

How do we engage them? How do we keep them engaged?

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Robinvale District Health Services VISION

“Through leadership and innovation Robinvale District Health Services will strive to improve the health, well being and strength of our communities.”

Robinvale District Health Services (RDHS) is a Multi Purpose Service (MPS) that provides a diverse range of services to communities across a catchment area of approximately 60,000 square kilometres. In addition to service delivery in its immediate area, RDHS provides outreach services to the communities of Ouyen and Boundary Bend in Victoria and Dareton, Wentworth and Balranald in New South Wales. We have a proud history of growth through innovation, investment in our staff and working in partnership with a broad range of stakeholders.

Despite divergence in program boundaries, funding sources, managers and service delivery ‘streams’; Early Years clients at RDHS experience a seamless, ‘wrap around’ service which epitomises current best practice in terms of integrated service delivery to all and particularly to vulnerable and disadvantaged community members.

RDHS has contributed to the increased cultural harmony of the Robinvale community by providing opportunities for families to come together through sensitivity to culture in service development and delivery.

Ultimately a recent review revealed a highly integrated and largely place based suite of Early Years Services operating out of Robinvale District Health Services. It was recommended that the current level of service provision should be, at least, a ‘base level’ of service provision. This is a critical reflection of the level of disadvantage and vulnerability witnessed across the Robinvale community. Research maintains that not only does the passage out of disadvantage require long term support for families, but that the gains (although possibly not realised for years) are financially prudent at both the individual, family, community and national scales (1).

Expansive international and national literature proves the need to support the health, wellbeing and educational development of ALL children in their early years to ensure they thrive into adulthood. Additional research indicates certain population groups are at higher risk of not ‘thriving’, amongst these are children from lower socioeconomic, ATSI, Non English Speaking Background (NESB) and single parent families. (2) The Social Determinants of Health model, endorsed internationally by the World Health Organisation, recognises that life chances are, more than anything else, determined by socio-economic factors

A demographic profile of the Robinvale community reveals Robinvale families are over represented amongst all of these higher risk groups. Census data from 2011 reveals that 10.7% the town of Robinvale’s population is ATSI (compared to 2.5% nationally), 52.3% of the population speaks only English at home (compared to 76.8% nationally) and 20.6% of families are single parent families (compared to 15.9% nationally). Census data has routinely under reported population levels particularly amongst the CALD and ATSI communities. (3) Given much service planning is based on population health statistics there is a very real danger in Robinvale is that there are considerably more people needing services than suggested through the data.

The vulnerability of the Robinvale community should remain at the forefront of all service provider’s minds. Relationships (both continuity of care and carer) are integral to families having successful experiences with services. As a result all service provision in Robinvale needs to be there for the long term, and short term pilot projects should always be embraced with the view to embedding them in the service system in a way they can continue and expand.

RDHS recognises the ‘Social Determinants of Health’, underpinning this with a delivery philosophy of comprehensive primary health care. Neither of these frameworks will routinely meet short term economic rationalist goals and in the current political climate it requires courage on the part of an

organisation's Board and Management to see beyond the short term and remain visionary in their holistic approach to community well-being. Longitudinal studies have proven the cost: benefit ratios of / the early years, a fact recognised by RDHS in their 2009 Annual Report - "When you have safe and nurturing relationships for children - there is strong evidence to suggest that children grow strong in the early years, they know they are loved and valued". An adherence to this philosophy is strongly undertaken, with research demonstrating the 'returns' are real and that early intervention in the early years results in the best possible outcomes for children, families and their communities together with economic gains for the nation.

Review of the RDHS service development and delivery has revealed that the funding type that achieves the greatest gains for the Robinvale community is flexible, recognises community complexity, does not set arbitrary targets, has no or little client eligibility criteria and does not enforce artificial barriers such as state borders. Yet despite frequent government and policy rhetoric about community empowerment and that decision making should be for and by the community very few funding budgets come without significant limitations or criterion.

The Rural Primary Health Services (RPHS) program funds RDHS to provide supplementary primary and allied health care services where the actual services delivered depend on the identified needs of the target communities and the method of delivery must be responsive to these needs (reflecting such practicalities as the available workforce, geography, demography and isolation). The range of services offered can encompass active treatment, screening programs, health education on individual health risks, and more broadly, efforts to address health concerns for the entire community through preventative health activities. The expectation rests with the service provider to undertake regular community needs assessments and evaluate their performance to deliver primary health care in a way that best meets the identified needs of their community. The RPHS operated by RDHS is one of the largest delivered throughout Australia and has allowed RDHS to achieve substantial gains in ways no other funding would have allowed.

