MELBOURNE INSTITUTE:
Applied Economic & Social Research

Engaging families experiencing significant hardship:

the success and the challenges

A multi-site replication of the Early Years Education Program (EYEP) across Victoria and Queensland

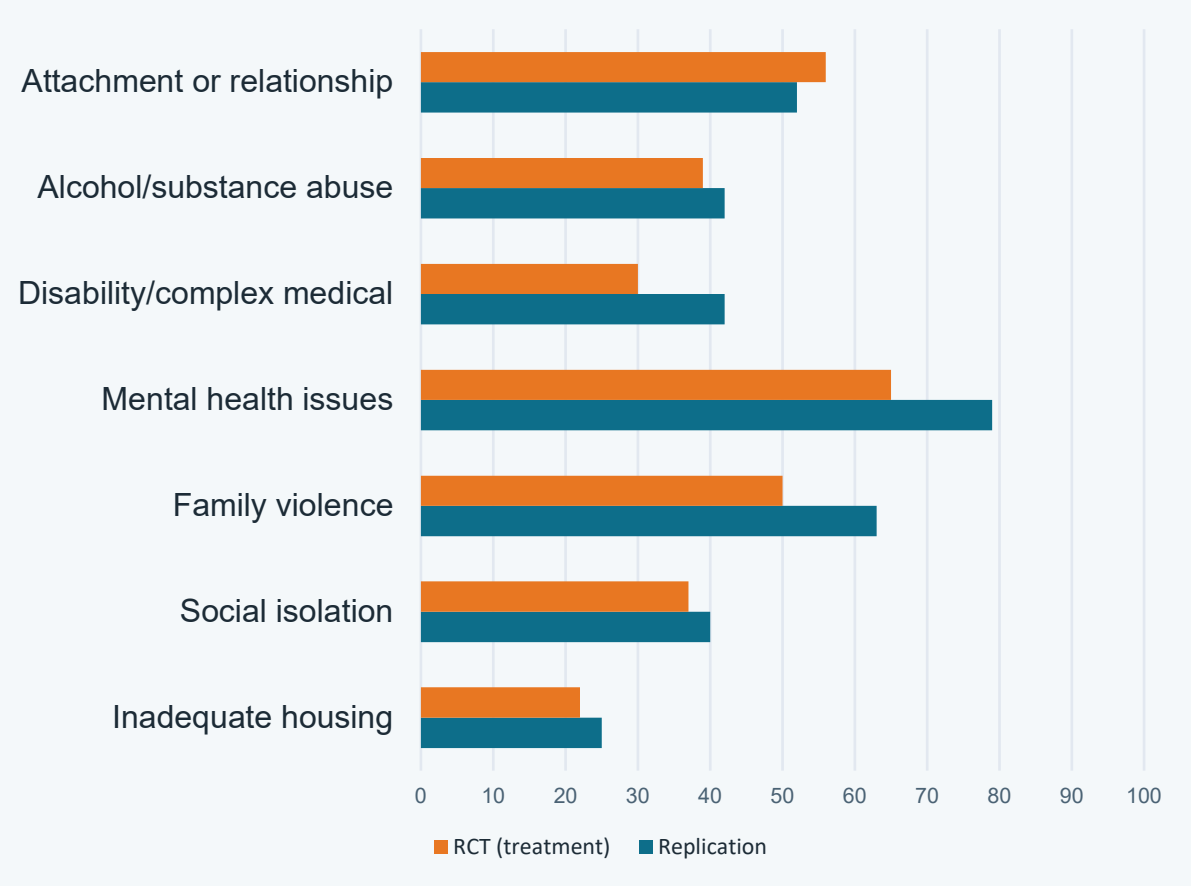
