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# Evaluation of the Links to Early Learning program

A program by Uniting NSW.ACT

Evaluation funded by the Paul Ramsay Foundation

 Parenting Research Centre

thinkimpact 

## Acknowledgement of Country

The Parenting Research Centre acknowledges and respects the diverse Aboriginal and Torres Strait Islander people of this country and the Elders of the past and present.

## Acknowledgments

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## Contributing authors

**Parenting Research Centre:** Dr Amy Graham, Dr Michelle Macvean, Dr Elbina Avdagic, Dr Catherine Wade

**Think Impact:** Natasha Rees, Rebecca Cain

## Contact

### Melbourne office

Hub Southern Cross  
Level 2, 696 Bourke Street  
Melbourne, Victoria, 3000

### Sydney office

Hub Hyde Park  
Level 3, 233 Liverpool Street  
Darlinghurst NSW 2010  
**P:** +61 3 8660 3500

**E:** [info@parentingrc.org.au](mailto:info@parentingrc.org.au)  
[www.parentingrc.org.au](http://www.parentingrc.org.au)



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# Executive Summary

## Overview

Early childhood education (ECE) is the foundation of world class education and an important step in ensuring every child has the chance to reach their full potential. National and international evidence has long confirmed the potential benefits that high-quality ECE experiences can offer to children's development and recommends it as a worthwhile investment. To this end, Uniting NSW.ACT developed the Links to Early Learning (L2EL) program with the goal of increasing access to early learning for vulnerable children<sup>1</sup> in specific parts of NSW. L2EL aims to work with caregivers to reduce barriers to ECE participation and stay engaged until school. The program supports families across four stages from early identification of their ECE access needs and barriers through to transitioning to school (see Figure 1 for stages).

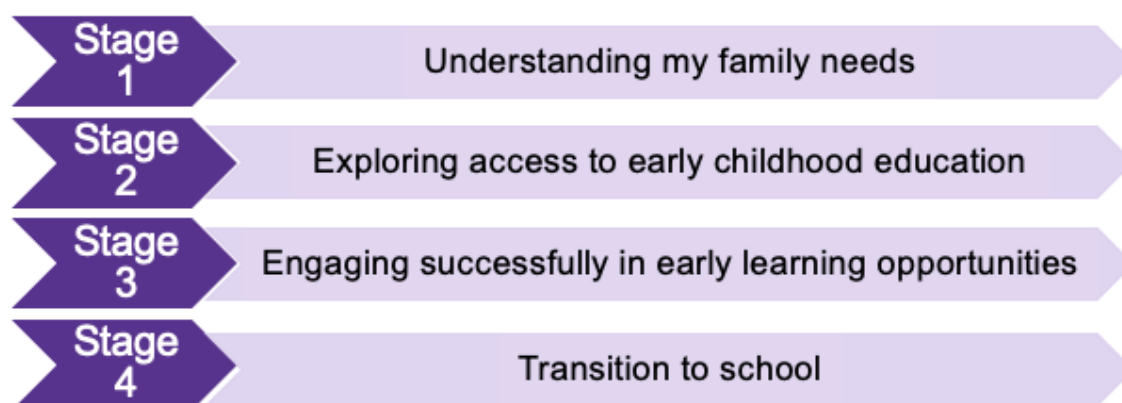


Figure 1. Four stages of L2EL

The Parenting Research Centre (PRC), in collaboration with Think Impact, were commissioned by the Paul Ramsay Foundation to evaluate the extent to which L2EL improves enrolment and attendance in early learning for vulnerable children, to assess its impact on child outcomes, and to determine its cost effectiveness.

## Method

The evaluation used a repeated measures quasi-experimental survey design with non-randomised comparison group to assess the impact of the program. The design of the cost effectiveness analysis was guided by the Australian Government Handbook of Cost-Benefit Analysis (Commonwealth of Australia, 2006).

Caregivers in the L2EL program and caregivers in a comparison group completed surveys relating to their child and their caregiving on two occasions (Time 1 in February 2024, Time 2 in August/September 2024). Caregivers participating in supported playgroups run by Uniting were identified by Uniting as a suitable comparator due to their similar demographic composition to the L2EL program. Comparison group participants were not involved in the L2EL program, however they may have been receiving other usual supports available to all families, such as health and family services.

<sup>1</sup> All children/families involved in L2EL are identified as vulnerable in some way. Families are eligible if they are not involved in ECE and would like help accessing it, and if they are a member of one of the following L2EL priority groups: Aboriginal and/Torres Strait Islander families; asylum seekers, refugees and migrants, families with disability, developmental delay and chronic medical conditions, low income families, families with transportation difficulties, unhoused families, families with risk of serious abuse or neglect, mothers aged under 21 years at childbirth.

A small group of L2EL caregivers were interviewed informally about the impacts of the program on themselves and their child, and three case studies have been included to demonstrate how L2EL supports families in their journey to access ECE.

## Limitations

Drawing policy conclusions and programmatic solutions from the evidence available from this evaluation must be approached with caution due to several limitations. L2EL participation is typically longer than the 6–7-month period of this evaluation so this evaluation provides a snapshot of outcomes during this period rather than a true pre-post measure. The sample size was small due to number of consenting caregivers available during the evaluation, attrition, and missing data. We were unable to find a validated measure of school readiness suitable to this population so a proxy measure and select single items were used.

## Findings

The key findings of this evaluation are summarised in Box 1 and described further below, in relation to the key evaluation questions and sub-questions.

### *Box 1. Summary of key findings*

- There was a **statistically significant improvement ECE enrolment** over time for the L2EL children.
- There was a **clinically meaningful improvement in ECE attendance** over the course of participation in L2EL.
- The evaluation found no statistically significant improvement in parenting efficacy or efficacy to connect to services and community over time
- L2EL resulted in a **statistically significant improvement in caregiver knowledge about ECE**
- There was no statistically significant improvement in views that ECE is good for children or improved opinions of ECE centre or educators.
- The evaluation found no statistically significant changes for child socio-emotional outcomes from Time 1 to Time 2 for either group
- L2EL resulted in a **statistically significant improvement in caregivers' confidence to get their children ready for school**
- L2EL did not result in a statistically significant improvement in caregiver views about child school readiness or caregiver knowledge of who to ask for help about school readiness
- Cost, when the program is operating at its optimal scale, is estimated at \$40-44 per hour of additional enrolment in ECE, depending on the management structure.

**KEQ1. To what extent does the L2EL program improve enrolment and attendance in early learning for vulnerable children? Does enrolment and attendance vary by demographic characteristics, vulnerabilities, or other characteristics? Does L2EL program improve mediating outcomes associated with improved enrolment and attendance, including parenting efficacy, parent efficacy to connect to services/community? Does L2EL improve the mediating outcome of parent perceptions of the value of ECE?**

Prior to commencing L2EL, none of the children were enrolled in or attending ECE. The evaluation found a statistically significant improvement in caregiver-reported ECE enrolment over time for the L2EL children. There was no significant change in enrolment for the comparison group therefore the increase in enrolment observed in the L2EL cohort is considered to be largely attributable to participation in the L2EL program. Improving enrolment in ECE is the primary objective of L2EL, and an essential step toward child attendance at ECE.

In addition to observing increased enrolment in ECE, this evaluation found a clinically meaningful improvement in ECE attendance for the L2EL group. While the change from Time 1 to Time 2 survey was not statistically significant, we found that three quarters of the L2EL children in the

evaluation were attending ECE by the end of the evaluation period, compared to 50% in the comparison group. This is a marked improvement given the L2EL were not attending any ECE prior to their engagement in this program.

There was no difference for enrolment or attendance based on family characteristics for either group.

Families in L2EL were experiencing a mean of 10.5 distinct barriers to accessing ECE (median = 9, range = 2-31). L2EL assisted families to *fully* address over 80% of identified barriers in Stage 1 of the program, over 70% of barriers in Stage 2, more than 60% of the barriers in Stage 3 and over 50% of barriers in Stage 4<sup>2</sup>

Barriers to accessing ECE, by domain, that were commonly identified across the four stages were:

- *Stage 1:* caregiver worry about judgement; distrust of services; previous negative experiences with professionals
- *Stage 2:* obtaining child's birth certificate and immunisation history; applying for Child Care Subsidy and Additional Child Care Subsidy; caregiver limited understanding of ECE providers, types, quality ratings or what quality ECE looks like; no ECE vacancies
- *Stage 3:* caregiver limited understanding of child support needs; caregiver limited understanding of their role as first teacher; ECE provider's limited understanding of child's support needs, support needed for transition to a centre, ECE limited understanding of how to engage with parent; changes in family financial situation; limited caregiver understanding of how to set up positive relations with ECE staff; caregiver concerns about ECE staff action/inaction; caregiver limited social connections; caregiver inability to afford fees; homeless risks; inability to afford bond; transportation issues; inability to afford food and living expenses; inability to afford items for ECE; caregiver limited understanding of other services that can provide learning opportunities.
- *Stage 4:* caregiver limited understanding of education system; kindergarten application and early intervention process; use of tools to find local school.

The evaluation confirmed that L2EL stages are not linear, with families often circling back to earlier stages, and in some cases ECE placements were found to be unsuitable either from the families' or ECE providers' perspectives, leading to ECE withdrawal. We found that while Uniting had suggested the average time in Stage 1 is two months, L2EL data indicate average time is less than two months (mean = 48 days, median = 35 days).

Parenting efficacy scores were almost at the typical level at Time 1. At the whole group level, the evaluation found no statistically significant improvement in parenting efficacy or efficacy to connect to services and community over time. However, when we examined changes over time for individual caregivers, almost one third of L2EL caregivers experienced meaningful improvements in parenting efficacy; a higher proportion than in comparison group.

The evaluation found L2EL resulted in a statistically significant improvement in caregiver knowledge about ECE, however, there was no statistically significant improvement in views that ECE is good for children or improved opinions of ECE centre or educators.

**KEQ2. To what extent does the L2EL program improve school readiness among vulnerable children compared with a comparison group? Does the L2EL program improve child socio-emotional outcomes? Does the L2EL program improve parent perception of child readiness and their own preparedness for school?**

This evaluation used child socio-emotional outcomes as a proxy measure for school readiness. found no statistically significant changes for child socio-emotional outcomes from Time 1 to Time 2 for either group. No statistically significant differences were found between groups on any aspects of child socio-emotional outcomes.

L2EL resulted in a statistically significant improvement in caregivers' confidence to get their children ready for school but did not result in a statistically significant improvement in caregiver

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<sup>2</sup> Some families were still progressing towards addressing barriers, particularly within the latter stages of the program.



views about child school readiness or caregiver knowledge of who to ask for help about school readiness.

### **KEQ3. What is the cost-effectiveness of the L2EL program?**

Effectiveness was measured based on the increase in enrolment in ECE per child, which was found to be largely attributable to participation in L2EL. Cost included program delivery costs and increased government costs to subsidise ECE. Cost, when the program is operating at its optimal scale (20 children per staff), is estimated at \$40-44 per hour of additional enrolment in ECE, depending on the management structure.

## **Conclusion**

The L2EL program has supported families to reduce barriers to accessing ECE and achieved its primary objective to increase child enrolment in ECE. The L2EL theory of change suggests this is the essential first step towards attending quality early learning and will lead to later benefits to school readiness. A meaningful change in ECE attendance was also observed for the L2EL children, who previously were not attending any ECE. While the change in ECE attendance observed in the evaluation surveys was not statistically significant, it is possible that with time ECE attendance will improve further for these children, perhaps as L2EL continues to work with the families and ECE providers to address any ongoing barriers or to work towards arranging more suitable ECE placements if necessary. However it is also possible the lack of statistically significant finding may have been due to evaluation limitations including: use of caregiver-reported attendance rather than more accurate and reliable ECE provider-reported actual rates of attendance; relatively high rates of Time 1 attendance compared to the presumably zero attendance that would have been observed had the evaluation had a true baseline measure when families started with L2EL<sup>3</sup>; and attrition and missing data at Time 2 in the L2EL group.

Improved parenting efficacy and child school readiness, as measured by child socio-emotional outcomes, were not evident in the span of this evaluation. Evaluation duration, evaluation timeframe relative to the program duration and timing of school transition, and the small sample size, may also have impacted our capacity to observe changes in outcomes over time.

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<sup>3</sup> Criteria for entry into L2EL requires that children are not enrolled in or attending ECE at the time of commencing the program. For this evaluation, Time 1 measures were taken in February 2024, at which point several families had already progressed to later stages in the program and had already commenced engaging in ECE. Over half the L2EL children were already reported to be enrolled and attending at Time 1, thereby making it difficult to observe statistically significant changes by Time 2.

# Introduction

## Overview

With funding through the Paul Ramsay Foundation, the Parenting Research Centre (PRC), in partnership with Think Impact, were engaged to evaluate the extent to which Uniting NSW.ACT's *Links to Early Learning (L2EL)* program improves enrolment and attendance in early learning for vulnerable children, to assess its impact on child outcomes, and to determine its cost effectiveness.

One of the best ways to promote positive child development is by helping families. Hence, L2EL works directly with families toward their primary goal to engage children in early childhood education (ECE). The current evaluation has considered the effect of the L2EL program on caregiver parenting efficacy and efficacy to connection to services and community, child socio-emotional development, ECE enrolment and attendance, and caregiver perceptions of school readiness for vulnerable children in L2EL delivery sites across Coffs Harbour/Nambucca Heads<sup>4</sup> and Campbelltown, along with an evaluation of the cost-effectiveness of the program. Our overall assessment of the impact of this program can be found in Appendix A: Impact Summary Statement.

## Early childhood education

ECE is an important step to ensuring every child has the opportunity to reach their full potential. National and international evidence has long confirmed the potential benefits that high-quality early childhood education experiences can offer to children's development (Melhuish et al., 2015; Pascoe & Brennan, 2017). Participation in high-quality early learning is a recognised factor in reducing developmental vulnerability at school entry and helping all children develop fully. This is even greater when children have disadvantage present (Baxter & Hand, (2013; Productivity Commission, 2024). However, it is also true that these same children are the least likely to have equitable opportunities to access high-quality early learning programs (Productivity Commission, 2024). Unlike ECE in many other countries, ECE is not compulsory in Australia and parents decide on the timing and extent of their children's attendance. The ECE system families are faced with currently is complex and challenging for some families to navigate on their own (The Smith Family, 2021).

Traditionally, the mechanism through which barriers to ECE are addressed is via subsidies for centre fees, however, while government and non-government subsidies have increased the participation rates for children from low-income families, fees are not the only barrier to ECE participation for low socio-economic status (SES) families (Harrison et al., 2023; Uniting Research and Social Policy, 2023).

Whiteman et al. (2018) reviewed ECE barriers faced by low-SES families and identified five broad themes related to non-fee barriers:

- lack of caregiver awareness of the potential benefits of ECE for their children's learning and development
- difficulties with access, including limited choice of ECE programs, transport, location of ECE centres/schools, time constraints, complexity of the system, fear of interaction with government agencies or stigma
- financial costs (other than fees) related to attending ECE, including provision of food, clothing, bags, and excursions
- issues related to comfort, trust, cultural fit and unmet support, relevance of the program and parents' confidence in their children's abilities to cope with or benefit from ECE
- family beliefs and priorities, including beliefs in the importance of home-based care, not valuing daily attendance, and prioritising 'other' family matters over their child's attendance at ECE.

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<sup>4</sup> Coffs Harbour and Nambucca Heads are both managed by the Coffs Harbour office of Uniting and are combined in this evaluation.

There have been a range of policy commitments made by the NSW Government (2024) to address barriers to children accessing ECE, including fee relief for preschools and universal preschool. Uniting NSW.ACT is currently working with families to reduce barriers to and improve enrolment at ECE through their L2EL program

## Links to Early Learning

### Program overview<sup>5</sup>

Uniting NSW.ACT developed the L2EL program with the goal of increasing access to early learning for the most vulnerable children<sup>6</sup>, aged 0-5, in specific parts of NSW and the ACT. L2EL aims to work with caregivers to reduce barriers to ECE participation and stay engaged until school. It seeks to achieve this through individualising support, connecting them to ECE services and remaining connected until the child starts school. L2EL works with families with children who are not yet enrolled in ECE but would like help to access ECE. To be eligible for participation in L2EL, families need to be part of one of these L2EL priority groups: Aboriginal and/Torres Strait Islander families; asylum seekers, refugees and migrants, families with disability, developmental delay and chronic medical conditions, low-income families, families with transportation difficulties, unhoused families, families with risk of serious abuse or neglect, mothers aged under 21 years at childbirth. L2EL offers targeted support to families who are in greatest need of assistance to access ECE.

L2EL offers multiple active and passive referral pathways, with the referrals often made by professionals from other services, but self-referral can also occur. Following completion of a referral form and intake, which is not means-tested, families are triaged and processed according to their level of need. This decision is made by the L2EL Coordinator and decided based upon how quickly they need access to ECE and also what other supports might be required to facilitate a successful ECE placement. L2EL capacity to take on new referrals is also a consideration in the decision-making process. The Coordinator also conducts screening, assessments, and planning, implements programs for caregivers and children, and provides referrals for further assessments and support from other community and government agencies as needed.

Central to the provision of L2EL are the following frameworks and approaches: child participation in decision-making; family-centredness; culturally responsive practice; trauma-informed practice; strength-based; universally accessible; ecological theory; inclusion; and the social model of disability.

Families participating in L2EL are supported by frontline staff, called Early Learning *Linkers*, who aimed to link families with ECE services and help them navigate the service system. Linkers, who have early childhood education qualifications and experience, build and maintain relationships with vulnerable children and families and support them to access early learning and overcome barriers to their inclusion. Linkers also engage with other stakeholders, including referring parties, schools, ECE centres, and educators, to support them to work well with families and address barriers that may exist within these settings, such as educator knowledge of disability or cultural differences.

Across the L2EL program, Linkers support families and engage with ECE services, schools and educators through the four stages as summarised in Figure 2.

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<sup>5</sup> Based on evaluator discussions with Uniting and the Uniting Links to Early Learning practice manual (2023)

<sup>6</sup> All families in L2EL are considered vulnerable or disadvantaged in some way.

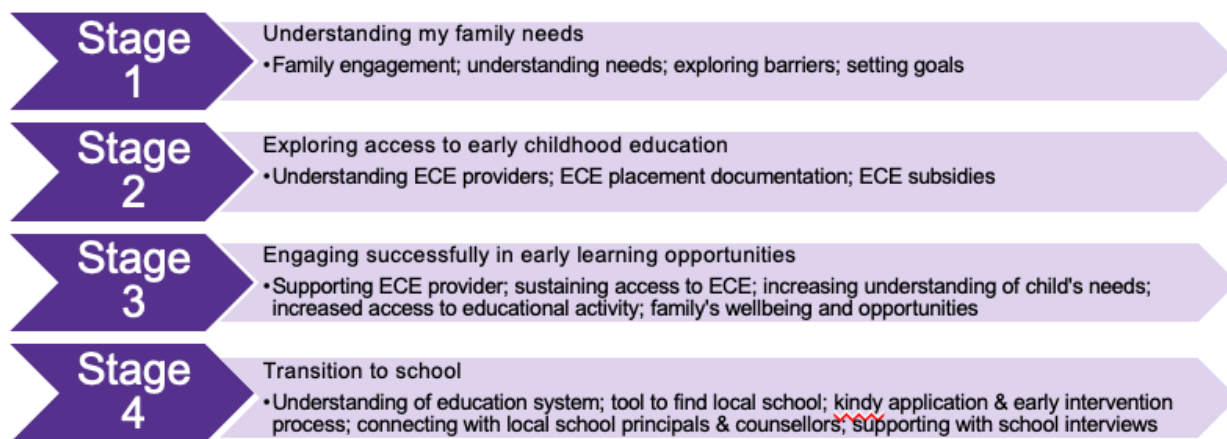


Figure 2. Four stages in the L2EL program

The time families spend in each of these stages varies and is based on each family's needs and the level of complexity and the unique barriers to ECE that are present for individual families. Program guidelines allow Linkers to spend adequate time in the early stages as required to best meet the needs of individual families. It is not a linear journey through stages, and families can flow back to earlier stages depending on their needs or individual circumstances (e.g., ECE placement is found to be unsuitable). According to Uniting, stage 1 takes on average about two months. This can take longer if there are more barriers present to accessing and sustaining ECE placements. Frequency of engagement between Linkers and families varies depending on individual family needs.

L2EL commences with four initial visits with families to get to know the family, their needs and to start exploring their barriers to accessing ECE. In addition to discussion and observation with the family, Linkers and families collaborate to complete a child profile and early learning goals. Prior to this evaluation, Uniting was completing the Personal Wellbeing Index (International Wellbeing Group, 2024) with caregivers at the commencement of L2EL and at closure, however Uniting have advised they intend to use the PEEM moving forward.

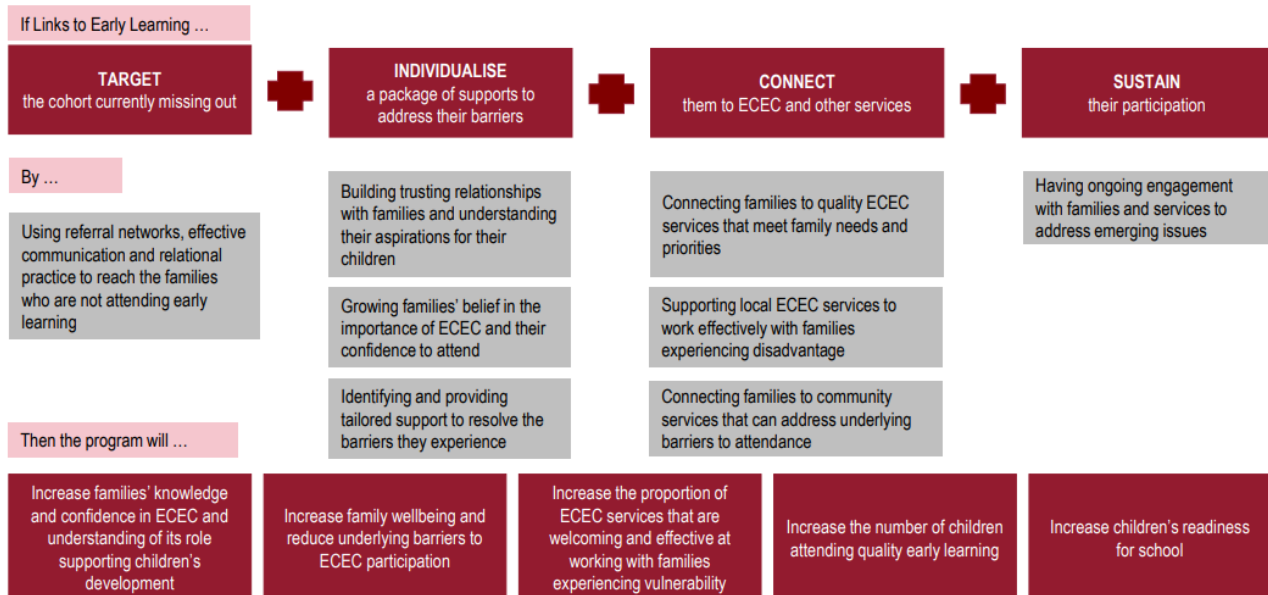
At the commencement of each L2EL stage, Linkers complete a form about access to early learning centres, that captures family preferences and needs in relation to ECE, as well as identifying what is getting in the way of ECE enrolment. These barriers to ECE are then revisited at the end of each stage to determine the extent to which they have been overcome or are ongoing. Six-monthly and closure reviews are also conducted to understand how the child is progressing.

