their personal relationships with the facilitators who explain the learning benefits, discuss the changes in the child's level of interest, always encourage without judgement.*

> *Parents interacting with children with Lego blocks and talking about what they were making/colours…*

> *Much time has been spent this term creating all the resources for the learning games. I can now confidently say all 200 games have been created and are easily accessible to parents. In the past few weeks parents have gradually begun to experiment and try this element of 3a with their children. I believe with more practice of the games and continual modelling from the FLO and playgroup facilitator, parents will improve and be confident with administering the games to their children alone… Our playgroup is yet to use recording documents to track conversational reading and enriched care-giving. However, we have all documents ready for next term and will be encouraging parents and care givers to record their experiences.*

Learning Games are done after we sing good morning and welcome everyone for the day. All games are in age group boxes and the parents can choose one and complete the game with their child.

There was only one example noted which did not explicitly mention the parent's/carer's role, and it did not preclude their role:

Learning games for this term have focused on colours this is continued throughout the day with kids being asked to find/identify colours in each activity they are engaged in.

The number of mentions of parent/caregiver roles is positive. It indicates strongly that playgroup staff are indeed focusing on supporting parents and caregivers to act as first educators for children.

Enriched caregiving showed a greater variety of responses. Some indicated a close alignment to 3a guidelines:

Enriched caregiving - is done every minute of the day with every child. Educators constantly and authentically model calm speaking tone, using positive words to reinforce expected behaviour, physically modelling positive body language, and connect the actions, feelings and sensations to words that describe what the child/ adult might be experiencing/ doing in the moment (during washing hands, eating morning tea, brushing teeth, when they got hurt or hurt others, resolving conflict, etc.).

This element of 3a has been taught explicitly to individual parents and encouraged through modelling at appropriate times throughout the day (toilet time, meal time, nap time, play time etc.) Encouraging parents and carers to add an educational element to each experience throughout the day (shapes, colours, counting, body parts etc.).

Enriched caregiving is done during the whole 2 hours of playgroup, during the good morning mat session parents are let know what the focus of the enriched caregiving is for the day (example: emotions, numeracy, literacy). We then have a recording poster for parents, the poster has all the daily routines on it and if the parent talks with their child using language from the focus area during the routine they stamp the chart. At the end of the day the chart is recorded into the children individual files.

Others indicated a different approach, where caregiving was addressed, but not explicitly the 3A 'enriched caregiving model'.

Enriched caregiving - Taxi vouchers to get child into playgroup being organised. Young mum to engage with her baby and to learn how to bond and spend time with the baby. The nana will also be there to guide her… Hand washing before mealtime is encouraged for each child and parent. Toilet training is also recommended if they are ready and good hygiene.

Reports on parent/carer coaching were also provided:

I coach parents by introducing the posters and having a one on one yarn with each. We go through some of the pictures and I will demonstrate of how to do this with the parent watching. Having conversations helps as it breaks down the barriers and I can see if they can do it or they maybe just shame. I like to sit on the floor with a child and demonstrate how the 3S goes and the 3N with learning games.

Overall, it appeared that there was a strong and consistent emphasis in multiple sites on parents being empowered to engage with their children in ways that followed 3a guidelines for improving cognitive and social behaviour. This was a very positive finding.

However, there were less evidence that staff were aware of why and how the techniques work, that is, of the theory behind them.

There was also an indication in reports, e.g. 'prompt question cards on every book with example questions… to help parents' and 'Parents are given a local contextualised pamphlet to read that explains conversational reading' that indicate an expectation of parents'/carers' functional literacy.

Such mentions were a concern for the evalutors. Indigenous literacy rates across the country are lower than non- Indigenous rates, and a program seeking to engage with adults who may have disengaged from the schooling system would likely contain a relatively high proportion of people with lower literacy. An assumption by program staff of adequate literacy may be a barrier for some parents, and it is worth considering whether this factor might account for some of those participants who detach from the program after an initial visit or who decline to attend[8].

4.1.6   Issues in the form requiring attention

We recommend that the reporting form itself requires further attention, in order to provide data that is useful for monitoring and evaluation. Some elements of the form would be easy to address. They include items which are currently ambiguous or appear repetitive.

- The form asks for all participating children's birth dates and also for a table that gives numbers for how many children attend from each age category. It was common that those reporting would not complete both of these. If staff are not completing both because they appear repetitive, it would be useful to explain the purpose of each and why both are required.

- Small editorial changes, such as in the question asking if children were born full-term or prematurely and offering a yes/no response would be simple to address. (It would also be useful to confirm if this private medical information is required on this form and how the data it provides is being used.)

- Other questions that offer potential confusion due to their ambiguity could also be easily addressed, including through a data dictionary, which would be worthwhile to develop and distribute. For example, should the non-Indigenous mother of an Aboriginal child be marked in the 'mother' column, the 'non-Indigenous' column, or both? Similarly, should a non-Indigenous foster parent of an Aboriginal child be marked in the 'non-kin carer' column, the 'non-Indigenous' column, or both?

- The 'dosage' key should be updated so that a distinction can be made between those attending on every possible occasion (but where the playgroup is only open one or two days

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[8] This is not to claim that literacy issues would account for all examples of participants withdrawing from the program. Westhorp 2008 indicates many challenges in engaging parents in early years programs, and posits that the parent's attachment style may be a factor in early years programs where it was documented that worse outcomes resulted for some children than if they had not engaged with the program at all. Given the trauma that many Aboriginal parents and carers experienced in their own upbringing, there are likely to be multiple factors that make for challenging engagement – but literacy is an area that AFaFE programs are able to address.

a week) versus those that attend only 20% of available sessions. Noting on the form the number of sessions provided by the centre as well as number of sessions attended by child/adult would address this.

More fundamental questions are raised by other elements of the form. The purpose of AFaFE is indicated at the top of the form as:

The AFaFE program will focus on building the trust, skills and confidence Aboriginal parents need to develop and maintain a positive, supportive and ongoing relationship with schools.

There is nothing in this statement that indicates the role of AFaFE in building parents and carers' capacity to better support their children's cognitive and social development.

Much of the form focuses on children; this is particularly noteworthy in the section recording dosage. It is written as if AFaFE provided standard playgroups, with AFaFE 'dosage' assumed to be equivalent to the hours children spend in the playgroup. However, in this program, it is parents and carers who are intended to be the focus of the program (which the purpose statement above does note). Understanding whether the same adult attends with the child, or whether different carers come on different occasions, and none of them consistently, would be important to understand. Also, it is anticipated that learning activities will continue outside of the playgroup, at home and in daily activities, so 'dosage' is only partly aligned to playgroup attendance.

The statement about ASQ-TRAK also requires reflection. Currently the form states that ASQ-TRAK 'is completed when each child begins playgroup as it is a screening tool to assess developmental delays. If an issue is identified the child will need to be re-assessed later in the year'. This raises a number of issues. First, it assumes that all developmental delays will show up on entry to the program. However, there is evidence that some developmental delays, including those that are trauma-related, may begin or become apparent after the child has entered the program. (There were some indications in interviews that some children who were away from the program for relatively long programs required significant adjustment when they returned, and in a least a few of these cases it seemed possible that children had experienced traumatising situations during their absence.) The purpose of ASQ-TRAK, why and how it is to be administered, should be reconsidered. In one school where an occupational therapist had been secured with AFaFE funding to work onsite, ASQ-TRAK was administered regularly in accordance with its guidelines, which recommend administration at 2, 6, 12, 18, 24, 36 and 48 months of age. Using ASQ-TRAK in this way in all sites would provide a very useful body of quantitative outcome data, as well as tracking the wellbeing and development of children. The questions were designed to work in Indigenous contexts and be simple to administer. As all sites have now purchased the package, support in administering it regularly would appear a useful investment of resources.

The potential to use 3a measures, such as tools for recording progress in Learning Games, should be explored very seriously, as these are meant to be the focus of playgroup activities, have an international evidence based behind them, and enable the recording of both dosage and response. One site uses these extensively, with parents/carers ticking off items as they are completed, and charts displayed on the wall; other sites have begun to use them in this way. Again, doing this in all sites as soon as feasible would provide a very useful body of quantitative outcomes data. Whether they belong in this monitoring form, or whether there are better formats in which to capture the information, should be explored.

Addressing some of these issues appears to require not just alteration in the reporting form, but a clarification of what the program is setting out to achieve and negotiating agreement on the best

ways to monitor its progress across sites, including dosage measures. This issue is further addressed in the final section of the report.

4.2 INTERVIEW DATA AND FINDINGS

Over 70 realist interviews (Manzano 2016) were conducted with CEWA and AFaFE staff in Perth and Broome, and with parents, carers and workers in the six selected school sites. To show respect for the contributions of those who participated in interviews and inform the evaluation with community voices, a relatively large number of quotes are used in this section, although they represent only a small fraction of the hundreds of pages of data collected through the evaluation.

Anonymity was assured for those interviewed. Originally, interviews were to be attributed to one of four categories:

- AFaFE user, which would include all parents and carers interviewed;

- AFaFE staff, which would include those based at the Leederville office as well as those working in schools or community sites;

- CEWA staff, which would refer to all other school personnel not working directly in the AFaFE program, including school principals and teachers; and

- External stakeholders, which would include elders, committee members and allied service providers such as early years specialists and child protection staff.

In an initial trial, however, this proved to make participants too identifiable, as interviews were often conducted in small communities. Interviews are therefore not attributed here, although where relevant the text may indicate whether the comment comes from a parent, a school principal, and so on. It is still possible that a few comments could be identifiable due to their content; sometimes (as when discussing a school's relationship to its community) it proved difficult not to provide any details that could be used to work out which of the schools the situation could apply to. Where quotes are potentially identified, care has been taken to ensure that they do not contain sensitive material.

The transcripts were analysed for several themes. The sections below present evidence of the need for AFaFE, due to the setting in which it was implemented; outcomes for schools, families and services, and how they varied by site and population group; evidence of how program adaptation occurred in different sites and circumstances; and what interview data revealed of AFaFE's alignment with various aspects of theory, including the initial program theory.

4.2.1 Program setting

Many interview participants volunteered their views on why a program such as AFaFE was needed. Although it was acknowledged that parents wanted the best for their children, circumstances meant that some children lacked sufficient stimulation at home:

> *… there's children are left in the cot all day or watching an iPad and they're not getting any stimulation, then we've got problems when they arrive at school…*

> *children … that live … with neglect, alcohol, drug abuse and poverty… and trauma, there's still kids that, you know, there's kids that are not as developed. You know, they're still in a nappy [past the age this would be expected]. They don't have the skills, manual skills, they don't have the cognitive skills….*

… we have children who have never seen a book. When they arrive at school, they never touched a book. Children are getting hardcopy books and trying to swipe it because they don't know how to turn a page… some of our anecdotal research is showing that even, not just Indigenous children but non-Indigenous children, are coming with a lot lower level of oral language when they arrive at school…. it's been the principals of schools that have said to us we're getting really concerned that the children, the level of oral language, the behaviours are increasing because they don't have their language, they can't write stories because they don't have language and they can't construct … their own oral sentences so really quite impoverished…

In some communities in particular, deprivation was linked to drugs or substance abuse, while family violence was also identified as a presence in many children's lives. Trauma, including intergenerational trauma, was a frequently noted factor. Physical factors such as hearing loss, Foetal Alcohol Syndrome Disorder, or lack of essential nutrients sometimes contributed to children's challenges:

… I think it's between 80 and 90% of the children in the Kimberley have been anaemic or low in iron for at least one period during that time and we know that if children are anaemic in utero that their cognitive function is impaired. The other thing that we've got good research on is lack of iodine… in utero, it's one of the biggest causes of low IQ in the world. So with also the high rates of maternal depression, we know that the lovely serve and return that generates the language and the vocab is affected in our children and plus the high levels of chronic stress that people are under is affecting in utero as well, maybe the brain development… we are looking quite closely at attachment as well. Because of the inter-generational trauma and removal of children… our understanding is that many of our children haven't got a secure attachment and that's effecting the serve and return between the parents as well…

An educator noted differences over the past ten years; children needing literacy support used to only require help in reading, writing and numeracy. Now children needing literacy support more frequently arrived with multiple needs, including trauma issues. 'Shame' was a term often used.

… this little kid who used to spend a lot of time in the park with all the alcoholics… When she first went to kindy, she just couldn't look at anybody; she was so ashamed, you know. That's what we've been talking about with a lot of our kids here. Some of them haven't been exposed to that environment so when they do go to kindy, it takes them a good six months to settle in…

The 'settling in' period can create longer term patterns of school avoidance. As a school principal noted:

I see [AFaFE] as a way of breaking the problem we've got in Western Australia, in Australia of breaking Aboriginal literacy. Telling them to come to school more often, if you don't give them the literacy skills and usually for a kid, particularly boys typically, they would rather be [perceived as] naughty than dumb... If you can avoid it by giving them playgroup experience four times a week, really good literacy program, we avoid the 'dumb' part. They don't need to avoid the school...

It was acknowledged that engaging the whole family, including parents/carers, was critically important to improve school attendance and achievement patterns.

> *… quite typically when you see the trends of problems with attendance, it's generally because those parents didn't attend school well either so there's that pattern of behaviour. We're trying to prevent that stuff from happening by bringing them into the playgroup and getting them engaged much earlier.*

However, the challenges of bringing parents to interact with schools was also noted in interviews:

> *For some of our parents, they've had extremely poor experiences with educational institutions, so they don't really want to step foot onto a site where it hasn't been the best for them…*

Playgroups, the solution offered by AFaFE, were often unfamiliar:

> *… a lot of Aboriginal people… would not necessarily take their children to a playgroup because that's a white concept. They would see it as a white woman's concept, thing…*

AFaFE was therefore responding to a real need, but faced challenges in implementation.

In spite of challenges, a number of outcomes emerged even at this relatively early stage of AFaFE implementation. Few could be attested with the small quantitative data available, so interviews were the main source of outcome information.

4.2.2 School outcomes

AFaFE was intended to increase Aboriginal children's enrolment, attendance and achievement in CEWA schools. The type, degree and speed of improvement was influenced by multiple factors, including the nature of the site in which the program was implemented.

In some areas, such as the Kimberley, enrolment was already at a relatively high level, even if some improvement was possible. Increasing enrolment was therefore less of an issue than improving Aboriginal students' attendance and achievement. In areas of metropolitan Perth, however, increased enrolment was a key aim. This was so particularly in areas with relatively high Aboriginal populations in the catchment area, but little representation in the Catholic school population. Schools operating in areas with relatively low numbers of potential Aboriginal students in their catchment areas could work equally hard to establish good relations with the local community. However, the numbers of students enrolling in the school were not likely to be as high as in schools with a larger local Aboriginal population. In interviews, many participants indicated that when the time came to enrol children in school, they would choose a school closer to their home, although they were willing to make an effort and drive to the playgroup once or twice a week.

