

The term parent is inclusive of family members, carers & guardians.

The term community nurse refers to BCH staff who hold the dual role of Community Midwife as well as Maternal & Child Health Nurse.

“Music and language are meaningful because they define identities, represent thoughts, symbolize feelings, mobilize knowledge, and unite communities through social practices” (p.79)⁵

The Baby Choir program aims to promote positive childhood development and wellbeing for children from disadvantaged families. It provides opportunities for parents to positively interact with their child, increase social connections with other adults and community and promotes access to a range of community based health services.

Targeting vulnerable families, Choir is purposefully conducted at Banyule Community Health (BCH) in West Heidelberg because it is one of the most disadvantaged suburbs in Victoria. According to the SEIFA Index¹ (ABS,2011), West Heidelberg is ranked in the 5th percentile of dis/advantage with similar ratings in surrounding suburbs.

Baby Choir is an evidence informed arts and music based program. According to the *Australian Early Years Framework*² singing and chanting rhymes, jingles and songs together and positive adult-child interaction are known to impact positively on childhood development for self-identity and communication.

The *Australian Early Development Census*³ (2014) reported that ages 0-3 years old is a period of “rapid” brain development which is influenced by relationships with caregivers and community environments for families. For these reasons, Choir is targeted at babies and children in this age group. This is not to say that older children are excluded. Positive connections between family members, the community and opportunities for healthy development through play^{2, 4} not only benefit all children but cannot be achieved in isolation from each other.

Drawing on the literature, Gregory et al (2016)⁴ reported that playgroups benefitted parents because they “reduced social isolation, improved parenting skills and self-confidence, increased knowledge of relevant community services and [led to] a greater awareness of their child’s needs” (p2).

Method

Evaluation strategies used for the 2016 evaluation were purposefully selected to add to results from an extensive evaluation conducted in 2014, the mid-point of the three year funding for the Baby Choir program.

Attendance sheets were used at each session and recorded the name of the parent and child and residential postcode. Data provided information about attendance frequency and reach of the program to disadvantaged families.

The current evaluation includes a survey that was developed for parents to identify the impact that Baby Choir had for themselves and their child (Appendix 1). Some questions aimed to find out what changes, if any, parents had experienced as a result of attending Baby Choir. Indicators included impact on parenting, connection with the child and with other adults as well as access to other health services at BCH. Indicators were selected

according to outcomes stated in the Kids Thrive Program Logic (Appendix 2) and as reported in literature about music and singing programs for child development and parent connections.^{2, 3, 4, 5}

Limitations

The survey is limited to retrospective parent-report of changes in feelings and behaviour. It is acknowledged that using an existing and reliable assessment or screening tool, and pre and post measures, would be a preferable and more rigorous approach.

BCH has trialed different evaluation methods for the same target group over three years and the Quality Coordinator; Research, Evaluation & Development reported as follows.

- Perhaps the most notable reason BCH does not conduct established pre and post assessments or screens to evaluate similar groups are the limitations in attributing changes to a single program. Families with high levels of vulnerability and disadvantage usually present to services in crisis and with complex needs. Families work with community nurses over extended periods of time with varying involvement from multiple services and with additional concerns such as poor mental health. Community health and funding bodies have long grappled with difficulties evaluating the impact of health and wellbeing programs such as Baby Choir.
- A pre and post method has also proved problematic with such vulnerable and disadvantaged groups because (a) they usually complete forms anonymously, (b) numbers are too low for aggregate data to be meaningful, and (c) the transient nature of the population often resulted in only one or two post tests.

Implementation of a formal pre and post assessment/screen would require consideration of when the tool would be administered. There is no structured context for this process in the Baby Choir program. Although families are recruited by way of referral from community health nurses, there is no requirement beyond attendance. The drop-in nature of Baby Choir is integral to what clients viewed as a positive difference in the program compared to other groups they had attended (2014 Evaluation report).

Without compromising the relaxed drop-in nature of Baby Choir and given the limitations in evaluation of client outcomes in such complex circumstances, data was collected for this 2016 evaluation using a self-report, retrospective survey and figures for attendance and residential location.

Results

The Baby Choir program delivered 25 sessions at BCH during Victorian school terms one, two and three, 2016.

A total of 153 people participated in Baby Choir; 73 parents and 80 children. All parents were referred by the BCH community nurses.