The below Theory of Change for the L2EL program describes how the Linkers aim to work with families to reduce barriers and improve access to ECE, and the intended flow on effects to other child outcomes such as readiness for school.

## Theory of Change

Links to Early Learning's activities, priorities and ways of working are reflected in its theory of change, which is focused on increasing children's readiness for school.

**The problem Links to Early Learning is solving:** The cohort of children most likely to benefit from quality ECEC are those least likely to attend because their families experience a range of financial and non-financial barriers to access. This means some children start school behind their peers, and evidence shows many never catch up.



(Source: dandolopartners, 2021)

### L2EL locations

L2EL is available to families in Campbelltown, Coffs Harbour and Nambucca Heads. The Campbelltown office of L2EL has been operating since 2018. Coffs Harbour and Nambucca Heads L2EL commenced in 2023.

### Previous evaluations

In 2020, the Research and Social Policy team at Uniting released findings from a mixed-methods evaluation of L2EL in South-West Sydney. That evaluation was conducted in collaboration with Western Sydney University and L2EL program staff. That evaluation sought to:

- identify the barriers and facilitators to accessing ECE, particularly non-financial barriers;
- assess the impact of the L2EL program on children and their families;
- identify opportunities for program and operational improvements; and
- identify the best ways to engage with children facing barriers to accessing early learning.

Overall, the evaluation found that the program was associated with multiple positive achievements and benefited children enrolled in early learning, their families and childcare centres working with the program. Cost, access/travel, disability and configuration of Australia's ECE system were the main barriers restricting children's access to early learning in that evaluation.

Recommendations for the future that were made by the evaluators included:

- Additional resourcing to cope with the increasing number of referrals for early learning
- Enrolment support for families
- Improving the quality of administrative data.

In 2021, dandolopartners released an independent evaluation of the L2EL program to build on the previous evaluation. This evaluation revealed that L2EL is meeting a genuine need in the

community and a gap in the service system. The program model was identified to be well-designed, grounded in evidence, and implemented well by a skilled and capable team.

To date, there have been no peer-reviewed publications about the L2EL program, however we understand manuscripts are in preparation.

## The current evaluation

PRC, in partnership with Think Impact, were engaged to evaluate the extent to which Uniting NSW.ACT's L2EL program improves enrolment and attendance in early learning for vulnerable children and assess its impact on child development across Coffs Harbour/Nambucca Heads (both managed by the Coffs Harbour office) and Campbelltown, along with an evaluation of the cost-benefit of the program. PRC were responsible for conducting the evaluation and engaged Think Impact as subcontractors to conduct the cost effectiveness analysis component of this broader evaluation.

# Methodology

This evaluation was conducted over a 7-month period, from February to August 2024. These points in time were chosen to give the maximum time for change to be observed within the contracted evaluation period. In this section we describe the evaluation approach, included evaluation questions, participants, materials, recruitment, and data collection and analyses.

## Evaluation questions

The following key evaluation questions (KEQs) guided this evaluation:

**KEQ1. To what extent does the L2EL program improve enrolment and attendance in early learning for vulnerable<sup>7</sup> children?**

**KEQ1a. Does enrolment and attendance vary by demographic characteristics, vulnerabilities, or other characteristics?**

**KEQ1b. Does L2EL program improve mediating outcomes associated with improved enrolment and attendance, including parenting efficacy, parent efficacy to connect to services/community?**

**KEQ1c. Does L2EL improve the mediating outcome of parent perceptions of the value of ECE?**

**KEQ2. To what extent does the L2EL program improve school readiness among vulnerable children compared with a comparison group?**

**KEQ2a. Does the L2EL program improve child socio-emotional outcomes?**

**KEQ2b. Does the L2EL program improve parent perception of child readiness and their own preparedness for school?**

**KEQ3. What is the cost-effectiveness of the L2EL program?**

To address these evaluation questions, a combination of methods were utilised:

- Repeated measure intervention caregiver-completed survey (L2EL group and comparison group caregivers)
- Analysis of routinely collected administrative data
- Qualitative discussions with L2EL caregivers
- Analysis of program costs in relation to outcomes achieved.

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<sup>7</sup> All children participating in L2EL are considered vulnerable.



## Participants

Over the 8-month evaluation period from February to September 2024, 40 L2EL caregivers and 44 caregivers attending playgroups consented to participate in this evaluation. Each participant who completed a survey was provided a \$25 gift voucher, at each time point. The number of caregivers in each group with available data across different types of data can be found in Figure 3 and Table 1. Participant demographics reported here were derived from the evaluation survey completed by L2EL caregivers (T1  $n=37$ ; T2  $n=27$ ) and a comparison group of Uniting clients who were attending supported playgroup (T1  $n=44$ ; T2  $n=32$ ). For a more detailed description of caregivers' characteristics from both group at Time 1 see Appendix B, Table 1. Demographic information about caregivers from the L2L provided by Uniting is presented in Appendix B, Table 2.

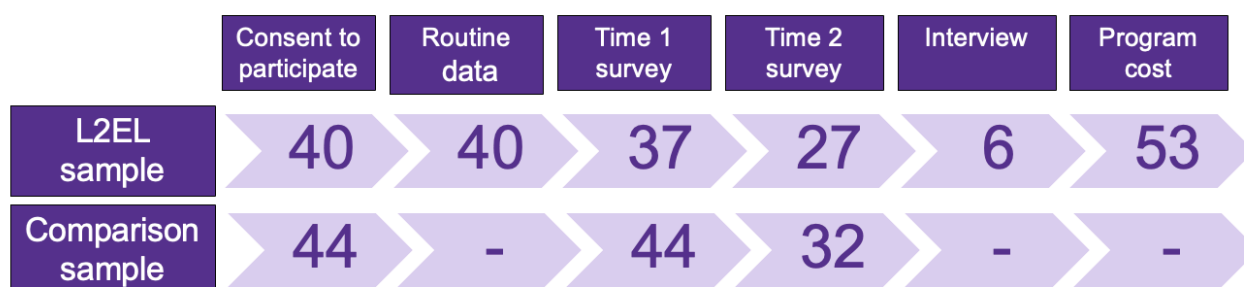


Figure 3. L2EL and comparison group caregiver sample size across components of evaluation (program cost is per child)

The comparison group were not participants in L2EL and were not receiving active support to access early learning during the evaluation period, however they might have been attending ECE independently. Families in the comparison group may still potentially receive L2EL later. These children share similarities in terms of child age, location and community-level characteristics. It must be noted that the two groups were never intended to, nor should be, directly compared to imply one is superior to the other. Each program offers valuable supports to families and should be valued in its own right.

Table 1. Sample size in analyses for each subscale and item

Measures	L2EL N=40	Comparison N=44
<b>PEEM</b>	<i>n</i>	<i>n</i>
PEEM total	20	29
Efficacy to parent	20	29
Efficacy to connect	20	29
<b>ECE perceptions</b>		
I know a lot about ECE	20	29
I think it's good for children to go to ECE	20	29
I like my child's ECE centre	8	7
My child's ECE is a safe and supported place	8	7
I like my child's ECE educator	7	9
<b>DECA-P2</b>		

Total Protective Factor	14	15
Initiative	14	15
Self-regulation	14	16
Attachment/Relationships	14	16
Behavioural Concerns	14	15
<b>Readiness for school</b>		
I feel like my child is ready to start school.	7	6
I feel confident to help my child get ready to start school.	7	6
If I need help to prepare my child to start school, I know who I can ask for help.	7	6

### L2EL sample

Caregivers in the L2EL group were from various cultural backgrounds, the most common being Australian (36%), followed by English (9%). The most common language spoken was English (68%) (see Table 2 for all cultural backgrounds and languages and further demographic details in Appendix B). Fourteen percent of caregivers identified as Aboriginal and/or Torres Strait Islander. The mean age of caregivers was 32.34 years (median = 30 years; range = 19-59 years). The majority of responding caregivers were mothers (86%). Almost 60% of caregivers were either married or in a de facto relationship. The highest level of education for most caregivers was secondary school (46%), followed by Certificate 3 or 4 (22%). Around 60% of caregivers had either one child or two children (mean = 2 children, range = 1-5 children). Fifty-six percent of children were males. Out of 33 children in the L2EL group with available data, five were identified in the survey as having a disability (15%).

### Comparison sample

According to caregiver self-report in the Time 1 survey, the most common cultural background of caregivers in the comparison group was Australian (33%), followed by Arabic (12%). Most caregivers (60%) spoke English at home (see Table 2 and Appendix B). Twenty-one percent of caregivers identified as Aboriginal and/or Torres Strait Islander. The mean age of caregivers was 36.07 years (median = 33.5 years; range = 21-66 years). The highest level of education for most caregivers was either secondary school (27%) or Certificate 3 or 4 (27%). Most caregivers were mothers (81%) and the majority were either married or in a de facto relationship (94%). The mean number of children per family was two children (range = 1-5 children). Around 64% of children were males and 19% of children had a disability.

The comparison group had a greater number of caregivers who were married or in a de facto relationship. While this difference between the two groups was statistically significant<sup>8</sup>, almost 30% of caregivers in this group did not provide information on their marital status. No other statistically significant differences on the demographic characteristics were found between the L2EL group and comparison group.

<sup>8</sup>  $\chi^2(1, N=81)=13.58, p<0.001$



Table 2. Family demographics for the L2EL and the comparison group based on the caregiver survey at Time 1

Demographics	L2EL		Comparison	
	<i>n</i>	Mean and Proportions	<i>n</i>	Mean and Proportions
<b>Caregiver age</b>	<b>37</b>	Mean = 32.34 years Median = 30.00 years Range = 19-59 years	<b>44</b>	Mean = 36.07 years Median = 33.50 years Range = 21-66 years
<b>Caregiver relationship to the child</b>	<b>36</b>	Mother = 31 (86.11%) Father = 2 (5.67%) Grandparent = 1 (2.78%) Carer = 1 (3%) Other relative = 1 (3%)	<b>42</b>	Mother = 34 (80.95) Father = 5 (11.90%) Grandparent = 3 (7.14%)
<b>Cultural background</b>	<b>33</b>		<b>42</b>	
		Australian = 12 (36.36%) Bengali = 1 (3.30%) Cantonese = 1 (3.30%) Chinese = 1 (3.30%) English = 3 (9.09) Indian = 1 (3.30%) Indigenous = 2 (6.06) Other = 12 (36.36%)		Australian = 14 (33.33%) Arabic = 5 (11.90%) Burmese = 1 (2.38%) Cantonese = 1 (2.38%) Chinese = 2 (4.76%) English = 1 (2.38%) Indian = 1 (2.38%) Indigenous = 3 (7.14%) Other = 14 (33.33%)
<b>Main language</b>	<b>37</b>		<b>43</b>	
		English = 25 (67.58%) Arabic = 3 (8.10%) Kurmanji = 1 (2.70%) Mandarin = 1 (2.70%) Hindi = 1 (2.70%) Bengali = 1 (2.70%) Other = 5 (13.51%)		English = 26 (60.46%) Arabic = 4 (9.30%) Kurmanji = 2 (4.65%) Mandarin = 1 (2.33%) Hindi = 1 (2.33%) Other = 9 (20.93%)
<b>First Nations</b>	<b>36</b>	Yes = 5 (13.89%) No = 31 (86.11%)	<b>43</b>	Yes = 9 (20.93%) No = 32 (74.42%) Not disclosed = 2 (4.65%)

Demographics	L2EL		Comparison	
	<i>n</i>	Mean and Proportions	<i>n</i>	Mean and Proportions
<b>Caregiver marital status</b>	<b>36</b>	Married/de facto = 21 (58.33%)  Not married/de facto = 15 (41.67%)	<b>32</b>	Married/de facto = 30 (93.75%)  Not married/de facto = 2 (6.25%)
<b>Caregiver education level</b>	<b>37</b>		<b>44</b>	
		Primary school = 1 (2.70%) Secondary school = 17 (45.95%) Certificate 1 or 2 = 2 (5.40%) Certificate 3 or 4 = 8 (21.62%) Diploma or Advanced Diploma = 3 (8.11%) Bachelor Degree = 3 (8.11%) Graduate Diploma or Graduate Certificate = 1 (2.70%) Postgraduate Degree = 2 (5.40%)		Primary school = 4 (9.09%) Secondary school = 12 (27.27%) Certificate 1 or 2 = 3 (6.82%) Certificate 3 or 4 = 12 (27.27%) Diploma or Advanced Diploma = 4 (9.09%) Bachelor Degree = 5 (11.36%) Graduate Diploma or Graduate Certificate = 2 (4.54%) Postgraduate Degree = 2 (4.54%)
<b>Number of children</b>	<b>38</b>	Mean = 2 children Median = 2 children Range 1-5 children One child = 13 (34.21%) Two children = 9 (23.68%) Three children = 8 (21.05%) Four children = 5 (13.16%) Five children = 3 (7.89%)	<b>40</b>	Mean = 2 children Median = 2 children Range = 1-5 children One child = 13 (32.50%) Two children = 18 (45.00%) Three children = 4 (10.00%) Four children = 4 (10.00%) Five children = 1 (2.50%)
<b>Child gender</b>	<b>36</b>	Male = 20 (55.56%)  Female = 16 (44.44%)	<b>42</b>	Male = 27 (64.29%)  Female = 15 (35.71%)
<b>Child disability</b>	<b>36</b>	Yes = 7 (19.44%)  No = 23 (63.89%)  Not sure = 6 (16.67%)	<b>43</b>	Yes = 8 (18.60%)  No = 31 (72.09%)  Not sure = 4 (9.30%)

## Materials and data sources

### Repeated-measures surveys

Duplicate surveys were developed for caregivers to complete in both the L2EL and comparison groups at two time points (February and August/September 2024) that aligned with the evaluation period.

No single tool was identified in the literature that would adequately measure the outcomes of interest, so a bespoke survey was created using constructs and single items from validated literature. Two validated measures (Parent Empowerment and Efficacy Measure, PEEM; and The Devereux Early Childhood Assessment for Preschoolers, DECA-P2) were included in the surveys.

School readiness is an important indirect outcome for L2EL. Determining whether a child is 'ready' for school is also complex and debated in the literature (Boivin & Bierman, 2014; Dockett & Perry, 2009; Graham, 2019). The literature does not offer a single, precise definition of school readiness. In fact, the notion is inconsistently represented. Most available validated measures of school readiness frame the construct as an attribute of the child, and infer that the child develops particular capacities and characteristics that are the result of age or maturation alone (Miller & Kehl, 2019), whereas a wider range of factors may determine how a child fairs as they transition to school. Child development outcomes, across various domains, are often used as proxy measures of school readiness but it should be noted that these do not fully capture a child's readiness for school, nor the readiness of systems or services around the child to welcome the child into formal learning.

Given the above challenges associated with validated measures of school readiness and in an effort to keep the caregiver survey length manageable for participants, the evaluation team, in collaboration with Uniting and the Paul Ramsay Foundation, chose to use a proxy measure (DECA-P2) that assesses children's social-emotional development. The DECA-P2 is a 37-item measure designed to evaluate the social and emotional strengths of young children aged three to five years, as observed over the previous four weeks (LeBuffe & Naglieri, 1999). Given the Australian Early Development Census identifies these as the areas of greatest concern, this was considered the best proxy for school readiness. Socio-emotional development is an area that many children struggle with at school entry and the emerging understanding in the literature that social-emotional capabilities can be the most important predictor of later school success (Graham, 2019; Greenberg, 2023). As aptly observed by Miller and Kehl (2019, p. 445), *"readiness to start school is a multifaceted construct that encompasses not only cognitive aspects of children's development but also social-emotional aspects"*.

The PEEM was identified by Uniting as a preferred measure for the evaluation. Uniting felt the constructs of parenting efficacy and efficacy to connect matched the purpose of L2EL. Uniting also indicated the intention to adopt this measures for ongoing clinical and evaluation purposes.

Understanding and explaining the context and background of participants is key to the effectiveness of evaluations. This stage of 'setting the scene' for the reader adds credibility and enhances validity (White, 2000). Hence, detailed background and demographic information was collected in the surveys to ensure individual contexts were understood. Survey items included caregiver and child demographics, social and emotional development outcomes (for children aged 3-5), readiness for school (for children aged over 4), enrolment and engagement in, and attitudes towards, early childhood education and care, and attitudes and feelings about family life. Caution was taken to ensure these surveys were comprehensive, but not onerous for caregivers to complete so response options varied and included matrices, free-text responses, Likert scales, numerical ratings and checkboxes (see Appendix C for a summary of measures used in the evaluation).

The nuanced differences between enrolment, attendance and participation data has been defined by The Smith Family (2021):

**ATTENDANCE:** A child who is enrolled and present for booked sessions at an early childhood education (ECE) service.

**ENROLMENT:** The initial intake into ECE and acceptance of a place by the family.

**PARTICIPATION:** A broadly used term that describes engagement by the child and family with preschool, covering both enrolment and attendance.

Uniting staff provided assistance in ensuring the language used within the surveys was appropriate for the context and cohorts involved, and the surveys were trialled with a small number of staff.

### **Routinely collected data**

Uniting provided demographic and administrative service data for the L2EL program. These data were used to understand aspects of L2EL program implementation (e.g., location of L2EL program, number and type of identified barriers to engagement in ECE, length of time spent on the ECE waiting list, ECE enrolments, L2EL retention, stage of involvement in L2EL, time engaged with L2EL and reasons for exit).

Throughout the course of working with families in L2EL, Linkers develop an understanding of barriers each family is facing to accessing ECE. Some barriers may be evident at the commencement of the program, some may be more applicable during particular stages of the program, while others may evolve or become apparent at a later date. Uniting codes the barriers within the following domains:

- Engagement
- Understanding ECE providers
- ECE placement documentation
- ECE subsidies
- Increasing understanding of child's needs
- Supporting ECE providers
- Sustaining access to ECE
- Families' wellbeing and opportunities
- Increased access to educational activities
- Transition to school.

As barriers arise in discussion with caregivers, Linkers keep a detailed record of these, logging them in the program database according to the stage of participation. Each family can have multiple barriers within each domain. Within each domain, Linkers articulate the specific barrier a family is facing. In some cases, these barriers are the same or similar across families and the Linkers group (code) them together. Other barriers are listed within the data as unique barriers for specific families. At the end of each stage of the program, Linkers record the extent to which each barrier has been addressed, using the following categories: achieved, partially achieved, in progress, not achieved. Barriers that are in progress are ongoing barriers that the family and Linkers will continue to work on.

### **Interviews**

Six families involved in the L2EL program volunteered to be interviewed informally. In this process, caregivers were asked questions about their experiences of the program, in August 2024. Discussions were semi-structured, depending on the age of the child and their stage of progress in the L2EL program. However, the questions that guided the specific probes were:

- 1) *In what ways has being part of Links to Early Learning helped your child attend ECEC?*
- 2) *In what ways is being part of Links to Early Learning helping your child get ready to start school?*
- 3) *What changes in your child, or in yourself, have you noticed since you joined L2EL?*

These qualitative interviews were open to families who had been part of the program for the first survey, as well as those who had only recently joined. Three of these families' experiences are represented in Case Studies (see Appendix D) to give a snapshot of different experiences across

locations and length of engagement with L2EL<sup>9</sup>. The remaining three caregiver discussions helped inform the contextual understanding of the program.

### **Cost data**

Costs associated with operating the L2EL program across both locations was provided by Uniting. These costs applied to the delivery of the program to 53 children. Further data relevant to the cost-effectiveness assessment were collected in the survey for individual caregivers and families. For more details on costs of L2EL please see Appendix E.

## **Procedures**

### **Recruitment**

Participants in both groups were recruited by Uniting and PRC staff. Linkers discussed the evaluation in-person with L2EL caregivers during regular engagement between Linkers and families, during which they invited caregivers to participate. Uniting staff from L2EL arranged to attend supported playgroup sessions to discuss the evaluation with playgroup caregivers and invite them to participate in the comparison group. PRC staff provided recruitment training to Uniting staff and were available to support Uniting with these processes.

As well as a verbal plain language discussion of the evaluation, written Easy English summaries were available (if requested). Both paper and online copies of plain language statements and consent forms were available for participants to complete, and participants could choose whether they wanted assistance to complete the survey.

Preliminary analysis of the pre-intervention survey data revealed issues with data completeness particularly in relation to family income and payments received. While the evaluation team was aware of the need to capture consistent, objective and high-quality data, this had to be balanced with pragmatic consideration of what caregivers were comfortable disclosing. While only a pre-post survey with caregivers was initially proposed, a new measure was introduced part-way through the evaluation to fill data gaps, which asked Uniting staff about their perceptions of parents' and caregivers' changes over the evaluation period in relation to income and employment status.

### **Data collection**

Linkers collect routine data on L2EL clients throughout their engagement with them.

The surveys were hosted online on PRISE, PRC's bespoke data collection tool, and also offered as paper copies. PRC staff provided ongoing support to Uniting with data collection. Uniting staff offered support to caregivers who needed additional help to complete the survey, whether online or by paper. At project establishment, using Uniting staff in this way was identified as the preferred approach to data collection as it was presumed that Uniting staff would be in the best position to work closely with families. Paper copies were sent to the PRC by email, acknowledged and entered by a PRC researcher and destroyed by both Uniting and PRC.

PRC attended both Campbelltown and Coffs Harbour/Nambucca Heads in the second data collection period to assist with survey completion in both the L2EL and comparison groups, to offer families an alternative to Uniting supporting survey completion in case they wanted a researcher with no prior relationship to them. The other purpose was to observe the Links program in situ, to identify and document non-quantifiable benefits and ask a few families about their perspectives and experiences of the program.

The evaluation also included routine demographic, service and cost data collected by Uniting.

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<sup>9</sup> One of the caregivers we spoke joined L2EL after the collection of Time 1 data, so only a Time 2 survey was available. However, there was a rich story to tell about their experiences with the program. The other two case studies were about caregivers with available Time 1 and Time 2 outcomes data; one from Campbelltown and one from Coffs Harbour/Nambucca Heads.

## Data analyses

Quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS) Version 29. Missing data for the DECA-P2 were replaced with the mean score of the other items on the relevant DECA-P2 scale. This was done in instances where there was no more than one missing item on any individual scale and no more than two missing items on the entire DECA-P2. Missing items on the PEEM were also replaced by the mean score of the relevant subscales. No missing data were replaced on the measures related to caregivers' perceptions of the value of ECE and school readiness.

For the PEEM and DECA-P2, we have used two-way repeated measure analyses of variance (ANOVA) to investigate any differences between Time 1 and Time 2 as well as between the L2EL and the comparison group. Our *a priori* analysis indicated the required sample size was 17 participants per group with the level of significance set at  $p < .05$ , power level at 80% and an effect size of .25 (G\*Power; Faul et al., 2007). To investigate changes over time, paired sample *t*-tests or the non-parametric equivalent were conducted when the sample size was too small to use repeated measures ANOVA. For ordinal outcomes measures, the Mann-Whitney U test was used to compare any differences between the two groups. Chi-square was used to analyse categorical data.

To investigate whether clinically significant/reliable change occurred for individual participants on the PEEM, the reliable change index (RCI) and clinical significance change (CS) were calculated (Jacobson & Truax, 1991). To achieve RCI participants needed to improve more than two standard deviations on a particular measure (cut off score  $> 1.96$ ). Further, clinically significant change was reached if participants' scores at Time 2 on the PEEM 2 were more likely to belong to a 'functional' than to a 'nonfunctional' population (the PEEM cut off score = 151) which was calculated based on the means and standard deviations provided by Freiberg et al. (2014). The RCI and the CS were calculated for the total PEEM, as standard deviations for the PEEM subscales were not available.