THE UNIVERSITY OF MELBOURNE | MELBOURNE INSTITUTE

Dr Nichola Coombs | Academic Specialist, Melbourne Institute

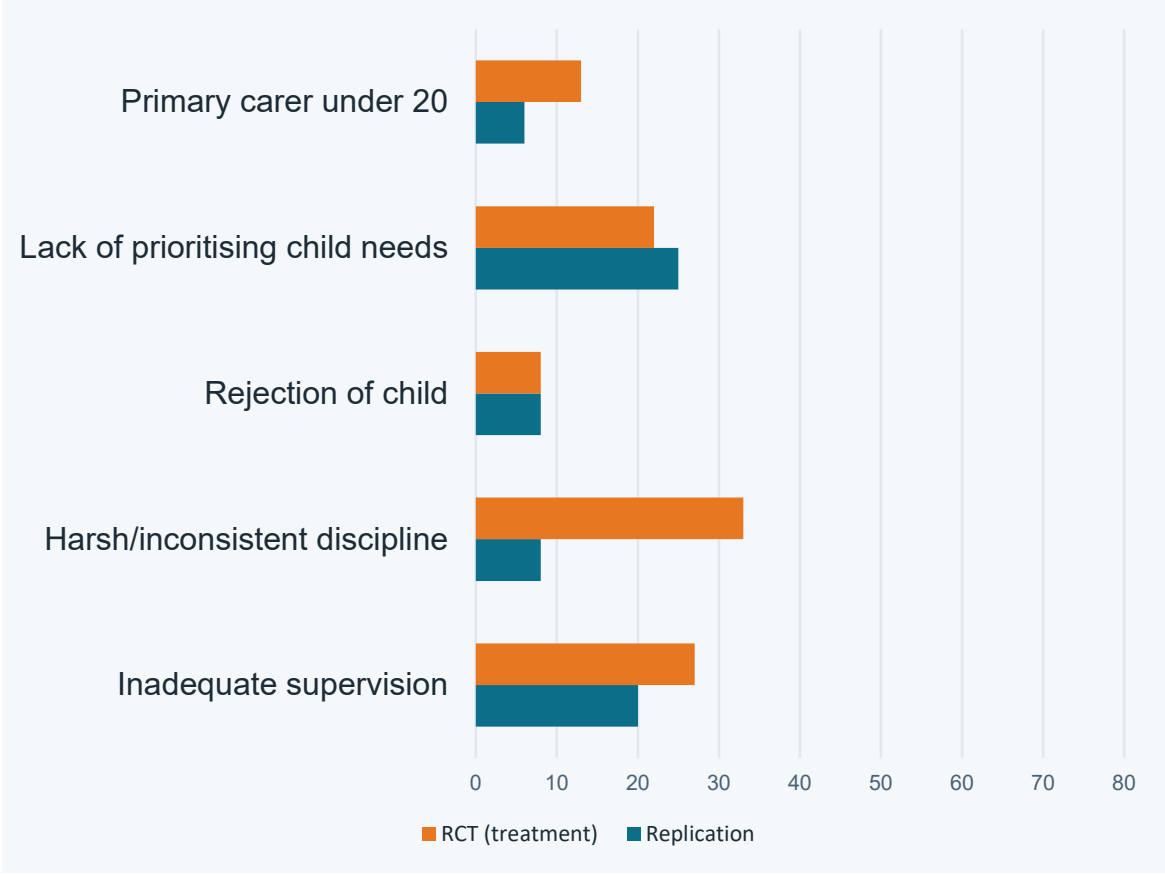
Who we're reaching: families with high vulnerability

Average **6+** risk factors | high cumulative adversity + greater developmental vulnerability than the original RCT