Place based program development and budget management is critical because it recognises locational disadvantage as one factor amongst the complexity of problems faced by communities worldwide. Within the Robinvale community, high levels of socio-economic disadvantage, housing instability and unemployment together with physical isolation combine to create the 'entrenched social disadvantage' considered symbolic of locational disadvantage. Recent Census data reveals a significant level of disadvantage in the Robinvale community suggesting that many of these people may be financially and socially 'trapped' in broadly unhealthy ways of living. Programs funded to address one linear aspect of these people's lives without reference to the plethora of other factors contributing to disadvantage serve only to exacerbate this entrapment and create 'cycles of crisis' for families.

RDHS has operated its Early Years suite of services in a truly integrated manner for a number of years, the cornerstone of this has been locally managed funds. Locally managed funds have allowed funding flexibility and local context to drive service design, valued anecdotal evidence and applied realistic accountability and reporting expectations. Under these conditions RDHS Early Years Services have flourished. RDHS should continue to seek out such funding, and where it is not available, advocate for increased flexibility in the protocol attached to funding. Doing so should be considered a matter of critical importance to the growth and well being of Robinvale families.

This organisational culture filters down through all levels of the Service, such that community engagement, ownership and empowerment are core to all Early Years Service programs. For example, within the Mobile Visiting Play Program (MVPP) in home play based support for vulnerable families, participating families set individual diverse goals as they commence in the program – some of which are around outcomes for children and others around parental outcomes such as employment, improvement of English skills or movement into community groups and organisations. Early Years staff view parental well-being as core to child wellbeing and all efforts are made to support this family and parental growth. Across all Early Years Service programs some examples of growth in social, human and institutional capital were witnessed, similarly family input shapes and reshapes programs in a subtle process of continual improvement and adaptation of the service upheld by staff.

The overwhelming picture of Early Years service delivery within the Robinvale District Health Service is one of seamless integration. Each service not only sits in close physical proximity to the other but staff members work with both collegiality and an understanding of each other's service so forming a safety net for Robinvale families. An overarching philosophy of 'comprehensive' primary health care informs each service and all staff members.

The local impetus—request for change

An awareness was evolving amongst community members and service providers of an increasing need for Early Years supports within the Robinvale community. The demographic profile of the community was rapidly changing. There was a burgeoning CALD population, largely arriving to support the exponential growth of the local horticulture industry, whose children needed additional support particularly around language and literacy. The local Aboriginal population was seeing increasing numbers of families with young children. Across the board there were shortages in child care and preschool places and the one community run playgroup was inaccessible to most and largely unheard of amongst many families. Increasing numbers of births, climbing to a high of 115 births during 2004/05 indicated that the demand for Early Years services was yet to peak in the Robinvale community. Service providers recognised that mainstream and traditionally delivered centre-based services were no longer meeting the needs of a significant proportion of the population.

RDHS commenced a process of extending their Early Years services. This was facilitated by both the Services' responsiveness to their community, underpinned by a philosophy of community engagement and development, and by their preparedness to go beyond the typical and traditional in terms of service delivery, again underpinned by their philosophy (this time of innovation).

In 2009 RDHS commenced development of an Early Years strategy for the community (RDHS 2009 Annual Report). In doing so they recognised research identifying a number of population level reasons why all communities needed to change their support to children and families, their 2009 Annual Report noted:

- There have been major international and local social and economic changes.
- Families and family circumstances have changed.
- Service delivery is struggling to meet the needs of children and families.
- Children are experiencing worsening developmental outcomes.
- We know more about factors affecting child development and family functioning.
- There is evidence that tells us that early intervention is cost effective and has results.

Gains in international and national knowledge were also impacting on government policies and funding imperatives. So commenced a decade of significant budgetary changes for RDHS as they actively advocated for their community and pursued the funds necessary to provide the innovative support their community required.

Throughout this period the R.E. Ross Foundation has been a guiding ally to the RDHS. The R.E. Ross Trust has maintained a presence in the Robinvale community for several years now and it is through this consistent association that the Trust witnessed the core need for a strong and coordinated Early Years framework within the Robinvale community. With this awareness of both the community need and the achievements of the Robinvale Early Years Network (REYN) the R.E. Ross Trust funded the research and development of the Robinvale Integrated Service Development Community Action Plan (2010) and co-funded (together with Communities for Children) a dedicated full time position (the Early Years Facilitator) to facilitate the REYN meetings, increasing community awareness of the importance of the Early Years for long-term wellbeing and learning outcomes and to implement the activities associated with the Integrated Service Development Community Action Plan (ISD).