To calculate the reliable change index for the DECA-P2, Cohen's *d*-ratio was calculated using the Excel Template for Calculating DECA Change Score (Fleming & LeBuffe, 2014). The reliable change index was determined according to the following classification:

- No change: less than 2 *T*-score points
- Small change 2-4 *T*-score points
- Medium change: 5-7 *T*-score points
- Large change: 8 *T*-score points or higher.

The design of the cost effectiveness analysis has been guided by the Australian Government Handbook of Cost-Benefit Analysis (Commonwealth of Australia, 2006) as well as discussions within the evaluation team, Uniting and PRF. The cost effectiveness analysis component of the evaluation was determined by calculating a cost per unit of effect. The effect used for the analysis was the increase in hours of enrolment in ECE per child, compared between groups. To calculate the cost effectiveness of the L2EL program, Think Impact determined the change in hours of enrolment in ECE for L2EL compared to the comparison group and divided the total cost by the change. The total costs included program delivery costs and costs to government to deliver the change in hours enrolled. The formula is illustrated in Figure 4 below.

$$\text{Cost effectiveness} = \frac{\begin{array}{|c|} \hline \text{Linkers group cost} \\ \hline \text{Program cost + increase in} \\ \text{government costs per child} \\ \hline \end{array} - \begin{array}{|c|} \hline \text{Control group cost} \\ \hline \text{Program cost + increase in} \\ \text{government costs per child} \\ \hline \end{array}}{\begin{array}{|c|} \hline \text{Linkers group effectiveness} \\ \hline \text{Change in hours enrolled in ECE} \\ \text{per child} \\ \hline \end{array} - \begin{array}{|c|} \hline \text{Control group effectiveness} \\ \hline \text{Change in hours enrolled in ECE} \\ \text{per child} \\ \hline \end{array}}$$

Figure 4. Formula for cost effectiveness of L2EL



## Data quality and completeness

This evaluation was initially conceived as a pre-post evaluation; however, it became apparent that families enter the program at different times over the course of a year, rather than at select intakes. This meant that the first survey does not reflect a true baseline, as caregivers may have been in the program for some time before Time 1 survey completion. Likewise, the Time 2 survey does not reflect program exit or completion as participation in L2EL was ongoing for most families, at least until the end of the 2025.

In designing this evaluation, the assumption was that the strong relationship between Uniting staff and caregivers would aid recruitment of families and support survey completion, rather than using PRC staff who have no prior relationship with the families. Sample sizes larger than indicated in a *priori* power analysis calculations were achieved from both groups, which is a testament to the hard work and efforts of Uniting staff on recruitment. However, analysis of the surveys from the first time point revealed issues with data quality and completion, probably due to the literacy levels of caregivers but also possibly because caregivers did not feel comfortable disclosing their income and payments received to Uniting staff whom they knew, as well as concerns about their child or parenting, in case this information was passed on to statutory authorities.

Gaps within both Uniting's routinely collected data and the additional survey data adopted for this evaluation, particularly on questions required for economic analyses, were considerable. To address this, the evaluation team introduced the inclusion of data provided through Uniting staff about what they know about families. While there were limitations to the information that could reliably be obtained from Uniting staff (e.g., information related to family functioning and knowledge of income), this was still considered a better alternative.

Ascertaining differences between enrolment, attendance and actual engagement in ECE are not straightforward given the definitional differences and data gaps in the terminology. This has been a well-documented issue (Baxter & Hand, 2013) and this evaluation was no exception where actual attendance data was not able to be accessed. Families may have reported the number of hours their child is enrolled, rather than attended, even though there were two separate questions asked about these.

The physical presence of the evaluation team was positive and well-received, both in the number of families willing to take part and the integrity of the data through PRC's support. However, notwithstanding the involvement of PRC, gaps in the financial data (income and payments) remained.

## Results

In this section, we detail the findings of the L2EL evaluation, including a summary of the evaluation participants and their involvement in the program, and participation barriers to accessing ECE. We also address the evaluation questions regarding the impact of the program on ECE attendance and enrolment, on parenting efficacy and perceptions of ECE and on child socio-emotional outcomes and perceived school readiness. This section concludes with the cost-effectiveness findings and qualitative case studies.

### KEQ1. To what extent does the L2EL program improve enrolment and attendance in early learning for vulnerable children?

In the following section, we address the evaluation questions associated with enrolment and attendance in early learning. Rates of enrolment and attendance over time for both groups are detailed in Table 3.

Table 3. Caregiver-reported child enrolment and attendance in ECE across time for L2EL and comparison groups.

Measures	L2EL		Comparison	
	T1 n (%)	T2 n (%)	T1 n (%)	T2 n (%)
<b>Enrolment</b>	<b>n=34</b>	<b>n=25</b>	<b>n=33</b>	<b>n=31</b>
Enrolled	18 (52.94%)	22 (88.00%)	15 (45.45%)	13 (41.93%)
Not enrolled	13 (38.23%)	3 (12.00%)	16 (48.48%)	16 (51.61%)
Not sure	3 (8.82%)	0	2 (6.06%)	2 (6.45%)
<b>Attendance</b>	<b>n=33</b>	<b>n=24</b>	<b>n=34</b>	<b>n=32</b>
Attending	17 (51.51%)	18 (75.00%)	14 (41.18%)	16 (50.00%)
Not attending	14 (42.42%)	5 (20.83%)	18 (52.94%)	14 (43.75%)
Not sure	1 (3.03%)	1 (4.67%)	2 (5.89%)	2 (6.25%)

## The extent to which L2EL improves ECE enrolment

**Key finding: L2EL resulted in a statistically significant improvement ECE enrolment, which is an essential step towards child attendance in ECE.**

The primary objective of L2EL is to support families to engage children in ECE. Via repeated measure surveys, we asked caregivers in the L2EL group and comparison groups whether they had at least one child enrolled in ECE and whether their child was attending ECE. We compared proportions of caregivers who reported changes over time from the Time 1 survey to the Time 2 survey, and examined differences between the L2EL group and the comparison group at Time 2.

We found a statistically significant difference<sup>10</sup> in child enrolment status at and ECE service between the L2EL program and the comparison group. At Time 2, 88% of caregivers in the L2EL group had at least one child enrolled in ECE compared to 42% of caregivers in the comparison group. Further, there was a statistically significant increase<sup>11</sup> in child ECE enrolment over time for the L2EL group, with 53% of caregivers indicating they had at least one child enrolled in ECE at Time 1 which increased to 88% at Time 2 (Figure 5). The L2EL group also increased the enrolment of their children in ECE by 8.4 hours per child per week. No changes in the enrolment status were found for the comparison group and hours of ECE enrolment for the comparison group increased by only 0.3 hours per child per week. These findings suggest that participation in the **L2EL program led to improved enrolment in early learning for vulnerable children**. Also see Impact Summary Statement in Appendix A.

<sup>10</sup>  $\chi^2 (1, N=56) = 12.28, p<0.001$

<sup>11</sup>  $\chi^2 (1, N=59) = 17.47, p<0.001$



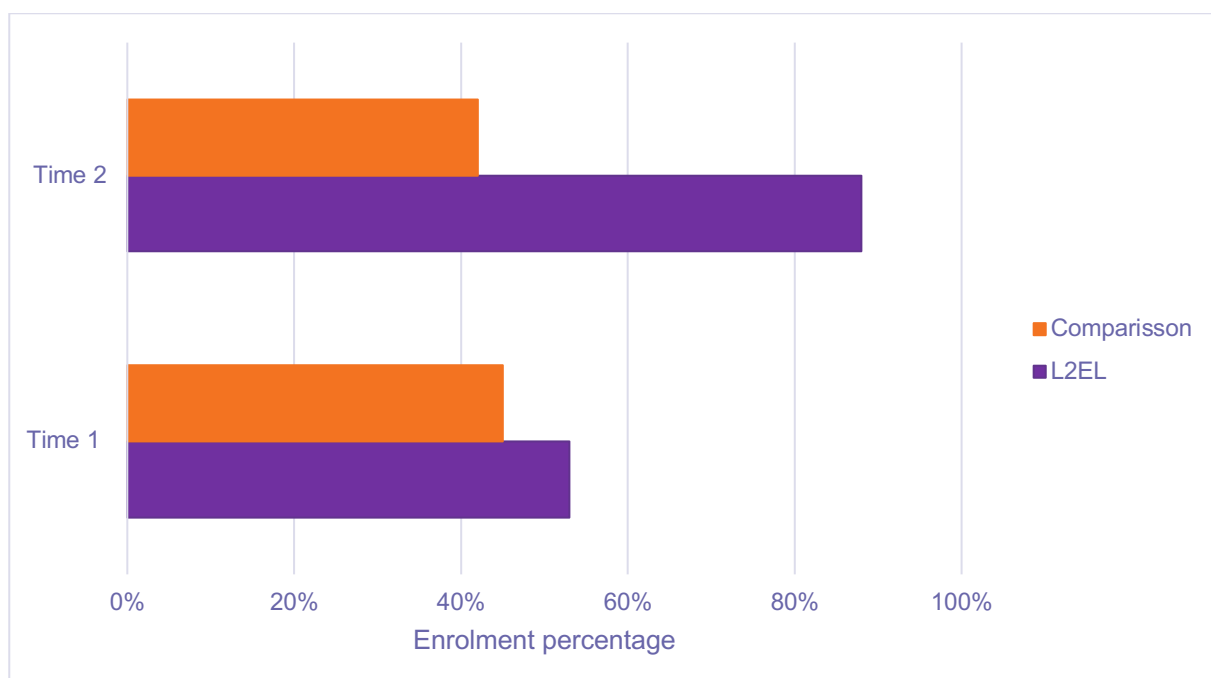


Figure 5. Child enrolment in ECE across time and between the groups

## The extent to which L2EL improves ECE attendance

**Key finding: there was a clinically meaningful improvement in ECE attendance for children participating in L2EL.**

L2EL criteria stipulates the program is designed for families with children who are not attending ECE, therefore prior to commencing this program, none of the children were enrolled in or attending ECE. Over the course of their involvement in the program, many L2EL children commenced attending ECE. By the Time 2 survey, a greater percentage of caregivers (75%) from the L2EL group indicated their child was attending early learning compared to the comparison group (50%). The percentage of caregivers in the L2EL group who reported their child was attending ECE was greater at Time 2 than at Time 1 (75% and 52% respectively). While these differences did not reach statistical significance, the findings suggest that the L2EL program is supporting improved child attendance at ECE. This is a clinically meaningful outcome for children and families.

## Addressing barriers to accessing ECE

### Key findings:

- Families in L2EL had a mean of 10.5 distinct barriers to accessing ECE (median = 9, range = 2-31) across the four program stages
- L2EL assisted families to fully address over 80% of identified barriers in Stage 1 of the program, over 70% of barriers in Stage 2, more than 60% of the barriers in Stage 3 and over 50% of barriers in Stage 4<sup>12</sup>

Linkers worked with families across four stages in the L2EL program. Stage 1 involves identifying family needs in relation to access to ECE. Stage 2 is about exploring options for ECE access. Stage 3 is when children engage in and maintain their enrolment. Stage 4 aims to support the transition to school. The stages are an integral part of the process through which Linkers support families to address barriers to accessing ECE and to support engagement in early learning opportunities.

<sup>12</sup> Some families were still progressing towards addressing barriers, particularly within the latter stages of the program.

Duration of program participation and time within each L2EL stage varies for each family, depending on their needs and the presenting barriers to accessing ECE. Participants may also go back into earlier program stages if needed. For example, if placement at an ECE centre is not suitable and the family withdraws enrolment, the family would go back to Stage 2 or possibly Stage 1.

Across all stages of L2EL, the data from Uniting indicates the 40 families they were supporting experienced a **mean of 10.5 distinct barriers to accessing ECE (median = 9, range = 2-31)**.

Below we summarise **barriers to accessing ECE** by stage for the 40 L2EL families, noting that some families may have engaged with some stages more than once. Details reported below for each stage are not mutually exclusive, so the percentages are inclusive of the same caregivers across multiple stages. While the evaluation period was 7 months in duration, Uniting provided the evaluation team with historical data for the 40 families recruited into the L2EL program during the evaluation period. Below we also mention brokerage funds provided by L2EL to families, as further means to reduce barriers to accessing ECE.

Most commonly identified barriers are organised below by **domains**, as reported in the L2EL database. Specific barriers within each domain, the extent to which they were addressed, the total number of barriers across the sample for each domain, and brokerage provided to assist with addressing barriers are presented in Appendix F, Table 9 – Table 13. In line with how barriers were reported in the data provided by Uniting, barriers are summarised below by ‘instance’ of a barrier, which is one occurrence or recording of a barrier, and Uniting’s recording of the extent to which the barrier was addressed.

### Stage 1: Getting to know my child’s needs

All 40 families participating in the evaluation had been engaged in Stage 1 (25 families from Campbelltown and 15 families from Coffs Harbour/Nambucca Heads), with 26 of these families (65%) were participating in this stage *prior to the commencement of the L2EL evaluation*. By the end of the evaluation period, most of these 40 families (97%) had completed Stage 1<sup>13</sup>.

Stage 1 includes the family engagement barrier domain. Barriers related to this domain were reported 56 times. The most frequently reported barriers to successfully engaging families in ECE were: 1) caregivers worrying about being judged (identified 14 times), 2) distrust of services (identified 10 times), and 3) previous negative experiences with professionals concerning the child (identified 6 times). **Barriers in this domain were addressed in 79% of instances** (44 out of 56, see Figure 6).

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<sup>13</sup> Time in Stage 1 – mean = 48.42 days; median = 33.5 days (range = 1-308 days)

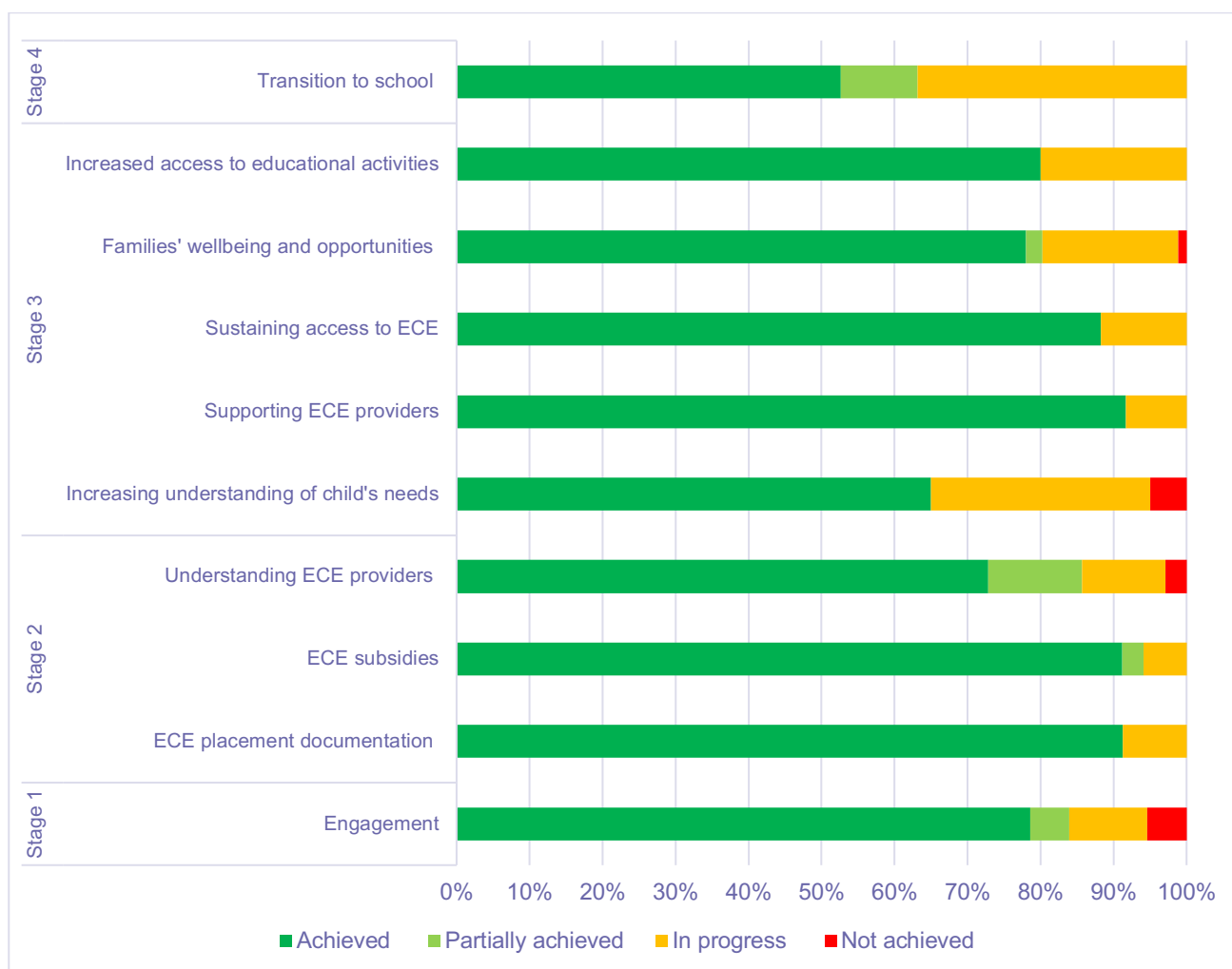


Figure 6. Percentage of barriers addressed for each stage and associated domains

## Stage 2: Exploring access to early education

All 40 families had participated in Stage 2 of the program (25 from Campbelltown and 15 from Coffs Harbour/Nambucca Heads), with most of these 40 families (90%) completing this stage<sup>14</sup> by the end of the evaluation period. Nineteen of these 40 families (47%) commenced this stage prior to 2024, that is, prior to this evaluation. During Stage 2, 35 out of the 40 families (87%) attempted to start their child's ECE placement. The mean wait time for a child's ECE placement was 68 days (median = 26 days; range = 0-386 days).

Stage 2 comprises three barrier domains: ECE placement documentation, ECE subsidies and understanding ECE providers. In most cases, the barriers relevant to these domains were recorded as achieved (Figure 6).

### ECE placement documentation

Barriers associated with ECE placement documentation were reported 23 times. The most common barriers in this domain included: 1) obtaining the child's birth certificate (seven reports) and 2) getting the child's immunisation history statement (six reports). Overall, **barriers in this domain were resolved in 21 out of 23 instances (91%)**.

### ECE subsidies

In relation to the ECE subsidies domain, barriers were identified 34 times. The most frequently reported barriers in the ECE subsidies domain were: 1) difficulties applying for Child Care Subsidy

<sup>14</sup> Time in Stage 2 – mean = 69.49 days; median = 44 days (range = 1-326 days)

(identified 20 times) and 2) difficulties applying for ACCS (identified seven times). These **barriers were reported as achieved in 31 out of 34 instances (91%)**.

### *Understanding ECE providers*

Barriers within the understanding ECE providers domain were reported on 70 occasions. The most common barriers in this domain included: 1) limited understanding of ECE providers (reported 14 times), 2) limited understanding of types of ECE (reported 12 times), 3) limited understanding of quality ratings of ECE providers (reported 8 times), 4) there was no vacancy at the family's preferred centre (reported 8 times) and 5) limited understanding of what quality ECE looks like (reported 8 times). Within this domain, the **barriers were resolved in 51 out of 70 instances (73%)**.

### *Stage 3: Engaging successfully in learning opportunities*

At the time of the evaluation closure, 31 of the 40 families in the evaluation (20 families from Campbelltown and 11 families from Coffs Harbour/Nambucca Heads) had participated in Stage 3 of L2EL. Of these families, nine (29%) commenced this stage in 2023, suggesting they had significantly progressed through the program prior to commencement of the evaluation<sup>15</sup>. While in this stage, 30 out of 31 (97%) children commenced their ECE placement.

This stage includes five barrier domains: increasing understanding of child's needs, supporting ECE providers, sustaining access to ECE, families' wellbeing and opportunities, and increased access to educational activities. In most cases, the barriers relevant to these domains were recorded as achieved (Figure 6).

### *Increasing understanding of child's needs*

There were 23 instances where families had barriers related to understanding the child's needs while in Stage 3. The most frequently reported barriers within this domain were: 1) caregivers' limited understanding of the child's specific developmental support needs (identified 8 times) and 2) caregivers' limited understanding of their role as their child's first teacher (identified seven times). The identified **barriers within this domain were resolved in 15 out of 23 instances (65%)**.

### *Supporting ECE providers*

Barriers within the supporting ECE provider domain were reported on 24 occasions. Within this domain, the most frequently reported barriers were: 1) ECE provider's limited understanding of the child's support needs (identified eight times); 2) support needed by provider and family for transition into a centre (identified seven times) and 3) the ECE provider's limited understanding of how to successfully engage with parent (identified five times). **Barriers within this domain were achieved in 22 out of 24 instances (92%)**.

### *Sustaining access to ECE*

Seventeen barriers were reported in the sustaining access to ECE domain. Within this domain, the most common barriers included: 1) changes in the caregiver's financial situation (identified 5 times); 2) limited understanding of caregivers in how to set up positive relations with centre staff (identified four times); and 3) caregivers' concerns about ECE provider staff action/inaction barriers (identified 3 times). Addressing **barriers related to this domain was achieved 88% of the time (15 out of 17 instances)**.

### *Families' wellbeing and opportunities*

There were 91 instances where barriers within the families' wellbeing and opportunities domain were identified. The most common barriers in the families' wellbeing and opportunities domain included: 1) limited social connection for caregivers (identified 12 times); 2) caregivers' inability to afford fees (identified 12 times); 3) homelessness or risk of homelessness (identified nine times); 4) not able to afford bond (identified nine times); 5) transport barriers (identified nine times); 6) not able to afford food or other essential living expenses (identified 7 times); and 7) not able to afford

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<sup>15</sup> Time in Stage 3 for nine families – mean = 151 days; median = 92 days (range = 2-366 days)

items for accessing ECE (identified 7 times). Resolving the **barriers within this domain was achieved in 71 out of 91 instances (78%)**.

#### ***Increased access to educational activities***

Barriers in the increased access to educational activities domain were reported five times. The most frequent barrier in the increased access to educational activities domain was limited understanding of services other than ECE provider that can provide learning opportunities (reported 4 times). **Barriers were addressed 75% of the time within this domain.**

#### **Stage 4: Transition to school**

Stage 4 is the final stage of L2EL while children are transitioning to school. A small amount of information on participation in Stage 4 was available for eight families; seven families from Campbelltown and one family from Coffs Harbour/Nambucca Heads. All eight families were still actively participating in this stage at the time of evaluation closure.

Within the transition to school domain, barriers were reported 19 times. The most common barriers within this domain included: 1) increasing understanding of the education system (identified six times); 2) kindy application and early intervention process (identified five times); and 3) using tools to find the local public school (identified 4 times). **Barriers in this domain were resolved 53% of the time (10 out 19 instances, see Figure 6).**

### **KEQ1a. Does enrolment and attendance vary by demographic characteristics, vulnerabilities, or other characteristics?**

**Key finding: there was no difference for enrolment or attendance based on family characteristics**

We explored whether the child's ECE enrolment and attendance varied by demographic characteristics, vulnerabilities and other characteristics.

For the L2EL group, there were no statistically significant differences in ECE enrolment at Time 2 based on:

- caregivers' marital status (91% enrolment rate for families where caregivers were married/living de facto compared to 81% enrolment rate for caregivers who were not married/living de facto),
- Aboriginal and Torres Strait Islander status (75% for caregivers who identified as Aboriginal or Torres Strait Islander had their children enrolled in ECE compared to 87% for those who did not identify as Aboriginal and Torres Strait Islander) or
- child disability (around 80% enrolment rate for each group).