Family risk factors



Parenting risk factors

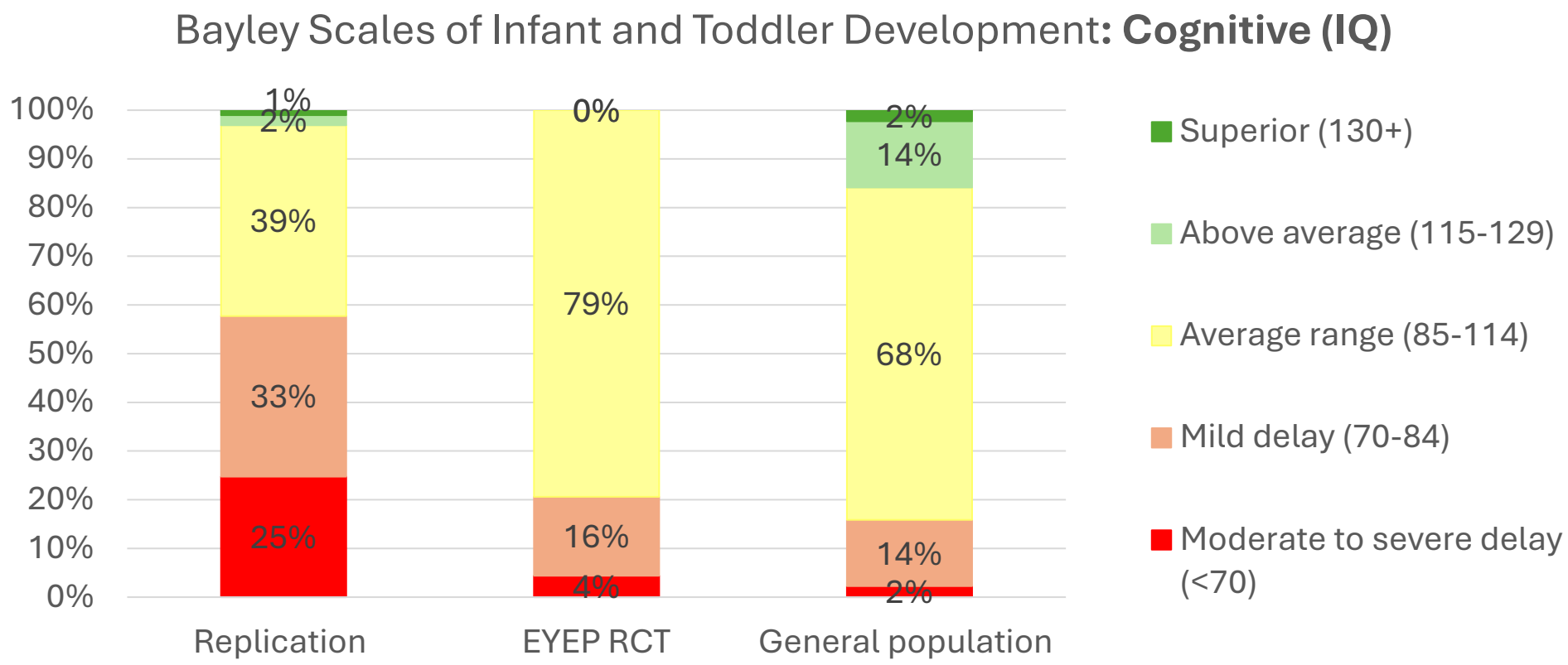


Participants are different from general low socioeconomic families

	Replication (T)	RCT (C)	LSAC low SES (L)	p-value (T-L=0)
Primary Carer:				
Tertiary degree+	**30.0%**	30.0%	**2.9%**	**<0.001**
Below year 10	18.9%	14.3%	11.9%	0.374
Severe psychological distress (K6 ≥ 19)	**22.9%**	23.9%	**4.0%**	**0.002**
Stressful event in past 12 months	**67.4%**	80.6%	**37.9%**	**<0.001**
2+ stressful events in past 12 months	**33.7%**	41.8%	**14.5%**	**0.007**