The dynamics of the local community also impacted on schools. Where there were significant adversarial relationships within communities, outcomes appeared to take longer to achieve. Interviews revealed at least two potential reasons for this. Communities with a stronger history (and reportedly higher current degree) of racism made building trust difficult, as it affected potential participants' expectations of how they would be treated by other groups. Dissensions within the Aboriginal community could make progress difficult where those in groups friendly to the family of an AFaFE coordinator would attend the playgroup, but those aligned to other groups in the community would avoid it. In some circumstances this led to some groups avoiding AFaFE activities altogether, but in other circumstances it could cause fluctuating attendance:

> *It's one of those things … if there's warring families, one family might come in and the other is not going to come to playgroup that day. It's just not going to happen…*

One of the most important factors identified in achieving outcomes was the nature of the relationship that had previously existed between the school and the local Aboriginal community:

> *… the school is in its 61st year of operation, probably 58 of those we didn't want to engage and suddenly we wanted to engage and why weren't the Aboriginal people [ready]? I think it took a while to come past that…*

Principals described how it could take two years to forge trusting relationships in such circumstances, using strategies at organisation to organisation level, and at family to family level.

> *[One person hired through AFaFE] has done a lot of work and I think that's something the system has been really good at, recognising that it just takes time but she's engaged with community and the elders at a significant level… what was missing was somebody who could work directly with the families in their homes… [Another AFaFE staff member hired later] has the advantage of being the daughter of an Aboriginal elder of this area so suddenly all the doors that were not slammed but certainly weren't wide ajar have opened up … Mum and [AFaFE staff member] went and visited some families and have got traction…*

This contrasted strongly with another site where both school staff and community members talked in interviews about the decades of strong relationships that had been maintained between school and community. Not surprisingly, schools reporting more historically positive local relations tended to produce earlier outcomes, as they did not need to invest as much time and resources in early trust building. In this circumstance, AFaFE was able to build on the existing trust in the school and its staff. Positive relationships with organisations and leaders led to recruitment of local champions and an advisory committee, while outreach directly to families – with AFaFE staff working hard and using multiple channels to reach community members – brought in significant numbers of playgroup participants. It was noted, however, that even in the most positive circumstances, there was a significant number of families in the community whose children were at risk, and who had less contact with the local school.

Where early outcomes were perceived, increased school enrolment was most apparent in areas where there had previously been under-representation of Aboriginal students relative to local Aboriginal population.

In the example below, in spite of being in a catchment with relatively high Aboriginal population, prior to AFaFE only one Aboriginal child was enrolled at one school:

> *It's interesting, just in talking to you, the other thing that just occurred to me is … we've now got fifteen or so Aboriginal children across the primary grades…*

Increased self-identification of Aboriginal students and families was also noted:

> *… when they first came in here… I didn't realise that [name omitted]'s kids were Aboriginal nor was he or his wife… It was sort of a shyness about it, whereas I think people are quite comfortable now…*

In this school, where there had previously been little Aboriginal involvement, a number of changes had been made throughout the school as well as outreach to the Aboriginal community. In-school

changes included hiring of Indigenous staff outside of AFaFE and greater cultural understanding for staff, with a commitment to change school culture.

> *I think the playgroup has changed the culture of the school if that makes sense… the staff side, … they all went to … the Aboriginal liaison person in the school and had all these conversations about what to do which was fine, it was a great outcome and it was at least awareness, I suppose awareness level… Now [several non-Aboriginal teachers working with new Aboriginal teacher] … have all come together to develop a package which will run for four weeks… all the classes are going to have an independent display … So it's gone from that awareness that there is an Aboriginal culture to really an immersion and interaction with it…*

Some resources provided through AFaFE had changed outcomes for children in this school:

> *… [school] staff will now come to me and say this child is an Aboriginal child, how do we interact with them because they're not doing their homework? We've now got people like [AFaFE staff members] who can have a relationship with the parents. Last evening, yesterday, there's a child in one of the other grades who has got a sibling in the playgroup so [AFaFE staff member] was able to work with them on the fact that there's no food at home. He's been away from school because mum's embarrassed, ashamed so she can't send him. [Another AFaFE staff member] has got the relationship with the family by visiting them which enabled that to be addressed … Before AFaFE… there would've been a feeling of well, Aboriginals never come to school. I think [school staff have] … gone from an awareness to an understanding...*

This type of school-level change could be conceptualised as 'proving the school worthy of the community's trust' and it appeared that it was required if outcomes such as increased enrolment and attendance were to be achieved:

> *… one of the local elders … the first thing he said [when] we set up a community advisory committee … His first thing was don't make it tokenistic, don't run up a flag and think that makes you culturally sensitive, it just means you've got a flag up. Everything we've done has been about a genuine engagement with all cultures. I think that's what flows across. That's why I think it's also picking up traction…*

One of the ways in which the school now addressed issues of shame was in involving AFaFE funded staff in problem solving:

> *…if there's an attendance issue or a homework issue or that, [Aboriginal staff member funded through AFaFE] actually makes the initial contact with the parents. She will actually, the teachers will come and talk to me, we will engage with [Aboriginal staff member funded through AFaFE], we'll come up with a plan... [Another AFaFE staff member] having the stronger… direct community relationship, she will be in a position to know these families so well... She can have that conversation. The problem goes away, mum doesn't have to face me; she doesn't have to deal with it. We do the same thing with school fees if a parent has a problem…*

On the other hand, there was evidence from other interviews that some community members felt that they were now able to deal directly with the Principal, and trust him to resolve issues they raised. This trust had taken significant time to develop.

Improved outcomes in schools where enrolment was already at relatively high levels before AFaFE was initiated were more likely to focus on higher rates of school attendance. This sometimes occurred, as in the case above, due to improved capacity within the school to identify and address issues acting as barriers to attendance, but sometimes happened due to the parent's attendance at AFaFE with their children:

> *… yes, so we've seen improved attendance in older siblings of children just by being able to encourage the mum to come to playgroup, it then forces the older siblings to have to go to school as well and that's been a real highlight for us. That was something we didn't foresee so we've had a child who's gone from ten per cent attendance for most of their schooling life to now attending eighty, eight-five per cent of the time which is exciting and it's not just happening for one or two cases, it's happening for a number of families…*

In another case, both mechanisms operated, with the child's attendance at an AFaFE program on a school ground enabling special initiatives to be put in place that would enable school attendance:

> *… young girl… she's not going to school anymore but she would go into the playgroup because mum and baby were going to be there… and so we could get her to stay until recess time and then we were able to get her to stay longer, then we were able to get her to go to different programs that were meeting her social and academic needs better than being just in a general classroom. Now she's coming to school every day…*

There was no way, at this stage of program implementation, to document evidence of changes in school achievement due to AFaFE, and quantifying such changes will be challenging. There is currently no strategy to track children who have been involved with AFaFE, or to assess their contribution to any changes in enrolment, attendance and achievement figures at school level. This will be even more challenging where children attend schools other than the one in which they attended an AFaFE playgroup.

One finding that emerged strongly was that perhaps the most important factor in achieving outcomes was the engagement of the principal:

> *…that's definitely dictated which schools have better outcomes. We've definitely noticed over the last two years that …if… the principal and the APs are on board then the program I guess really has some momentum and we get better attendance and we see those outcomes for parents whereas … those schools where… the principals often don't want it, it's another thing they have to deal with, they don't see the value, they don't want to have to go out and engage with the local community… you can actually see a reflection in terms of numbers, in terms of the families that go on and enrol in the school so I guess it's almost the parents have that sense too about where they are wanted…*

4.2.3   Family Outcomes
Some early outcomes for families were documented for parents and children.

Early outcomes for parents/carers varied by group, in part reflecting that different groups of parents had different motivations for attending, and interacted with different resources that AFaFE offered.

There were important differences even at the point of entry to the program. Some parents only needed to hear about the program to want to participate; for others, a good deal of work had to be done even to achieve the interim outcome of engagement with AFaFE.

To achieve this, the creation of a safe, Aboriginal space was the first step, and in some sites provided an early path for community involvement in AFaFE:

> *… the boys, the men… actually decorated it, put up all the decorations… this wonderful little space which has got such a great feeling … the equipment, the decorations and everything and how it's displayed and set up is just so wonderful. It's just such a pleasure to go there…*

The cultural safety of the AFaFE spaces appeared to play an important role in Aboriginal participants' attendance, particularly those that may have been resistant to attending otherwise. While the word 'shame' was often used to express why participants might hold back from coming to the playgroup, the words 'safety' and 'comfort' were often cited as reasons for why parents would attend:

> *I felt judged by … non-Indigenous women [when attending a different playgroup, years ago] … This one is completely different. It is Aboriginal friendly, and it's run by Aboriginal people… we want to be in situations with our own mob. You know, we can talk about being equal and access to this and access to that and there should not be any discrimination or segregation or separation or whatever, but the fact is this playgroup offers a very safe environment… It's great if you've got a playgroup where your peers are the same… people you feel comfortable with… I believe this playgroup has been set up for people to feel comfortable…*

This safe space did not just attract people to come to it, but helped to ensure regular attendance:

> *… it's good, I'm totally relaxed coming here every day. I don't care what I wear, nothing. I don't care, it doesn't bother me. I'm just happy.*

There were also, as commonly found in early years programs, accounts from parents who found it reassuring that other parents were experiencing some of the same issues that they were, and their child was developing normally. The group aspect of AFaFE was a considerable aid in this.

Parents experiencing difficulties in their lives benefited from support AFaFE could provide such as transport, or could facilitate access to, such as food in cases of financial hardship. Improved access to family services was an early outcome for some families:

> *The immediate impact that you do see is number one, the mums and dads coming in with their little ones. The flow on effect that you see is so much more, you know, siblings, different allied health programs and agencies that are able to come and access young mums and babies here as well.*

For parents, the school might feel intimidating and not a comfortable place for them, but playgroup offered a 'soft' way to get ready for school:

… at a time when … their kids [are] babies or they're small … we can talk about how cute their kids are and you know, have nice conversations that actually don't relate to school because they haven't come to school yet. We can make really positive relationships because we don't have those challenges that create hard conversations for us with them….

In a site that began with some difficulty and with few existing positive relationships between the school and the local community, where there had been initial resistance to entering the school ground:

With the parents, I find that they feel more comfortable with me and they're also more comfortable with the staff... I think there's a safe feeling developing. A couple of the mums who have kids… in playgroup but they're dealing with the older siblings, where there's an issue with bullying, racism, all that sort of stuff, they come to me and expected it to be resolved which is fine, that's what everybody does but it's the fact that [Aboriginal parents] … came to me. They just didn't walk away and go somewhere else because this place isn't safe… They said it's just kids but we want it to stop now. I think that's something that's a flow-on from the playgroup environment...

Additional interim outcomes for parents included the relationships that developed through the group (evidenced in some although not all sites), which appeared to provide additional support for participants, some of whom had been isolated before AFaFE:

Parents have started to form a support group with each other, helping out with parenting tips and having each other to share and express feelings and concerns to. Parents are also getting more involved with community events happening in the area because they can go with each other.

Facilitating positive relationships was not always easy, particularly in communities where there was significant violence and conflict:

[AFaFE staff member] works hard… to get that safe space... to get parents to relate on a, I guess a better level with one another to stop those issues that are occurring in playgroup so that, you know, one of the mums that may have been beaten up or whatever can still come to playgroup and not be victimised and not feel shame…

Support in being an effective 'first educator' for their children was noted as an outcome for many parents, one that increased their feeling of competence.

For some parents, increased knowledge was involved, at the playgroup or through opportunities the playgroup facilitated:

I've attended a couple of the baby brain workshops with the group… Attending those workshops really opened my eyes up. I wish I would've known a lot of this previously.

For some parents, the program supported their confidence as parents by providing validation of the way they were parenting. Even the 'see, show, say' technique was said in a number of interviews to be the way Aboriginal parents had traditionally educated their children in language and cultural concepts, and being in a group with other parents doing the same things was valuable:

I reckon this is a better program, with the mothers doing everyday things. Like, we can do it at home and show them, but it's also good to see that there are other kids doing it. So we're not the only ones that's doing it, like, together as a team.

The structured nature of AFaFE programs using 3a was a particularly valued element for some parents:

There wasn't really much structure… and then [AFaFE staff member] … came along and then the structure came along because they planned it out properly and it started to develop into an actual learning playgroup and not just a playgroup to sit down and talk and let the kids run amok. It's just improved from there…

In these cases, the most appreciated elements of 3a was the structured way in which parents could play with both infants and toddlers, and the ability to track children's progress against developmental milestones and record achievements, giving them confidence that they were doing the right thing as parents. Having positive reinforcement and direction could be especially useful where developmental difficulties were identified and parents were unsure of what to do:

Some of the other parents have got kids with learning difficulties whether it be hearing and all that but this gives them different things to focus on and to work towards a goal to achieve. When you're at home, you sort of, you have an idea of what to do but if somebody says alright, this is good for your child, this is the way you should do it, sometimes it's good to hear that and have somebody direct you down that path if you're not too sure.

Others with children with special needs appreciated the access to diagnosis and early intervention that the program provided. One site had an occupational therapist on staff, and this worked well, with on-site help provided by the therapist for children with diagnosed needs.

Many parents/carers appreciated the playgroup for the normalisation it offered of their experiences and the peer modelling it provided, as well as advice from staff. Parents indicated that they felt more able to act as 'first educators' because of this:

I like it because the past two times that I've come, I like knowing what [child] should be learning at home and then taking that home and doing that with her at home so that's really good for me for the past two times.

However, some were not comfortable in a group setting and they benefited in sites that offered alternatives to the standard playgroup, including at-home programs.

An unexpectedly high number of non-Indigenous foster parents of an Aboriginal child attended, particularly in some programs. Their desired outcome for attending appeared to be to gain better Aboriginal understanding themselves:

… being a foster parent and not being Aboriginal, I just want to be able to learn stuff cultural wise to be able to teach the kids because I think they need to know their heritage and it's not happening through the department so that's why I like coming basically…

Finally, another outcome for some parents was employment:

… one thing that we have noticed is employment of Aboriginal people. We thought it would be a good program for that but we definitely employed a lot of Aboriginal people including

parents that were not employed previously so six have now completed the 3A training and are working within the program … that was something almost we didn't see happening but [it] happened organically so that employment of Aboriginal people has been a definite outcome…

Not all parents worked at AFaFE. Others withdrew from the program due to finding paid employment. It was noted in multiple sites that women who had gained confidence due to being supported to act as their child's educator in the playgroup not infrequently felt empowered to seek paid work, even if they had not done so previously.

… that's definitely a problem for some of these centres … they lose their numbers because mum then needs to send the children off to day care…

Evidence also emerged of children better prepared for school and lifelong learning:

I know a bit about the kindy pre-primary, you can see a couple of kids that were in this program last year that have gone into kindy this year, definitely more ready than the other four year olds…

Confidence, overcoming previous shame or shyness, was often cited as a factor:

I do think it does get rid of some of that anxiety that kids who aren't involved with the AFaFE Program might have initially. And also, they've formed some good friendships as well.

Yeah, there was a few kids who were here earlier in it and one of my husband's cousins actually, her twins, they went, they started kindy this year. They went into kindy at a different level to before they were thing because they're very shy girls so they went in talking a lot more and being more open.