Most families with children enrolled in ECE were receiving CCS (95%). Similarly, most families that indicated their children were attending ECE were receiving CCS (84%).

### **KEQ1b. Does L2EL program improve mediating outcomes associated with improved enrolment and attendance, including parenting efficacy, parent efficacy to connect to services/community?**

#### **Key findings:**

- **Parenting efficacy was almost at the typical level at Time 1**
- **At the group level, the evaluation found no statistically significant improvement in parenting efficacy or efficacy to connect over time**
- **Examining individual caregiver changes over time, almost one third of L2EL caregivers experienced clinically meaningful improvements in parenting efficacy; a higher proportion than in comparison group**

Caregiver sense of efficacy and their efficacy to connect with services in the community are proposed to be important mediating outcomes in the L2EL Theory of Change that may lead to improved ECE attendance and enrolment.

No statistically significant differences in parenting efficacy were found between the two cohorts. We investigated changes over time and between groups on the total parenting efficacy (PEEM) score as well as on the two PEEM subscales: efficacy to parent and efficacy to connect. For the total PEEM score, no statistically significant changes over time across both groups and no statistically significant differences between the L2EL and the comparison groups were found, although the trend was in the positive direction for the L2EL group (Figure 7).

When looking at changes over time for both groups, the mean score on the PEEM total scale slightly increased from Time 1 to Time 2 for the L2EL group and slightly decreased for the comparison group. Similar results were found for the two PEEM subscales: efficacy to parent and efficacy to connect.

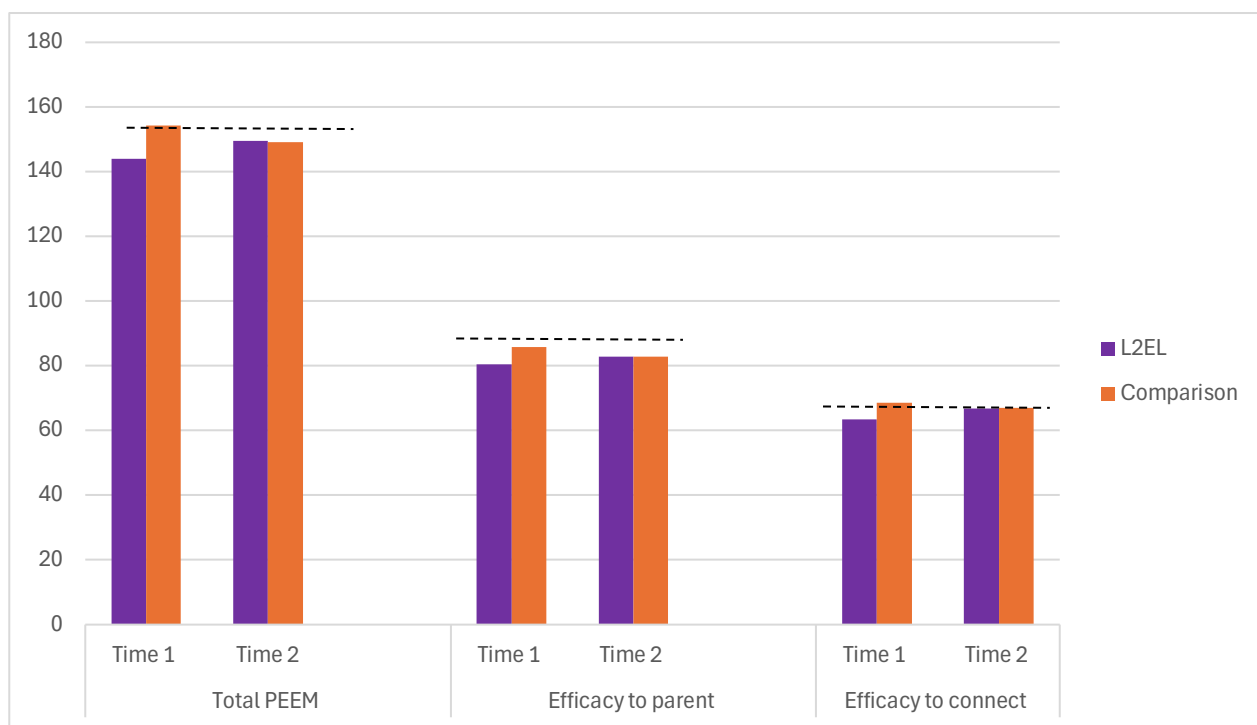


Figure 7. Mean scores for PEEM total and subscales across time and between the groups (dotted lines indicate mean scores in normative sample)

To further explore whether clinically significant or reliable change occurred for individual caregivers, we used the Reliable Change Index (RCI, Figure 8). Using RCI tells us whether a meaningful change has occurred for individual families. We found that for 30% of caregivers in the L2EL group, a reliable positive change occurred from Time 1 to Time 2 in their Total PEEM scale scores, suggesting they experienced meaningful improvements in sense of efficacy. This contrasts to 21% of comparison group caregivers experiencing a similarly reliable positive change. We also looked at reliable changes in the opposite direction (undesired direction, i.e., decrease in efficacy) and found a reliable change in the opposite direction for 15% of caregivers in the L2EL group and 28% of caregivers in the comparison group. A similar number of caregivers in each group had no reliable change (L2EL = 55%; comparison = 52%). These findings suggest **a greater proportion of L2EL caregivers experience meaningful improvements to their sense of efficacy than in the comparison group**, and, conversely, a smaller proportion L2EL caregivers experienced a notable reduction in their sense of efficacy, over the course of the evaluation period.

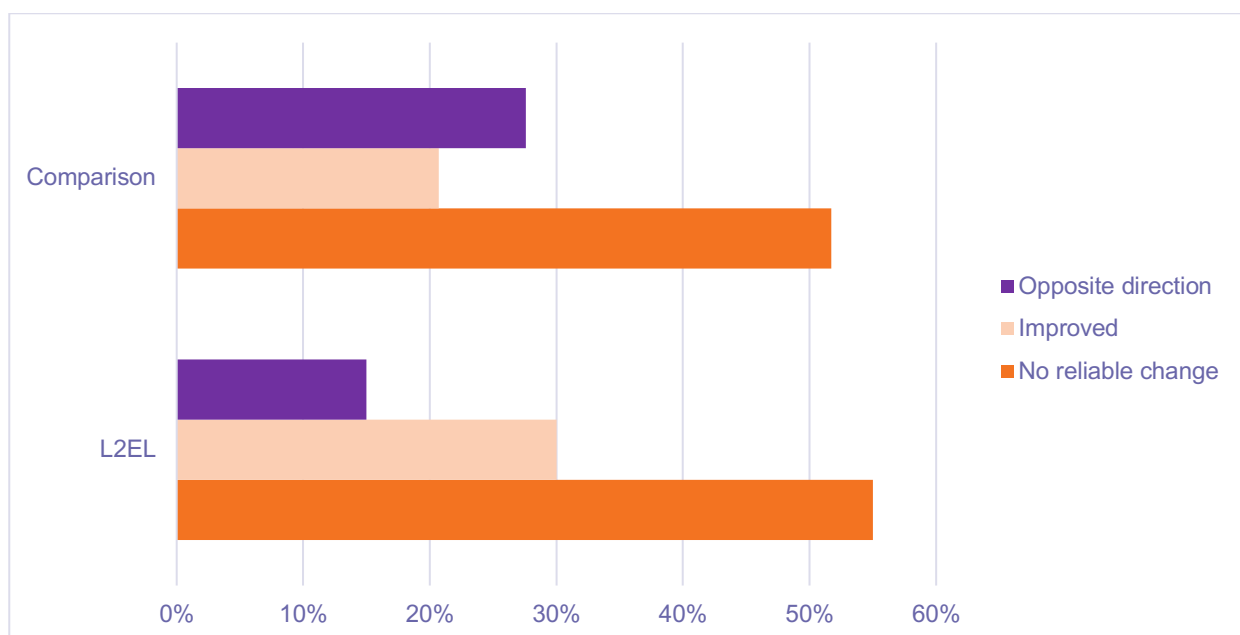


Figure 8. Reliable change index percentages for the Total PEEM

### KEQ1c. Does L2EL improve the mediating outcome of parent perceptions of the value of ECE?

#### Key finding:

- L2EL resulted in a statistically significant improvement in caregiver knowledge about ECE
- L2EL did not result in statistically significant improvements in view that ECE is good for children or improved opinions of ECE centre or educators.

Caregiver perceptions of the value of ECE is another important mediating outcome for improving child enrolment in and attendance at ECE. We asked L2EL and comparison group caregivers to what extent they agree with the following statements about their knowledge and views of ECE:

- I know a lot about ECE
- I think it's good for children to go to ECE
- I like my child's ECE centre
- My child's ECE is a safe and supported place
- I like my child's ECE educator.

In relation to caregivers' knowledge about ECE, findings from a repeated measures *t*-test suggested that caregivers' knowledge increased over time for the L2EL group but not for the comparison group (Figure 9). The mean scores in the comparison group were similar across the two assessment points. The difference between the L2EL and comparison group from Time 1 to Time 2 was statistically significant.<sup>16</sup> These findings suggest that participating in the **L2EL program led to increased caregiver knowledge about ECE.**

<sup>16</sup>  $t(19) = -3.21, p = .005$



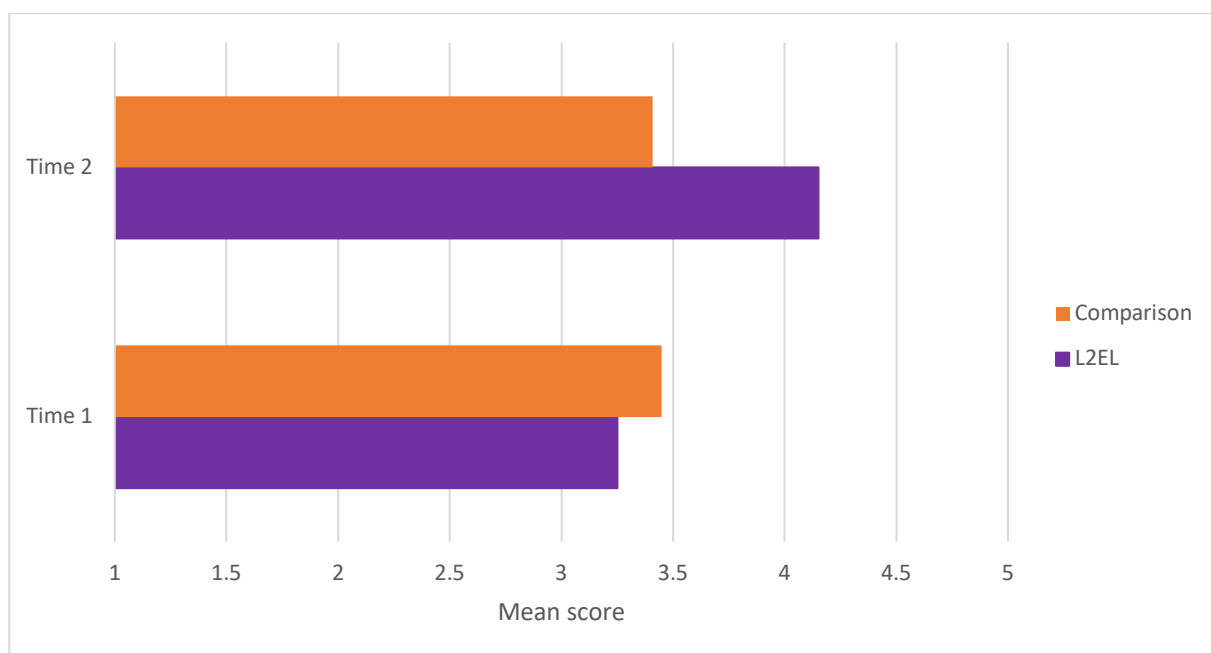


Figure 9. Mean scores for 'I know a lot about ECE' across time and between the groups (L2EL: n=20; Comparison n=29)

Caregivers also reported on their views about whether they believed it was good for their child to attend ECE. Findings from a repeated measures t-test showed no statistically significant changes over time or differences between the two groups on this statement. Both groups perceived it was good for their children to attend ECE and this view was maintained over time, with a slight decrease for the comparison group.

We further explored caregivers' beliefs about to what extent they: liked their child's ECE centre; perceived it as a safe and supportive place; and liked their child's ECE educators. A series of paired sample t-test were used. For the L2EL group, the mean score for the extent they liked their child's ECE increased over time while it remained similar for the comparison group. This difference, however, was not statistically significant.

Caregivers' views in the L2EL group about the extent to what their child's ECE was a safe and supportive place also increased from Time 1 to Time 2. On the other hand, there was a decrease in the mean score for the comparison group in relation to this item. However, the difference between the two groups did not reach statistical significance.

The L2EL group's mean score regarding caregivers liking their child's educator increased from Time 1 to Time 2. This change over time was not statistically significant. No change between the assessment points was found for the comparison group. Further, there were no statistically significant differences between the groups on this question.

## KEQ2. To what extent does the L2EL program improves school readiness among vulnerable children compared with a comparison group?

As described previously, we used **DECA-P2 as a proxy measure of school readiness**. Below we describe the DECA-P2 results from this evaluation, reporting changes in child socio-emotional outcomes. We also describe findings regarding caregiver perceptions of school readiness.

### KEQ2a. Does the L2EL program improve child socio-emotional outcomes?

#### Key findings:

- The evaluation found no statistically significant changes for child socio-emotional outcomes from Time 1 to Time 2 for either group.



- **No statistically significant differences were found between the two groups on any of the DECA-P2 scales or areas (proxy measure for school readiness)**

Caregiver assessments of their child, using the DECA-P2 items, were used to measure changes in children's social and emotional strengths and needs. The DECA-P2 consists of two scales: Total Protective Factor and Behavioural Concerns. The Total Protective Factor scale includes three areas: Initiative, Self-regulation and Attachment/Relationships.

Findings from 2x2 repeated measures ANOVA indicated a statistically significant increase in the mean score from Time 1 to Time 2 on the Behavioural Concerns scale across both groups, **suggesting caregivers' concerns about their children's behaviour increased over time for both groups.**<sup>17</sup>

To further investigate changes in socio-emotional outcomes for individual children, we used Cohen's *d*-ratio as an indicator of reliable change. Cohen's *d* ratio classifies changes into several categories: no change (less than 2 points), small change (2-4 points), medium change (5-7 points) and large change (8 points or higher). The results based on these classifications for the DECA-P2 are presented in Appendix C. They describe areas of meaningful change in a positive direction (improvement) and meaningful change in a negative direction (undesirable change). Findings suggest that over time a larger proportion of children in L2EL compared to the comparison group experienced:

- negative change in the Initiative and the Attachment/Relationships areas and on the Total Protective Factors Scale and the Behaviour Problem Scale
- positive change in the Self-Regulation area

## KEQ2b. Does the L2EL program improve parent perception of child readiness and their own preparedness for school?

### Key findings:

- **L2EL resulted in a statistically significant improvement in caregivers' confidence to get their children ready for school**
- **L2EL did not result in statistically significant improvements in caregivers' views about children's school readiness or caregiver knowledge of who to ask for help about school readiness**

In addition to using the DECA-P2 as a proxy indicator of school readiness, we took a direct approach to perceptions of school readiness and asked caregivers to rate three items investigating their views about their child's readiness and their own preparedness for school:

- I feel like my child is ready to start school
- I feel confident to help my child get ready to start school
- If I need help to prepare my child to start school, I know who I can ask for help.

A series of paired t-tests were conducted. Caregivers' belief about their child's readiness to start school increased over time for the L2EL group while no changes were noted for caregivers in the comparison group. This increase in the mean score for the L2EL group from Time 1 to Time 2 was not statistically significant.

Caregivers' confidence in helping their children get ready to start school increased from Time 1 to Time 2 for the L2EL group. This increase was statistically significant.<sup>18</sup> The mean score on caregiver confidence for the comparison group remained the same over time (Figure 10). The results suggest **that taking part in the L2EL program assisted caregivers in improving their confidence in getting their child ready for school.**

<sup>17</sup>  $F(1,27) = 4.38, p=.046$

<sup>18</sup>  $t(6) = 12.49, p=.047$

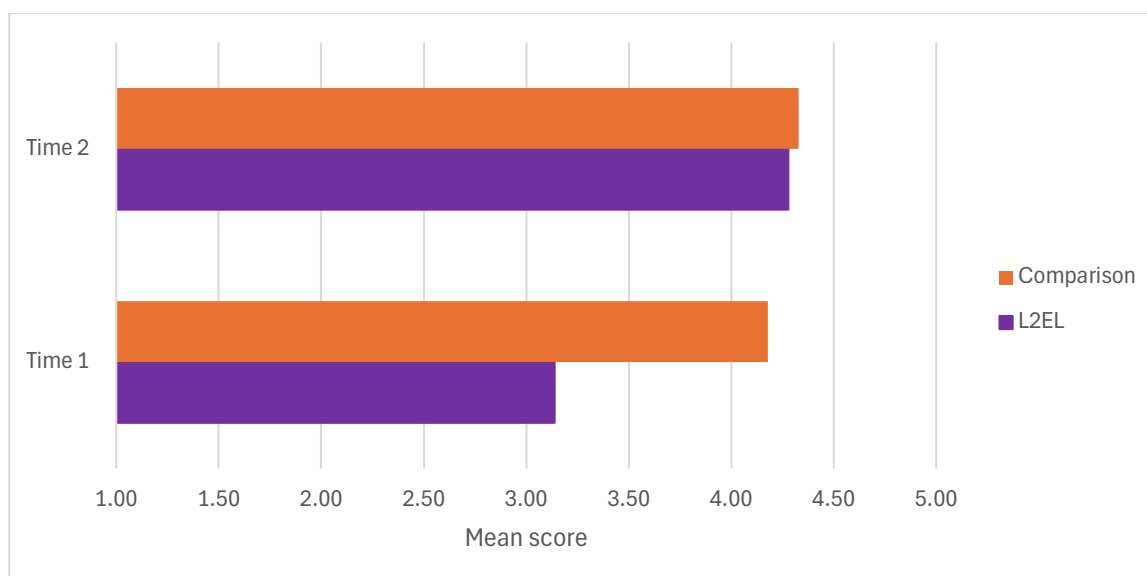


Figure 10 1. Mean scores on 'I feel confident to help my child get ready to start school' across time and between the groups (L2EL: n=7; Comparison n=6)

### KEQ3. What is the cost-effectiveness of the L2EL program?

**Key finding: Cost, when the program is operating at its optimal scale, is estimated at \$40-44 per hour of additional enrolment in ECE.**

#### Effectiveness

Over the evaluation period, **the L2EL group increased the enrolment of their children in ECE by 8.4 hours per child per week.** The number of children in the sample was 27 at Time 1 and 23 at Time 2.

Over the same time, the **comparison group increased the enrolment of their children in ECE by only 0.3 hours per child per week.** The number of children in the sample was 32 at Time 1 and 33 at Time 2.

In the Time 1 survey, the L2EL group recorded a higher number of hours enrolled per child per week (12.4 hours per week) than the comparison group (4.5 hours per week). Thus, the increase in enrolled hours was not because the L2EL group had a lower level of enrolment to start with. The change for the L2EL is therefore calculated at 8.4 hours less 0.3 hours = 8.1 hours per week per child.

#### Program delivery costs

The program delivery cost of the **L2EL program delivered in Coffs Harbour/Nambucca Heads and Campbelltown was \$440,565 for the evaluation period of 7 months. This equates to a cost per child of \$8,313 for 53 children for 7 months.** As an annualised figure, the cost per child would be \$14,250. For a breakdown of all program delivery costs that were examined, please see Appendix E.

We note that cost for delivery in Coffs Harbour/Nambucca Heads and Campbelltown included one-off costs relating to research, systems change and program design. These costs will not be incurred again. There were also new locations for delivery in Coffs Harbour and Nambucca Heads, which had not yet reached the ideal scale. Uniting provided two scenarios for a scaled-up model in which each Linker supports 20 children, one *with* a regional manager and one *without* a regional manager. These scenarios are based on Uniting's experience in delivering other programs that require similar case worker support. Under the scaled-up models, the program delivery costs over 7 months (the timeframe of the evaluation) would range from \$5,501 per child in the scenario without a regional manager to \$6,338 per child in the scenario with a regional manager.

No program delivery costs are included for the comparison group. This is because the presumption is that the comparison group is similar to the L2EL group in all ways except for their participation in L2EL. It therefore follows that all costs for the comparison group are presumed to be similar to the L2EL group, except for the costs associated with the L2EL group’s participation in L2EL. For this reason, the delivery cost of the L2EL program is included in the cost effectiveness analysis, yet there is no program delivery cost related to the comparison group.

Government costs

The increase in government costs for both the L2EL and the comparison groups relates solely to an increase the Child Care Subsidy payment, which is a powerful enabler of enrolment and attendance in ECE for most Australian families. For a breakdown of all government costs that were examined please see Appendix E.

As noted above in the section on Effectiveness, the increase in hours enrolled in ECE per child is 8.1 hours per week. On a per child basis, the increase in the Child Care Subsidy paid by government is estimated at \$9.90 per hour. For 8.1 hours per week this equates to an increase in cost of \$2,243 over 7 months. This would be the same under all scenarios.

Cost effectiveness

The cost effectiveness is calculated as **total** costs (program delivery costs + government costs) divided by effectiveness, measured in additional hours of enrolment.

Cost  
effectiveness =

\$10,556

194 hours

= \$54

Figure 11. Cost effectiveness calculation

Cost effectiveness for these locations was \$54 per hour of enrolment in ECE (see Figure 11). However, as noted above, the actual costs of delivery are likely to be much lower, as they will not include one-off costs that were incurred to deliver at Coffs Harbour/Nambucca Heads and Campbelltown and program delivery costs per child will decrease as the program reaches its optimal scale. Using the average costs at scale across other L2EL programs provides the two possible, and more likely, scenarios that **the cost effectiveness will range between \$40 and \$44** (see Figure 12).

Cost effectiveness at  
scale (low) =

\$7,744

194 hours

= \$40

$$\text{Cost effectiveness at scale (high)} = \frac{\$8,582}{194 \text{ hours}} = \$44$$

Figure 12. Cost effectiveness at scale (low and high)

Importantly, the level of service associated with the optimal program delivery cost is equivalent to the level of service provided to the children and families during the evaluation period. It is therefore considered valid to compare this optimal cost of program delivery to the effectiveness. **We consider that a cost effectiveness of \$40-\$44 (per additional hour of enrolment in ECE) is likely, as the programs reach the optimal scale.**

In contrast, the comparison group achieved a change of 0.3 hours per child, which was not statistically significant. What this implies is that an investment of \$40-\$44 can increase enrolment in ECE by one hour in a fully scaled L2EL program.

It has not been possible to source other cost effectiveness analyses of similar programs to provide a point of comparison for the cost effectiveness of L2EL.

### Benefits not quantified

This evaluation included an analysis of costs per unit of effectiveness (hour of enrolment in ECE), but did *not* include a full cost-benefit analysis, which would have also taken into account other benefits of the program besides increase in enrolment hours. For example, the evidence suggests when children are attending suitable ECE, the parents/caregivers are more able to engage with study or employment. According to Uniting staff perceptions 8 out of 22 families experienced an income increase over the time period. This would be expected to deliver benefits for government through reduced benefit payments and increased income tax revenue. These benefits were not quantified as part of this analysis.