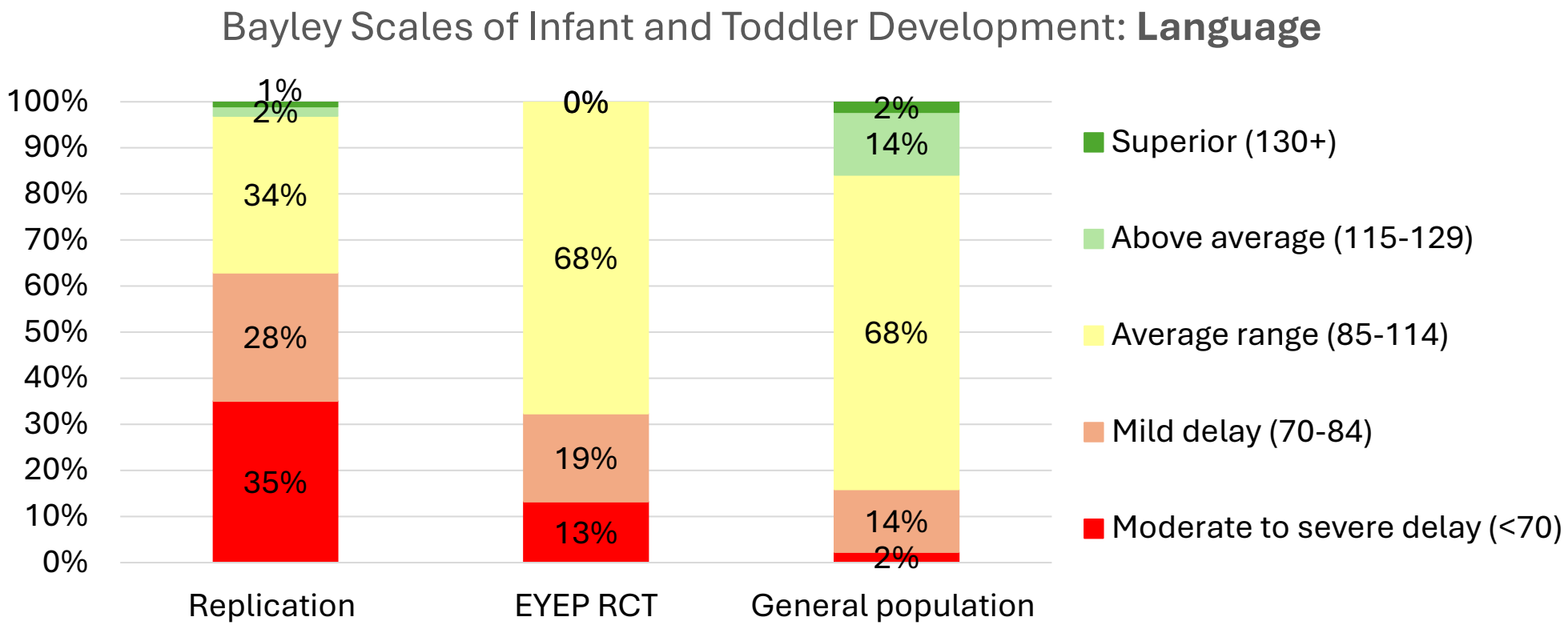
LSAC low SES = bottom 25% of Longitudinal Survey of Australian Children · K6 score range 6–30 · Red = significant difference between replication and RCT