Other outcomes noted for children included where the program resources were able to increase children's socialisation skills in areas that would be encountered at school, including experience with toys and books, understanding routines and how to interact with other children and adults in a structured environment.

The relevance of AEDC categories to AFaFE outcomes was unforeseen in the initial program theory, but the changes reported for many children in AFaFE playgroups mirrored the AEDC categories on which children were assessed for school readiness.

Children's physical health and well-being development

The 3a exercises were noted as important for children's physical development. 3a, like Abecedarian, places considerable emphasis on motor skills, and there was substantial evidence from some (but not all) sites that parents were using the techniques:

When she, some of the games when we first started was just stuff like rolling the ball when she was a bit smaller, back and forth. She didn't get it straight away … It wasn't until we got it home that she actually had done that with her sisters, then I came back in and marked it off in here…

The contribution of AFaFE to children's physical health and well-being development also included the early identification and referral to services for hearing and other health issues that AFaFE provided, so that children's physical health and any cognitive, sensory and developmental limitations they might have received remedial attention prior to school entry. This is particularly important in

view of the dynamics that can develop when children struggle with learning tasks on entering school; by the time problems are identified and addressed in the classroom, defensive behaviours may have become entrenched.

<u>Development of children's social competence and emotional maturity</u>

Significant evidence emerged in interviews of virtually every item in the AEDC related to social competence and emotional maturity, including children's improved self-confidence and self-control, understanding of routines, improved concentration and in some cases, children helping others.

In preparing for school, being able to feel comfortable away from the parent was important, and the AFaFE playgroup was noted in multiple interviews as preparing children for greater independence and ability to interact with strangers:

> *… he's learnt with the educators, learning to go ask them for stuff and interact with them…. having the other people around, he interacts a lot with the ladies here now. Before … he wouldn't move away from me. Now he pretty much interacts with everyone…*

This was cited as particularly important for the fostered children, who had all undergone loss, so that familiarity with the school environment was important to their transition to kindergarten:

> *… my kids … they have attachment issues being foster children so the stability and the routine and coming here and knowing the school prior to them actually attending will be fantastic. There's not that transition that's going to be awkward for them or scary because they've been here...*

<u>Development of children's general knowledge, communication, language and cognitive skills</u>

Again, virtually every element on the appended AEDC list was noted for children in AFaFE, from understanding how to use books and toys, knowing colour words and songs, to understanding hygiene and being able to communicate with non-family adults. It was noted in at least some circumstances, where a site was offering a high quality playgroup where families and children were engaged for an adequate amount of time, that children coming out of AFaFE into kindy could be at a level with non-Aboriginal children on entry.

AFaFE also proved valuable for two children who were struggling after entry to school without participation in AFaFE. Although this was not the purpose for which AFaFE was developed, at least two examples were noted during the evaluation, including the one below:

> *… we had a child from Port Keats come, and he was in Year 1, so we found that a challenge, and he found that a challenge as well, as well as mum, for him to go in to that Year 1 classroom, and I guess carry out the work that was expected of him. So that's where the AFaFE came in really, really handy, because he actually went … in to the AFaFE … a lot of the skills that he was lacking are focussed around the social elements, just interacting in a positive way with other students… that child has now integrated back in to school... just that opportunity to go back in to the AFaFE and … learn some of the basic social skills about sharing, and waiting your turn, and those sorts of things, which that's been really good…*

4.2.4   For whom is AFaFE not working?

The evaluation team was also asked to identify who AFaFE was <u>not</u> working for.

There were several groups evident in the evaluation for whom AFaFE was not working – or not yet working.

The first group comprised those who were not being reached by the program, who had not heard of the program or did not see its relevance for them. Failure to reach client groups was simply an issue of time and resources for AFaFE programs in some sites, and this could be seen as AFaFE 'not yet working' for those 'not yet reached'. Even programs with substantial participation were continuing outreach, although further increases in enrolment could put pressure on the space available for the playgroup for some sites.

There were other cases where AFaFE faced barriers to enrolment. For example, in communities where tensions existed between family groups, members of a different family group than the one currently involved in the program may choose not to attend. Where this could not be addressed through staffing, the involvement and advocacy of elders from different groups may ameliorate this issue.

There were also parents/carers who, even if they had heard of the program and found it potentially relevant, had competing priorities in their life that made the playgroup difficult to access, or who experienced shame or fear at the thought of their home life or parenting being revealed.

In some cases, program resources were identified to address these barriers if initial engagement with AFaFE staff was accepted. Resources could be used to provide transport or family support or even to provide a variant of the program that enabled parents to participate in 3a in their own homes, rather than join the playgroup. This alternative required considerable time and resources, as well as requiring a high level of engagement skill.

Of greatest concern, in term of groups that AFaFE did not work for, were those who accessed the program but withdrew from it – and potentially experienced worse outcomes than if they had not accessed it. (See Westhorp 2008 for discussion of this issue in another early years program.)

Causes of such withdrawal were difficult to ascertain, as such participants did not participate in evaluation interviews. Interviews with relatives talking about why other family members (such as a brother or a niece) had withdrawn from the program indicated that in at least some cases parents/carers struggling with literacy issues may have withdrawn where program staff or the materials used in the program anticipated greater literacy skills than they possessed. In such cases, any shame they may have felt about literacy and schooling may have been reinforced, and they may have increased doubts about their capacity to help their child.

Another case involved a high-risk family with multiple vulnerabilities. In that case, the child protection agency used AFaFE as a site where children could be removed from a participating mother, who later made herself and her children unavailable to service providers.

There appeared to be multiple reasons for such withdrawals, including shame (some related to literacy), competing life priorities, and relationship issues.

It is important that discussions take place on what degree and types of family risks and vulnerabilities AFaFE is equipped to work with, and what skills and supports are required for staff in these situations. The issue of appropriate working relationships with other agencies arising from the second example is discussed in the next section.

4.2.5   Outcomes for Services

Outcomes for service providers varied by site, but there was evidence that shared learnings between sites were leading to more positive outcomes in multiple sites.

In many sites, services appeared to appreciate the improved access to potential clients available to them through AFaFE.

Sometimes service providers' awareness of a pool of potential clients – some of whom may have previously been difficult to access – led to the program being swamped by service visits, to the detriment of other activities. Guidelines had been developed in some sites for this, to ensure that there was a schedule that enabled service visits but left time for 3a exercises and other program activities.

Some participants in sites where services were less involved indicated that they would welcome more service visits to increase parents' knowledge and to address the children's fears that currently act as service barriers:

> *… I think they should have more visitors… just say if … one day they do child health checks, you know, with the child health nurse and while they're doing that, they can teach us on what to look out for, high temperatures, you know, that kind of thing, when to bring your child to see someone or even ear health checks because ear health is so important in the community and unfortunately a lot of kids are having problems with their ears. Just identifying those kinds of things for us parents to know to benefit our child and … if police officers come and sit down because I know indigenous people are very fearful of them because of what has happened in the past, what continues to happen… I know a lot of parents go the policeman to scare the child. If we bring them in so they can interact with the kids and the kids were thinking oh, you know, this is a person, even like if doctors come so they're not scared of going to the doctor every time so that's why the mum doesn't bring them, even though they really need to go. Yes, so that kind of thing, I think bringing different people in, maybe dieticians…*

While some services visited AFaFE sites, others were involved through referrals. Both school and AFaFE staff noted that supporting AFaFE families often required a wider range of service relationships than schools had previously negotiated. While the new service relationships were useful in supporting families and therefore increasing children's attendance at any level of the school, it appeared that guidelines would be helpful for some of these interactions:

> *… if you're going to start referring them to services… there's so many things you've got to be conscious of and follow protocol and do it the right way … you do know definitely the child safety is first and foremost but you've also got to tread carefully because there's cultural issues that everybody is not aware of… You can give advice… but you don't want to turn the parents away because first and foremost, you want them to get to school…*

The example of the AFaFE playgroup used as a site for child removal, cited in the previous section, resulted in broken parental trust and withdrawal from further participation in AFaFE. It demonstrates the negative outcomes which can result where agencies do not have clear guidelines for how they work together.

That case contrasted with another example in a different site, where negotiated guidelines were prepared to guide the interaction of AFaFE and child protection services.

… a lot of it is a lot of prepping. We have to liaise with [local AFaFE program], we have to tell them… what we want to achieve for the outcome of those children … we don't just dump them on the doorstep of [AFaFE], it's a lot of preparation and negotiating and informing them about situations, our situation with the parent and how this parent could benefit and how this child could benefit...

To maximise benefits from services, guidelines appear to be required to ensure mutual understanding between AFaFE and local services on how to work together for the benefit of families, both in terms of on-site access and in referral situations.

4.2.6   How AFaFE adaptation occurred in different sites and circumstances

Multiple variations of the AFaFE model were identified in different sites. The current model of implementation encourages a strong degree of local decision-making:

… one of … the aspects of AFAFE they did get right in the beginning was rather than saying this is going to be a one size fits all, which has been difficult from my end but good for I think the communities, we've sort of said here's a model but you take this as a starting point and you use it … and change the bits that don't work and modify it to suit your community and get the local community involved… you can make the decisions about who you're going to offer it to, when you're going to offer it, how you're going to offer it, who you're going to employ, what's going to happen within the session...

Although the word 'community' was used by the person being interviewed, further evidence revealed that most decision making was actually made by the school and by the staff the school hired with AFaFE funding. The 'you' in the statement above denotes 'senior school staff'. Community decision-making, as enacted through an AFaFE community committee, tended to be a later development and there appeared little consistency in how committees were set up (if they existed at all) and how they operated.

One of the most positive findings of the evaluation was that adaptations in virtually every case preserved the focus of playgroup staff in supporting parents/carers as educators rather than operating like a more traditional playgroup, where staff would be more directly instrumental in the child's learning. However, many program aspects were variable.

Variations appeared to be of four types:

- relatively minor variations that did not alter program elements, but only affected how they were delivered;
- variations that did affect core program elements, but where changes were intended to be temporary, with the intention to implement the full AFaFE model when circumstances permitted;
- changes to some core program elements designed to address special needs of some client groups (e.g. those seeking family reunification after removal of a child due to child protection concerns; those who felt unable to participate in playgroup activities but who wanted their child to benefit from 3a child development support), where the core principles and elements of AFaFE were preserved but core elements were administered in a different way, such as one on one work rather than playgroup attendance; and

- changes to some core program elements that did not adhere to the full AFaFE model, perhaps due to a belief that core elements of it were not suited to the context in which it was operating.

Decisions on how the program should be adapted seldom seemed to be made as part of a formal situation analysis. In many instances the changes appeared to be made in reaction to something that had not worked initially, so tweaking was required.

Deciding where the AFaFE playgroup should be physically located was an example of a minor variation that was often decided in this way. For example, one program began with an assumption that the principal should personally welcome participants:

> *… when we first started we had an open day for the Aboriginal people, do the right thing as the principal, we had the balloons, the whole thing and I'm standing out in what was the quadrangle… [but] you'd see them walk past and not come in. I was talking to… [an AFaFE management staff member who] took me aside and said, 'I think I know what the block is', I said 'what's the block?' He said, 'you are; you are here, you're relatively large, large, white, principal, bad experience from my life, I'm not coming in while he's there'. I went away and two or three eventually came out…*

That site has since trialled different ways of enabling parents to access a room in the school without having to sign in or go through an office, as that – like interacting with the principal – was shown to cause potential participants to withdraw from the site before they could access the program.

Choosing to locate the program on school grounds supported a close relationship with the school and eased children's transition. For example:

> *Yeah, a lot more outgoing now, she's got kindy next year so hopefully she's going to be ready to walk in there by the time it's time. She looks across at that and goes 'my kindy, my kindy!'*

Location on school grounds enabled other variations, such as one site that offered two days a week of Aboriginal playgroup, and two days a week where Indigenous and non-Indigenous children participated together. This site was in a metropolitan area, where the AFaFE children would be in a small minority once they entered kindergarten.

> *… two days it's purely Aboriginal people and it's offered two other days [using a funding source other than AFaFE] targeting them to come in and bringing in a few non-Aboriginal people. The idea of that was to, because long term plan is to have Aboriginal people enculturated into the school but if you only ever have them as two separate groups, stand alone, isolated, it's not the correct expression but it's almost apartheid. What we've done is offered it in a very gentle way so we're getting a few of the families now drifting into those other two days and I think again the critical mass was to get them to come at all. Now the critical mass is to get them to come the four days because by integrating them with a few of the non-Aboriginal families, it's getting past that fear that 'we'll be treated differently'. I think my long-term goal is having it operating that way. When they get into kindy, they're one group.*

(Note that while this may have been seen by this respondent as a minor variation in this site, in some other programs hosting a mixed but Aboriginal-welcoming playgroup program could be perceived as a major adaptation.)

Where the priority was less on easing children's transition into school than on facilitating adult attendance (both core to AFaFE), different decisions were made. Some sites chose to locate the program in an area adjoining the school, but a little separate from it, to make it easier for parents unwilling to enter school grounds to access the program. At least one site offered the playgroup in different locations each week:

> *… we do have a Perth school that's gone to the local community hall and rented that one day a week so it's one day at school and one day at the community hall so that parents who don't want to come onto the school site can still access the playgroup. It doesn't have to be on the school site. In the majority of cases it is but we sort of said just even establishing that relationship between the school teacher and the school staff and the community is the first step because once they have that relationship, they might step foot in the school … let's face it, if a, they've had a poor experience and b, the only other time they've probably been called into the school is you know, when one of the older children has done something wrong, it's not exactly a place where you want to be … There are some parents it's going to take a long time before they step foot on the school site.*

In a community with considerable inter-group strife, AFaFE staff in the early months of the program deliberately set up the program in multiple locations frequented by different community sub-groups, to ensure the program was not perceived as belonging more to one group than to others.

In both of these cases, AFaFE central management was aware of and endorsed the variations from more common practice.

There were other minor differences in the way the program was implemented in different sites, such as where a transport vehicle was provided through the program versus investment made in having an occupational therapist available to the program, or whether the program was timed to coincide with school opening so that older children could accompany parents and younger children (increasing attendance rates) versus whether later hours were more likely to attract parents, particularly in some seasons of the year. All of these are considered as minor variations.

Even decisions to have men's groups for fathers and male carers could be considered a minor variation. As one man was reported to have withdrawn from the program because there were 'too many women' in the playgroup, a gendered group could be important, but it was considered only a minor variation as it did not affect core elements of the program. Although there were significant number of fathers attending, as well as grandmothers, grandfathers and other relatives, there did not seem to be a great difference in AFaFE interactions due to gender and familial relationship to the child.

> *I sort of just enjoyed the idea of being able to catch up with other fathers, maybe some of them were in the same boat as me. A lot of them weren't single fathers but they were at home fathers, doing the same things I was. It was a bit of a chance to have a whinge and all of that sort of stuff. That was what enticed me in, the father's group…*

The format of the playgroup was essentially identical to the general group, which also contained some men.

