

Engaging Families in the Early Childhood Development Story

A National Project conducted on behalf of the Ministerial Council for Education,
Early Childhood Development and Youth Affairs

Final project report of Stage 1



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BACKGROUND

'Engaging Families in the Early Childhood Development (ECD) Story' is a Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) project. *Engaging Families* aims to better engage parents, carers and the community to increase their understanding of evidence-based information from the neurosciences about early childhood development and thereby influence their interactions with children to maximise early childhood outcomes. It also aims to support public understanding of the scientific rationale for early childhood development initiatives and raise awareness of available services and programs. By promoting positive early development, many aspects of disadvantage, including later learning problems and developmental delays, can be reduced.

The evidence base from the neurosciences about early childhood development demonstrates that quality interactions during the earliest stages of life play a crucial role in shaping children's perceptual, cognitive and linguistic ability, their physical, social and emotional development and physical and mental health, activity, skills and behaviour in adult life. It is critical that this knowledge and its practical implications for parenting are universally understood by parents, families, ECD professionals, service providers and communities.

Until now information from the neurosciences about early childhood development has been largely inaccessible due to its technical nature, making it difficult for most families to incorporate information derived from the neurosciences into practical assistance for raising their children. A nationally consistent and universal approach that promotes current knowledge about brain development in early childhood through easily understood key messages would assist parents and families in building their knowledge about the early years.

The project has been designed so that the nature of the key messages and the methods of communicating them take into account the needs and interests of the following groups:

- Remote and regional communities
- Families with culturally and linguistically diverse (CALD) backgrounds
- Refugees and new immigrants
- Indigenous communities
- 'Hard to reach' families/parents/carers.

The project was originally designed to be delivered in three stages:

- Stage 1 – Research and identification of key messages
- Stage 2 – Campaign and Communications Strategy Development
- Stage 3 – Campaign Delivery and Communications Strategy Implementation.

This report covers the Activities of Stage 1.

The information derived from Stage 1 will inform the advice to COAG on the National Early Childhood Development (ECD) Strategy awareness-raising priority, as well as state and territory strategies to engage parents, and increase their understanding of early childhood development. Stage 1 was designed to be a stand alone project, or a project which could lead on to the development of Stages 2 and 3. While proceeding to Stages 2 and 3 of *Engaging Families* is contingent, in part upon the outputs of Stage 1, it is also contingent upon consideration of additional research on the value of social marketing, the groups being targeted and the likely cost.

This project directly contributes to the outcomes sought from the National Early Childhood Development Strategy, *Investing in the Early Years*, in particular, the reform priority to *engage parents and the community in understanding the importance of early childhood*. This priority aims to build understanding among parents, other primary carers and the broader community of the importance of early childhood development to whole of life pathways. The evidence base obtained from this project will also inform other reform priorities, such as strengthening universal maternal, child and family health services by promoting positive parenting; support for vulnerable children; improving early childhood infrastructure; and building better information and a solid evidence base.

The South Australian Department of Education and Children's Services (DECS) has managed Stage 1 of the project on behalf of the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA).



INTRODUCTION

This is the final report of Stage 1 of the project. It aims to highlight for policy makers the key findings from *Engaging Families in the Early Childhood Development Story*. The report also aims to contribute relevant information to inform national and state and territory strategies, target information to priority groups, help define shared communications objectives and clarify parenting attitudes and behaviours that will help young children reach optimal outcomes.

This report draws together the results and analysis from the following three research processes undertaken in Stage 1 of the project.

1 A summary report presenting findings from an analysis of data on parenting initiatives in Australian states and territories. This is a ‘snapshot’ of existing national, state and territory parenting initiatives, resulting in a consolidated index of initiatives across early childhood development disciplines including their scope, application and method of dissemination.

2 Neuroscience and early childhood development: Summary of selected literature and key messages for parenting. This is a review and an analysis of the research from the neuroscience evidence base regarding the impact of brain development upon early childhood development. The review identifies key messages to be shared with parents and carers.

3 Research findings from a survey of parents of children from birth to age 8. This is the report of the findings from consultations with parents through a national telephone questionnaire and focus groups in order to find out:

- What parents currently know/understand about brain development in the early years, its implications for parenting and its importance to parents
- How and where parents access their parenting information and whether this meets their needs
- How parents prefer to receive this information.