Large proportion of children with significant developmental needs at trial entry



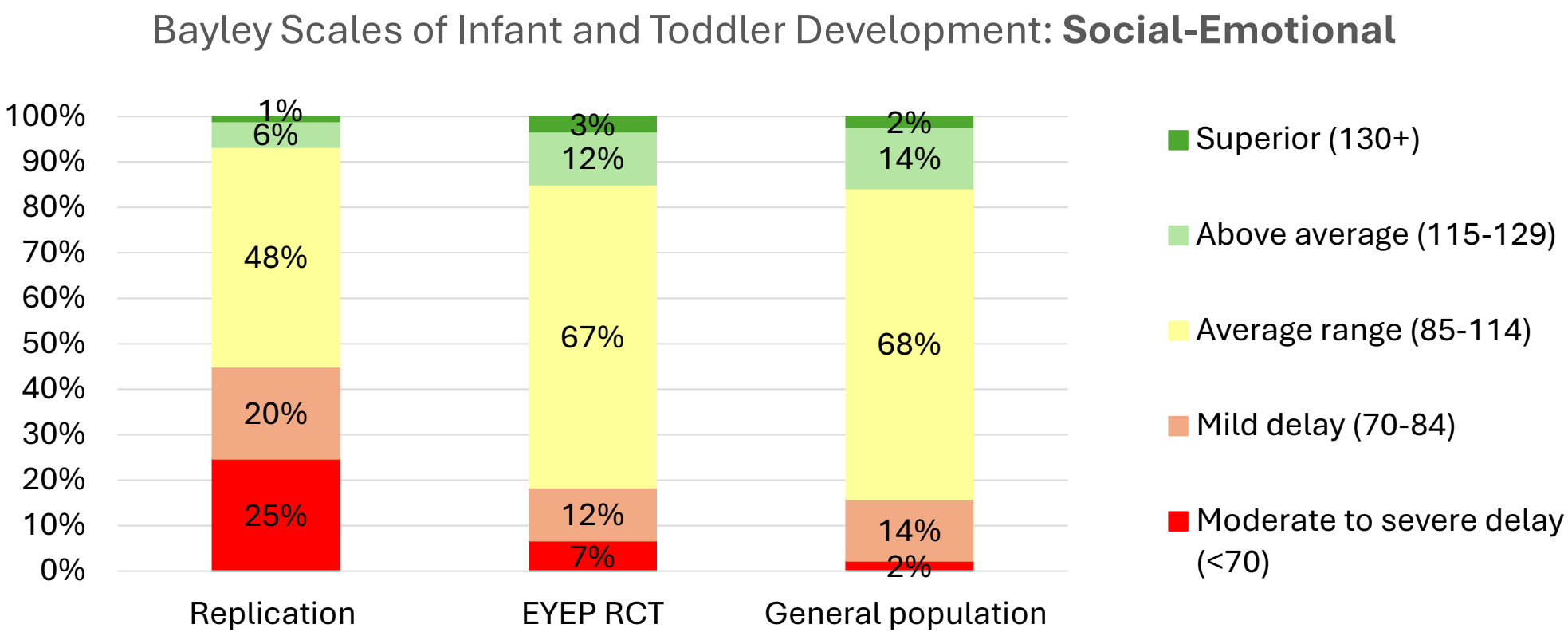
Average cognitive score: Replication trial: 80 RCT: 90 population: 100