The second type of variation involves change of some core element of AFaFE, but only temporarily, with the aim being to implement the entire program in time. There has been explicit endorsement by AFaFE management staff of core elements being added over time, rather that attempting to implement all core aspects of the program at once:

> *… we encouraged all of our playgroups to even not start straight away so spend a term going out, setting up at the local shopping centre, setting up on a park and letting parents wander over and have a look and meet you before you even started at your playgroup so just getting out, about and getting noticed…*

After that, as the site reports documented, programs could add on different 3a elements over time, set up the committee, and so on.

Identifying when the transition from community engagement and less structured playgroup activity to structured playgroup activities centred on 3A should occur was not easy, as it depended on multiple factors. AFaFE management staff, as cited below, played a role in supporting staff to make this decision:

> *They're almost at that level where someone needs to be going around and saying okay, playgroup is going around great but I don't see any 3A happening.*

The site where the program was held in different location to attract participants from different family groups was an example of a temporary variation; the program is now in a settled location. However, it has not yet implemented all aspects of 3a, as the current emphasis is on building a safe place in a region with high violence.

The third type of variation resulted from a conscious decision to alter core elements of the program to better suit a sub-group of users. For example, one site offers 3a support for parents who are unable or unwilling to attend playgroup and can only work with AFaFE staff at home. This means some aspects of the program are not available, such as peer modelling and the socialisation skills children can acquire from playing with children they do not know. However, the brain development 3a offers through stimulating exercises, joint attention and scaffolding is available.

Sessions in one site for parents whose children have been removed due to child protection concerns are adapted, with greater emphasis on (re)establishing bonds between parent and child, rather than enhancing child development. There is potential for parents, if reunification is successful and the child returns to them from out of home care, to join the general group. However, interviews with parents of infants in this situation confirmed the importance of a format adapted to their needs.

Differences of this type were conscious and deliberate, made after consideration of participant needs and with ongoing commitment to the 3a and AFaFE model.

The fourth type of variation was different, and it was not always clear whether this was 'drift', ie changes made to core AFaFE elements due to lack of awareness that the changes were important, or whether the changes were due to a conscious decision that one or more core elements of AFaFE should no longer be implemented.

All the variations identified were assessed against the initial program theory, the stated initial aims for AFaFE, and against the factors identified as important in program fidelity and contextualisation. The first type of variation was not an issue, as core program elements were retained. The second and third types of variation, within limits, could be considered appropriate contextualisations if

AFaFE management ensured that the changes were appropriate and/or temporary. Only the fourth appeared to be a serious risk to program fidelity.

4.3   AFaFE's ALIGNMENT WITH THEORY

Previous sections set out the theories that the evaluation team used to guide analysis. They included the initial program theory, that is, the pre-evaluation expectations of the steps involved in AFaFE reaching its desired outcomes; and the formal theory and research based upon which it is based.

The evaluation tested aspects of the initial program theory and found areas where it was validated – and others where it needed to be refined and added to or changed substantially. Also, comparing dosage, fidelity and contextualisation theories to AFaFE practice revealed potential areas for program improvement.

4.3.1   Comparison with initial program theory

Almost all of what was developed in the initial program theory was supported, but additional elements were identified that refined the initial expectations of how AFaFE would work. The program operated for more diverse participants, and in more diverse ways, than anticipated. There was only one area where the initial theory was entirely refuted – home visits were very different from the initial program theory. There was also an area which was not identified in the program theory workshop, but which emerged as important in the evaluation data collection – accountability to communities and/or participants. Although tools existed to provide upwards accountability to CEWA management and funders, there was a gap in ways for AFaFE participants to report issues and receive feedback on their resolution.

4.3.1.1   Principals' role

The initial program theory left as a question why it is that school principals became involved with AFaFE. However, it did make clear that their involvement required two types of actions: engagement with the local Aboriginal community, and hiring staff and ensuring suitable physical facilities.

The evaluation revealed that principals tended to want AFaFE because they valued the resources it provided to better engage with local Aboriginal communities and families. In a number of cases, these were aims that principals were already seeking to pursue, so AFaFE was a good fit for them.

> *… we've always sort of had a plan about how can we engage parents before their children start school at kindergarten… [We] have always flirted with the idea of a three year old program but this was even better because it means we were able to be, we were going to be able to engage with families from the time they were having babies, particularly if we knew they had other children in the school, they were already, you know, within our grasp so we could invite them in …*

The important role of the central AFaFE team led out of the CEWA office in Leederville became evident in advocating for the program with principals who were less convinced, and explaining its value:

> *I also carried a very big prejudice about … playgroups that consisted of the kids being feral at one end and … [parents] at the other end having coffee. I remember getting into trouble because when [AFaFE management team] came with a concept [of how a playgroup would operate], that's not what they saw. I said … I don't want that. It's not where I see this school*

heading [but AFaFE advocates explained] … this is what we've got envisaged, which was still challenging …

The evidence base was also noted as important:

… this has just been a really great opportunity for us to use something that's been well-researched with our own families [referring to 3a]…

The importance of principals recruiting the right staff was emphasised, and principals noted the difference it made when people already respected and trusted by the community, particularly elders with a degree of cultural authority and respect, were brought into the program. As one described the impact, doors that had been previously almost shut swung open, and the program began to gain traction. Fewer results were evident where there had been less success in hiring:

… we noticed a difference in principals that have taken the time, they've spoken to one another, who's the right person for this job and gone out and done a bit of research versus someone who's just gone oh crap, I have to do this program, there's a person in there and we'll just get them in … we're finding the ones that haven't got even two staff or a teacher [ie who employ only a family liaison worker], there's less of a motivation for [AFaFE staff] to get out and do some of their parts of the program, especially when they're on their own…

Maintaining physical facilities for AFaFE could be challenging, especially as the program grew due to its success in attracting participants:

I think in another twelve months of this place going out here, you're not going to have enough room for all the kids that's going to come here.

Over-crowding of facilities was a rationale given by participants in some sites for no longer attending the program, so the role of principals in keeping up with program demand was important. As some principals noted, it could be a challenge to do this, with other ongoing demands on the school's physical facilities.

Early outcomes of AFaFE also appeared to be instrumental in at least some cases in convincing principals of its value. The degree of structure in the program, and its success in engaging parents to interact with children, were provided as examples. One principal was particularly impressed by males' engagement:

… it's really surprising. The number of dads and uncles that come… a number of them are FIFO, fly in, fly out, a number of them have jobs but they just want to be with their kids… possibly generational change. They're actually really good with their kids. They're actually playing with them, they're spending the time with them and that part of the playgroup has really turned my prejudice around about playgroups…

While the program theory elements of staff recruitment and community engagement were validated, a third area of importance was revealed through the evaluation. It appeared that for the playgroup to achieve its desired impact, the entire school needed to be responsive to the needs of Aboriginal families. This could be conceptualised as 'proving worthy of trust', and as one respondent indicated, 'getting the school ready for kids, not just the kids ready for school'. As noted previously, this could include moving teachers from cultural awareness to understanding, hiring Aboriginal staff

in higher grades, increasing parental access to the school, and responding to child and family issues in higher grades – all requiring ongoing commitment by principals. While principals noted that the AFaFE playgroup had the potential to filter into the school and act as a change agent, supporting better identification of causes of non-attendance for Aboriginal children in any grade and improved enrolment and attendance, this required strong support by the school principal of the program and its connection to the school.

4.3.1.2   Engagement with parents/carers

The program theory proposed that parental engagement was secured by hiring staff whom parents would trust, and also through the stronger links developed between the school and the local community. Both of these were strongly validated. The outreach conducted by AFaFE staff was often described as critical, but there were many examples of community elders encouraging attendance as well. For example:

> … a niece of mine, she'd had to go away for sorry business a few times so trying to get her to come back again, it needs constant work … I know a nephew as well often has his daughter in his care. He'll bring her along but he's got to be prompted to do it: 'Hey, otherwise you're here doing nothing with this girl. Take her down there; get her interacting with others'...

Not foreseen in the initial program theory was the degree to which parents in the program acted as advocates with other parents such as sisters, brothers, cousins:

> I've been enticing one of my cousins to bring her son now, she's not doing much and I've seen the benefits for my daughter being here so I want her to bring him down…

A small number of those interviewed (who were non-Indigenous) expressed concern over whether the 3a elements were too structured for Aboriginal participants. Interestingly, most concerns about cultural respect provided in interviews by Aboriginal participants did not appear to relate to the amount of structure in the playgroup. In a playgroup appeared the most structured of all those visited, participants were more likely to describe its 'safety' and 'comfort'.

On the other hand, even a less structured session could attract criticism from Aboriginal participants about being unsuitable in some way, such as the facilitator advising participants on not using profanities around children, or stressing hygiene rules. (The evidence was not sufficient to fully address this point, but it seemed possible that there may have been an issue with guidelines being set by a person who was not in a cultural position to regulate that participant's behaviour. If so, the involvement of multiple elders in the AFaFE site committee, each with authority for different groups in the community and championing how the playgroup operates, might aid in acceptance of guidelines. The full extent of the role of the AFaFE committee was not identified in the initial program theory but warrants greater attention.)

Two other issues in engagement are important to note. One was the importance of time. Given the long term disengagement and mistrust that some Aboriginal people felt for schools, quick engagement was often unrealistic:

> I've been at the school for a really long time … with some families, it's just time and space and building connections. I remember parents that wouldn't even come past the school gates to come into the grounds. You would have to go out to the school gates to meet them if you wanted to speak to them or anything… so every step closer you got them to come to the classroom was an achievement…

An example was given where a family member had stated that 'all whites' hated Aboriginal people, but over time conversations were beginning with the school and even approaches directly by Aboriginal parents to a principal to address identified instances of racism and bullying at the school. The change was significant, from distrust to engagement focused on problem solving.

However, multiple evaluation participants stressed that engagement with Aboriginal families and genuine change took considerable time and commitment to achieve.

The issues of who should be engaged also emerged as important, that is whether the most vulnerable families, with the greatest amount of serious issues, should be approached to participate in AFaFE. The degree to which they were currently engaged was discussed:

> *I would say the really vulnerable, we're probably not getting to them, even by going out and about, they're probably not coming…*

There were concerns expressed that a program such as AFaFE might not be the best fit for families dealing with serious substance abuse, violence, and multiple other problems, and that, as almost all Aboriginal families would be benefit from support, AFaFE should not have a 'most vulnerable' focus:

> *I think the majority of schools would benefit mostly from trying to put more of their energies into building relationships with the most vulnerable but I think any Indigenous person is still vulnerable… even though … Indigenous communities raise kids… it's about changing the way we do things when we're getting our kids ready for [school] learning…*

On the other hand, one evaluation participant whose program had established multiple ways to work with different types of vulnerability was looking to see if some local participants with even higher levels of need could be engaged:

> *I think there's real potential if we could engage some of those more marginalised families. If there could be some sort of amended program that could go out to those families rather than trying to bring them in but you know, you've got to be real about some of the social issues as well as just the workload and all that sort of thing and having the personnel to be able to do that effectively and having the right people to … make it most effective … You know, we're all limited by time and money and what we can and can't do. If there was potential to sort of, whether it was like almost a targeted program or something … that you could actually get more of the marginalised families involved, I think that would only be a benefit…*

It was recognised that reaching out to the most marginalised families was not a task to be undertaken by sites where programs were still at a relatively early stage of development, and required a targeted program with personnel who had particular skills sets. There is also some evidence in other literature that some early intervention programs either are not effective for, or can cause harm for, the most disadvantaged participants (Mathematica, 2002; Westhorp, 2008). However, current guidelines do not appear explicitly to address levels of vulnerability; addressing this issue would be useful.

4.3.1.3   Home visits

One area of the initial program theory that was refuted was related to 'home visits'. Although the program theory indicated that such visits would include monitoring of 3a activities in the home, this was strongly denied. Any attempt at 'monitoring', it was argued, would be interpreted as 'judgment' and would lead to lack of trust and participant engagement with the programs.

Home visits in practice were used for three other reasons:

- they were sometimes a part of initial outreach
- they were often used check up on participants who had not been seen at the program for some time.
- they were occasionally in special circumstances used to engage parents in 3a activities who were not able or willing to attend the playgroup.

There was considerable reluctance to visit homes:

> *I know it was part of the original proposal and I can completely understand why they're not happening... Things like drug use or a very unclean home. They're like do we comment on the fact that there's, you know, the home is really dirty or there's, you know, there's a needle in the corner so someone has obviously doing drugs and then if we... [report] that everyone loses trust because we dob them in... I think probably that's one of the aspects of the program we need to look at. It's all well and good for people in central offices to go out and say yeah, you're going to go out and visit people in the homes but in the real world...*

Where appropriate, home visits could be useful:

> *Also they do home visits, that's one of the things they offer. They did explain when I first started, if for any reason you feel uncomfortable here, we can always do home visits in your house...*

Whether due to the effects of violence or other factors causing shame in being in a group situation, there were AFaFE participants who were supported in 3a activities at home, and who did not attend the playgroup. This did not occur in all sites. More frequently, home visits were used to maintain contact in times of inconsistent attendance:

> *Some of the ones that you sort of only see here and there, [AFaFE staff] sort of chase them up a bit, is everything okay? They do the home visits as well. I think some of them if they've got family problems at home, they sort of hang back for a bit but they sort of keep contact. You see them back after a while.*

Staff safety was an issue in making home visits, but another issue was respecting cultural boundaries and understanding that only people with particular relationships to families may be appropriate to visit. One AFaFE staff member noted that only the other staff member was suitable for some families because only she had a connection with them.

Anr AFaFE staff member in another site noted that she had connections with families and also understood some of the signs that a situation would be unsafe – such as lights on in the daytime indicating a late night, so that people in the house might still be substance-affected. She felt more confident in her ability to visit homes and stay safe than she did about other staff members' capacity to do so. There was general agreement that not all staff were suited to visit all homes. One elder on an AFaFE committee indicated that she and other elders like her might be more suitable for visiting than staff, and indicated that she would be willing to do this.

It appeared that before the program theory section relating to home visits could be updated, discussion within the program was required about the purpose and value of home visiting, and then

better guidelines should be developed on who should undertake them in what circumstances. Such guidelines could then be incorporated into the curriculum and training materials for AFaFE staff.

4.3.1.4   Parent and child outcomes

The evaluation revealed that it was not just the facilitators conducting 3a activities that made many parents value the program, as the initial program theory suggested. The safe, comfortable Aboriginal space it provided, and the opportunities playgroup gave for inter-parent socialisation, were also important. A number of participants indicated that parents/carers were relieved at discovering that their child's development and the way they interacted with the child was similar to the experiences of others.

Other aspects of the program theory were validated, including learning new ways to interact with children, seeing the school as a more welcoming place and building more positive links between the parents and the school – or at least the playgroup offered by the school, as many parents were not yet at a point to have built relationships with the school. There were a number of examples that did evidence improved relations between school and parent – but these were often better attributed to changes that had occurred in the school through the use of AFaFE resources, and not just to the influence of the playgroup.

There was evidence that AFaFE activities designed to support brain development were being conducted in at least some sites, and that children at AFaFE (where they were to be enrolled at the school hosting AFaFE) saw the school as a welcoming place where they had friends and felt connected to it, with the child calling out 'my kindy!' only one example.