Copies of all three reports will be available on the MCEECDYA website at the following address: <http://www.mceecdya.edu.au>

SUMMARY OF PROJECT FINDINGS

Information from the neuroscience evidence base for translation into key messages for parents

Neuroscience (the scientific study of the nervous system) provides compelling evidence that **early experiences impact on brain development**. Early experiences can have a long-term effect on wellbeing (this includes physical and mental health, learning and behaviour).

A large proportion of human brain development takes place after birth as a result of interactions with the environment – the **impact of early experience has a greater influence than heredity on development**. The first three years are the period of the most rapid growth.

Early experiences either enhance or diminish innate potential, laying either a strong or a fragile platform of brain development on which all further development and learning of the person, the body and the mind is built. The longer children spend in adverse environments, the more pervasive and resistant to recovery are the effects.

Good nutrition (pre- and post-natal), and **experiences that are repeated, consistent, predictable and nurturing** are very important to expressing the underlying genetic potential of each child and therefore, optimal brain development and function.

The **quality of relationships and learning environments** for babies, toddlers and preschoolers is critically important. A number of studies conclude that **parenting is the primary influence on children's development**.

Parenting practices such as **reading to children, using complex language, responsiveness**, and **warmth in interactions** are all associated with better developmental outcomes.

A **lack of positive relationships**, inadequate supervision of and involvement with children are strongly associated with children's increased risk for behavioural and emotional problems. It is the 'poverty of the parent-child experience...that leads to poor child outcomes rather than poverty of a material kind' (Scott, in Lexmond & Reeves, 2009).

The following key messages for parents were distilled from a review of the neuroscience research:

- The first five years last a lifetime
- Good nutrition, health, and exercise are critical
- Children are born ready to learn
- The best learning happens in nurturing relationships
- The brain develops through use

- Children's wellbeing is critical to brain development and learning
- Children learn through being engaged and doing
- Children learn from watching and copying
- Children's self control is critical for learning, responsibility and relationships
- Children learn language by listening to it and using it
- Children are born ready to use and learn mathematics.

These key messages will only be of benefit to children if they are applied as parenting strategies. Examples of strategies are provided in a table included with the report (MCEECDYA 2010) *Neuroscience and early childhood development: Summary of selected literature and key messages for parenting* (pp.27–38).

The overarching message for parents is to include children in everyday, nurturing life, where they are loved, talked with, played with and are well nourished; where they can socialise and explore and are kept safe from chronically chaotic or abusive environments.

Parents' knowledge of key messages

This project is founded on two critical assumptions for which there is compelling evidence:

- 1 The first assumption is that '**parenting matters**'. As stated by the Organisation for Economic Cooperation and Development (OECD) – 'parents are the first and primary educators of children' (OECD, 2006:148) and 'families play a central nurturing and educational role in their children's lives, particularly in the early childhood period' (OECD, 2006:17).
- 2 The second assumption is that neuroscience is providing evidence that **brain development in the prenatal period and early years affects physical and mental health and learning in childhood and adult life** and is dependent upon the presence, pattern, frequency, quality and timing of experiences.

Consultations with parents demonstrated that some of the neuroscience key messages resonated with them. Parents generally recognised the importance of those key messages that are consistent with traditional child development theories (for example, the importance of nurturing relationships, the importance of a language rich environment, the importance of good health and nutrition). However, they did not often demonstrate an understanding of the link between the messages and brain development or between brain development and children's longer term outcomes. Nor did they always have the knowledge, capacity or resources required to apply them.

- The majority of parents understood the importance of the first five years and had reasonable awareness of experiences that promote development, such as bonding, play and language. Most parents were aware that children begin learning from birth. However, very little reference was made to **brain development** per se.
- Parents were aware that children's outcomes are influenced by the environment around them. Generally, parents focus on children's emotional wellbeing, skills

(e.g. reading and cooperating) and any challenging behaviours, rather than seeking to actively promote brain development and potential. Very few parents expressed understanding that **the brain develops through use**.