Seventy percent (55/79) of parents listed their residential postcode. Almost half (42% 23/55) lived in West Heidelberg, the most disadvantaged suburb in Banyule. A further six parents lived in the surrounding suburbs of Heidelberg, Macleod, Greensborough or Reservoir. Three other parents could also be considered to live near BCH in Mill Park and Preston. Twenty four parents, from 79, did not provide their residential postcode.

Surveys were handed out during two sessions in Term 3. Seven parents from the 12 who attended each session completed the survey. Respondents represented 9.5% of the 73 parents who had attended across the year.

Figure 1. Parent agreement with anticipated Baby Choir outcomes

Question Stem: As a result of going to Baby Choir I...

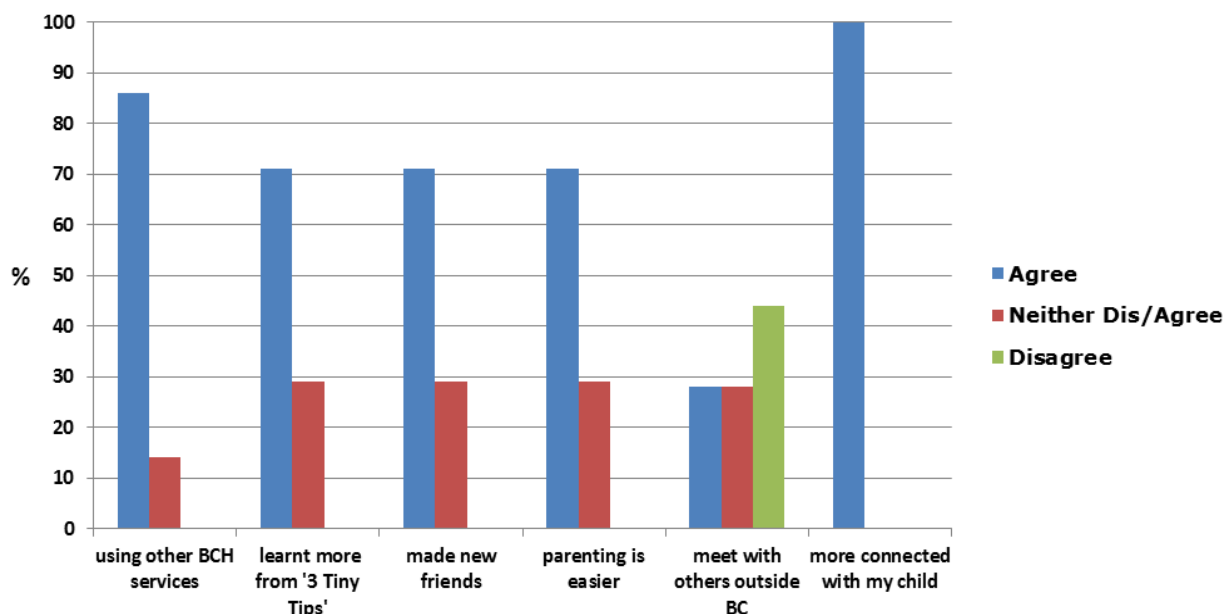


Table 1 Parent description of changes that they had seen in themselves and their baby as a result of attending Baby Choir

<ul style="list-style-type: none"> We sing and dance together a lot more 	<ul style="list-style-type: none"> Socializing has become a little easier
<ul style="list-style-type: none"> More interaction between us and improved social awareness. 	<ul style="list-style-type: none"> We use music more to relax and connect
<ul style="list-style-type: none"> It was fun for relaxing and song was very funny 	<ul style="list-style-type: none"> Distract my son's annoying behavior by singing loudly

Table 2 Parent perception of the best thing about going to Baby Choir

<ul style="list-style-type: none"> One-on-one time with my girls 	<ul style="list-style-type: none"> Singing and being happy
<ul style="list-style-type: none"> Having a quiet and relaxed time and feeling happy 	<ul style="list-style-type: none"> It's fun!
<ul style="list-style-type: none"> Seeing my child happy and singing 	

Table 3 Parent description of managing a difficult situation

Survey Question: Think about a difficult situation you were in before coming to Baby choir. You don't have to say what the situation was.