The key objectives of the Robinvale ISD Plan are:

- All children have rich early learning experiences and environments in formal programs and at home.
- Families have access to services and supports that meet their needs in a timely manner.
- Service providers have knowledge of each other's services and are committed to an integrated approach to early years service delivery (RDHS Annual Report, 2009).

A final major contributor to the development of Early Years programs in Robinvale is the Robinvale Advancing Country Towns (ACT) Initiative. Commencing in 2011 the ACT is a four year place based initiative that aims to bring together the resources of all three tiers of government with local business, community organisations, residents and philanthropic organisations to address a range of complex and inter-related issues experienced in Robinvale. Through the ACT the agreed priorities for Robinvale (with a specific focus on youth, Indigenous communities and newly arrived migrants) are:

- education (early years)
- integrated services
- economic development.

A multitude of soft entry points into the organisation together with a highly supported referral process between services means families reach the service(s) they require regardless of where or how they enter the RDHS Early Years service network. For example, a father attending Jump 'n' Jive (playgroup) with his children comments to staff that his eldest child still has little language development. The playgroup coordinators open a conversation with the parent which gauges their preparedness to undertake speech pathology assessment for their child. Depending on the family's level of preparedness the playgroup coordinator will either ask the Speech pathologist to attend the next few playgroups where a relationship with the family can start to build, offer to attend RDHS with the family to meet and make an appointment with the Speech Pathologist or pass on the Speech Pathologist's contact details to the family allowing them to start the process and touch base with the family in the coming weeks to check how the process is progressing. The principles of the 'no wrong door' mantra are clearly in place at RDHS.

Information sharing frameworks for clients within the Primary Health Service exist such that families do not need to tell and retell their story between different services, appointments can be streamlined and clustered together where necessary and referrals and / or services from organisations external to RDHS are arranged in a coordinated manner without duplication or confusion. The 'team' approach is applied to each family, providing families with the highly sought after 'wraparound' approach to service delivery. This culture is promoted throughout the organisation and facilitated by fortnightly Early Years team meetings and monthly Robinvale Early Years Network meetings.

RDHS offers a unique opportunity as an established and respected local organisation with an integrated suite of Early Years services to act as the foundation for further Early Years service development and integration. RDHS is well placed to actively tender for and attract those services which will either compliment the existing suite of services and / or are identified by the community as areas of high need. RDHS shows strength on these grounds, for whilst service integration has been a highly popular and sought after attribute, very few organisations have worked together to achieve the integration and consequent level of seamless service delivery that RDHS has achieved in the past decade.

A decade ago the only organised opportunities for parents of pre-school aged children to come together in a family setting was through a community run playgroup. Anecdotal evidence suggests this playgroup was largely only utilised by long time locals and virtually unheard of amongst the recently arrived CALD community or local ATSI community. RDHS recognised the need not only for increased Early Years learning through play opportunities but for the incidental opportunity to reduce social isolation amongst a diverse and divergent community. From 2006 onwards RDHS commenced the

delivery of four playgroups including the MVPP, Jump 'n' Jive and two community playgroups (PolyPlay and the Multicultural Playgroup). One parent at the PolyPlay playgroup commented during interview "It doesn't matter what colour you are at Playgroup, all the mum's are friends here".

The connections built by playgroup involvement have been further developed by the coming together of community during the Robinvale Early Years Network (REYN) celebrations, with the three most recent events bringing together an estimated 2,000 people from across the Robinvale community with Early Years service providers.

Culturally respectful and responsive service delivery within the RDHS is supported by a number of formal processes and supports including:

- the employment of Cultural Liaison Officers who assist staff in making services more accessible and engaging to culturally and linguistically diverse clients
- the RDHS Language Policy (which defines and outlines methods of accessing Interpreter and Translation services) and the Cultural Action Plan
- cultural awareness training to staff.

All Early Years staff uphold and practice these principles and extend qualities such as respect, empathy, genuineness, humility, quiet enthusiasm and personal integrity to all members of the community (as encouraged through the Family Partnership Model).