Large proportion of children with significant developmental needs at trial entry



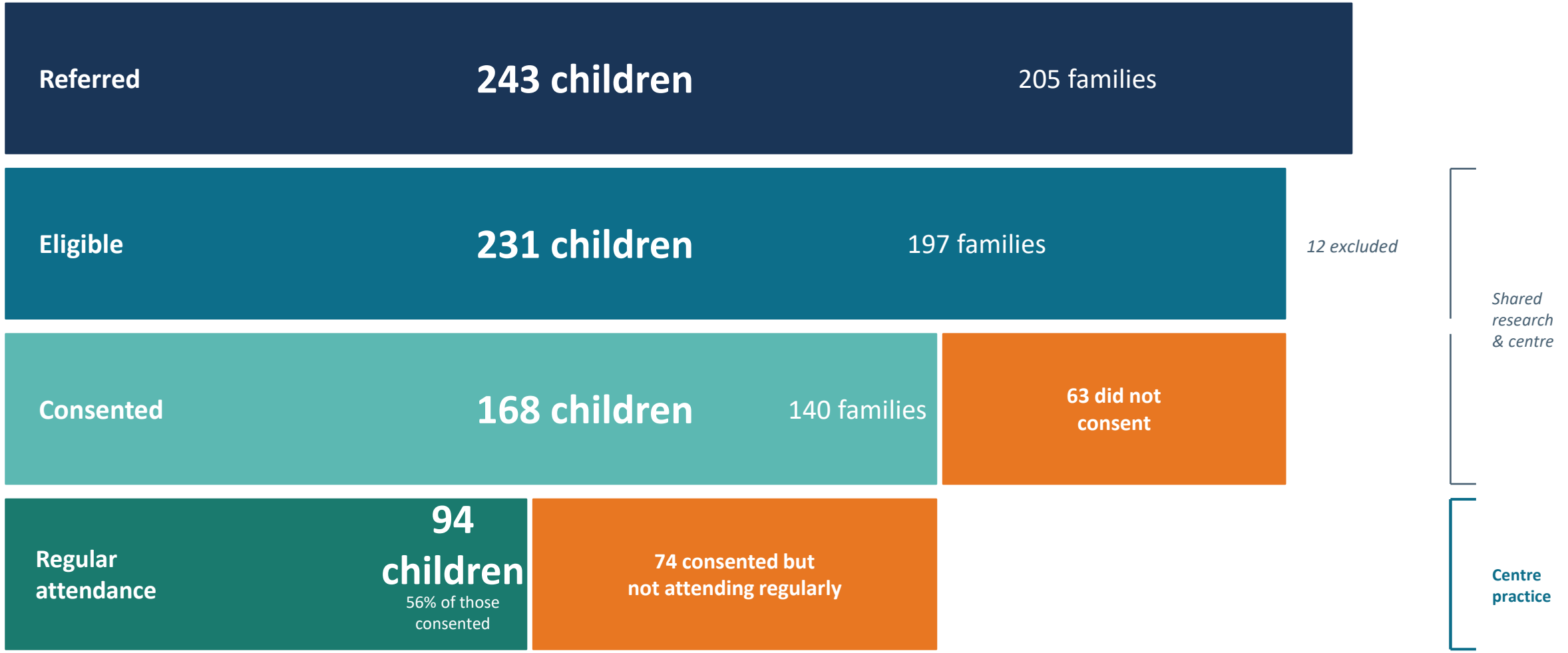
Average language score: Replication trial: 77 RCT: 86 Population: 100