- Parents demonstrated little understanding of the fundamental link between children's **wellbeing and their engagement and success in learning**. Only two of the focus groups (Grandparents and Non-priority) provided evidence of specific understanding of the vital nature of the link.
- The majority of parents expressed good understanding about the importance of talking with children from a very young age. However, parents had quite different understandings about the **age at which it was appropriate to begin reading to children**, ranging from birth to 14 months.
- Research highlights **the importance of self-regulation** for success at school and in relationships and social responsibility. Children are beginning to self-regulate (e.g. control impulses, manage emotions) by the time they start school. However, many parents expected much younger children to have the ability to self-regulate. As examples, one third of parents thought that one-year-olds were able to tell the difference between right and wrong and one fifth thought that parents should only praise a child for success rather than effort. These understandings can lead to external controls of a child which do little to encourage the development of a child's internal locus of control, which is the basis of self-regulation.
- Little was said explicitly about **maths and numeracy**, although most parents felt that it made quite a bit or a lot of difference to children's learning if they helped with household chores which implicitly involve mathematical concepts (such as counting, sorting, ordering, classifying, one to one correspondence). There was some evidence that parents place more importance on social and emotional skills prior to school than academic skills such as literacy and numeracy.
- **There is an over-representation of refugee/CALD parents agreeing to statements that do not align with the evidence base** e.g. '18.4% of refugee parents said that the first 5 years were not very important for children's future learning, compared with 3.7% of non-refugee parents' and '50% refugee parents said that parents need to be strict with a baby to avoid spoiling them'.¹
- There was also a clear indication of the potential social isolation of CALD families, 'Within the Vietnamese community new immigrants just stay in the house, kids get up late, parents are working, they don't know what playgroup is. It's just through word of mouth that gets people into playgroup. It's through networking. They stick together because they are scared of not being understood (CALD service provider).'²
- Most groups of parents had a sound understanding of the need for good nutrition, health, sleep and exercise, with the exception of the Indigenous and the refugee/CALD groups.

¹ Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', p.23

² Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', p.50

Analysis of existing parenting initiatives

- Gaps in parenting information:** The review of existing parenting initiatives identified gaps in the information provided to parents on early childhood development. Over a third of parenting initiatives (36%) identified a health and wellbeing focus. Few initiatives (6%) identified a focus on helping parents to understand the key messages from neuroscience and why they are so important. Furthermore, there were only a limited amount of initiatives which identified a specific focus on some of the key neuroscience messages, such as, how to foster numeracy in young children (0%), how to communicate effectively with young children (2%), learning and literacy (8%) and understanding behaviour and emotions in young children (6%). While a majority of initiatives covered a broad range of ages there was a paucity of initiatives focused specifically on the children in the first 5 years. Only 3% of parenting initiatives focused specifically on babies (birth–12 months), 1% focused on toddlers (12 months–3 years) and 2% on pre-schoolers (3–6 years).
- The review identified that there is not a defined or consistent age range applied to ECD – 27 different categories of age were identified from 126 parenting initiatives which either encompassed the 0–8 year age range or fell within it. Only **8% of those age ranges focused on the 0–3 year age range** which is widely recognised as the most important and formative period of the early years. 25% initiatives did not have a specific ECD focus at all. Furthermore, analysis showed the parenting initiatives to be delivering an **extensive range of different messages to parents** – overall 98 different messages were shown to emanate from 126 initiatives in total.
- Despite the importance and impact of parenting to all parents, 70% of initiatives are targeted at specific groups.** Therefore only a minority of parenting initiatives are universally available to any parent or caregiver and some groups feel under-supported e.g. grandparents as parents and fathers.

Further information

For more information on parents' knowledge of key messages please refer to the report entitled: 'Research Findings from a survey of parents with children from birth to age eight'.

For more information on the analysis of existing parenting initiatives please refer to the report entitled: 'A summary report presenting findings from an analysis of data on parenting initiatives in Australian states and territories'.



PROJECT RECOMMENDATIONS

Introduction

Two overarching themes, summarised below, emerged from the project findings.

1 Adopt a shared and consistent understanding and interpretation of early childhood development and key messages from the neuroscience evidence base

Neuroscience has highlighted the fundamental importance of early experiences on the developing brain and the associated risks of poor quality experiences and environments during the early years, particularly the first three years. Early experiences impact on brain development and can shape long-term trajectories for wellbeing (this includes physical and mental health), learning, behaviour and social development. Changing the course of these trajectories, once they are established, takes more resources, more time and is potentially less effective. Neuroscience provides a scientific argument for the nurturing that most parents are able to provide for their young children with awareness and support.

The following recommendations (1a–1d) are intended to provide a national platform for early childhood development.