However, the program theory did not mention the access to early diagnosis and intervention for problems such as hearing loss, and the impact of socialisation that AFaFE children received in kindergarten like conditions. These appeared to be important for improved outcomes.

There was some evidence of improved attendance at school through AFaFE, but only the most minimal evidence of improved learning outcomes. This is not necessarily due to AFaFE not producing such outcomes, but to the lack of any tools to track the impact of AFaFE after children have entered school. It was too early to find evidence about employment and quality of adult life; Abecedarian has this type of evidence, but a longitudinal study would be required for AFaFE to develop similar information, and no steps appear to be in place for such a study to be undertaken.

4.3.1.5   Training, support and monitoring

The program theory indicated that AFaFE staff would be trained to understand how to implement AFaFE and how to document it, and that the documentation of activities, dosage and results would be transferred into formats suitable for monitoring and evaluation. Monitoring would be used to ensure the program was on track and to inform improvements, and data would be used to attract government funding.

All of these were validated during the evaluation, although a number of monitoring challenges were identified, as discussed previously.

A shift from 'training' to ongoing professional development was requested by a number of participants, together with refresher training that would enable them to learn about recent developments:

> I think that when you've been running a program for a year or 2 years or whatever, you actually can become a bit complacent, you know, old hat sort of thing and, yes, I know that

you go online and you renew your registration which is nothing really, it's a bit hit and miss, multiple questions and things like that so I actually do think that within the accountability that there should be a session every year, a refresher session and if there are new strategies or new activities that there should be more sharing…

Peer learning was identified as useful, including visits to other sites, but to ensure program fidelity more is needed:

Our centre went [to two regional centres to observe and learn] … but I think, the personnel themselves including myself, need to have a session, a one or two day session on a yearly basis to ensure that at ground zero we are following the Abecedarian approach and we are following that philosophy…

It was not just AFaFE staff, but also school principals, who asked for ongoing training. Given the range of principal responsibility for the programs, training specifically on the issues that faced them seemed useful; materials could be based on project learnings to date. Better understanding of the theory behind the program was also identified as useful:

… the principals, I think some of them really don't understand it. I know they're busy, it's another thing that they've been told to do. 'You go and sort out the playgroup, AP, because I really don't want to know'. It would be nice … to have like a session like when Joe Sparling came, and say this is why we're doing it and here's some of the results. There's a reason behind all this…

Two types of changes in training appeared to have occurred during the evaluation. One was a way to use more internal resources to enable more 'drip-feed' training, reflecting a request made in a number of interviews:

… the talented staff who are really doing well with 3A become 3A trainers so that there's capacity within the system… you know, there's always turnover so they've got people within the system who can train, they can train on the ground, they can drip-feed the training rather than have to come in for three days and the uni has recognised this is an issue so they've… rewritten the unit so you can do an hour here, come back a week later, do another hour so you can do the training [in shorter segments interspersed by on the ground practice] because three days is a long time…

There also appeared to have been a recent shift in training practices, moving away from training from multiple sites together, at least 16 staff at a time, and instead doing on-the-ground training at a single site. It was not yet possible to compare outcomes from this change. It could potentially enable better targeted training. On the other hand, this approach prevents some of the training mechanisms evaluation participants identified as important, in terms of learning from peers and sharing issues with them. A change of this magnitude should be assessed carefully, but it was too recent for the evaluation to do this.

It appeared during the evaluation that much training still focused on 3a, with less attention paid to other aspects of AFaFE such as setting up and working with committees, conducting home visits and how the school as a whole could better respond to Aboriginal family engagement, Aboriginal student attendance and achievement. Adding these topics to training would be useful.

Clarifying position descriptions was another area where improvement was warranted, and strategies to improve on the ground support, potentially involving more regular travel to each site by one or more members of the AFaFE management team.

4.3.1.6   New issue: Accountability

Issues emerged from the evaluation that had not been addressed in the program theory, such as accountability and how to deal with problems and complaints. The program appeared to have tools for 'upward accountability', i.e. to program management and the funder. However, it was identified that effective channels – other than reporting an issue to a school principal – did not exist to give program staff and parents/carers involved in the programs the chance to make their voices heard, particularly regarding complaints, nor was there any channel to ensure that concerns were addressed and feedback provided on how such issues were being resolved.

Some sites enabled feedback from parents/carers:

> *We try and once a year have a bit of a parent survey go out to parents where they can choose to either answer verbally or just have a say. We've had some send in little audio clips of them saying whatever they want to say…*

However, this did not provide for circumstances where confidential issues might need to be raised, such as a complaint about AFaFE staff:

> *I guess a complaint or something that they [parents/carers] want to say, that would almost be the school would have to have some sort of process in place…*

As the school appeared to be the only conduit for making complaints or raising serious issues, this raised a considerable barrier for participants who were less comfortable in raising such issues, particularly if the school was the object of the complaint. Furthermore, it appeared that even if attempts were made to find other channels through which to communicate, concerns were directed back to the school:

> *… have to go back to … principal or … AP … have to work with them …. if there's a complaint or what have you, it's all got to go to the principal. Even if [AFaFE staff or management] know that things aren't happening that should or [some program or school] are not meeting IAS compliance [no one outside the principal or person to whom the principal has delegated responsibility] can … do anything about it…*

Except in one case where a principal had been approached and taken responsibility, no evidence emerged that the issues raised as problematic were being resolved, and sometimes frustration was evident. Better practice accountability systems provide a number of options through which feedback and complaints can be raised, and information on the progress of resolution is provided.

4.3.1.7   New issue: Potential breach of trust

Another issue that was not discussed at the program theory workshop was the potential breach of trust that would be perceived if the program was not sustained successfully. A number of those interviewed pointed out that – having got community members to trust in the program – losing it would make it harder to engage in future initiatives requiring community trust and commitment. The impact on willingness to trust could be worse than if the program had not been initiated at all.

This was a difficult issue to address, as the ability to maintain AFaFE depended in large part on government funding decisions, with CEWA having limited leverage in the decision. Participants made it clear

4.3.2 Dosage issues

As noted in Williams, Nicholls & Kennedy 2017, dosage in realist evaluation is understood to be related to the amount of resources that interact with participants' thinking and attitudes to bring about changes in behaviour. Much of this interaction is invisible, so measurement is difficult.

Another critical issue is that dosage is only truly understood when 'dosage and response' are viewed together. There is imperfect documentation currently of dosage, as discussed in the section on the AFaFE reporting forms, but there even less documentation of response in terms of capturing outcomes, particularly after entering school.

Both 'implementation dosage', such as the amount of training, support and monitoring required to ensure program fidelity, and 'intervention dosage' to achieve desired outcomes in parent/carer capacity to support children in readiness for school, were identified as relevant for AFaFE.

Evidence both from analysis of AFaFE forms and from interviews indicated that current implementation dosage was uneven and warranted increases for program staff, school principals and committee members. The degree of inconsistency between forms, and the requests for additional support and learning from staff, indicate that more resourcing is required in the areas of training, support and monitoring.

For early years programs such as AFaFE, program attendance is often used as a proxy indicator of 'intervention dosage'. Attendance may be said at least to measure the 'amount of opportunity for such changes to occur' and may also reflect parents' willingness and capacity to engage with the program.

Required dosage can differ according to contextual factors such as participant aims, needs and resources. The evaluation identified AFaFE participants with different aims, such as in building children's cognitive skills as compared to (re)connecting with culture. No research was found to indicate whether similar or different dosages would be required to achieve these different aims. Similarly, the intervention dosage required to build cognitive skills in a traumatised child with learning disabilities is likely different from that required for a child with no disabilities in a positive environment that may lack books and toys, but offers stable emotional and physical care.

Overall, the program dosage offered in most AFaFE sites appears significantly less than the dosage documented as effective in Abecedarian programs: those evaluated typically provided all day programs five days a week. However, it is not clear yet whether – or the degree to which – current AFaFE dosage is sufficient to achieve which outcomes. Some parents interviewed indicated that they found their children needed four visits a week to benefit and noted that others who attended less, benefited less. One woman who struggled with attendance explained why she thought it was worthwhile:

> *…it's a big change because I made myself get up... I feel bad for my daughter so yeah, I did try to come every day. … one of my other sisters… she was a new mum and didn't really know, well me either, you know, I didn't know how to talk to baby and know that reading books was really good for them and singing and that… when she came here [AFaFE staff person] showed*

her the games and stuff. I just like now I hear the way she talks to him, she just seems so more patient. He's coming out of his shell and he's starting to sing and get the routine here straight away. I love looking at mothers like that... because I know how good it is if you really do come every day...

Examples were provided of insufficient dosage:

... for example, my sister, she only came once every two weeks with her two year old and ... I noticed with her daughter, she was shy to sing, she didn't want to let go of her mum, she was unsure of the environment even though she had been two weeks ago but it was just that consistency that didn't make her confident enough to do stuff. When we sit down and sing, either she wouldn't let go of her mum or some days she just wasn't connected and just was trying to hide away, that kind of thing. If you saw the kids maybe three times a week, every day, twice a week or you know, they would be more familiar with the environment... Coming once every two weeks... [AFaFE staff] came up and said 'hi, how are you going', she'd shy away... Nothing is worse than thinking your child oh, they've been here, they're fine but really they're still unsure because they haven't had that consistency...

Not all centres offered programs every day. Some offered only one or two days of programming, and at least one participant in an urban area was trying to drive to multiple sites to access more program time:

One day is not enough. I reckon all the centres should be going five days a week for the two hour ... [but] two hours [per day], that's enough time. More than that would just be too much on the parents. You don't want to frighten them off...

Others explained why they could only attend once a week, and thought it was enough for their needs. In some cases, this reflected intentions to follow 3a exercises at home. Foster parents accessing the centres for cultural reasons sometimes indicated that they used other facilities supporting child development during the week, accessing AFaFE as part of a mix of supports for the child.

Even parents who had stopped coming to the group were occasionally observed to have maintained some effect:

I don't know, I think they speak to their kids a little bit differently. Definitely the people – yeah some of the people who haven't been coming as much, they were coming a lot last year. I've seen them around a bit and just hear, they speak more kindly I guess to their kids, a bit more of the supportive kind of positive language stuff whereas before it was yes, no, stop...

It seems very likely that, while there could be positive impact from even limited involvement with AFaFE, improving school readiness is likely to require more consistent attendance. Playgroups available four or five days a week would therefore offer better prospects for families than those available only one or two days a week. As with improved implementation dosage, this has resourcing implications, and indicates that a small number of adequately resourced programs could produce better results than a larger number of inadequately resourced programs.

The Abecedarian initiatives have a well established evidence base that demonstrates the impact of interventions that typically are offered full time, five days a week. That is not an option for AFaFE,

which relies on a model of building parental capacity rather than children interacting with paid staff away from their parents. As AFaFE is a pilot program that is building its own evidence base to better understand how its dosage works, it will be important to monitor both dose and response. This will entail tracking longer term impact on children after they enter school as well as parental/carer attendance and growth in capacity, to begin to identify culturally safe ways of capturing 'intervention dosage' outside the playgroup, and to capture aspects of contextual information about parents and carers as well as children, including their desired outcomes from the program.

4.3.3   Fidelity and contextualisation

As noted earlier in this report, considerable emphasis was placed in the establishment of AFaFE on local ownership, and ability to implement AFaFE flexibly. AFaFE data was examined to determine where and how AFaFE implementation aligned with the factors identified as important for program fidelity and high-quality contextualisation. Uniformity of implementation was not anticipated, and the emphasis was on understanding the degree to which core principles were understood and maintained in adaptation, how variations were recorded and shared to prevent 're-inventing the wheel', the degree to which there was a belief in the value of AFaFE, and policy and resource stability.

The understanding of AFaFE theory – that is, not just grasping what AFaFE staff were meant to do with parents and carers, but how and why program elements 'work' – seemed variable between participants and sites. A deep understanding of models has been identified as a factor in sustaining program fidelity when it is adapted to different contexts. From the evidence of how 3a activities were explained in monitoring reports, this appeared to be a weaker area in program implementation.

It was pleasing, however, that every site involved in this evaluation put emphasis on supporting parents to be first educators for their children, rather than AFaFE staff taking on a direct role in child education. This had been an early concern with program fidelity.

The looseness of the current AFaFE implementation guidelines contrasted with the finding that it appeared the most structured elements of AFaFE were put into practice first in many sites, ie Learning Games were implemented more than other aspects of 3a, and community committees were least often established. This may indicate that clearer guidelines, particularly as they would now be informed by learnings from over two years of program implementation, would be welcomed. A degree of flexibility to ensure local ownership would still be required, but it may well be that participants would value more guidance as they establish local programs.

The sharing of variations and discoveries of 'what worked' in different circumstances appeared inconsistent, and it is likely once again that more guidance in these areas would be welcome. Peer learning, such as that which occurred in visits to other sites and in training together, appeared to be highly valued.

A more serious issue appeared to be the potential impact of lack of belief in the value of core aspects of AFaFE, especially as these were expressed by those with decision-making responsibility for the program. Areas of AFaFE where it appeared there was lack of belief in the current model's efficacy were:

- 3a itself:

… to me, 3A is not the be all and end all of anything… if it was in my school, I'd probably run it [AFaFE] without 3A because I could easily put in the oral language stuff, I could put in the narrative… the reading… whatever it's called, the nurturing, the caregiving, the games. They're easy things...

- the concept that changing parenting behaviours to support child development should be the focus of the program:

  I think parenting and parenting skills and parents being comfortable in a school setting is as important as child development, if not more important. If we capture the parent, we've got the child. If we capture just the child, we haven't got the parent, you know … that's still going to continue to be a dysfunctional household…

Changing the focus to other parenting skills and parents being comfortable in the school setting – particularly if this means addressing dysfunctional home issues rather than school readiness factors such as cognitive development and child socialisation in settings that have features similar to kindergartens – would seriously impact on program fidelity.

Further, moving away from 3a would mean losing the evidence base on which the program was established. A program not centred on 3a, and with a focus on issues other than changing parenting to support children's development would be a new model, that would require a different evidence base, and a different set of aims and success indicators. A new funding agreement setting out the focus of the program and its measures for success would have to be negotiated. Almost every aspect of the program, including training and monitoring, would have to be reworked.

Government also has a role to play in policy and funding stability. A number of those interviewed noted that it was only AFaFE resources that enabled program outcomes to be achieved:

  … the funding is really important. Without that ongoing support, the reality for us is that we would have to stop it… The grants we sign with the Commonwealth and State mean that we can only use it for the grades that they're allocated to so that pre-kindy is not an option to use Commonwealth or State money if it goes. If it goes, there's no money…

Principals in particular were able to identify the program aspects, such as those relying on AFaFE staff to visit families, or resources such as transport support, that would have to be abandoned if funding was cut:

  My petty cash ain't that big. I suppose that's a real worry for us but I just see such an enormous potential for this to do what our country needs to do, instead of trying to do massive things, just trying to change this generation of kids going through and their parents' interactions with us…

Concerns were expressed about short-term funding, which made it difficult to maintain qualified staff in a program where staff turnover could threaten the participant trust that had been established. The potential of losing the program was identified as a worrying issue, and the impact of its termination on the still fragile trust between schools and community members. It was identified that the effect could be to hamper community trust and engagement in any future initiative that might succeed AFaFE; building trust and then (involuntarily) breaking it could have a worse impact than not engaging at all.