Large proportion of children with significant developmental needs at trial entry



Average SE score: Replication trial: 84 RCT: 96 Population: 100

The engagement funnel: where families are lost



Site differences explain much of this gap → see next slide

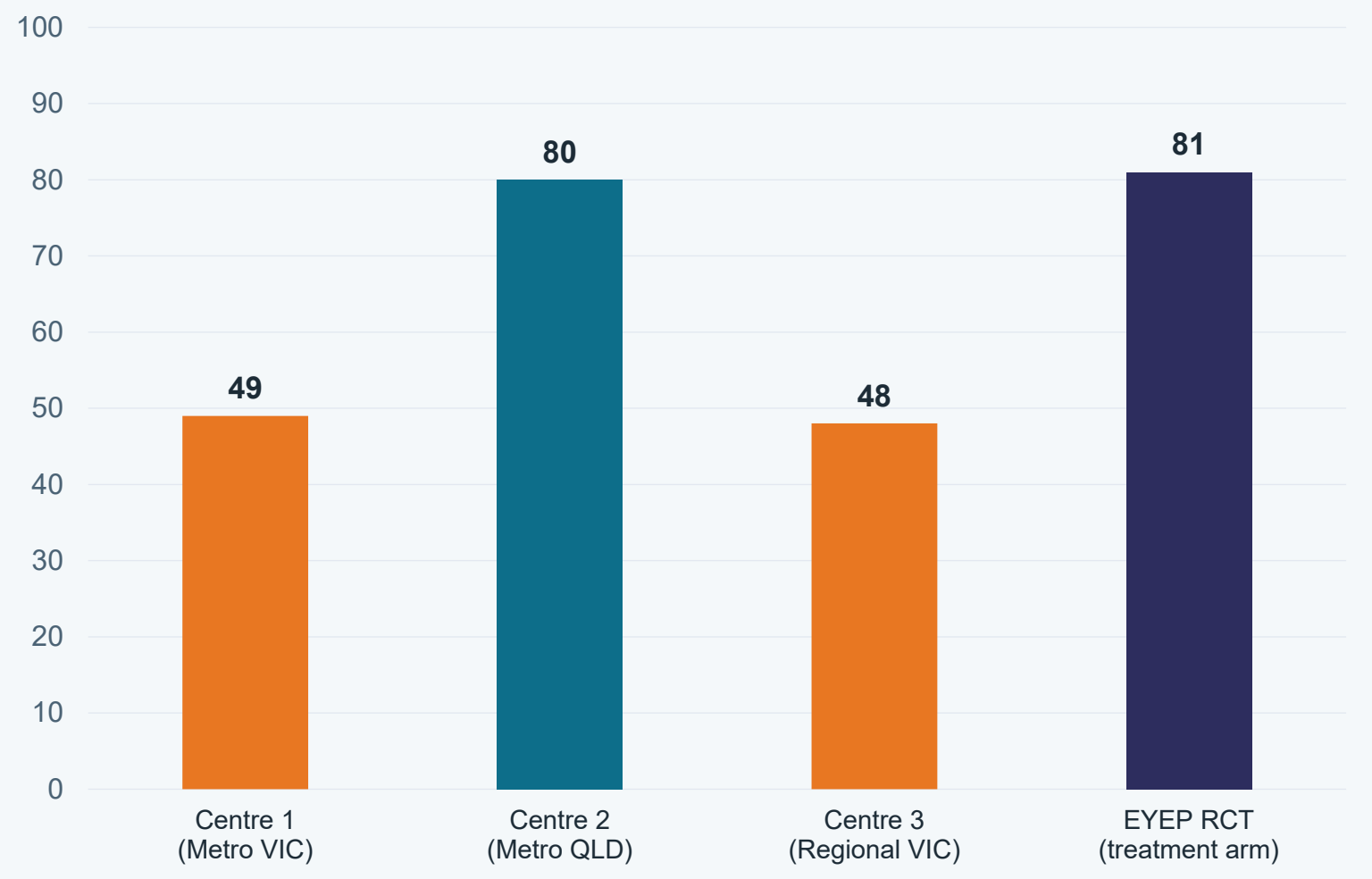
THE UNIVERSITY OF MELBOURNE | MELBOURNE INSTITUTE

Recruitment and engagement of referrers takes time

Multiple engagement attempts	Multiple engagement attempts are the norm, not the exception — reflecting the deep complexity of families' lives, not disinterest.
Specialist teams	Even with expert, experienced staff leading engagement — a considerable number of families remain hard to reach.
Time & trust	Apparent 'lack of engagement' is overwhelmingly life circumstances. Building trust with vulnerable families cannot be shortcut.

Governments and funders need to build this time into their expectations — scaling EYEP means scaling the relationship infrastructure that makes it work.

Retention rates: consent to regular attendance by site



Centre 2 similar to the RCT

Queensland site at 80%

Victorian sites at ~49%

Workforce constraints, higher family mobility, and availability of alternative services contribute to the gap.