- 1a Develop a shared early childhood development conceptual foundation*
- 1b Develop an ECD professional qualification/module*
- 1c Develop an ECD toolkit for developing new parenting initiatives*
- 1d Consolidate and update existing information available to parents about early childhood development.*

2 Parents and children at the centre of service delivery – a strengths based approach

Parenting can have as much, if not more, influence on children's learning and development as preschool, school and child care, thus making it critical that information and support is provided to all parents. As stated by the Organisation for Economic Cooperation and Development (OECD) – 'parents are the first and primary educators of children' (OECD, 2006:148) and 'families play a central nurturing and educational role in their children's lives, particularly in the early childhood period' (OECD, 2006:17). Specifically, a major UK longitudinal study, the *Effective provision of pre-school education* (EPPE, now EPPSE 16+), found that for cognitive outcomes, the effect sizes for preschool childcare are only about a half to a third as large as those for parenting (Melhuish et al., 2008). The strength and quality of the relationship between parents (and close family) and their children is being seen as fundamental to the effective development of children's brain architecture, functions and capacity (Fogel et al., 2009). Therefore, the importance of parents and parenting should be the platform for the planning and delivery of all parenting initiatives.

The second set of recommendations (2a–2d) are intended to encourage a strengths based approach to service provision, placing parents and children at the centre of the planning and delivery of parenting initiatives. A strengths based approach is designed to build on and strengthen the assets that parents bring to their role. It fosters confidence, optimism, responsibility, construction of understanding and positive behaviours. The recommendations in this set are:

- 2a Be more proactive in promoting parenting initiatives*
- 2b Increase accessibility of initiatives*
- 2c Be more relevant (timing/age, gender, culturally specific)*
- 2d Encourage an integrated approach to information provision.*

Recommendations in detail

Recommendation 1: Adopt a shared and consistent understanding and interpretation of early childhood development and key messages from the neuroscience evidence base

1a Develop a shared early childhood development conceptual foundation

What does the recommendation mean?

A shared early childhood ‘conceptual foundation’ would comprise a shared knowledge and evidence base to be used nationally in developing and delivering early childhood development initiatives. It would be the theoretical foundation for early childhood development. This shared evidence base would support policy makers and service providers in the delivery to parents of consistent key messages about early childhood development and as such would involve cross-portfolio dissemination of findings, development of an agreed definition of ECD and endorsement of key neuroscience messages. Furthermore, links would be made to other key strategies relating to the early years. The Early Years Learning Framework is already consistent with such a foundation.

Rationale for recommendation

The project identified inconsistencies and gaps in the core parenting messages disseminated through parenting initiatives. Parents also highlighted that many different messages are provided by literature, family and friends, and by service providers. The type of messages selected for initiatives also tend to be driven by the paradigm and traditional approaches in which the service provider is located, which can be different across agencies.

Consultations with parents provided many examples of how these inconsistent messages confused them.

Evidence gathered through the cataloguing of parenting initiatives indicates that there is not a clear, consistent definition of early childhood development. Parent consultations highlighted a need for initiatives to be developed using consistent messages.

When parents were confronted with inconsistent messages³, either inconsistent with their own beliefs or between different sources of information, they expressed a tendency to either not attend to such messages or adopt a trial and error approach. This has the potential to be inconsistent with the key neuroscience messages.

Because the project findings suggest that the overall approach to presenting and interpreting early childhood development information for parents lacks consistency, it follows that there is a need for a nationally shared reference point (referred to for the purposes of this report as a 'shared conceptual foundation') for use by all policy makers, practitioners and service delivery agents when planning early childhood development policy and initiatives. A shared conceptual foundation would aim to provide a consistent and up to date interpretation and application of an early childhood development nationally agreed evidence base. This would assist in reducing the gaps in parents' knowledge by expanding the dissemination of consistent ECD messages.

Dr Margy Whalley (Pen Green Centre for Children and their Families) identifies a *shared philosophy (shared vision and values and a principled approach to practice)*⁴ as the first crucial factor in working collaboratively on early childhood development initiatives. Collaboration and implementation of a shared conceptual foundation would be a significant step forward in the embedding of the National ECD Strategy.

How could a shared conceptual foundation on early childhood development be achieved?