### Changes to caregiver income, study and employment status

Out of 23 caregivers from the L2EL group, 18 (78%) received parenting payments. Out of these 18 caregivers, 7 were partnered and 11 were single. At the beginning of 2024, eight caregivers from the L2EL group were receiving the Child Care Subsidy (CCS). This number increased to 15 caregivers at the time of data collection (T2).

Uniting also provided information about their own staff's knowledge of changes in caregivers' income, employment or study status since commencing L2EL and their staff's views about whether access to L2EL contributed to these changes. For the comparison group, staff knowledge of changes in household income since the start of 2024 were provided.

Uniting staff perceptions suggested that since joining L2EL eight caregivers of the 23 (36%) had experienced an increase in their total household income, while no changes were reported for 12 caregivers (55%) and two caregivers (9%) had a reduction in their total household income. Out of eight caregivers whose total household income was reported to have improved, five caregivers were thought to have had 'a bit higher income' and three 'a lot higher income'. Data on change in household income were not available for one L2EL caregiver. Information about changes in caregivers' total household income since the beginning of the year was provided for 15 caregivers in the comparison group. Of these, 12 had a reduction in their income (80%), no changes were indicated for two caregivers (12%) and for one caregiver (7%) staff were unsure about any changes in their total household income. There were no reports of an increase in household income for caregivers in the comparison group.

A change in caregivers' work or study status was reported for 57% of L2EL caregivers (12 out of 21). For nine of these 12 caregivers (75%) the changes were attributed to caregivers' access to

L2EL. On the other hand, it was reported that 40% of caregivers (6 out of 15) in the comparison group had changes in their employment or study status since the beginning of the year. These findings indicate that participating in the L2EL group may have contributed to changes in caregiver employment or study status.

# Discussion

The purpose of the evaluation is to respond to the following KEQs:

**KEQ1. To what extent does the L2EL program improve enrolment and attendance in early learning for vulnerable children?**

**KEQ1a. Does enrolment and attendance vary by demographic characteristics, vulnerabilities, or other characteristics?**

**KEQ1b. Does L2EL program improve mediating outcomes associated with improved enrolment and attendance, including parenting efficacy, parent efficacy to connect to services/community?**

**KEQ1c. Does L2EL improve the mediating outcome of parent perceptions of the value of ECE?**

**KEQ2. To what extent does the L2EL program improve school readiness among vulnerable children compared with a comparison group?**

**KEQ2a. Does the L2EL program improve child socio-emotional outcomes?**

**KEQ2b. Does the L2EL program improve parent perception of child readiness and their own preparedness for school?**

**KEQ3. What is the cost-effectiveness of the L2EL program?**

In this section we: provide a summary and interpretation of the findings; draw on the findings and literature to discuss how L2EL works with families across the four program stages; describe the limitations of this evaluation; and present some suggestions for future evaluations.

## Summary and interpretation of findings

The evaluation found that the L2EL program is achieving its main objective of improving ECE enrolment, and is also having a meaningful impact on ECE attendance.

We found no statistically significant impact on school readiness, as measured by child socio-emotional outcomes. While not statistically significant, according to caregiver self-report, socio-emotional outcomes actually decreased in the L2EL group and also for most domains for the comparison group. A range of factors could be attributed to perceived worsening of socio-emotional outcomes, including an increase in caregiver insight into child development over time, and an increase in child fatigue from the Time 1 survey in February after the holiday period to the Time 2 survey in August/September.

Despite no measured improvement in child outcomes, the evaluation did find a statistically significant improvement in L2EL caregiver confidence to get children ready for school. This is an important finding given the program's objective to empower caregivers to support their children. The lack of statistically significant improvement in child socio-emotional outcomes could be considered in relation to the low sample size and short time frame of the evaluation, rather than a reflection on the program's success. Due to the complexity of the behaviour change process, it may also take longer to see change in children's social and emotional development.

The evaluation found no significant improvement in parenting sense of efficacy due to L2EL. Scores were reasonably high at Time 1 in both groups and were in fact close to the population means. The PEEM scale requires a large standard deviation to observe statistically significant differences, so statistically significant changes were hard to achieve. However, the fact that there was a small improvement in the L2EL group suggests that caregivers experienced benefits to varying degrees.

Findings suggest the L2EL program successfully assisted families to fully address over 80% of identified barriers in Stage 1 of the program, over 70% of barriers in Stage 2, more than 60% of the barriers in Stage 3 and over 50% of barriers in Stage 4<sup>19</sup>.

Cost-effectiveness of L2EL at the optimal scale is estimated at \$40-\$44 per hour of additional enrolment in ECE. This implies that an investment of \$40-\$44 can increase enrolment in ECE by one hour in a fully scaled L2EL program.

It has not been possible to source other cost effectiveness analyses of similar programs to provide a point of comparison for the cost effectiveness of L2EL. However, there is significant evidence to demonstrate that the enrolment outcome resulting from L2EL, when it leads to attendance and particularly for vulnerable or disadvantaged cohorts, can provide a significant net benefit to the Australian economy.

Research titled *Putting a value on early childhood education and care in Australia* (PWC, 2014) found that 'There is significant international evidence on the return on investment of vulnerable children's participation in ECEC. The return on investment can be measured in savings to taxpayers through decreased government expenditure on remedial education, criminal justice and youth offending and health services'. By applying this international evidence, the research estimated a net benefit to the Australian economy of \$13.3 billion cumulative to 2050 if children whose parents are in the lowest income bracket and who are not likely to attend ECE were to attend an ECE program.

While this research does demonstrate that the enrolment outcome resulting from L2EL is valuable if it leads to attendance, it is not possible to say whether L2EL is the most cost effective mechanism for attaining this outcome.

## How L2EL supports families in their ECE to school journey

In this section, we draw together our understanding of the L2EL program, the evaluation findings and the literature to describe how Linkers work with families in their journey from early program engagement, through to ECE engagement, and onto preparing to transition to school.

As the program is built upon consistent stages of working with families, we have presented below the discussion of specific findings around the program stages, though noting the fluidity of these stages and that they are not experienced the same by any family or in a linear way. It is worth mentioning that exiting L2EL before completing all four stages should not necessarily be seen as a negative outcome. While retention remains a key goal across both L2EL sites, some benefit may still derived from participation regardless of their duration in the program. Indirect benefits to a child's adaptation to school may be observed and could be due to support received through L2EL to engage with ECE. These benefits could include a greater willingness to attend school, close partnerships between caregivers and teachers, greater confidence with peers and increased value on education. However, these benefits were unable to be observed within the current cohort of children within the timeframe for the evaluation. Finally, caregivers exiting the program may also feel they have missed the critical period, burdening them with feelings of guilt and wanting to give up, which is an outcome that can, and certainly should, be avoided.

### Stage 1: Understanding my family's needs

The number of barriers addressed in this first stage is indicative of the effort put in by the Linkers to understand the contexts, intersecting needs and nuances of each family they engage with. Linkers endeavour not to pressure families to progress into ECE if there are barriers to be addressed, whether systemic, actual or perceived (e.g., misplaced parental guilt about enrolling their child into ECE) and within the locus of control of the family or external (e.g., issues of accessing ECE).

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<sup>19</sup> Partial progress towards additional barriers was made in other instances, We also note that most families were still engaged in Stages 3 or 4 during the evaluation period, and some were still participating in Stages 1 and 2, and therefore still working to address barriers.



The previous evaluation of L2EL (dandolopartners, 2021) also found that the flexibility of the L2EL model, its responsiveness to individuals and the relationships that Linkers develop with families and service providers are critical components to its successful implementation.

According to informal discussions with participants and Linkers, one of the valued aspects of the L2EL program is personalised supports for families, which starts from the very beginning of getting to know them and their interests for their child and personal circumstances. This makes comparability and predictability across sites and between families difficult. Referrals into the program occur throughout the year and the duration of support varies. Families can exit the program if a family chooses to when the child has a successful ECE placement or may continue until the child starts school.

Notwithstanding the flexibility in the model regarding exit opportunities, the high proportion of families who continued to engage with the program over the evaluation period speaks to the importance of this stage, as evidenced by the routinely collected data which shows relatively high retention and continued progression through to ECE.

### **Stage 2: Exploring access to early childhood education**

This stage involves exploratory conversations about potential options for early childhood education and care services and support at transition visits. As with the previous stage, this is a very important stage for families where Linkers try to apply their understandings of family preferences and barriers faced to align these with available ECE places in the area. Building trust in this stage is vital. Some families participating in the evaluation were declined or withdrew from ECE placements during the evaluation period demonstrating the importance of the role Linkers play in working with families and ECE centres to find appropriate placements..

ECE is not only about learning—it also contributes to the child's social, emotional, physical and cultural wellbeing and development. All families need to feel welcomed and valued at ECE services for their children to fully participate and gain the benefits of early learning (ACECQA, 2018). Linkers support families through locating services that meet their needs and, wherever possible, securing an enrolment in a service that is Meeting or Exceeding the National Quality Standard (NQS) to ensure every child is receiving maximum quality care and education in the years prior to school. Linkers also accompany families to service visits to help them build a relationship with the service and educators. Facilitating two-way conversations about children's needs is a necessary step before many caregivers can feel comfortable leaving their child (Child Australia, 2012).

Results from this evaluation indicated strong value placed upon ECE from families in both groups, and stronger awareness of the benefits for children in the L2EL group over time. From qualitative conversations, it was evident that one-on-one support to complete the sometimes arduous enrolment processes was a valued service provided by Linkers as families navigate the complexity of assessing the type of care on offer, the service hours available, the fees, and the waiting lists. Certainly, data on barriers suggests Linkers were able to help families overcome barriers associated with attaining documents and completing forms and understanding their ECE options. Caregivers we spoke with valued having someone they could trust to help them navigate the system and this gave them confidence to engage successfully in early learning.

### **Stage 3: Engaging successfully in early learning opportunities**

This stage occurs when children are enrolled and regularly attending an ECE centre. During this stage, the Linker is available for requests for support or placement issues, but once the child is settled, the support provided by the Linker decreases.

A positive impact of L2EL is when caregivers are made aware of the benefits of ECE, have information about what options are available to their child and feel confident and safe to engage with it. This is the overall aim of the L2EL program - to link families successfully into early learning - and this evaluation found a statistically significant improvement in ECE enrolments for children in L2EL as compared to children in the comparison group and a meaningful improvement in ECE attendance. This is an important finding, given the potential link between ECE attendance and child development outcomes, parental productivity in terms of opportunities to explore work and study and cost savings to Government. These benefits are evident in both the short and long-term



(Grudnoff, 2022). Further, there is a pressing need to improve community and societal understandings about the fundamental role parents have as the first and forever teachers of their children (Pascoe & Brennan, 2017) and participation in high-quality ECE can work to break down misconceptions that learning begins at school.

The results of this evaluation suggested that L2EL caregivers' knowledge about ECE and satisfaction with the child's ECE increased over time. Given the difference between the L2EL and comparison groups on these outcomes (a statistically significant difference in the case of knowledge about ECE), it is likely that these increases are due at least in part to the support of the Linkers in negotiating the child's successful placement.

#### **Stage 4: Transition to school**

Ideally, this is the penultimate stage in the L2EL program, which endeavours to support every family in L2EL to engage with ECE until they transition to formal schooling. This is valuable as we know that certain attributes, skills, and behaviours are developed in good quality early care and learning programs that help to positively influence the transition to school (Rosier & McDonald, 2011).

While the overall goal of L2EL is to support children's transition to school effectively, the primary way the program contributes to this is through its ongoing collaboration with caregivers. Best practice transitions are a shared process (Child Australia, 2012) and other research supports the view that parents are the main transmission mechanism to elevate children's educational outcomes (Pascoe & Brennan, 2017).

The varying and unpredicted ages of the children in the L2EL program led to a low sample size for this stage (i.e., seven among the 40 participating families were aged 4-5 years within the evaluation period). As well, the debated concept of readiness for school lying within the child or family (Dockett & Perry, 2009) made it difficult to demonstrate an effect of the program on school readiness outcomes. Further, the timeframe of the evaluation meant that most children in the sample would not yet have transitioned to school during the evaluation period and predictive school readiness measures are not available.

It is promising to note that a greater proportion of children in the L2EL group changed in the positive direction on the self-regulation area compared to children in the comparison group, given the importance of self-regulation and executive functioning skills for children's readiness for school (Blair & Raver, 2015; Graham, 2019).

Results from this evaluation suggested that taking part in the L2EL group supported caregiver confidence in getting their child ready to start school and who to ask for help. This was evident based on increases in these outcomes across time points. This is an important finding as past research suggests that parents who are engaged in their children's education tend to have a stronger confidence in themselves and in their belief that they can make a difference to their children's learning and development (Goodman & Gregg, 2010; Hoover-Dempsey & Sandler, 1997).

The period prior to school entry presents an ideal opportunity to establish a solid relationship between ECE, schools and families as the different contexts come together. Research has linked greater involvement of parents as children enter school with continued higher involvement in the first term of schooling and throughout the first year of schooling (Giallo et al., 2010). According to program aims, L2EL seeks to support the development of strong relationships between these contexts, working closely with not only ECE providers but also school educators, and reinforcing with caregivers the value of school.

## **Limitations**

The findings from this evaluation are derived from the measures used and the available sample of participants. Limitations associated with these parameters that are worth noting are discussed below.

## Methodological design limitations

There are several reasons why statistically significant change may not have been evident between the two time points on child and caregiver outcomes as measured by validated scales. The timing of the evaluation, specifically the very short data-collection period, limits the capacity for change to be observed given the program runs for longer than the evaluation period. This is particularly true of child outcomes but may also be true of caregiver (intervening) outcomes. Timing of entry into the program may not coincide with the start of the calendar year or with the commencement of the evaluation, so some families had even less time in the program, impacting the likelihood of demonstrable change to occur.

Including a dimension to this evaluation that allowed PRC to capture stories from families participating in the L2EL program added great value in highlighting the additional benefits of the program and telling a deeper story behind the quantitative data. However, it was a moment-in-time qualitative snapshot and light-touch qualitative approach, when fundamentally, the research tells us participation in ECE plays out later in social, emotional, health and wellbeing outcomes, as well as educational and economic disparities.

It must be noted that drawing policy conclusions and programmatic solutions from the evidence available from this evaluation must be approached with caution. Propositions advanced in this report are based on varying sample sizes, varied in magnitude, and are in no way simple. While meaningful and authentic data were gathered and the findings regarding ECE enrolment improvements show early promise, these were not derived as part of a robust scientific trial and need confirmation with larger samples, follow-up research and monitoring of ECE participation and child outcomes, and the use of alternative data collection methods.

It was also relatively early to evaluate child and caregiver outcomes for a program which is both complex and has no limitations on the time spent in each stage. L2EL clients tend to have complex needs and face many barriers to engaging with ECE, and a longer evaluation period may have yielded more positive results. To explore these issues further, the evaluation strategy would require further refinement and the use of a larger cohort.

## Data collection and analysis limitations

While it was our initial intention, it was not possible to capture a true pre-post for families in this evaluation. For example, several families were already in the program at the start of the evaluation, while others started after the Time 1 surveys were completed so a true baseline measure was not captured. Some families had already progressed through L2EL stages at the point of the Time 1 survey, which meant they may have had high outcomes scores from the start of the evaluation and were already engaging in ECE, making it difficult to observe further improvement by the Time 2 survey. Families also remained in the program beyond the end of the evaluation period, so a true 'post' assessment was not possible. This undoubtedly influenced some findings, particularly in relation to caregiver reporting of enrolment and attendance in ECE and child outcomes. When scores are so high at the start, changes cannot be easily observed. Over and above this, it was clear after analysing the routinely collected data that the L2EL program is non-linear whereby in many cases families move in and out of stages fluidly, reflecting the flexibility of the program to suit family circumstances and needs.

The limitation of the mismatch between the data collection period and the timing of school transition programs within schools, which typically occur later in the year than our Time 2 survey, should also be noted.

The unknown exact age of children in the L2EL and comparison groups prior to commencing the evaluation made it difficult to confirm a suitable standardised measure for specific age groups. Limiting analyses to only 4–5-year-olds on school readiness items ruled out analyses on more than half of the sample.

The choice of validated outcome measures particularly in relation to child outcomes, did not perfectly align with the immediate goals of the L2EL program. It was a challenge to strike a balance between choosing a measure for which change in a short-term evaluation may be more observable, while also considering the intended longer-term objectives of the program. Every effort was made to develop a suitable survey that would not be too great a burden on caregivers and matched the

primary objectives of L2EL, while also aligning with the intended outcomes of the L2EL program logic. As a single suitable measure was not available, certain scales and single-item measures were chosen as proxy measures of the constructs of interest. This not only limited the validity of findings, it also meant that the chosen instrument may not have been ideally suited to program participants. For example, the PEEM typically requires large sample sizes to show at least moderate group mean effect sizes and the sample size for the current evaluation was unknown *a priori* and based on a best estimate.

A further data collection limitation was that we were unable to access ECE provider-reported actual attendance data for this evaluation, and so we relied on caregiver-reported child ECE enrolment and attendance. Caregiver report is likely to have reduced the reliability of our findings due to potential confusion between the meaning of enrolment versus attendance, due to inaccuracy in reporting, and due to missing data.

### **Sampling limitations**

We understand that it is far easier to engage those who are already willing to complete measures in evaluations, so this could have skewed results and encouraged more present and confident parents to participate.

The absence of longitudinal data, resulting from the short data collection period and the inability to recruit participants who had exited the program, limited inferences that can be made from the data, particularly in relation to school readiness and the transition to school.

It should be noted that while differences in caregiver knowledge and value of ECE were observed, these were based on scores on single items, rather than a robust scale or standardised measure. Furthermore, reports on changes in children and caregivers were gathered from caregiver self-report, which can be less reliable than other more objective methods of collection and subject to social desirability bias (Muijs, 2011). The desire to be perceived as a 'good' caregiver may influence the way an individual is likely to respond to discrete questions on a survey instrument.

### **Cost effectiveness limitations**

Some limitations related to cost effectiveness are important to consider. Even where financial data was received, this was based on household-level indicators. This is not necessarily an adequate measure of children's own experiences of disadvantage. For example, income-based measures assume the equal distribution of resources within households and do not capture the true economic disadvantage experienced by children.

Other limitations, dependencies and risks associated with the overall evaluation design that may have impacted the cost effectiveness analysis include:

- Short timeframe of initiative implementation in which to assess L2EL outcomes and effectiveness, which may require a longer timeframe to eventuate.
- Short timeframe of initiative implementation in which to assess L2EL costs and avoided costs, which may require a longer timeframe to eventuate. Where this is the case, the cost-effectiveness analysis includes assumptions, drawing on evidence-based research where available, about what actual and avoided costs are likely to eventuate from the available outcomes data.
- Costs and avoided costs considered within the cost-effectiveness analysis are limited to system costs, including funders and government. Costs to parents/caregivers were not included to minimise the data collection burden on them.
- The costs of Child Care Subsidy to government are based on the average cost of ECE in the relevant locations and is not exact. The number of hours enrolled in ECE is calculated based on a range reported by the parents. We were not able to collect the exact number of hours that each child is enrolled in ECE.

## **Conclusion**

The L2EL program has supported families to reduce barriers to accessing ECE and achieved its primary objective to increase child enrolment in ECE. The L2EL theory of change suggests this is the essential first step towards attending quality early learning and will lead to later benefits to

school readiness. A meaningful change in ECE attendance was also observed for the L2EL children, who previously were not attending any ECE. While the change in ECE attendance observed in the evaluation surveys was not statistically significant, it is possible that with time ECE attendance will improve further for these children, perhaps as L2EL continues to work with the families and ECE providers to address any ongoing barriers or to work towards arranging more suitable ECE placements if necessary. However it is also possible the lack of statistically significant finding may have been due to evaluation limitations including: use of caregiver-reported attendance rather than more accurate and reliable ECE provider-reported actual rates of attendance; relatively high rates of Time 1 attendance compared to the presumably zero attendance that would have been observed had the evaluation had a true baseline measure when families started with L2EL<sup>20</sup>; and attrition and missing data at Time 2 in the L2EL group.

Improved parenting efficacy and child school readiness, as measured by child socio-emotional outcomes, were not evident in the span of this evaluation. Evaluation duration, evaluation timeframe relative to the program duration and timing of school transition, and the small sample size, may also have impacted our capacity to observe changes in outcomes over time.

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<sup>20</sup> Criteria for entry into L2EL requires that children are not enrolled in or attending ECE at the time of commencing the program. For this evaluation, Time 1 measures were taken in February 2024, at which point several families had already progressed to later stages in the program and had already commenced engaging in ECE. Over half the L2EL children were already reported to be enrolled and attending at Time 1, thereby making it difficult to observe statistically significant changes by Time 2.

# References

- Australian Children's Education & Care Quality Authority [ACECQA] (2018, February). *Quality Area 6: Building partnerships with families*. [https://www.acecqa.gov.au/sites/default/files/2018-01/QA6\\_BuildingPartnershipsWithFamilies.pdf](https://www.acecqa.gov.au/sites/default/files/2018-01/QA6_BuildingPartnershipsWithFamilies.pdf)
- Baxter, J., & Hand, K. (2013). *Access to early childhood education in Australia* (Research Report No. 24). Melbourne: Australian Institute of Family Studies.
- Blair, C., & Raver, C. C. (2015). School readiness and self-regulation: A developmental psychobiological approach. *Annu Rev Psychol.*, 3(66). doi: 10.1146/annurev-psych-010814-015221
- Boivin, M., & Bierman, K. L. (Eds.). (2014). *Promoting school readiness and early learning: Implications of developmental research for practice*. The Guilford Press
- Campis, L. K., Lyman, R. D., & Prentice-Dunn, S. (1986). The Parental Locus of Control Scale: Development and validation. *Journal of Clinical Child Psychology*, 15(3), 260-267.
- Child Australia (2012, July). *Plan effective transitions for children in education and care services*.
- Commonwealth of Australia (2006, January). *Handbook of Cost Benefit Analysis*. 87959 DFA TXT.indd (atap.gov.au)
- dandolopartners (2021, September). Links to Early Learning: Evaluation report.
- Dockett, S., & Perry, B. (2009). Readiness for school: A relational construct. *Australian Journal of Early Childhood*, 34(1), 20-26. <https://doi.org/10.1177/183693910903400104>
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G\* Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191. <https://doi.org/10.3758/BF03193146>
- Fleming & LeBuffe (2014). *Measuring outcomes with DECA*. Center for Resilient Children.
- Freiberg, K., Homel, R., & Branch, S. (2014). The parent empowerment and efficacy measure (PEEM): A tool for strengthening the accountability and effectiveness of family support services. *Australian Social Work*, 67(3), 405-418.
- Giallo, R., Treyvaud, K., Matthews, J., & Kienhuis, M. (2010). Making the transition to primary school: An evaluation of a transition program for parents. *Australian Journal of Educational and Developmental Psychology*, 10, 1-17.
- Goodman, A., & Gregg, P. (Eds) (2010). *Poorer children's educational attainment: How important are attitudes and behaviour?*. Joseph Rowntree Foundation. <https://www.jrf.org.uk/report/poorer-children%E2%80%99s-educational-attainment-how-important-are-attitudes-and-behaviour>
- Graham, A. (2019, June 20). Here's what teachers look for when kids start school. *The Conversation*. <https://theconversation.com/heres-what-teachers-look-for-when-kids-start-school-116523>
- Grudnoff, M. (2022, March). The economic benefits of high-quality universal early child education. *The Australia Institute*. [Economic Benefits of ECEC \(futurework.org.au\)](https://futurework.org.au/Economic-Benefits-of-ECEC)
- Greenberg, M. T. (2023). Evidence for social and emotional learning in schools. *Learning Policy Institute*. <https://banksiagardens.org.au/wp-content/uploads/2023/04/Evidence-for-SEL-REPORT-v4.pdf>
- Harrison, L. J., Wong, S., Degotardi, S., Waniganayake, M., Hadley, F., Davis, B., Jones, C., Fordham, L., Reade, S., Redman, T., Sadow, L., & Brown, J. (April, 2023). *Supporting Participation in Early Childhood Education (SPiECE) of Children from Low Socio-Economic Status Backgrounds – A 2018-2022 Research Project*. Commissioned by the NSW Department of Education.
- Hoover-Dempsey, K. V., Walker, J. M., Sandler, H. M., Whetsel, D., Green, C. L., Wilkins, A. S., & Closson, K. (2005). Why do parents become involved? Research findings and implications. *Elementary School Journal*, 106(2), 105-130.