The gap is not a family problem

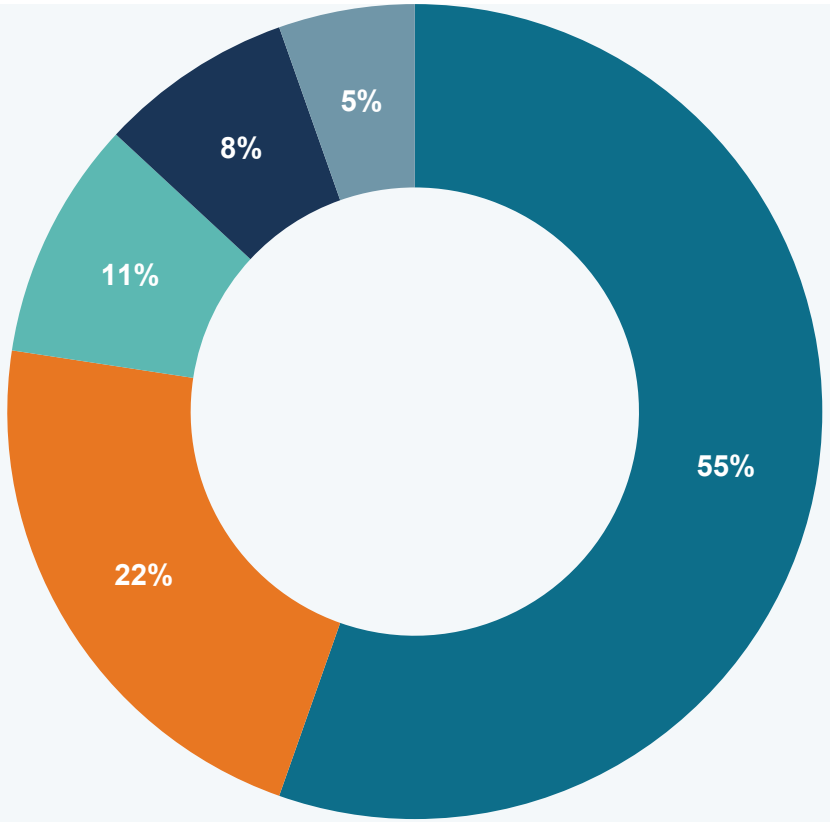
The gap is a mixture of family circumstances, program delivery and systems challenge.

Rates shown as % of consented children commencing regular attendance. RCT treatment arm n=145.

THE UNIVERSITY OF MELBOURNE

MELBOURNE INSTITUTE

Who refers families — and why the pathway matters



55%

MCH nurses dominate referrals

Broad reach — but referrals can arrive before families have the practical scaffolding to commit to intensive attendance.

22%

Family & statutory services

Fewer referrals, but families often arrive with more case coordination — increasing the chance of sustained attendance.

→

The implication

Engagement strategies must be tailored to the referral pathway. More referrals ≠ more participation. Referrals need to come with support.

What helps families sustain participation

1

Trust-building before day one

Sustained outreach from a known worker. Outreach if needed. Unhurried introductions to the service before any expectation of attendance.

2

Practical scaffolding as equity

Transport, translated materials, flexible session timing, and material support — removing barriers before they become reasons to disengage.

3

Supported transitions

Each step — consent → orientation → regular attendance — is actively scaffolded, not assumed. Families are not left to navigate alone.

4

Wrap-around coordination

For children with higher developmental needs, engagement requires inter-agency coordination: health, family services, housing.

The stubborn challenges — and why they matter for scaling

Mobility & crisis

Families experiencing acute homelessness, family violence, or child protection involvement may disengage without notice. Engagement must be able to restart, not restart from scratch.

Workforce capacity & continuity

Skilled, relationship-based engagement requires experienced staff with time and therapeutic capacity. High turnover in the ECEC sector directly undermines this.

Systems fit

Standard ECEC funding and accountability frameworks were not designed for intensive therapeutic programs. Reporting requirements, fee structures, and enrolment rules create friction.

In high-adversity cohorts, engagement isn't a precondition for intervention — it’s part of the intervention.

This has implications for how we fund, staff, and evaluate intensive early childhood programs at scale.

Dr Nichola Coombs | nichola.coombs@unimelb.edu.au | IECECRP / University of Melbourne

THE UNIVERSITY OF MELBOURNE