(a) In a few words describe how you handled the situation?	(b) In a few words describe how you would handle the same situation now?
Avoided socialising	Get out of the house
Stressing and getting angry	By singing loudly
Get upset	Am a lot calmer

Discussion

The Baby Choir program achieved its aims to support positive engagement between parents and children, increase the social connections of parents and improve access to other health services for families living in disadvantaged areas.

Baby Choir is effectively reaching the most disadvantaged families living in Banyule. It would seem that conducting sessions at BCH in West Heidelberg, and recruiting participants through BCH community nurses, are effective strategies to reach the target group.

There is evidence to suggest that program reach has increased from 45 families in 2014, to 80 parents who attended with their respective children in 2016. It is possible that word-of-mouth has seen an increase in numbers. It is also plausible that a sense of trust has been built with the community because the program has been consistently provided for three years.

A major theme in the results was the positive engagement between parents and their children. In addition to explicit statements such as, "one-on-one time with my girls" and "more interaction between us," all survey respondents agreed that they were more connected with their child as a result of attending Baby Choir. This argument is further supported in claims by some parents that since attending Baby Choir they could cope more effectively in stressful situations.

It was apparent that social connection, whether for parents or children was highly valued by families who went to the program. On face value, low agreement from respondents, even disagreement, that they saw other parents outside Choir could indicate that social connection was not achieved. On the other hand, such results are counter-balanced with high agreement amongst parent's that they made new friends by going to Baby Choir. These findings are further supported by comments that suggest parents were feeling less isolated; "improved social awareness" and "socialising has become easier." It would seem that parents had increased social connections with other adults and families by attending Choir although they had not extended beyond the program.

With few exceptions, all parents reported that they were accessing more services at BCH as a result of attending Baby Choir. This finding supports the notion that Baby Choir has built a sense of trust in the community by consistently delivering a valued program over three years. Vulnerable families do not typically engage with health services. Anecdotally, the community nurses reported that a great deal of work is done to build their trust to access the services that they need.

Despite limitations of the evaluation tools and small sample size, results are similar to those reported in 2014 and suggest that the Baby Choir program has continued to deliver the expected benefits to families over the past 18 months. Such outcomes contribute to the health and wellbeing of disadvantaged families and contribute to positive development in childhood.

References

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2. Australian Department of Education & Training (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. Canberra; for Council of Australian Governments (COAG) Online. Last accessed 08.01.15 at <http://education.gov.au/early-years-learning-framework>
3. Australian Early Development Census (AEDC, 2014) *Brain development in children [Fact sheet]* Information sourced from Centre for Community Child Health, Royal Children's Hospital Melbourne Online, last accessed 01.08.15 at <http://www.aedc.gov.au/resources/fact-sheets>
4. Gregory, T., Harman-Smith, Y., Sincovich, A., Wilson, A. & Brinkman, S. (2016). *It takes a village to raise a child: the influence and impact of playgroups across Australia*. Telethon Kids Institute; South Australia. ISBN 978-0-9876002-4-0.
5. Winters, K-L. & Griffin, S.M. (2014). Singing is a Celebration of Language: Using Music to Enhance Young Children's Vocabularies *Language and Literacy*, 16(3), Special Issue 2014: 78-91.

2016 Baby Choir Evaluation Survey

Please tell us if coming to Baby Choir is helpful for you and your child

- Information from the survey will only be used for evaluation.
- No one will know who you are or the answers you give.

Using the scale below please circle one number that best describes your agreement with the following statements.

1. As a result of going to Baby Choir ...

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I have started going to other health services at the centre	5	4	3	2	1
I have learnt more about child health from the 3 Tiny Tips	5	4	3	2	1
I have made new friends	5	4	3	2	1
Parenting has become easier	5	4	3	2	1
I sometimes meet with the other mums outside Baby choir	5	4	3	2	1
I am more connected with my child	5	4	3	2	1

2. In a few words, please describe any changes that you or your baby have experienced as a result of coming to Baby Choir?

3. Think about a difficult situation you were in before coming to Baby Choir. You don't have to say what the situation was.

(a) In a few words, describe how you handled the situation?

(b) In a few words, describe how you would handle the same situation now?

4. The best thing about going to Baby choir is

5. Other Comments:

Thank you

APPENDIX 2

Kids Thrive Baby Choir – Project Logic