- International Wellbeing Group (2024) Personal Wellbeing Index Manual: 6th Edition, Version 2, 1906, pp. 1-55. Cummins, R. A. (Ed.). Geelong: Australian Centre on Quality of Life, School of Psychology, Deakin University – Melbourne Campus. <http://www.acqol.com.au/publications#Open-access>
- Jacobsen, N.S., & Truax, P. (1991). Clinical significance: A statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology*, 59, 12-19.
- LeBuffe, P. A., & Naglieri, J. A. (1999). *Devereux Early Childhood Assessment (DECA)*. Odessa, FL: Psychological Assessment Resources.
- Melhuish, E. C., Ereky-Stevens, K., Petrogiannias, K., Ariescu, A., Penderi, E., Rentzou, K., Tawell, A., Slot, P., Broekhuizen, M., & Leseman, P. (2015). A review of research on the effects of Early Childhood Education and Care (ECEC) upon child development. CARE project; Curriculum Quality Analysis and Impact Review of European Early Childhood Education and Care (ECEC). Technical Report. European Commission. <http://ecec-care.org/resources/publications/>
- Miller, M. M., & Kehl, L. M. (2019). Comparing parents' and teachers' rank-ordered importance of early school readiness characteristics. *Early Childhood Education Journal*, 47, 445-453.
- Muijs, D. (2011). *Doing quantitative research in education with SPSS* (2nd ed.). London: Sage.
- NSW Government (2024). Start Strong Funding. <https://education.nsw.gov.au/early-childhood-education/operating-an-early-childhood-education-service/grants-and-funded-programs/start-strong-funding>
- Pascoe, S. & Brennan, D. (2017). *Lifting our game: Report of the review to achieve educational excellence in Australian schools through early childhood interventions*.
- Productivity Commission 2024, *A path to universal early childhood education and care*, Inquiry report no. 106, Vol. 1, Canberra
- PWC 2014, *Putting a value on early childhood education and care in Australia*.
- Rosier, K. & McDonald, M. (2011). *Promoting positive education and care transitions for children*. AIFS.
- The Smith Family (2021). *Small Steps Big Futures: Community insights into pre-school participation*.
- Strom, R., & Slaughter, H. (1978). Measurement of childrearing expectations using the Parent as a Teacher Inventory. *Journal of Experimental Education*, 46(4), 44-53.
- Uniting (2020). *Working paper: Links to Early Learning evaluation*. Uniting
- Uniting (2023). *Links to Early Learning practice manual: Offering every child the best start*. Uniting.
- Uniting Research and Social Policy (2023, February 10). *More than money: Why some children are still left behind by early learning*. Uniting Church in Australia, Synod of NSW & ACT.
- White, B. (2000). *Dissertation skills for business and management students*. London: Continuum.
- Whiteman, P., Harrison, L. J., Cheeseman, S., Davis, B., Degotardi, S., Hadley, F., Wong, S., & Waniganayake, M. (2018). *Early Childhood Education Participation of Children from Low Socio-Economic Backgrounds: Literature Review*. (unpublished paper). Sydney: NSW Department of Education.

# Appendix A: Impact Summary Statement

The primary objective of the Uniting NSW.ACT Links to Early Learning (L2EL) program is to increase child enrolment in Early Childhood Education (ECE). L2EL is designed for families with children who are not yet in ECE, but the caregivers would like help accessing ECE. L2EL works with families to reduce barriers to accessing ECE, to get children enrolled and attending in ECE, and continue ECE engagement through to transition to school.

This Impact Summary Statement addresses the following Grant Outcomes.

1. The Early Childhood Development sector has a tested, robust, evidence-based, government endorsed solution that will address the access gap for a significant proportion of the 5–15% of children not currently in early childhood education services.
2. The Early Childhood and other sectors have a greater understanding of why ‘at risk’ cohorts are not accessing early learning and particularly the non-financial barriers for families and effective pathways for overcoming these.

1. The Early Childhood Development sector has a tested, robust, evidence-based, government endorsed solution that will address the access gap for a significant proportion of the 5–15% of children not currently in early childhood education services.

## ECE enrolment

We assessed ECE enrolment via caregiver self-report survey at two time points; Time 1 in February 2024 and Time 2 in August/September 2024. We found a **significant increase in child ECE enrolment** over this 6–7-month period for the L2EL group (53% of the children were enrolled at Time 1 compared to 88% enrolled at Time 2) but not for a comparison group of children from similar sociodemographic backgrounds (45% at Time 1, 42% at Time 2). See Table 1 for impact on ECE enrolment,

*Table 1. The Early Childhood Development sector has a tested, robust, evidence-based, government endorsed solution that will address the access gap for a significant proportion of the 5–15% of children not currently **ENROLLED IN** early childhood education services*

Outcome level	Descriptors
Nothing happened	No evidence that this outcome has yet to emerge; possible signs that there are barriers or opposition to this outcome emerging
Limited	Outcome has started to emerge in a limited way; it has been observed in some of the relevant cases or to a limited extent across a wide range of cases
Developing	Outcome is showing some signs of maturity; it is emerging across a wide range of relevant cases; and is becoming embedded/sustained
Fully realized	<b>Outcome is at the target level set out at the start of the grant; it is happening regularly/consistently and well, across all relevant cases</b>
Exceeded	Outcome has reached a level beyond expectations; it has reached a wider group than we intended or is at a very high level of quality/maturity

## ECE attendance

We also found a **greater increase in child ECE attendance** during the evaluation for the L2EL group (52% attending at Time 1, 75% at Time 2) than in the comparison group (42% at Time 1, 50% at Time 2). While this difference was not statistically significant., it represents a **clinically meaningful improvement** for children who, prior to their participation in L2EL, were not attending ECE at all. See Table 2 for impact of L2EL on ECE attendance.



Table 2: The Early Childhood Development sector has a tested, robust, evidence-based, government endorsed solution that will address the access gap for a significant proportion of the 5–15% of children not currently **ATTENDING** early childhood education services

Outcome level	Descriptors
Nothing happened	No evidence that this outcome has yet to emerge; possible signs that there are barriers or opposition to this outcome emerging
Limited	Outcome has started to emerge in a limited way; it has been observed in some of the relevant cases or to a limited extent across a wide range of cases
<b>Developing</b>	<b>Outcome is showing some signs of maturity; it is emerging across a wide range of relevant cases; and is becoming embedded/sustained</b>
Fully realized	Outcome is at the target level set out at the start of the grant; it is happening regularly/consistently and well, across all relevant cases
Exceeded	Outcome has reached a level beyond expectations; it has reached a wider group than we intended or is at a very high level of quality/maturity

## Conclusion

Our ability to observe changes over time in ECE outcomes would have been improved if a true baseline assessment had been possible. As L2EL is designed for families with children who are not yet in ECE, we assume that a true baseline assessment of ECE enrolment and attendance for the L2EL group would have shown zero or a very lower percentage of the group enrolled when they were commencing the program. In our evaluation, several families had progressed to later stages in L2EL by the time of the first survey, hence we found over half of the caregivers indicated their children were enrolled and attending ECE at Time 1. A post-program measure of ECE outcomes was also not possible within the evaluation, as most of the families' involvement in L2EL was ongoing after the end of the evaluation. **We estimate that the increase in number of children enrolled in and attending ECE over the full duration of their participation in L2EL is higher than could be observed during this evaluation.**

Considering both the enrolment and attendance findings from the caregiver self-report survey, the weight of the evidence leads the evaluation team to conclude L2EL provides **DEVELOPING** evidence that the Early Childhood Development sector has a solution to address the access gap for children not currently in early childhood education services (see Table 3).

Our confidence in the impact of L2EL on this ECE outcome would have increased if ECE service-provider actual data had been available for analyses, as there is the possibility of caregiver confusion between the meaning of the terms *enrolment* and *attendance*. A more suitable pre-post assessment of ECE enrolment and attendance with a larger sample of families is required to confirm the impact of L2EL on ECE outcomes.

Table 3: The Early Childhood Development sector has a tested, robust, evidence-based, government endorsed solution that will address the access gap for a significant proportion of the 5–15% of children not currently in early childhood education services

Outcome level	Descriptors
Nothing happened	No evidence that this outcome has yet to emerge; possible signs that there are barriers or opposition to this outcome emerging
Limited	Outcome has started to emerge in a limited way; it has been observed in some of the relevant cases or to a limited extent across a wide range of cases
<b>Developing</b>	<b>Outcome is showing some signs of maturity; it is emerging across a wide range of relevant cases; and is becoming embedded/sustained</b>

Fully realized	Outcome is at the target level set out at the start of the grant; it is happening regularly/consistently and well, across all relevant cases
Exceeded	Outcome has reached a level beyond expectations; it has reached a wider group than we intended or is at a very high level of quality/maturity

## 2. The Early Childhood and other sectors have a greater understanding of why ‘at risk’ cohorts are not accessing early learning and particularly the non-financial barriers for families and effective pathways for overcoming these.

L2EL works with caregivers to identify existing and emerging barriers to accessing ECE and records these in their database at the beginning of each of the four stages of the program. These barriers are grouped according to domains, as identified by L2EL. Uniting provided the evaluation team with barriers identified for each family, within domains, across the four Stages. Families in L2EL were experiencing a mean of 10.5 distinct barriers to accessing ECE (median = 9, range = 2-31). The evaluation found the most commonly identified barriers were:

- *Stage 1:* caregiver worry about judgement; distrust of services; previous negative experiences with professionals
- *Stage 2:* obtaining child’s birth certificate and immunisation history; applying for Child Care Subsidy and Additional Child Care Subsidy; caregiver limited understanding of ECE providers, types, quality ratings or what quality ECE looks like; no ECE vacancies
- *Stage 3:* caregiver limited understanding of child support needs; caregiver limited understanding of their role as first teacher; ECE provider’s limited understanding of child’s support needs, support needed for transition to a centre, ECE limited understanding of how to engage with parent; changes in family financial situation; limited caregiver understanding of how to set up positive relations with ECE staff; caregiver concerns about ECE staff action/inaction; caregiver limited social connections; caregiver inability to afford fees; homeless risks; inability to afford bond; transportation issues; inability to afford food and living expenses; inability to afford items for ECE; caregiver limited understanding of other services that can provide learning opportunities.
- *Stage 4:* caregiver limited understanding of education system; kindergarten application and early intervention process; use of tools to find local school.

L2EL provides a detailed assessment of access barriers for each family and **has contributed to the Early Childhood and other sectors’ understanding of these barriers**. Gathering details of these barriers could be improved by clearer coding and ongoing cleaning of individual barriers, to support better data collection and easier collation and reporting of barriers.

Progress towards overcoming barriers is assessed at the end of each Stage of L2EL. Administrative data collected by Uniting indicates L2EL has assisted families to fully address over 80% of identified barriers to ECE during Stage 1 of the program, over 70% of barriers in Stage 2, more than 60% of barriers in Stage 3 and over 50% in Stage 4. While noting that these families were still progressing through these stages and still being supported to address remaining barriers, these data provide evidence to suggest **L2EL has taken significant strides towards addressing ECE access barriers for these families**.

### Conclusion

A key role of L2EL is to identify and address ECE access barriers, by working with caregivers and ECE and school educators. Our evaluation found L2EL has provided **deep insight into the non-financial barriers experienced by risk and vulnerable families** and **effectively provided ongoing support to overcome many of these barriers**. It is the conclusion of the evaluators that L2EL provides **FULLY REALISED** evidence that the Early Childhood and other sectors has a greater understanding of why ‘at risk’ cohorts are not accessing early learning and particularly the non-financial barriers for families and effective pathways for overcoming these (see Table 4). It

should be noted that some barriers may persist or re-emerge, and this may be due to circumstances outside of the control of families, L2EL, ECE and schools, due to systemic issues or due to deeply entrenched community and social concerns.

*Table 4: The Early Childhood and other sectors have a greater understanding of why ‘at risk’ cohorts are not accessing early learning and particularly the non-financial barriers for families and effective pathways for overcoming these.*

Outcome level	Descriptors
Nothing happened	No evidence that this outcome has yet to emerge; possible signs that there are barriers or opposition to this outcome emerging
Limited	Outcome has started to emerge in a limited way; it has been observed in some of the relevant cases or to a limited extent across a wide range of cases
Developing	Outcome is showing some signs of maturity; it is emerging across a wide range of relevant cases; and is becoming embedded/sustained
<b>Fully realized</b>	<b>Outcome is at the target level set out at the start of the grant; it is happening regularly/consistently and well, across all relevant cases</b>
Exceeded	Outcome has reached a level beyond expectations; it has reached a wider group than we intended or is at a very high level of quality/maturity

# Appendix B: Family demographics

## Caregiver survey data

Table 1. Family demographics for the L2EL and the comparison group based on the caregiver survey at Time 1

Demographics	L2EL		Comparison	
	<i>n</i>	Mean and Proportions	<i>n</i>	Mean and Proportions
<b>Caregiver age</b>	<b>37</b>	Mean = 32.34 years Median = 30.00 Range = 19-59 years	<b>44</b>	Mean = 36.07 years Median = 33.50 Range = 21-66 years
<b>Caregiver relationship to the child</b>	<b>36</b>	Mother = 31 (86.11%) Father = 2 (5.67%) Grandparent = 1 (2.78%) Carer = 1 (3%) Other relative = 1 (3%)	<b>42</b>	Mother = 34 (80.95) Father = 5 (11.90%) Grandparent = 3 (7.14%)
<b>Cultural background</b>	<b>33</b>		<b>42</b>	
		Australian = 12 (36.36%) Bengali = 1 (3.30%) Cantonese = 1 (3.30%) Chinese = 1 (3.30%) English = 3 (9.09) Indian = 1 (3.30%) Indigenous = 2 (6.06) Other = 12 (36.36%)		Australian = 14 (33.33%) Arabic = 5 (11.90%) Burmese = 1 (2.38%) Cantonese = 1 (2.38%) Chinese = 2 (4.76%) English = 1 (2.38%) Indian = 1 (2.38%) Indigenous = 3 (7.14%) Other = 14 (33.33%)
<b>Main language</b>	<b>37</b>		<b>43</b>	
		English = 25 (67.58%) Arabic = 3 (8.10%) Kurmanji = 1 (2.70%) Mandarin = 1 (2.70%) Hindi = 1 (2.70%) Bengali = 1 (2.70%) Other = 5 (13.51%)		English = 26 (60.46%) Arabic = 4 (9.30%) Kurmanji = 2 (4.65%) Mandarin = 1 (2.33%) Hindi = 1 (2.33%) Other = 9 (20.93%)

Demographics	L2EL		Comparison	
	<i>n</i>	Mean and Proportions	<i>n</i>	Mean and Proportions
<b>First Nations</b>	<b>36</b>	Yes = 5 (13.89%) No = 31 (86.11%)	<b>43</b>	Yes = 9 (20.93%) No = 32 (74.42%) Not disclosed = 2 (4.65%)
<b>Caregiver marital status</b>	<b>36</b>	Married/de facto = 21 (58.33%) Not married/de facto = 15 (41.67%)	<b>32</b>	Married/de facto = 30 (93.75%) Not married/de facto = 2 (6.25%)
<b>Caregiver education level</b>	<b>37</b>		<b>44</b>	
		Primary school = 1 (2.70%) Secondary school = 17 (45.95%) Certificate 1 or 2 = 2 (5.40%) Certificate 3 or 4 = 8 (21.62%) Diploma or Advanced Diploma = 3 (8.11%) Bachelor Degree = 3 (8.11%) Graduate Diploma or Graduate Certificate = 1 (2.70%)		Primary school = 4 (9.09%) Secondary school = 12 (27.27%) Certificate 1 or 2 = 3 (6.82%) Certificate 3 or 4 = 12 (27.27%) Diploma or Advanced Diploma = 4 (9.09%) Bachelor Degree = 5 (11.36%) Graduate Diploma or Graduate Certificate = 2 (4.54%)
		Postgraduate Degree = 2 (5.40%)		Postgraduate Degree = 2 (4.54%)
<b>Number of children</b>	<b>37</b>	Mean = 2 children Median: 2 children Range 1-5 children One child = 13 (35.13%) Two children = 9 (24.32%) Three children = 8 (21.62%) Four children = 5 (13.51%) Five children = 3 (8.10%)	<b>40</b>	Mean = 2 children Median: 2 children Range = 1-5 children One child = 13 (32.50%) Two children = 18 (45.00%) Three children = 4 (10.00%) Four children = 4 (10.00%) Five children = 1 (2.50%)
<b>Child gender</b>	<b>36</b>	Male = 20 (55.56%) Female = 16 (44.44%)	<b>42</b>	Male = 27 (64.29%) Female = 15 (35.71%)

Demographics	L2EL		Comparison	
	<i>n</i>	Mean and Proportions	<i>n</i>	Mean and Proportions
<b>Child disability</b>	<b>36</b>	Yes = 7 (19.44%) No = 23 (63.89%) Not sure = 6 (16.67%)	<b>43</b>	Yes = 8 (18.60%) No = 31 (72.09%) Not sure = 4 (9.30%)
<b>Caregiver annual income</b>	<b>29</b>	Mean = \$34,000 Median = 35,000 Range = \$0-\$92,000	<b>26</b>	Mean = \$29,237 Median: 22,000 Range = \$0-\$126,000
<b>Family annual income</b>	<b>27</b>	Mean = \$48,898 Range = \$0-\$150 000	<b>4</b>	Mean = \$32,750 Range = \$20,000-\$50,000
<b>Hours per week studying</b>	<b>9</b>	0-16 hrs = 5 (55.56%) 17-48 hrs = 2 (22.22%) Over 48 hrs = 2 (22.22%)	<b>13</b>	0-16 hrs = 10 (76.92%) 17-48 hrs = 3 (23.08%)
<b>Hours per week looking for work</b>	<b>7</b>	0-16 hrs = 6 (85.71%) 17-48 hrs = 1 (14.29%)	<b>11</b>	0-16 hrs = 11 (100%)
<b>Hours per week in paid work</b>	<b>15</b>	0-16 hrs = 9 (60.00%) 17-48 hrs = 2 (13.33%) Over 48 hrs = 4 (26.67%)	<b>13</b>	0-16 = 7 (53.85%) 17-48 = 3 (23.08%) Over 48 hrs = 3 (23.08%)
<b>Hours per week volunteering</b>	<b>6</b>	0-16 hrs = 4 (66.67%) 17-48 hrs = 1 (16.67%) More than 48 hrs = 1 (16.67%)	<b>8</b>	0-16 hrs = 8 (100.00%)
<b>Receiving government payment:</b>				
Child Care Subsidy (CCS)	<b>26</b>	Yes =17 (65.38%) No = 8 (39.77%) Not sure = 1 (3.85%)	<b>21</b>	Yes = 10 (47.62%) No = 9 (42.86%) Not sure = 2 (9.52%)
Additional Child Care Subsidy	<b>22</b>	Yes = 7 (31.82%) No = 14 (63.64%) Not sure = 1 (4.54%)	<b>9</b>	Yes = 0 (0%) No = 8 (88.89%) Not sure = 1 (11.11%)
Early Childhood Early intervention (ECEI)	<b>17</b>	Yes = 1 (5.88%) No = 16 (94.11%)	<b>10</b>	Yes = 2 (20.00%) No = 8 (80.00%)

Demographics	L2EL		Comparison	
	<i>n</i>	Mean and Proportions	<i>n</i>	Mean and Proportions
National Disability Insurance Scheme (NDIS)	<b>19</b>	Yes = 3 (15.79%) No = 16 (84.21%)	<b>10</b>	Yes = 2 (20.00%) No = 8 (80.00%)
Jobseeker	<b>17</b>	No = 17 (100.00%)	<b>10</b>	Yes = 2 (20.00%) No = 8 (80.00%)
Parenting Payment (single)	<b>25</b>	Yes = 15 (60.00%) No = 10 (40.00%)	<b>20</b>	Yes = 9 (45.00%) No = 10 (50.00%) Not sure = 1 (5.00%)
Parenting Payment (partnered)	<b>21</b>	Yes = 9 (42.86%) No = 12 (57.14%)	<b>20</b>	Yes = 14 (70.00%) No = 6 (30.00%)
Family Tax Benefit (A)	<b>29</b>	Yes = 25 (86.21%) No = 4 (13.79%)	<b>31</b>	Yes = 24 (77.42%) No = 5 (16.13%) Not sure = 2 (6.45%)
Family Tax Benefit (B)	<b>27</b>	Yes = 23 (85.18%) No = 3 (11.11%) Not sure = 1 (3.70%)	<b>32</b>	Yes = 25 (78.13%) No = 5 (15.62%) Not sure = 2 (6.25%)
Energy Supplement	<b>20</b>	Yes = 7 (35.00%) No = 8 (40.00%) Not sure = 5 (25.00%)	<b>16</b>	Yes = 10 (62.50%) No = 6 (37.50%)
Rent Assistance	<b>23</b>	Yes = 13 (56.52%) No = 9 (39.13%) Not sure = 1 (4.35%)	<b>14</b>	Yes = 7 (50.00%) No = 7 (50.00%)
Disability Support Pension	<b>18</b>	Yes = 1 (5.56%) No = 17 (94.44%)	<b>10</b>	Yes = 2 (20.00%) No = 8 (80.00%)
Carer Payment	<b>19</b>	Yes = 2 (10.53%) No = 16 (84.21%) Not sure = 1 (5.26%)	<b>11</b>	Yes = 4 (36.36%) No = 7 (63.64%)
Carer Allowance	<b>19</b>	Yes = 2 (10.53%) No = 16 (84.21%) Not sure = 1 (5.26%)	<b>11</b>	Yes = 3 (27.27%) No = 8 (72.73%)



## Routine data

Table 2. Family demographics for the L2EL group based on Uniting routine data

Demographics	<i>n</i>	Mean and Proportions
<b>Child age</b>	<b>39</b>	Mean = 3.05 years Median = 3.00 years Range = 1-5 years
<b>Country of birth</b>	<b>39</b>	Australia = 38 (97.44%) Malaysia = 1 (2.56%)
<b>Cultural background</b>	<b>37</b>	Aboriginal = 8 (21.62%) Australian = 15 (40.54%) Bengali = 2 (5.41%) Brazilian = 1 (2.70%) Chinese = 1 (2.70%) Congolese = 2 (5.41%) Egyptian = 1 (2.70%) Iranian = 1 (2.70%) Iraqi = 1 (2.70%) Mauritian = 1 (2.70%) Nepalese = 1 (2.70%) Seychellois = 1 (2.70%) Torres Strait Islander = 1 (2.70%) Yemeni = 1 (2.70%)
<b>Main language</b>	<b>38</b>	Arabic = 2 (5.26%) Auslan (sign language) = 1 (2.63%) Bengali = 2 (5.26%) Chinese = 1 (2.63%) English = 25 (65.79%) Farsi = 1 (2.63%) Mauritian = 1 (2.63%) Creole = 1 (2.63%) Nepali = 1 (2.63%) Samoan = 1 (2.63%)

Demographics	<i>n</i>	Mean and Proportions
		Swahili = 2 Urdu = 1 (2.63%)
<b>Indigenous Status</b>	<b>40</b>	Aboriginal = 11 (27.50) Torres Strait Islander = 1 (2.50%) Neither Aboriginal nor Torres Strait Islander = 28 (70.00%)
<b>Education level</b>	<b>29</b>	Primary (Government) = 2 (6.90%) Secondary (Government) = 15 (51.72%) Tertiary certificate = 7 (24.14%) Tertiary Graduate Diploma/Certificate = 3 (10.34%) Tertiary (Bachelor Degree) = 2 (6.90%)
<b>Visa status</b>	<b>40</b>	Australian Citizen = 33 (82.50) Permanent Resident = 3 (7.50%) Bridging Visa (Humanitarian) = 2 (5.00%) Temporary Visa (Humanitarian) = 1 (2.50%) Asylum Seeker/Refugee (Humanitarian) = 1 (2.50%)
<b>Transport</b>	<b>39</b>	Private vehicle = 15 (38.46%) Public transport = 17 (43.59%) Walking = 6 (15.38%) Not stated = 1 (2.57%)
<b>Medicare card</b>	<b>38</b>	Yes = 36 (94.74%) No = 2 (5.26%)
<b>Weekly income</b>	<b>33</b>	Under \$641 = 15 (45.46%) Between \$641 and \$1403 = 8 (24.24%) Rather not say = 10 (30.30%)

# Appendix C: Outcomes measures and data

## Description of outcome measures

### The Parent Empowerment and Efficacy Measure (PEEM)

The Parent Empowerment and Efficacy Measure (PEEM) was used as a measure of effect in relation to caregiver efficacy and efficacy to connect to services and community. The PEEM includes 20 items that are rated on a 10-point Likert-type scale. The higher score indicates relatively greater strength in each area. The scale is designed to be used with families of young children who are in the kindergarten and primary school age range (Freiberg et al., 2014). The items are related to personal and family wellbeing, relationship and communication. The PEEM has demonstrated high internal consistency and test-retest reliability and excellent convergent and concurrent validity. It can be reliably used when planning services and for monitoring participant progress and evaluating program effectiveness (Freiberg et al., 2014).