5 Summary: Evaluation questions and answers

Information from all sources was combined to provide answers to the three evaluation questions.

5.1 AFaFE outcomes

Q1: What are the early outcomes from the program for schools, service providers and families? How, why, and in what respects do those outcomes vary across sites and population groups? Who is AFaFE not working for, in which contexts, and why?

AFaFE was intended to increase Aboriginal children's enrolment, attendance and achievement in CEWA schools, but outcomes were highly variable. The type, degree and speed of improvement proved to be influenced by multiple factors.

Schools that had previously experienced where student enrolment already showed relatively high Aboriginal rates were less likely to see a jump in enrolment due to AFaFE. Schools with historically low Aboriginal student enrolment rates – such as those in some urban areas – could see a jump in enrolment due to AFaFE, but the size of the effect appeared to be tempered by the proportion of Aboriginal families with school-aged children in the school's catchment area.

Those schools with longer histories of Aboriginal enrolment were more likely to report changes in school attendance due to AFaFE, although this was also an emerging outcome and referred to older siblings, rather than AFaFE children.

The speed at which change occurred appeared to relate to the school's historical relationship with the local community. Where there was not a strong existing relationship to build on between the school and the local Aboriginal community, elders, families and agencies, a substantial period of outreach and trust building had to take place before positive educational outcomes could become evident.

In cases where the school experienced changes in enrolment and/or attendance through the AFaFE playgroup, evidence appeared that the school was using AFaFE as a change agent, and using the resources it provided to support change at a whole of school level. This was particularly in terms of engagement with the local Aboriginal community and improving understanding of how to address Aboriginal students' issues.

A critical factor in achieving AFaFE outcomes at school was the degree to which the school principal made AFaFE a priority. In cases where it was reported that there was less ownership by the principal of the program, fewer positive outcomes were reported.

Outcomes for parents differed by the types of parents and the motivation they had to engage with AFaFE. Parents/carers were more diverse than anticipated, and included high achieving parents who wanted to give their children the best start in life, parents who were isolated and wanted a safe place to talk with others, parents struggling with life circumstances who were looking for any support they could find for their child(ren), and parents of special needs children who required specialised support, as well as non-Indigenous foster parents of Aboriginal children. There was a relatively high proportion of males in some sites, although mothers were the largest group in every site. Younger parents were under-represented in many playgroups.

However, gender and age appeared to have relatively little effect on parents' motivations, needs and interactions with the program. What did make a difference was what parents wanted from the program, such as some parents wanting support in developing 3a skills but others – such as non-

Indigenous foster parents – less concerned with stimulation than with cultural connection. The program 'dosage' required appeared to differ by desired outcomes.

Outcomes for families included increased parental/carer knowledge of child development and how to support it, and sometimes increased access to services for the family and/or for a child with special needs.

Outcomes were also reported in a substantial number of cases of greater parent and family comfort with the school as a place to be and as a site for interaction, although it was often difficult to distinguish where this stemmed from the playgroup experience itself, and where it stemmed from school changes initiated through AFaFE.

Another outcome for AFaFE mothers was the employment secured by a significant number of them, attributed at least in part to the empowerment they felt from gaining skills as their children's first educators. In some cases, this led to the opportunity for AFaFE to employ more local staff; in others, parents and children were lost to the program as mothers found paid work and were unable to continue attendance.

There were groups of parents/carers who did not appear to be benefiting from AFaFE. In many cases these were parents who had not responded to outreach, in some cases perhaps because they saw the program as belonging to another community group with whom they had an adversarial relationship. Others were affected by 'shame'; even if they were aware of the outreach, they did not feel comfortable accessing the program and participating in group activities. Many of these appeared to be struggling with life issues including poverty, violence and sometimes substance abuse. The degree and types of vulnerability that AFaFE programs in different sites are equipped to deal appeared to warrant further attention. Staff safety as well as client benefit emerged as an issue.

Outcomes for children were most apparent in older children who were ready or nearly ready to enter school, in part because older children were over-represented in the program relative to infants. Outcomes included greater readiness for school, not just in terms of cognitive development but also in socialisation and general knowledge. Improved self-confidence and self-regulation, due in part to understanding the type of interactions that would be encountered at kindergarten and elsewhere in school, between teachers and students but also between children, appeared to be of substantial importance in ensuring a smoother transition to school for children. The location of playgroups on school grounds, and the opportunities this offered to become familiar with the kindergarten before entry, appeared to ease initial transition. However, it appeared that understanding of routines, how to share toys and look at books, knowledge of number and colour words in English, and so on, were also of substantial value.

Outcomes for service providers varied by site. In a number of sites, services appeared to appreciate the improved access to potential clients available to them through AFaFE, although this sometimes led to the program being swamped by service visits to the detriment of other activities. To maximise benefits from services, guidelines were required to ensure mutual understanding between AFaFE and local services on how to work together for the benefit of families. The lack of such guidelines had the potential to lead to breakdowns in trust and credibility.

5.2   AFaFE adaptation

Q2: How was how the program adapted in different sites and circumstances?

There were many variations identified in different sites, such as place of operation (on or off school grounds), hours and days of operation, investing in transport capacity versus enhanced services such as occupational therapy, and so on. The evaluators distinguished between variations that affected only minor aspects of how the program was delivered, versus adaptations with the potential to alter aspects of the core program.

There were fewer examples of adaptations where staff deliberately altered program elements in order to better suit AFaFE to its context. They appeared to be of three types:

- those intended to be temporary, with the intention to implement the full AFaFE model when circumstances permitted;
- those designed to address special needs of some client groups (e.g. those seeking family reunification after removal of a child due to child protection concerns; those who felt unable to participate in playgroup activities but who wanted their child to benefit from 3a child development support), where the core principles and elements of AFaFE were preserved but delivery was altered substantially, such as one on one work rather than playgroup attendance; and
- those that would not adhere to the full AFaFE model due to a belief that core elements of it were not suited to the context in which it was operating.

These types of adaptations were assessed against the initial program theory, stated initial aims for AFaFE, and factors identified as important in program fidelity and contextualisation. The first two, within limits, could be considered appropriate contextualisations. However, the third poses a potential risk to the program. If there is a belief – particularly at an influential decision making level – that one or more core elements of AFaFE are not suited to the context in which it is operating, it is suggested that the model be formally updated with agreement by key stakeholders.

One finding that was very positive and well attested was that in all sites investigated, the focus on the program was in supporting parents to be first educators for their children, rather than playgroup staff seeking to educate children directly.

5.3   AFaFE proposed improvements

Q3. What steps could be taken to improve AFaFE?

In identifying what steps could be taken to improve AFaFE, aspects of both the model and its implementation were addressed, as well as steps to improve its evidence base.

The AFaFE model originally funded was centred on 3a, due to the longitudinal evidence of Abecedarian programs' effectiveness internationally and the work that had been done to adapt the Abecedarian techniques for Australian children and families. The AFaFE model was much more than 3a, however. Its focus on parents as first educators required engagement with parents who may have had a lack of trust in formal education, and therefore required capacity to identify and resolve barriers preventing families from participating in the program. Actions could include providing material assistance such as transport aid or facilitated access to family support or special services.

Other components of AFaFE included the strengthening of relationships between schools and the local Aboriginal community, including establishment of an Aboriginal committee for the local program – and where warranted, significant changes in the way that school operated, to enable it to

be responsive to the needs and concerns of Aboriginal families. Also, the evaluation revealed that many of the factors cited as being important in AFaFE children's school readiness were not just related to their cognitive development and relationship with their parents/carer (although they were critically important) but reflected the socialisation the program offered to child participants and particularly its kindergarten-like elements, which eased children's transition into school.

It will be important to have all elements of this model agreed or updated with agreement by all key stakeholders. If a decision is made not to have 3a as the centre of the program, for example, this needs to be agreed by multiple stakeholders, including funders and communities. Aims of AFaFE were stated to be increasing Aboriginal enrolment, attendance and achievement in CEWA schools. Even this could be clarified further. Sites where AFaFE is operating in areas of relatively low Aboriginal population may be working well in terms of preparing children for school and in greatly enhancing relationships between the school and the local Aboriginal community, but families interviewed indicated that children were more likely to attend schools closer to home rather than the school where AFaFE was based. If this is not a desirable outcome, it may be that catchment demographics should become a larger element in site selection. On the other hand, it may be that improving Aboriginal children's school readiness and community engagement is an important outcome in itself, even if AFaFE children enter other schools.

Once the model has been fully clarified, multi-year funding is required. Multiple interviews attested to the effect on community trust – and by implication, trust in schools – if the program were to terminate after establishing relationships and beginning to establish trust. It was identified that this could have a worse result than if the program had never been instituted at all. Stability in policy and funding are also identified as important factors in program fidelity, including their role in retaining good staff.

 Assuming ongoing funding is secured, it recommended that the entire program – not just 3a – be used as the basis of the training curriculum, so that materials provided to staff deal with issues such as home visits, establishing and supporting a community committee, understanding types and levels of vulnerability, and dealing with the many challenges in community engagement, as well as instruction in 3a techniques. Training for principals would also be useful and committee members, customised to their role, and developed with substantial input from them. As well as initial training, significant resources for ongoing professional development and 'drip feed' training in additional topics were often requested. Support for peer learning was also identified as important.

An unforeseen issue was identified in the evaluation, the importance of having multiple channels for accountability, to enable reception of and resolution to concerns and complaints Appropriately selected and resourced community committees may be able to take a role here, but it would be good if AFaFE project management was also able to provide an alternate channel to receive, resolve and report back on problematic issues.

Finally, a critically important issue is to improve monitoring systems, particularly related to outcomes. The current form understandably focuses on documenting playgroup activities and outputs, with some important narrative elements dealing with outcomes. There are resources with AFaFE and CEWA that could also be leveraged to provide better outcome data, including 3a quantitative achievements data as recorded by parents and retained in site records, administering and documenting ASQ-TRAK scores for children in the program at the recommended 2, 6, 12, 18, 24, 36 and 48 months of age.

It was concerning that there does not yet appear to be a system in place for tracking children participating in AFaFE, to understand how the program may be affecting enrolment, attendance and achievement. Without such tracking (complicated if children attend non-CEWA schools but surely achievable within the CEWA system) the impact of the substantial investment in AFaFE will remain largely untested. As well as attendance and achievement data, it could be useful for school staff to compare AEDC results for children with significant AFaFE experience against their peers.

Overall, to improve AFaFE, it would be useful to use the findings from this evaluation to reinforce understanding of what good practice in AFaFE is and to provide clearer guidelines on how it is to be implemented, while still enabling a degree of local flexibility. Programs implemented in multiple locations by different people over time can begin to drift away from the original model. The evaluation findings may be of use in countering that tendency. Combining the findings here with findings from staff in different sites, and the learnings from project management staff's experience, could result in a more defined model of implementation that provides clearer guidance to communities wishing to implement the program.

Assessing the degree to which programs were on track proved challenging. Given the time scale required for programs such as AFaFE to achieve desired results, it was not easy to distinguish between slow – but genuine – progress versus potential lack of progress due to implementation issues. Reported data such as attendance figures, as demonstrated in Figure 5, are unreliable evidence of implementation progress. To assist in tracking actual progress in implementation, factors that emerged from evaluation interviews and the literature have been worked into a rubric (Appendix 6.4 and below) addressing different aspects of the program. It represents the evaluators' current understanding of how to identify progress in achieving aspects of AFaFE and can be further refined in coming years as more evidence comes available. As well as indicating areas of achievement, it enables identification of areas where programs may need extra effort or support. It therefore provides a tool for programs to self-assess and for CEWA or funders to identify issues that may warrant discussion. It could feasibly support decisions to terminate programs in sites where they are making insufficient progress.

5.3.1   Proposed Rubric

ELEMENT #1	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
School/Principal engagement with and support of AFaFE implementation	AFaFE lower priority compared to other issues; perceived as extra program that does not affect how school operates Limited relationship with local Aboriginal community Playgroup runs for only a few hours per week, plans to meet level of community need not developed	Full complement of AFaFE staff hired Commitment made to meet level of community need and activities to raise cultural awareness at whole of school level, working with local community	School ensures AFaFE (and school) are culturally safe. School accepts responsibility for ensuring the school is culturally safe for graduates from AFaFE program, enabling smooth transition into education.	School and AFAFE recognised by local Indigenous community as (relatively) culturally safe; Indigenous enrolment increasing School maximises opportunities for collaboration and mutual learning across AFaFE and school.

ELEMENT #2	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Parent/carer engagement	Some parents/carers come to program, but attendance is sporadic	Sub-groups within community attending regularly (e.g. those with connections to family if AFaFE staff), but other important groups seldom attend	Parents/carers from multiple backgrounds and family/clan groups, with disparate needs, attending regularly	Program uses multiple engagement methods to work with those with disparate needs, backgrounds and some parents are taking on Advisory Committee, support or staff roles

ELEMENT #3	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
AFaFE implementation	Unstructured playgroup offering a welcoming place for parents	3a elements in programs; emphasis is on building parents' capacity	Does all of 3a elements, other components of AFaFE program, and regular ASQ-Trak assessments.	Provides different formats of implementation that retain 3a elements, but are targeted to needs such as family reunification, parents/caregivers unable to attend playgroup

ELEMENT #4	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Training and support	Programs staffed by personnel who have not undergone AFaFE and 3 a training	Site level: 3A training passed by all AFaFE staff. AFaFE management level: monitoring of appropriate performance conducted	AFaFE management level: Training materials used with AFaFE staff include all 3a elements, but also other aspects of the AFaFE such as home visits, setting up committee; ongoing training from AFaFE central team; peer support. Site level: sites have identified which AFaFE staff require which aspects of training and ensure those personnel access the training.	AFaFE management level: Training curriculum developed and updated with input from AFaFE staff and stakeholders in multiple sites; appropriate training provided to principals and committee members as well as staff.

ELEMENT #5	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Local AFaFE committees	No local committee set up to auspice AFaFE	Committee set up and meets regularly; may represent only subset of community	Regular attendance and provides support, advice to staff; represents major groups within community	Committee has skills and make-up to provide advice and advocacy for AFaFE; can provide accountability support and alternative channel where concerns can be reported and their resolution tracked

ELEMENT #6	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Documentation & monitoring	Data entered on reports sporadically or with gaps; no or limited written tracking of 3a or ASQ-TRAK results	Complete data entered on all AFaFE activity categories and reports submitted on time	Data written and provided on all aspects of AFaFE. AFaFE management level: data links established to track participant enrolment, attendance and achievement after AFaFE	In-house capacity built to use data provided through AFaFE; with appropriate use at both site and AFaFE management levels.