RDHS recognised the importance of 'soft entry' points for families and has responded by ensuring allied health staff presence at playgroups and community events. The REYN has provided an important platform for identifying and organising community events and all services for children aged 0-12 years have benefited from their increased exposure to families at these events.

Transport has been recognised as a barrier for many local families with the number of homes without a registered vehicle twice the national average for the Robinvale township (16.3% compared to 8.6% nationally) and as a result the RDHS provides initial assistance with transport, where necessary.

Cultural barriers have been addressed through the employment of Cultural Liaison Officers, dedicated programs for certain cultural groups (such as the MCHN Vietnamese Parents Group) and the efforts of all staff to understand and respect culturally specific birthing and parenting practices. Language barriers have been addressed through signage and brochures being made available in the main language groups, visual representations and all staff being trained in accessing telephone based interpreter and translator services.

Continuity of both care and carer have been hallmarks of the RDHS Early Years Service with the Midwife, Maternal and Child Health nurse sharing the delivery of antenatal classes and domiciliary checks before 'handover' to the Maternal and Child Health nurse. Early years staff talk with families at new parent groups about the value of play and brain development, similarly staff are shared between each of the three supported playgroups, Out of School hours program (OOSH) and the Mobile Visiting Play Program as a means facilitating the transition of families between services. RDHS recognises how much clients value relationships and make every effort to ensure staff retention to facilitate such continuity.

Additionally a culture of vigilance exists with all staff members highly aware of how barriers can change and evolve and the needs of every family are unique. Channels of communication between staff and management have remained open and management have been responsive to staff ideas for service improvement.

The development of services within the RDHS Early Years suite of services has evolved in a number of ways. For example the Mobile Visiting Play Program was the idea of the then Early Years Coordinator, a local woman with an inherent closeness to the community, working in conjunction with the local school liaison officer who was regularly in contact with families in their homes. The MVPP is a comprehensively place based approach to community need. At the other end of the continuum are

services such as HIPPY – an Australian adaptation of an International program. Robinvale was 'pre-identified' by the national funding body (DSS) and organisation charged with delivering HIPPY in Australia (the Brotherhood of St Lorraine) as a community 'eligible' to receive the HIPPY program. RDHS applied to be the community partner through an EOI process and was successful in receiving funding.

Over the past decade RDHS Early Years service delivery has experienced exponential growth. Through this growth a system of service integration has evolved that has clearly multiplied health, education and general well-being gains for Robinvale families. This 'system' evolution has not been by chance however and it holds proven approaches to working in and with the Robinvale community together with protocols and processes for integrated best practice.

All Early Years programs embedded in RDHS facilitate and support a culture of referral and integrated service delivery as a result of the culture of staff collegiality, the proximity of staff members to each other, the sharing of staff members between programs and their involvement on the REYN. The gains for the Early Years population by the level of service integration within RDHS is significant, these gains will be further multiplied by ensuring Early Years services external to RDHS are also well integrated.

A culture of care and service excellence has become the self-perpetuating norm within the RDHS Early Years staff team. This culture, evolving over time, has been achieved through the astute recruitment of staff (who are skilled in the Early Years but most importantly possess the critical qualities of respect, empathy and genuineness), a management at all levels that has led by example and a close staff / management relationship which has upheld the principles of community engagement and open communication amongst all organisational levels.

Taken together the impetus of a decade of State and Federal government financial support, a shifting political culture of investing in the Early Years and an increasing community need at the Robinvale level has seen the RDHS evolve its Early Years Service suite into a comprehensive and integrated system, where services have synergy and funds from multiple streams work together to create the safety net for Robinvale families we see today. This achievement has been underpinned by a philosophy of comprehensive primary health care and required a strong commitment to removing barriers.

Recommendation

Early Years health, education and wellbeing services are locally developed, managed and implemented. 'Pre-packaged' services must recognise the centrality of local, regional and state/national support and be flexible to community needs.

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Presenter

Cindy Hinterholz is the Early Years Coordinator at Robinvale District Health Services. Passionate about the early years and its importance as the foundation in a child's life Cindy previously worked in Melbourne as a preschool teacher. Cindy moved to Robinvale in 2009 and here, her passion for the early years, was magnified by the wonderful complexity of the Robinvale community. The multi-cultural and diverse nature of Robinvale offers many challenges but far more rewards. Her aim is to ensure every family has the opportunity to engage in a range of early years services that best meet their needs and that these services support families in health, education and wellbeing. She wants parents to recognise and enjoy their role as their child's most influential teacher.