### Caregiver perceptions of ECE engagement

A key objective of L2EL is to support families to connect to services, particularly ECE, and to reduce barriers that may be impeding access to ECE. The online survey included items about caregiver views on ECE and child attendance.

### The Devereux Early Childhood Assessment for Preschoolers (DECA-P2)

The DECA-P2 is a behavioural rating scale used for preschool children (3-5 years old) to identify their social and emotional strengths and needs. The measure includes 38 items that are grouped into two scales: Total Protective Factors (27 items) and Behavioural Concerns (11 items). The Total Protective Factors scale includes three areas: Initiative, Self-regulation and Attachment/Relationships. Items are rated on a 5-point Likert-type scale. Percentile ranks and T scores are provided for each scale to interpret results. The results for the Protective Factors scale range from Area of Need (T-scores 40 or below), Typical (T-scores 41-59), and Strength (T-score 60 and above). Ratings for the Behavioural Concerns scale range from Area of Need to Typical.

The DECA-P2 can be completed by parents and/or teachers and can be used either as a screening or an assessment tool (Devereux Centre for Resilient Children, 2023). The DECA-P2 scales has shown excellent internal reliability, good test-retest reliability, high content validity and strong convergent validity. The results from the interrater reliability demonstrated that different parents and different teachers who saw the children in the same environment at the same time scored the children similarly (Devereux Centre for Resilient Children, 2023).

### Caregiver involvement and expectations of child's readiness for school

Upon consulting the literature, no single validated tool was found to adequately reflect the broad conceptualisation of school readiness and the timing of the evaluation period. To influence child outcomes, service must work closely with parents and families. Hence, PRC were interested in tapping into the extent to which L2EL has helped parents in their capacity to support their child's readiness for school, as well as parent attitudes and beliefs. In designing appropriate items, the Parent as a Teacher Inventory (PAAT) (Strom & Slaughter, 1978) and the Parental Locus of Control Scale (Campis et al., 1986) were consulted.

## Outcomes data

Table 3. Means and standard deviations for outcome measures

Measures	L2EL			Comparison		
	<i>n</i>	T1 Mean (SD) Median	T2 Mean (SD) Median	<i>n</i>	T1 Mean (SD) Median	T2 Mean (SD) Median
<b>PEEM</b>						
PEEM total	20	143.90 (26.41) 148.50	149.55 (31.22) 157.50	29	154.35 (30.19) 161.00	149.21 (37.23) 157.00
Efficacy to parent	20	80.40 (15.45) 82.00	82.75 (17.09) 87.00	29	85.79 (16.84) 90.00	82.79 (20.53) 90.00
Efficacy to connect	20	63.50 (13.12) 64.00	66.80 (15.78) 72.50	29	68.55 (14.28) 72.00	67.00 (17.52) 70.00
<b>ECE perceptions</b>						
I know a lot about ECE	20	3.25 (1.29) 4.00	4.15 (0.67) 4.00	29	3.45 (2.21) 4.00	3.41 (1.27) 4.00
I think it's good for children to go to ECE	20	4.50 (0.76) 5.00	4.70 (0.47) 5.00	29	4.38 (0.82) 4.00	4.21 (1.14) 4.00
I like my child's ECE centre	8	3.38 (1.19) 4.00	4.13 (0.99) 4.00	7	4.43 (0.79) 5.00	4.57 (0.53) 5.00
My child's ECE is a safe and supported place	8	3.63 (0.92) 4.00	4.38 (1.06) 5.00	7	4.57 (0.53) 5.00	4.00 (1.41) 5.00
I like my child's ECE educator	7	3.71 (0.95) 4.00	4.57 (0.53) 5.00	9	4.56 (0.53) 5.00	4.56 (0.76) 5.00
<b>DECA-P2 (T-scores)</b>						
Total Protective Factor	14	123.21 (30.43) 125.00	117.00 (23.74) 111.50	15	134.80 (28.89) 133.00	133.93 (23.98) 137.00
Initiative	14	45.43 (12.22) 44.00	40.71 (10.88) 39.00	15	45.73 (11.14) 50.00	45.53 (9.48) 48.00
Self-regulation	14	39.36 (11.53) 35.50	38.57 (10.45) 34.50	16	47.88 (9.25) 48.00	45.00 (7.35) 46.00

Attachment/Relationships	14	38.43 (12.80)	37.71 (6.74)	16	41.69 (10.94)	43.38 (10.01)
		34.50	37.00		42.00	44.00
Behavioural Concerns	14	56.79 (9.73)	58.43 (11.05)	15	55.67 (12.07)	60.87 (8.68)
<b>Readiness for school</b>						
I feel like my child is ready to start school.	7	2.86 (1.25) 2.00	3.14 (1.07) 3.00	6	3.17 (1.72) 4.00	2.33 (1.50) 4.00
I feel confident to help my child get ready to start school.	7	3.14 (1.46) 2.00	4.29 (0.49) 4.5	6	4.17 (1.17) 4.00	4.33 (0.52) 4.00
If I need help to prepare my child to start school, I know who I can ask for help.	7	3.43 (1.40) 4.00	4.29 (0.49) 4.5	6	4.17 (1.17) 4.00	4.33 (0.52) 4.00

## DECA-P2

In the Initiative area, a similar percentage of children in both groups experienced negative change (54% in the L2EL group and 50% in the comparison group, see Figure 1). However, **a greater percentage of children in the L2EL group had a large negative change on this scale compared the children in the comparison group** (40% vs.14% respectively). A slightly higher percentage of children in the L2EL group (39%) had changes in the positive direction compared to the children in comparison group (28%).

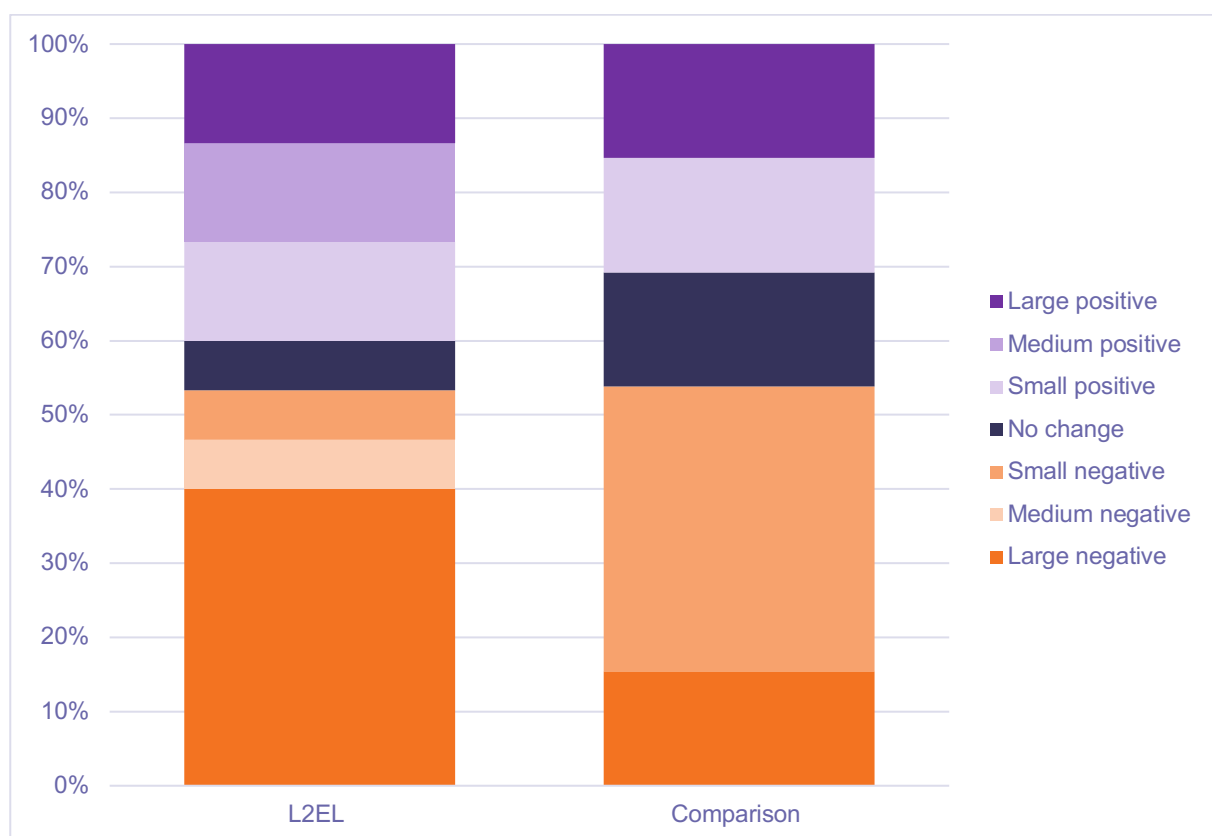


Figure 12. Percentage of children in each classification group for Initiative (L2EL: n=14; Comparison n=15)

In relation to the Attachment/Relationships area (Figure 2) a **greater proportion of children in the L2EL had negative changes on this scale (46%) compared to the comparison group (27%)**. Positive changes in attachment/relationships were noted for a similar proportion of children across both groups (45% in the L2EL group and 54% in the comparison group).

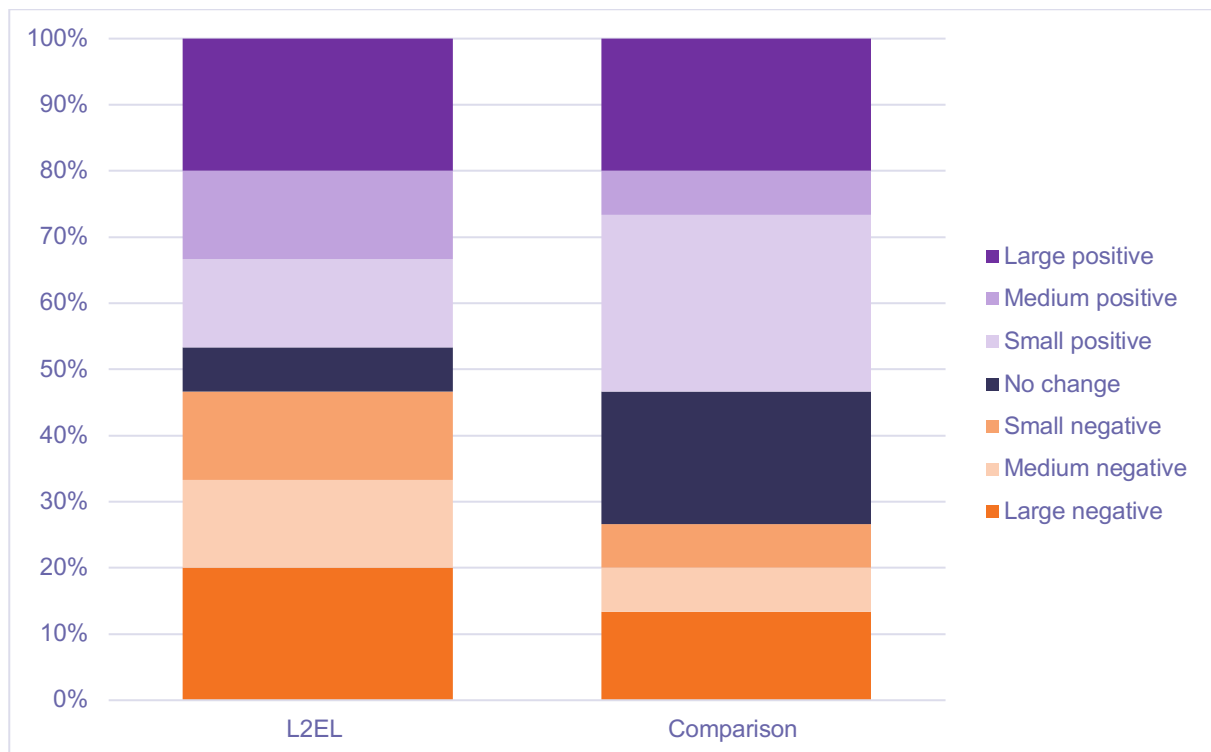


Figure 23. Percentage of children in each classification group for Attachment/Relationships (L2EL: n=14; Comparison n=16)

**A greater proportion of children in the L2EL group (just below 50%) changed in the positive direction on the Self-Regulation area compared to 33% of children in the comparison group (Figure 3).** Further, a smaller percentage of children in the L2EL group experienced negative changes compared to the children in the comparison group (27% vs. 54% respectively).

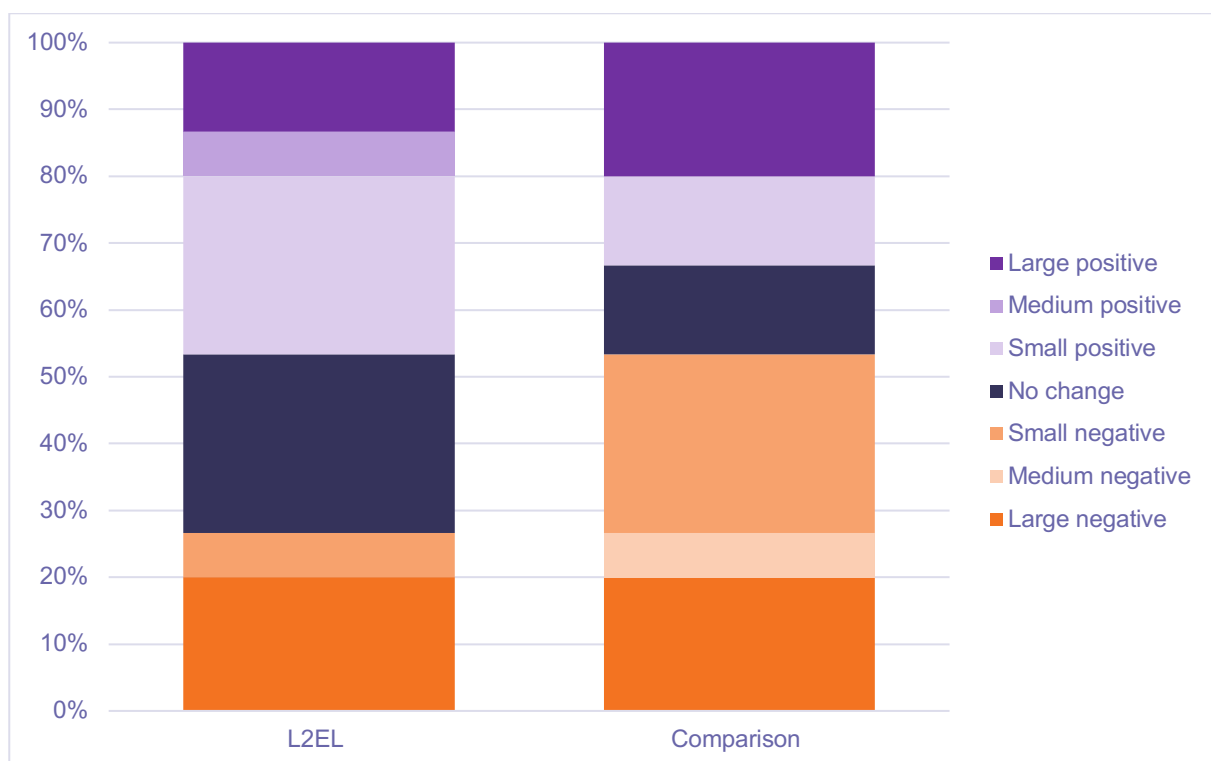


Figure 34. Percentage of children in each classification group for Self-Regulation (L2EL: n=14; Comparison n=16)

On the Total Protective Factor Scale, around 40% of children had a positive change in each group (Figure 4). The **L2EL group had a greater proportion (33%) of children with scores falling in the large negative change direction** compared to in the comparison group (21%).

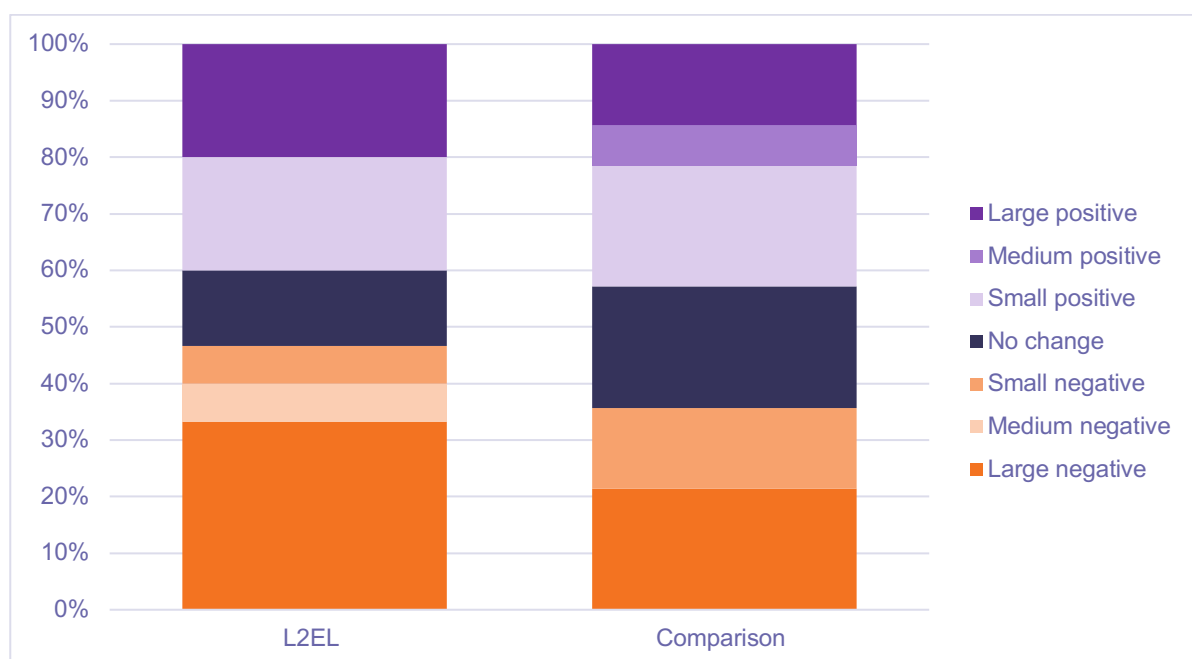


Figure 45. Percentage of children in each classification group for the Total Protective Factor scale (L2EL: n=14; Comparison n=15)

Almost **60% of children in the comparison group had negative changes in their behaviours compared to 50% of children in the L2EL group** (Figure 5). Twenty percent of children in each



group had positive changes in relation to their difficult behaviours. Neither group had medium positive changes on the Behavioural Problem scale.

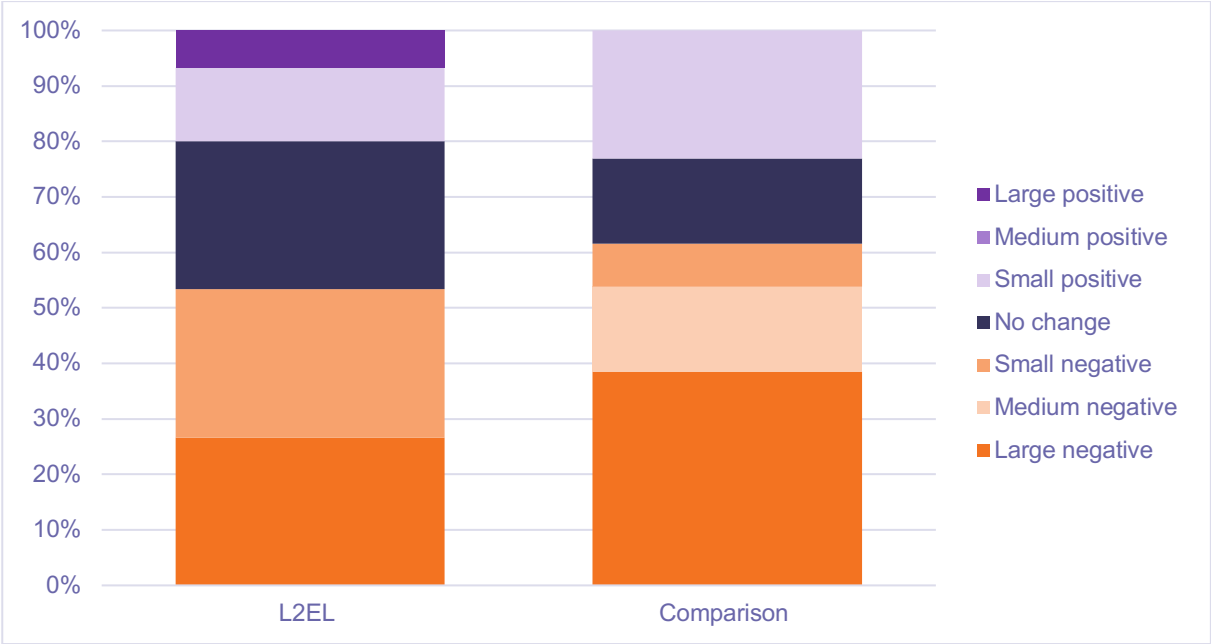


Figure 56. Percentage of children in each classification group for the Behavioural Problem scale (L2EL: n=14; Comparison n=15)

## Appendix D: Case studies

With a program like L2EL that works with families over an extended period of time to address multiple and sometimes complex barriers, it is difficult to fully understand the benefits to the child, family, and community across multiple indicators in a moment-in-time evaluation. It is also complex to measure change at a group-level, when the benefits from a program like L2EL could be quite profound at an individual level. That is, while group-level change may be hard to observe, there may be very meaningful change for an individual family. Hence, the evaluation team conducted a deep-dive into the stories of three families and their experience engaging in L2EL. Our conversations and observations of these three families illustrate some of the perceived impacts of L2EL on families and children.