ELEMENT #7	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Fidelity & contextualisation	Program staff understand activities but not 'deeper' understanding of how and why it works; AFaFE leadership may not believe in worth of core program aspects such as 3a	Some adaptation occurring in some sites, but knowledge not shared; adaptations vulnerable to policy, funding instability; innovative adaptations may help some participants but have potential to harm others	Staff's deep understanding of model and clear authority to contextualise ensure that core program principles are reflected in adaptations and adaptations that would generate harm are avoided. Knowledge of effective adaptations shared across AFaFE sites.	Regular processes in place for situation analysis and risk/ vulnerability assessments, used to inform adaptations to program at site level.; AFaFE management team understands links between contexts, mechanisms and outcomes well enough to provide sound advice to site staff from an early stage

5.3.2   Recommendations

1) AFaFE model development

It is recommended that discussions take place with one or more funding bodies on multi-year funding for AFaFE.

It is recommended that, as part of the funding discussion, CEWA work with funder representatives and other stakeholders as appropriate, to confirm or refine each aspect of the AFaFE model, including:

- its aims and how it will be judged for long term success as well as assessed on activity and progress towards milestones;
- whether 3a will continue to be the centre of the program or whether the central focus of the program will change – and if so, to what.

Once a program focus and implementation model has been agreed, it is recommended that AFaFE be funded for a multi-year period, as in some sites it has demonstrated its potential to produce outcomes related to Aboriginal children's school readiness, enrolment and achievement.

If multi-year funding is not secured, it is recommended that CEWA develop a program disengagement strategy, that identifies how to minimise community lack of trust as the program winds down, and looks for ways to retain benefits from what has been achieved.

2) Implementation issues

It is recommended that once the AFaFE model has been validated and/or updated, the balance of resources allocated to implementation support of new and existing programs versus investment in opening new programs be reviewed. The current allocation for ongoing implementation support appears too low, and better outcomes would be anticipated from a small number of well-supported programs than from a larger number of struggling programs.

It is recommended that better defined guidelines for implementation be developed and presented to those initiating programs. While a degree of flexibility will always be needed for local ownership, it appeared in the evaluation that enough has been learned about what works in implementation that participants can receive clearer guidance in decision making than is provided currently.

It is recommended that training and support be ongoing, and that inter-program peer learning be supported as much as possible. A professional development plan for all AFaFE staff – and members of the AFaFE project management team – should be prepared.

It is recommended that training materials should cover all aspects of the program, with 3a as a component if it is validated as the core of AFaFE in the updated model, but also training in other aspects of the program, such as establishing and working with community committees. Training materials should be developed for and provided to principals and community committee members as well as AFaFE staff, customised to the needs of their role and developed with input from them.

It is recommended that training and support include how to monitor progress and outcomes, such as using ASQ-Trak for monitoring and how to use the rubric – and also how to use findings from data to understand different aspects of the program and where action may be required. AFaFE program

management staff should have training and support in this area as well if required, as they are responsible for supporting program staff in the use of these tools.

It is recommended that multiple channels be established through which problems can be reported, resolved and results reported back. Community committees are one option, but it is recommended to identify if there is a way in which AFaFE program management staff could act in this role as well.

It is recommended that – depending on the model chosen – the role of community committees be reviewed in light of the findings from this evaluation, with significant input from committee members and those who have established community committees into the review.

3) Building and using an evidence base

It is recommended that the current monitoring form be updated to align with the updated model of AFaFE that emerges from discussions with funders. The current form should align better to AFaFE's program focus of working with parents to act as 'first educators' to improve children's school readiness rather than staff working directly with children, as in more common models. The characteristics of parents and their attendance and participation could be better reflected in monitoring forms. Given the degree of innovations that AFaFE presents, special efforts to identify and record both implementation and intervention dosage would be worthwhile.

There are also a number of ambiguities in the current form, although many of these may have been addressed when it went on-line. Any problems identified in this report that have not yet been addressed in the online form should be addressed – but perhaps only after an agreed way forward for the program has been agreed.

It is recommended that a system be developed for tracking children participating in AFaFE over time, particularly in the years after they have entered school from the program, to understand how AFaFE participation and dosage affects enrolment, attendance and achievement. This would be of use even if the program is not renewed for a multi-year period, as findings could inform future initiatives.

Depending on the shape of the updated AFaFE program model, the use of data collection from regular ASQ-TRAK administration and 3a achievement records would be useful to include in monitoring.

The appended AFaFE Implementation Rubric is recommended for use in identifying implementation issues and achievements. It provides a tool for programs to self-assess and for CEWA or funders to identify issues that may warrant discussion.

It is recommended that the evidence base developed if these recommendations are implemented be used to inform AFaFE directions, but also be shared with other groups within CEWA and externally to identify potential new directions for Aboriginal children's and families' successful engagement with education. Sharing of information could be achieved through workshops (including community workshops), conference presentations and publications, as well as various on-line options.

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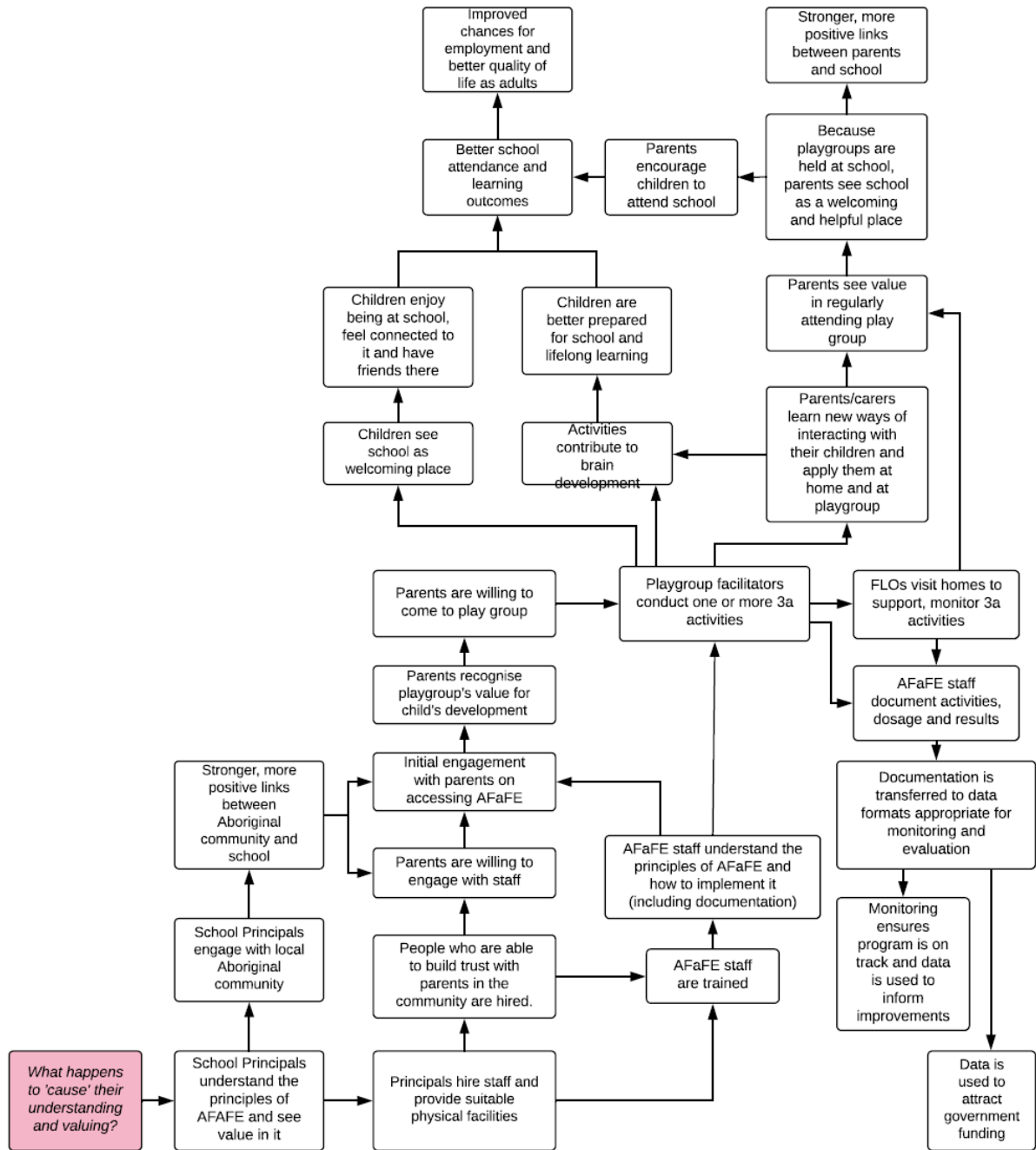
7 Appendices

7.1   Map of AFaFE sites
(from Beckingham presentation, 2017)

7.2 Initial Program Theory Diagram

AFaFE Initial Program Theory

7.3 AEDC Domains and Categories

DOMAIN 1 – Physical health and wellbeing

Icon	Children developmentally on track	Children developmentally at risk	Children developmentally vulnerable
	Almost never have problems that interfere with their ability to physically cope with the school day. These children are generally independent, have excellent motor skills, and have energy levels that can get them through the school day.	Experience some challenges that interfere with their ability to physically cope with the school day. This may include being dressed inappropriately, frequently late, hungry or tired. Children may also show poor coordination skills, have poor fine and gross motor skills, or show poor to average levels of energy levels during the school day.	Experience a number of challenges that interfere with their ability to physically cope with the school day. This may include being dressed inappropriately, frequently late, hungry or tired. Children are usually clumsy and may have fading energy levels.

DOMAIN 2 – Social competence

Icon	Children developmentally on track	Children developmentally at risk	Children developmentally vulnerable
	Almost never have problems getting along, working, or playing with other children; is respectful to adults, is self-confident, and is able to follow class routines; and is capable of helping others.	Experience some challenges in the following areas: getting along with other children and teachers, playing with a variety of children in a cooperative manner, showing respect for others and for property, following instructions and class routines, taking responsibility for their actions, working independently, and exhibiting self-control and self-confidence.	Experience a number of challenges with poor overall social skills. For example, children who do not get along with other children on a regular basis, do not accept responsibility for their own actions and have difficulties following rules and class routines. Children may be disrespectful of adults, children, and others property; have low self confidence and self-control, do not adjust well to change and are usually unable to work independently.

DOMAIN 3 – Emotional maturity

Icon	Children developmentally on track	Children developmentally at risk	Children developmentally vulnerable
	Almost never show aggressive, anxious, or impulsive behaviour. Children	Experience some challenges in the following areas: helping other children who are hurt,	Experience a number of challenges related to emotional regulation. For

will have good concentration and will often help other children.	sick or upset, inviting other children to join in activities, being kind to other children, and waiting their turn in activities. They will sometimes experience problems with anxious behaviours, aggressive behaviour, temper tantrums, or problems with inattention or hyperactivity.	example problems managing aggressive behaviour being prone to disobedience and/o is easily distracted inattentive, and impulsive Children will usually not help others and are sometime upset when left by their caregiver.

DOMAIN 4 – Language and cognitive skills (school-based)

Icon	Children developmentally on track	Children developmentally at risk	Children developmentally vulnerable
	Children will be interested in books, reading and writing, and basic math; capable of reading and writing simple sentences and complex words. Will be able to count and recognise numbers and shapes.	Have mastered some but not all of the following literacy and numeracy skills: being able to identify some letters and attach sounds to some letters, show awareness of rhyming words, know writing directions, being able to write their own name, count to 20, recognise shapes and numbers, compare numbers, sort and classify, and understand simple time concepts. Children may have difficultly remembering things, and show a lack of interest in books, reading, maths and numbers, and may not have mastered more advanced literacy skills such as reading and writing simple words or sentences.	Experience a number o challenges in reading/writing and with numbers; unable to read and write simple words will be uninterested in trying and often unable to attach sounds to letters. Children wil have difficulty remembering things, counting to 20, and recognising and comparing numbers; and usually no interested in numbers.

DOMAIN 5 – Communication skills and general knowledge

Icon	Children developmentally on track	Children developmentally at risk	Children developmentally vulnerable
	Children will have excellent communication skills, can tell a story and communicate easily with both children and adults, and have no problems with articulation.	Have mastered some but not all of the following communication skills: listening, understanding and speaking effectively in English, being able to articulate	Children will have poo communication skills and articulation; have limited command of English (or the language of instruction), have difficulties talking to others

		clearly, being able to tell a story and to take part in imaginative play. Children may not know some basic general knowledge about the word such as knowing that leaves fall in autumn, apple is fruit, and dogs bark.	understanding, and being understood; and have poor general knowledge.

7.4   AFaFE Implementation Rubric

Given the time scale required for programs such as AFaFE to achieve desired results, it is challenging to distinguish between slow – but genuine – progress versus lack of progress due to implementation issues. To assist in this, factors that emerged from evaluation interviews and the literature were worked into a rubric addressing seven aspects of the program. Based on evaluation findings, they can be used to identify progress. It is anticipated that they will be further refined in coming years as more evidence comes available.

The rubric is intended to identify areas where programs may need extra support, to facilitate open discussions between funders, CEWA management and sites about weaknesses that need to be addressed – or even, in extreme cases, to support decisions to terminate programs in sites where they are making insufficient progress.

ELEMENT #1	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
School/Principal engagement with and support of AFaFE implementation	AFaFE lower priority compared to other issues; perceived as extra program that does not affect how school operates Limited relationship with local Aboriginal community Playgroup runs for only a few hours per week, plans to meet level of community need not developed	Full complement of AFaFE staff hired Commitment made to meet level of community need and activities to raise cultural awareness at whole of school level, working with local community	School ensures AFaFE (and school) are culturally safe. School accepts responsibility for ensuring the school is culturally safe for graduates from AFaFE program, enabling smooth transition into education.	School and AFAFE recognised by local Indigenous community as (relatively) culturally safe; Indigenous enrolment increasing School maximises opportunities for collaboration and mutual learning across AFaFE and school.

ELEMENT #2	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Parent/carer engagement	Some parents/carers come to program, but attendance is sporadic	Sub-groups within community attending regularly (e.g. those with connections to family if AFaFE staff), but other important groups seldom attend	Parents/carers from multiple backgrounds and family/clan groups, with disparate needs, attending regularly	Program uses multiple engagement methods to work with those with disparate needs, backgrounds and some parents are taking on Advisory Committee, support or staff roles

ELEMENT #3	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
AFaFE implementation	Unstructured playgroup offering a welcoming place for parents	3a elements in programs; emphasis is on building parents' capacity	Does all of 3a elements, other components of AFaFE program, and regular ASQ-Trak assessments.	Provides different formats of implementation that retain 3a elements, but are targeted to needs such as family reunification, parents/caregivers unable to attend playgroup

ELEMENT #4	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Training and support	Programs staffed by personnel who have not undergone AFaFE and 3 a training	Site level: 3A training passed by all AFaFE staff. AFaFE management level: monitoring of appropriate performance conducted	AFaFE management level: Training materials used with AFaFE staff include all 3a elements, but also other aspects of the AFaFE such as home visits, setting up committee; ongoing training from AFaFE central team; peer support. Site level: sites have identified which AFaFE staff require which aspects of training and ensure those personnel access the training.	AFaFE management level: Training curriculum developed and updated with input from AFaFE staff and stakeholders in multiple sites; appropriate training provided to principals and committee members as well as staff.

ELEMENT #5	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Local AFaFE committees	No local committee set up to auspice AFaFE	Committee set up and meets regularly; may represent only subset of community	Regular attendance and provides support, advice to staff; represents major groups within	Committee has skills and make-up to provide advice and advocacy for AFaFE; can provide accountability support

			community	and alternative channel where concerns can be reported and their resolution tracked

ELEMENT #6	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Documentation & monitoring	Data entered on reports sporadically or with gaps; no or limited written tracking of 3a or ASQ-TRAK results	Complete data entered on all AFaFE activity categories and reports submitted on time	Data written and provided on all aspects of AFaFE. AFaFE management level: data links established to track participant enrolment, attendance and achievement after AFaFE	In-house capacity built to use data provided through AFaFE; with appropriate use at both site and AFaFE management levels.

ELEMENT #7	Unachieved/not yet achieved	Minimally achieved	Adequately achieved	Fully achieved
Fidelity & contextualisation	Program staff understand activities but not 'deeper' understanding of how and why it works; AFaFE leadership may not believe in worth of core program aspects such as 3a	Some adaptation occurring in some sites, but knowledge not shared; adaptations vulnerable to policy, funding instability; innovative adaptations may help some participants but have potential to harm others	Staff's deep understanding of model and clear authority to contextualise ensure that core program principles are reflected in adaptations and adaptations that would generate harm are avoided. Knowledge of effective adaptations shared across AFaFE sites.	Regular processes in place for situation analysis and risk/ vulnerability assessments, used to inform adaptations to program at site level.; AFaFE management team understands links between contexts, mechanisms and outcomes well enough to provide sound advice to site staff from an early stage

AFaFE Report

CATHOLIC EDUCATION
WESTERN AUSTRALIA

School: _____

_____

Term _____   Year _____

Please
Circle

AFaFE Staff

Name_____   Indigenous   Y   N

Name_____   Indigenous   Y   N

Name_____   Indigenous   Y   N

Name_____   Indigenous   Y   N

The AFaFE program will focus on building the trust, skills and confidence Aboriginal parents need to develop and maintain a positive, supportive and ongoing relationship with schools.

Instructions and details to assist completing this report**:**

Section 1: Summary of attendance: (page 3)

    a. Overall total number of children who attended for the term in specific age group.
    b. Table for child information e.g. date of birth of child, date they commenced playgroup, Aboriginal identity and dosage
    c. Dosage (see table below)

3a Dosage: This section gives a general level of dosage on children attending. A weekly rating for each child and explanation on how to do report the dosage

Key	
Excellent dosage: Attends 4 or more times a week.	**E**
Average dosage: Attends 3 times a week	**A**
Poor dosage: Attends l or 2 times a week.	**P**

    a. Weekly attendance for the term for each individual child per term
    b. Identify and recording of adults who attended with child

Section 2: Abecedarian Approach Australia (page 6) Recording elements that have been integrated into your playgroup. Please give details for each element.

Section 3: Home Visits (page 7) – Recording how many visits completed each week to promote and encourage attendance.

Section 4: ASQ-Trak (page 8) This is completed when each child begins playgroup as it is a screening tool to assess developmental delays. If an issue is identified the child will need to be re-assessed later in the year. Please list any referrals to other agencies or services. (e.g. Speech therapy, OT)

Section 5: Transition to School (page 9) Records support for children and parents to make a successful entry into pre-school or school.

Section 6: Good news story (page 10) Promote the successful interactions, achievements and outcomes of the playgroup. Schools are required to complete this section in **Term 2 and Term 4**

Section 7: Playgroup comments (page 11)

   a) Playgroup issues – what have parents raised as concerns, other challenges that your group need to address.
   b) Collaborative relationships – detail your work with other agencies, events, outcomes and successes.

Section 8: Committee meetings (page 12) Details of advisory groups and reflections on overall term achievements.

Section 9: Case Study (page 13) As part of AFaFE reporting requirements each playgroup is required to submit a minimum 2 detailed case studies per year. Each case study should follow the child over a minimum 6-month period and follow the guidelines. **#Please note. These are only required in Term 2 and Term 4.**

Section1: Summary of attendance data: Children in your playgroup

1a. Counting each child only once, overall total number of children who attended for the term in specific age group.

0-6 months	6-12 months	12-24months	24-36months	Over 36 months	Non -Indigenous

1b. Child Information

Please complete each column in the table for each child.					Attendance (please record days attended) **Term ____**										
Childs name	Age & DOB	Date commenced playgroup	Aboriginal Y/N		Week 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Dosage (calculate as per ke
EG John Smith	**2 4/5/14**	**1/2/17**	**Y**		**3**	**3**	**2**	**3**	**3**	**1**	**2**	**3**	**3**	**1**	**A**
Childs name	Age & DOB	Date commenced playgroup	Aboriginal Y/N		Week 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Dosage (calcula as key)

1c. Adults attending

Week	Mother	Father	Grandparent	Related kinship carer	Non-related caregiver	volunteers	Non - Indigenous
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
Totals							

<u>Section 2: Abecedarian Approach Australia (3A):</u> **Which elements of 3A have been focussed on this term?**

Conversational Reading   ☐   Learning Games   ☐   Enriched Caregiving   ☐

Briefly describe how you integrate the element/s into the playgroup setting

Briefly describe how you coach parents in using the element/s

Section 3: Home Visits (Record how many visits completed each week)

Child/ Family	Home visits										
	Wk1	Wk 2	Wk3	Wk4	Wk5	Wk6	Wk7	Wk8	Wk9	Wk10	Wk11

Section 4: ASQ-Trak (ASQ is completed when each child begins playgroup as it is a screening tool to assess developmental delays. If an issue is identified the child will need to be re-assessed later in the year.)

Child' Name	Was the child full term or premature? Y/N	Age level of ASQ Trak (eg 6mth, 18mth)	Communication Score	Gross Motor Score	Fine Motor Score	Problem Solving Score	Personal Social Score	Follow up action

Please provide a list of agencies or specialist referrals as a follow up from completing the ASQ-Trak

Section 5: Transition to School

Please provide an overview of number of children and steps being undertaken to assist with transition to Kindergarten and Pre-Primary.

Section 6: Any Good news stories/Highlights (Please complete this section in Term 2 and Term 4)

- An achievement of particular adults or children
- How a particular group of adults or children have benefited
- What some adults or children went on to achieve in their family and/or community as a result of participation in the playgroup

Section 7: Playgroup comments

1. **Parent comments (about playgroup, the program, or general comments regarding the program)**

Has the group experienced any issues? (include any steps being taken to rectify)

Collaborative relationships

Has your group developed partnerships to work with external groups or organisations? (Please list the groups and briefly describe the partnership and any successes)

Section 8: Committee meetings

Does your playgroup have an associated committee?   Y/N

Has your committee had any meeting this term?   Y/N

If yes, please provide the number of meetings   _____

How many people attended?   _____

Of these how many people were Indigenous?   _____

Brief summary of committee meeting:

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Reflections – Please share your experiences and any positives stories, having participated in the AFaFE program.

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Signature (person who completed the report) _____

School/ Date:_____

Section 9: Case Studies

As part of AFaFE reporting requirements each playgroup is required to submit a minimum 2 detailed case studies per year. Each case study should follow the child over a minimum 6-month period and follow the below guidelines. #Please note Schools are only required to submit a case study in July and December.

1. *Introduction of the situation: Child's age, sex, general character, e.g. shy, loud, happy, lonely. What is the home situation (de-identified).*
2. *Middle of story – what has happened, why are you writing about this child – your thoughts, feelings and concerns/reflections.*
3. *Conclusion, what has been done to change the situation: how have you assisted, or the playgroup been of help to child and family.*

Thank you for taking the time to complete this report, your input and information is valuable:

Please forward a copy at end of each term to AFaFE Project Manager Lynne Beckingham: lynne.beckingham@cewa.edu.au

7.6   Ethics forms and letters

INFORMATION LETTER FOR

ABORIGINAL FAMILIES AS FIRST EDUCATORS

EVALUATION PARTICIPANTS

Dear Evaluation Participant,

Catholic Education Western Australia has commissioned an evaluation of the Aboriginal Families as First Educators program (AFaFE). It is a 'realist' evaluation. Unlike more traditional evaluations, it does not ask 'how well is this program working?', but 'in what ways is AFaFE working for whom, how and why?'.

Catholic Education Western Australia, with the agreement of staff at Prime Minster and Cabinet, chose the Northern Institute of Charles Darwin University to conduct the evaluation, and also chose who the evaluators should try to work with. You were suggested as someone that would be good to talk to.

What does participation in the research project involve?

We would like to talk you for at least 10 minutes, but could spend up to an hour, depending on how much you would like to say. AFaFE staff have identified for us whether you are likely to want to have an individual interview, be one of a pair of people being interviewed at the same time, or participate in a group discussion, and we are following their recommendation.

To what extent is participation voluntary, and what are the implications of withdrawing that participation?

Participation in this research project is entirely voluntary.

If you agree to participate and then change your mind during the interview, you tell me and I will tear up your notes and/or erase your recording. So that you do not forget, I will ask you at the end of our session if you are

comfortable to have your information used for this project. I will also ask you if you are comfortable with the information you provide being used in future if it is relevant to another project, again, while respecting your confidentially and making sure you are not identified.

There will be no consequences if you decide not to participate, and I will not inform Catholic Education Western Australia that you made that choice.

What will happen to the information collected, and is privacy and confidentiality assured?

All of the data we collect has to be stored according to university rules, which are strict about privacy and confidentiality. Information that identifies you will be removed from the data. It will then be stored securely, accessible only by our researchers but NOT by Catholic Education or any government person. The data will be stored for a minimum period of 5 years, after which it will be destroyed. This will be achieved by a software erasure program. Please see attached *Collection Notice* (required as a formal disclosure to participants involved in research where images and/or sound recordings will be involved as a part of the research methodology) regarding collection of data through audio/video or photographic methods.

Your identity would only be disclosed if circumstances require reporting under the Catholic Education Western Australia (CEWA) *Child Protection* policy. We do not expect that to happen.

Participant privacy, and the confidentiality of information disclosed by participants, is assured at all other times.

Consistent with Catholic Education Western Australia policy, a summary of the research findings will be made available to CEWA. You can expect this to be available after November of this year from Fran Italiano.

Is this research approved?

The research has been approved by the Charles Darwin Human Research Ethics Committee and has met the policy requirements of Catholic Education Western Australia, as indicated in the attached letter.

All persons undertaking research activities on CEWA school sites must complete an Application to Conduct Research in Western Australian Catholic

Schools. Also, under the *Working with Children* (*Criminal Record Checking) Act 2004*, people undertaking research that involves contact with children must undergo a Working with Children Check. Evidence that these checks are current for each member of the research team has been provided to the Principal of the school hosting the AFaFE program in this location.

If you wish to speak to someone at Catholic Education about the project, please contact Fran Italiano at xxx. If you want to talk with an independent person about the conduct of the project, please contact *[name and contact number of designated representative of Charles Darwin Human Research Ethics Committee provided]*.

This information letter is for you to keep.

Associate Professor Emma Williams

Principal Scientist, Evaluation and Knowledge Impact

Northern Institute, Charles Darwin University

Ellengowan Drive, Casuarina NT

7.6.1.2   Informed consent form

CONSENT FORM

ABORIGINAL FAMILIES AS FIRST EDUCATORS
EVALUATION PARTICIPANTS

Consent Form

- I have read and understood the information letter about the project, or have had it explained to me in language I understand.

- I have taken up the invitation to ask any questions I may have had and am satisfied with the answers I received.

- I understand that participation in the project is entirely voluntarily.

- I understand that I am free to withdraw my participation at any time during the interview without affecting my relationship with the school; the interviewer will not report that I did not participate.

- I give permission for the contribution that I make to this research to be included in a report for Catholic Education Western Australia provided I am not identified in any way.

- I also give permission for insights I provide to be used in future related projects, provided my privacy and confidentiality are protected at all times.

- I understand that I can request a summary of findings after the research has been completed.

Name of Interviewee (printed):

Signature of Interviewee:

Date:
/   /

7.6.1.3   Consent for recording form

COLLECTION NOTICE FOR

ABORIGINAL FAMILIES AS FIRST EDUCATORS

AUDIO RECORDING

As part of the research, we would like to audio-record your interview, but only if you agree. If you do not agree, I will make notes and read them out to you at the end of the session, to make sure that I understood what you were saying. You can make any additions or corrections you want to make at that point.

We use a small tape recorder that can be uploaded to a computer for transcription by another member of the research team, who has had training in privacy and confidentiality.

The recordings will be stored in a secure location according to the Charles Darwin University privacy and confidentiality guidelines, and accessible only to our designated researchers. After a period of five years they will be destroyed using erasure software.

Your recording will not be passed on to any other party.

The recordings are used to check on the transcriptions, so that we can ensure we have heard everything you are saying, and can be accurate about your views when we write up our research. A report of the research is going to Catholic Education Western Australia and people in the Australian Government will see it. There may also be a published version, and we hope there will be. However, your words will not be identifiable at any time.

24 August 2017

CATHOLIC EDUCATION
OFFICE OF WESTERN AUSTRALIA

EXECUTIVE DIRECTOR OF CATHOLIC EDUCATION

Associate Professor Emma Williams
Charles Darwin University
Ellengowan Drive
CASUARINA NT 0909

Dear Professor Williams

EVALUATION OF CATHOLIC EDUCATION WA ABORIGINAL FAMILIES AS FIRST EDUCATORS PROGRAM – CEWA REFERENCE RP2017/37

Thank you for your completed application received 27 June 2017, whereby this project will evaluate the Aboriginal Families as First Educators Program.

I give in principle support for the selected Catholic schools in Western Australia to participate in this valuable study. However, consistent with Catholic Education Western Australia (CEWA) policy, participation in your research project will be the decision of the individual principal and staff members. A copy of this letter must be provided to principals when requesting their participation in the research.

The conditions of CEWA approval are as follows:
1. That due to the limited time frame between this approval letter and the date that your institute's ethics approval concludes, it is a condition of CEWA approval that before 22 September 2017 a new ethics approval letter from your respective institute is forwarded to CEWA.
2. That the WWC's for researchers is to be forwarded to CEWA.

Responsibility for quality control of ethics and methodology of the proposed research resides with the institution supervising the research. CEWA notes that Charles Darwin University Human Research Ethics Committee has granted permission for this research project until 22 September 2017 (Reference Number: H17075).

Any changes to the proposed methodology will need to be submitted for CEWA approval prior to implementation. The focus and outcomes of your research project are of interest to CEWA. It is therefore a condition of approval that the research findings of this study are forwarded to CEWA.

Further enquiries may be directed to Jane Gostelow at jane.gostelow@cewa.edu.au or (08) 6380 5118.

I wish you all the best with your research.

Yours sincerely

Dr Tim McDonald

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