Family 1 comprises a mother who has two children supported through the program. At the time of meeting her, she was in her third trimester of pregnancy and moving house, so it was a stressful time of life for this family.

*It's helped having the boys in care for me to be able to cope with life and work more hours.*

The placement of the children in ECE was a challenging process, given her older child's additional needs and negative experience in previous care and education settings. The L2EL Linker had helped the family engage with other supports to support his development, when delays were identified.

*It's been a positive experience. The Linker has helped me understand child development and follow up on his behaviour and special needs because the centre doesn't tell me much at drop off and pick up (he's transported on a bus).*

According to the mother, the Linker also supported her to “mediate with the centre”, ensuring her child's needs were understood and negotiate adjustments to ensure her child was safe and secure. Survey results from the two time points indicates a positive change in the mother's satisfaction with the centre, indicating this process was valuable. The mother also felt her son was ready for school by the time of the second survey, and felt more confident in her role supporting this transition.

Survey results from the two time points indicate the older child experienced an improvement on child-level social-emotional outcomes on the DECA-P2, which is particularly notable given his diagnosed disability and developmental delay.

Family 2 comprises a young, single mother and two children aged two and under one year. This family enrolled with L2EL earlier in the year but did not actively engage with the program, due to bouts of illness and a relationship breakdown. Therefore, only one survey was completed in total at Time 2 in August 2024.

This parent was supported to progress quickly through the L2EL stages, with her major barriers being maternal anxiety and guilt around placing her child in ECE, as well as spatial and financial barriers including a lack of transportation and lack of resources to support a successful transition into ECE. The administrative paperwork was also perceived by the mother to be overwhelming.

*They really helped with the admin as it's hard with two young kids.*

The Linker supported the mother to realise the benefits of ECE for her child's development and school readiness, as well as it being a vehicle to enable her to be independent, improve her own mental health and also pursue her own study and employment goals, which were disrupted due to being a young mother.

*When he starts, I'm going to enrol in the gym as something positive for my mental health. Uniting are also going to help me get driving lessons so I can get my license. I hope I can study beauty therapy and open my own beauty therapy business.*

Within one week of active engagement in the L2EL program, the Linker was able to secure an ECE placement in a centre that provides transportation by bus for the child. To ensure the child was prepared for being picked up on a bus and travelling in a car seat, the Linker borrowed the playgroup bus and took the child for a drive prior to his first day.

*The [Linker] helped me find a daycare with transport on offer and also help him get there as I don't have transport or a license. They are also helping me by taking me so I can be there for his first day and watch him walking in and be there for him. I never would have been able to do that if they didn't help with transport.*

In preparation for the first day, the Linker took the mother and child shopping to buy supplies they needed.

*They help me financially, and are taking me shopping for the day care bag, lunchbox, cot sheet etc. I got an extra payment to pay for it but now I don't need to use that.*

This made them feel very special and excited for the first day.

The Linker knew how important it was for the mother to be there for the child's first day, so picked her up and supported her at drop off and afterwards through her sadness at the transition. She also spoke to the mother after the child was dropped home, and heard all about how much he enjoyed his first day.

The child continued to sustain a happy and successful placement and the mother is pursuing her study goals and feeling like a more positive and calmer parent.

Family 3 comprises a mother who had previous experience with statutory systems, has older children as well as her five-year-old. It had been a long time since the mother had to navigate the ECE systems and processes. Throughout the program, she had a very high number of barriers including a lack of documentation, no access to technology, financial difficulties, limited understanding of child development, poor mental health and a distrust of ECE. These barriers were all overcome through the support of the Linker.

This mother spoke highly of the support received by the Linker, especially in relation to boosting her confidence as a parent and simplifying the enrolment process.

*She [the Linker] did everything. She helped me create an email address, helped me do all the paperwork, understanding CCS and what to do. She did all the back and forth with Centrelink. Before Links [L2EL], I wasn't aware of how to do the processes and it was just too hard.*

The child had complex learning and developmental needs and was supported to access additional supports.

Positive changes were evident across a range of indicators for this family. The child experienced an improvement on child-level outcomes in relation to self-regulation and behaviour, according to DECA-P2 scores. The parent increased her confidence in helping her child get ready for school, and also improved her knowledge about ECE. The mother also felt the child's participation in ECE had benefitted her.

*I needed to get a plan manager for NDIS and had support for that. Going to Uniting playgroups helped me get recommendations for services and plan managers. She (child) burned off a lot of energy (in ECE) so she wasn't as hyperactive at home.*

The Linker's support for this child's transition to school is evident, through coordinating the ECE, school and parent to be on the same page about the transition process.

*I was feeling overwhelmed about (the child) transitioning to school and the childcare educator wrote a very detailed transition to school statement based on her observations of (the child's) needs, strengths and weaknesses. The Linker made this happen, I wouldn't have been able to have that conversation. The Linker also came to all the interviews and transition visits with the daycare and school. It helped take a lot of stress off of me.*

# Appendix E: Cost effectiveness methodology and data

The overarching evaluation question for the cost effectiveness analysis component of the evaluation was, ‘What is the cost effectiveness of the Links to Early Learning program?’

This was determined by calculating a cost per unit of effect. The effect used for the analysis was the increase in hours of enrolment in early childhood education per child.

Effectiveness of the L2EL was measured by Parenting Research Centre through repeated measures surveys administered to the participants of L2EL and a comparison group who had no intervention (‘Comparison’).

The aggregate costs have been calculated by Think Impact based on data provided by caregivers in the Time 1 and Time 2 survey and routine data collected by Uniting. Cost data has been pro-rated to six months to match the timeframe for measuring the effect.

The sources of data for the cost effectiveness analysis are outlined in Table 4.

Table 4: Sources of data for the cost effectiveness analysis

Element	Data source
Effectiveness as measured by the change enrolments into early learning	L2EL Caregiver Time 1 survey administered in March 2024 Comparison group Time 1 survey administered in March 2024 L2EL Caregiver Time 2 survey administered in August 2024 Comparison group Time 2 survey administered in August 2024
L2EL program delivery cost	Uniting
Costs incurred by the government	L2EL Caregiver Time 1 survey administered in March 2024 Comparison group Time 1 survey administered in March 2024 L2EL Caregiver Time 2 survey administered in August 2024 Comparison group Time 2 survey administered in August 2024 Routine data collected by Uniting as part of program delivery

## Calculating costs

The Australian Government Handbook of Cost-Benefit Analysis (Commonwealth of Australia, 2006) defines the elements to include in the cost calculation. These elements are discussed in Table 5.

Costs for families to participate in the L2EL program were explored, not for the purposes of including in the cost calculation, rather to understand if there are barriers to participation and therefore effectiveness. This understanding was provided by Uniting to minimise the burden on L2EL participants. Uniting advised that the Linkers aim to minimise the burden on families, by minimising administration and accommodating the needs of families when meeting e.g. travelling to meet with families in a convenient location. There are time requirements of families, such as sourcing documents required for enrolment in early childhood education and visiting early learning

centres to assess suitability. However, these are costs and burdens associated with enrolment rather than program participation. There is no indication that there are cost or time barriers that may impact on participation in the L2EL program.

The program delivery costs were provided by Uniting. They provided a total cost across two sites, Coffs Harbour and Nambucca, for FY24. They also provided the number of annual participants per site after calculating a 3-year rolling average. We calculated the average cost per participant as the total cost across both sites divided by the total number of annual participants across both of these sites. The program delivery costs per participant for the scaled-up scenarios were calculated in the same way.

Table 5: Costs and data

Cost element	Data for children enrolled in L2EL	Data for Comparison group
Program delivery costs	<p>Costs include:</p> <p>Program administration and staff costs for L2EL</p> <p>Costs to raise awareness of L2EL amongst eligible families</p> <p>L2EL staff training costs</p> <p>Any costs incurred by Uniting for training delivered for families through L2EL</p> <p>Implementation and program material costs</p> <p>Costs incurred to oversee the program activities, including tracking participants or staff progress</p> <p>Overhead costs directly required to deliver the program i.e., vehicles or IT equipment purchased specifically for use by L2EL staff, marketing costs incurred specifically for L2EL</p> <p>Organisational overhead costs to support the delivery of L2EL e.g. office space, equipment, Uniting Executive and support functions</p> <p>One-off costs for program design, research into systems change and evaluation.</p>	<p>Not applicable. The presumption is that the comparison group is similar to the L2EL group in all ways except for their participation in L2EL. It therefore follows that all costs for the comparison group are presumed to be similar to the L2EL group, except for the costs associated with the L2EL group's participation in L2EL. For this reason, there is no program delivery cost related to the comparison group.</p>
<p>Costs incurred by government as a result of the program.</p> <p>Examples:</p> <p>Child Care Subsidy</p> <p>Other payments e.g. Rent Assistance</p> <p>Referrals to services</p>	<p>L2EL Caregiver survey provides data to demonstrate change in government payments over the evaluation period.</p> <p>Uniting provided data for each child describing barriers faced and removed/support accessed as a result of L2EL. This data was analysed to identify costs. The data does demonstrate some referrals to services, such as financial counselling, however the data is very limited. This was not included in the cost calculation.</p>	<p>Comparison group survey provides data to demonstrate change in government payments over the evaluation period.</p>



## Government costs

Table 6: Summary of increase in costs for government over 6 months

Cost item	Quantity of change	Value \$ (2024)
Child Care Subsidy	8.1 hours per week per child that would not have happened without the program	All families have an income of \$80,000 or less and will receive 90% of their childcare fees as a subsidy.  The average cost of long day care in Campbelltown is \$11.02 per hour (The Guardian <sup>1</sup> )  Total cost for 6 months = \$1923 per child
ECEI	No change for people responding yes or no in pre survey	Not applicable
NDIS	No change for people responding yes or no in pre survey	Not applicable
Jobseeker	No change for people responding yes or no in pre survey	Not applicable
Parenting Payment Single	2 people in the L2EL group started receiving Parenting Payment Single. One of these people stopped receiving Parenting Payment Partnered.  1 person in L2EL moved from Yes to No.  1 person in Comparison moved from Yes to No  The change is cost attributable to L2EL is deemed immaterial.	Immaterial
Parenting Payment Partnered	0 people started receiving Parenting Payment Partnered.  3 people from L2EL group stopped receiving Parenting Payment Partnered. One of these people started receiving a Parenting Payment Single  One person from Comparison group stopped receiving Parenting Payment Partnered.  The reduction in cost attributable to L2EL is deemed immaterial.	Not applicable and immaterial
Family Tax Benefit A and B	0 people started receiving Family Tax Benefits.	Not applicable

	One person in Linker group stopped receiving Family Tax Benefits.	
Energy Supplement	One person in Linker Group started receiving Energy Supplement. The change in cost attributable to L2EL is deemed immaterial	Immaterial
Rent Assistance	1 person from Comparison and 1 person from L2EL group stopped receiving Rent Assistance	Not applicable
Disability Support Pension	No change for people responding yes or no in pre survey	Not applicable
Carer Payment	1 person in Comparison group stopped receiving Carer Payment	Not applicable
Carer Allowance	No change for people responding yes or no in pre survey	Not applicable
	<b>TOTAL increase in government costs per child over 6 months</b>	<b>\$1,923</b>

## Calculating effectiveness

Effectiveness was calculated by estimating the number of hours each child was enrolled in ECE per week for the L2EL and Comparison group in Time 1 and Time 2 surveys administered by PRC.

The question asked was 'Do you have at least one child enrolled in ECE?', for those who responded 'Yes' or 'Unsure' they were provided with the question below:

About how many hours of ECE is your child / children enrolled in **each week**?

*If you have multiple children in ECE, please answer this question for **each** child you have enrolled. Leave any rows or columns blank that do not apply to your family.*

	1-10 hours	11-20 hours	21-30 hours	31-40 hours	41-50 hours
Child 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To calculate the change in hours enrolled in ECE between the Time 1 and Time 2 surveys we firstly reduced the sample to only those respondents who answered the above question in both surveys.

To calculate the number of hours that children were enrolled in ECE we calculated the mid-point of the range of hours that the parents were provided in response to this question. Thus, the number of hours enrolled in ECE was estimated as follows in Table 7.

*Table 7. Number of hours enrolled in ECE, assumptions*

Range in survey	Number of hours assumed for analysis
1-10 hours	5.5
11-20 hours	15.5
21-30 hours	25.5
31-40 hours	35.5
41-50 hours	45.5

The total number of hours was summed and divided by the number of children. We then calculated the difference between the Linker children's enrolment hours and the Comparison group children's enrolment hours.

The findings are summarised in Table 8.

*Table 8. Change in number of hours per child, per week*

	Time 1	Time 2	Change
Total number of hours for all L2EL children	343.5	485.5	
Number of L2EL children in the sample	27	23	
Hours per child (L2EL)	<b>12.7</b>	<b>21.1</b>	<b>8.4</b>
Total number of hours for all children of Comparison	155	169.5	
Number of children of Comparison in the sample	32	33	
Hours per child (Comparison)	<b>4.8</b>	<b>5.1</b>	<b>0.3</b>
		<b>Difference</b>	<b>8.1</b>

# Appendix F: Barriers

## Stage 1: Getting to know my family needs

Table 9. Domains and barriers within Stage 1

Domains and barriers	Total	Achieved	Partially achieved	In progress	Not achieved
<b>Engagement</b>	<b>56</b>	<b>44</b>	<b>3</b>	<b>6</b>	<b>3</b>
Distrust of services	10	8	-	1	1
Fear of authority	2	2	-	-	-
Previous negative experiences with professionals concerning child	6	3	1	2	-
Worry about being judged	14	13	1	-	-
Other:	24	18	-	4	2
• Allergies	1	1	-	-	-
• Child's dietary habits and nutrition	1	1	-	-	-
• Child's milestone development not characteristic for her age	1	1	-	-	-
• Concerns about contagious diseases in ECE	1	1	-	-	-
• Domestic and Family Violence	2	2	-	-	-
• ECE providers not offering position due to high needs	1	1	-	-	-
• Family has disengaged then re-engaged with another Carer	1	1	-	-	-
• Family unsure of the process for CCS	1	1	-	-	-
• Father has intellectual disability	1	-	-	1	-
• Financial hardship	2	1	-	-	1
• Mother's deteriorated mental health	1	-	-	-	1
• Mother's mental and physical health	1	1	-	-	-
• Mother did not know where to start with getting the children into day care	1	1	-	-	-
• Mother has high anxiety	1	-	-	1	-
• No access to computer at home; smart phone	1	1	-	-	-

Domains and barriers	Total	Achieved	Partially achieved	In progress	Not achieved
• No community networks or links	1	1	-	-	-
• Parent is from overseas and has limited understanding of ELS in Australia	1	-	-	1	-
• Risk of homelessness	1	1	-	-	-
• State of mother's mental health	1		-	1	-
• Without ACCS child may not be able to be continued to be cared for	1	1	-	-	-
• Young parent, difficult to engage	1	1	-	-	-

## Stage 2: Exploring access to early education

Table 10. Domains and barriers for exploring access to early education

Domains and barriers	Total	Achieved	Partially achieved	In progress	Not achieved
<b>ECE Placement Documentation</b>	<b>23</b>	<b>21</b>	<b>-</b>	<b>2</b>	<b>-</b>
Asthma Action Plan	1	1	-	-	-
Birth Certificate	7	6	-	1	-
Birth registration	1	1	-	-	-
Child hasn't had all required immunisation	1	1	-	-	-
Immunisation History Statement	6	5	-	1	-
Medical Action Plan	1	1	-	-	-
Other:	6	6	-	-	-
• Emergency contacts	1	1	-	-	-
• Family unsure of the procedure for CCS/ACCS	1	1	-	-	-
• Need to purchase new EpiPen as existing is expired	1	1	-	-	-
• No access to laptop to complete online enrolment	1	1	-	-	-
• Not applied for CCS	1	1	-	-	-
• Not specified	1	1	-	-	-

<b>ECE Subsidies</b>	<b>34</b>	<b>31</b>	<b>1</b>	<b>2</b>	<b>-</b>
Difficulties applying for ACCS	7	6		1	
Difficulties applying for CCS	20	19	-	1	-
Not eligible for ACCS	1	1	-	-	-
Not eligible for CCS due to VISA status	2	2	-	-	-
Other:	4	3	1	-	-
• CSS has not been approved yet	1	1	-	-	-
• Cost of care has been a barrier	-	-	-	-	-
• Provision of basic material aids for ECE placement	1	1	-	-	-
• Not specified	2	1	1	-	-
<b>Understanding ECE Providers</b>	<b>70</b>	<b>51</b>	<b>9</b>	<b>8</b>	<b>2</b>
Family doesn't know which centre they prefer	6	2	2	1	1
Limited understanding of EE providers	14	11	2	1	-
Limited understanding of quality ratings of ECE providers	8	7	1	-	-
Limited understanding of the value of ECE	2	1	-	1	-
Limited understanding of types of ECE	12	11		1	-
Limited understanding of what quality ECE looks like	7	5	1	1	-
There are no vacancies at the family's preferred centre	8	4	3	1	-
Understanding the value of ECE but unsure if they can access	-	-	-	-	-
Other:	14	11	-	2	1
• Cost of care has been a barrier due to parent having an outstanding debt	1	1	-	-	-
• Family didn't have a preferred centre	1	-	-	1	-
• Financial	1	1	-	-	-
• Limited provision for transport	1	1	-	-	-

• Mum declined position because she could not sustain payment of fees long term	1	1	-	-	-
• Narrow hallway and dark room	1	1	-	-	-
• No access to technology to complete any documentation	1	1	-	-	-
• No immunisation obtained	1	1	-	-	-
• No Immunisation Statement	1	1	-	-	-
• Parent didn't know how to engage conversation with ECE	1	1	-	-	-
• Service hours	1	1	-	-	-
• No vacancies at ELS, and service unable to support child's additional needs	1	-	-	1	-
• Other children unwell	1	-	-	-	1
• Work hours and centre-based service hours	1	1	-	-	-

### Stage 3: Engaging successfully in learning opportunities

Table 11. Domains and barrier within Stage 3

Domains and barriers	Total	Achieved	Partially achieved	In progress	Not achieved
<b>Increasing understanding of child's needs</b>	<b>23</b>	<b>15</b>	-	<b>7</b>	<b>1</b>
Limited awareness of health/allied services	3	2	-	1	-
Limited understanding of child's health needs	2	1	-	1	-
Limited understanding of child's specific developmental support needs	8	5	-	2	1
Limited understanding of their role as their child's first teacher	7	4	-	3	-
Parents not aware of Blue Book developmental checks	3	3	-		-
<b>Supporting ECE providers</b>	<b>24</b>	<b>22</b>		<b>2</b>	
ECE provider's limited understanding of how successfully engage with parents	5	5	-	-	-



ECE provider's limited understanding of child's support needs	8	8	-	-	-
Support needed by provider and family for transition into centre	7	7	-	-	-
Other:	4	2	-	2	-
• Child is nonverbal and requires support in relation to speech	1	-	-	1	-
• Lack of educators at the services	1	-	-	1	-
• Child to receive support at ELS for toilet training	1	1	-	-	-
• Support ECE provider's knowledge and skills to complete Child Protection Report	1	1	-	-	-
<b>Sustaining access to ECE</b>	<b>17</b>	<b>15</b>	<b>-</b>	<b>2</b>	<b>-</b>
Change in financial situation – parents no longer able to afford fees	5	5	-	-	-
Limited understanding of parents in how to set up positive relationship with centre staff	4	4	-	-	-
Parents concerned about ECE provider staff action/inaction	3	1	-	2	-
Other	5	5	-	-	-
• Child absent from ECE following cross-infection	1	1	-	-	-
• Child continue to have frequent absences from ECE due to illness	1	1	-	-	-
• Child has become sick from cross-infection	1	1	-	-	-
• Parent concerns about the service's environment and setting	1	1	-	-	-
• Restriction on enrolment policy from ECE	1	1	-	-	-
<b>Families wellbeing and opportunities</b>	<b>91</b>	<b>71</b>	<b>2</b>	<b>17</b>	<b>1</b>
Homelessness or risk of homelessness	9	8	-	1	-
Limited cultural supports for the family	2	-	1	1	-
Limited social connection for children	4	2	-	2	-
Limited social connection for parents	12	5	-	6	1

Needing to move home	3	2	1	-	-
Not able to afford bond	9	9	-	-	-
Not able to afford fees	12	11	-	1	-
Not able to afford food or other essential living expenses	7	6	-	1	-
Not able to afford health/allied health supports for child due to financial situation	1	1	-	-	-
Not able to afford items required for accessing ECE, e.g., clothes, hat, bag	7	7	-	-	-
Other family crises	6	4	-	2	-
Other transport barriers	9	8	-	1	-
Other:	10	8	-	2	-
• COVID	1	1	-		-
• Difficulty to budget and manage the family's finance	1	1	-	-	-
• Legal custody	1	1	-	-	-
• Loss of dad's wallet and phone	1	1	-	-	-
• Mum's reaction to challenges	1		-	1	-
• New baby, unplanned, mother's emotional response to this	1	1	-	-	-
• Not able to afford children's dental fees	1	1	-	-	-
• Not able to afford dental fees	1	1	-	-	-
• Parents' anxiety when engaging with ECE provider	1	1	-	-	-
• Parents limitation to understand and navigate support services	1	1	-	-	-
<b>Increased access to educational activities</b>	<b>5</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>-</b>
Limited understanding of services other than ECE providers that can provide learning opportunities	4	3	-	1	-
Other:	1				
• Child has severe allergic reaction to wheat	1	1	-	-	-

## Stage 4: Transition to school

Table 12. Domains and barriers for transition to school

Domains and barriers	Total	Achieved	Partially achieved	In progress	Not achieved
<b>Transition to School</b>	<b>19</b>	<b>10</b>	<b>2</b>	<b>7</b>	<b>-</b>
Connecting families with local school principals and counsellors	1	1	-	-	-
Increasing understanding of the education system	6	3	2	1	-
Kindy application and Early intervention process	5	2	-	3	-
Supporting families with school interviews	3	2	-	1	-
Using tools to find the local public school	4	2	-	2	-

## Program participation in each stage

Table 13. Child age and brokerage in each stage

Stages	Participation
<b>Stage 1: Getting to know my family needs</b>	Child mean age = 2 years (range 0-5 years) Brokerage: $n = 1$ family Brokerage amount = \$99
<b>Stage 2: Exploring access to early education</b>	Child mean age = 2 years (range 0-5 years) Brokerage: $n = 12$ families Brokerage amount: \$3,436.65 (range = \$31.40-\$2,520) Child placement declined by a provider: $n = 6$ families <ul style="list-style-type: none"> <li>○ Not having capacity for child placement: <math>n = 5</math></li> <li>○ Placement not suitable for a child: <math>n = 1</math></li> </ul> Families withdrew from placement: $n = 10$
<b>Stage 3: Engaging successfully in learning opportunities</b>	Child mean age = 3 years (range 1-5) Brokerage: $n = 14$ families Brokerage amount: \$25,893 (range = \$30-\$9,939)
<b>Stage 4: Transition to school</b>	Child mean age = 4 years (range 3-5) Brokerage: $n = 1$ family Brokerage amount: \$120