The creation of an early childhood development conceptual foundation would comprise several key components and/or stages:

a Cross-government agency and inter-organisational dissemination of project findings and facilitation of cross-agency involvement in delivering project recommendations at national, state and territory levels

Although a shared understanding of the concept of ECD is lacking, there is general agreement that it encompasses the interrelated or holistic aspects of children's development that are broader than individual Education, Health, or Welfare theories or practices. It is therefore important to the success of all recommendations emanating from this project that all agencies involved in ECD are informed of the project findings and engaged in the delivery of any recommendations. By necessity ECD requires cross-agency ownership and collaboration.

³ Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', pp.55/6

⁴ Dr. Margy Whalley, Pen Green Centre for Children and their Families, 'Learning from integrated centre leadership in the UK' (Presentation delivered for the Department of Education and Children's Services, Adelaide 2007)

*'Social and health issues are often so complex that one organisation cannot make a dent by itself. By teaming up with other groups in the community, your organisation can extend its resources as well as its access to members of the target audience.'*⁵

b Development and communication of a consistent and agreed definition of Early Childhood Development (ECD)

At present there are various different definitions available of early childhood development⁶. As a starting point it is recommended that national agreement and endorsement is sought for a common definition of early childhood development which would be used as the foundation or 'keystone' of the conceptual framework.

c Endorsement of the key neuroscience messages for parents and carers (identified in the neuroscience review) to be used as a foundation for all (ECD) parenting initiatives and used in the toolkit

The review of the neuroscience evidence base identified 11 key parenting messages⁷. It is recommended that cross-agency endorsement is sought for the 11 key messages from the neuroscience evidence base to inform the conceptual foundation, professional development, the 'toolkit', and any future ECD initiatives for parents.

⁵ Consumer Affairs Victoria, *Social Marketing and Consumer Policy*, Research Paper No. 4, March 2006, p.17

⁶ *'Investing in the Early Years' – A National Strategy* provides a 'brief summary of some of the extensive evidence base available about early childhood development ...' (p.32) listing brain development; biological embedding; attachment theory; impact of stress; multiple risks and intergenerational disadvantage but not an overall definition. It also lists the following outputs from applied ECD as 'key protective factors': Secure attachment with a primary carer; Breastfeeding; Good nutrition and physical activity; Stimulating play-based learning experiences. The *National Partnership Agreement on Early Childhood Education and National Quality Agenda for Early Childhood Education and Care* uses the following definition: '(e) Early childhood development: refers to all aspects of a child's growth, learning, development and transitions from birth to 8; incorporating a holistic spectrum of policy interventions including in the health, education and care spheres'. Adelaide Thinker in Residence, Dr. Fraser Mustard, outlined in his companion document p.9 '...the terminology used in this report is 'early child development'. The reason for this is that this term embraces the new understanding that early child development includes the concept of early brain and biological pathway development, which can set trajectories for physical and mental health problems, as well as learning and behaviour throughout life'. The review of the neuroscience evidence base authored by Dr. Pam Winter (the first deliverable from this project) describes 'early childhood development', as, '...the physiological, psychological and intellectual growth and learning of a child from conception to school age. It recognises that changes are as a result of genetic and environmental factors and are fundamentally a result of the interaction of the two factors'.

⁷ See (MCEECDYA 2010) *Neuroscience and early childhood development: Summary of selected literature and key messages for parenting*, pp.13–26

d Develop priorities for early childhood development communication – nationally and at a state and territory level across all government agencies

Develop a process to help ensure that parents are receiving a balanced mix of neuroscience messages (i.e. including all aspects of ECD) and boost support and information about those messages which are currently less familiar or less understood (e.g. early numeracy, early literacy, communication and ECD in the context of supporting a child with a disability).

e Develop content guidelines for parenting initiatives (an ECD ‘curriculum’)

To support the consistent and balanced delivery of key messages to parents it is recommended that guidelines for ECD content for parenting initiatives are developed to support practitioners in the development and delivery of initiatives.

The development of an early childhood development shared conceptual foundation would still allow groups to focus on what they do best but equally it would allow each initiative to be seen to operate within the holistic sense of early childhood development and encourage consistency of information provision. It will be important for those responsible for development and delivery of parent initiatives and dissemination of messages to be aware that universal messages can be delivered through a variety of targeted approaches to complement the expertise, resources and experiences of local communities and individual parents.

1b Develop an ECD professional qualification/module

What does the recommendation mean?

The development of a national ECD professional development program, as core curriculum for a professional qualification and/or module in early childhood development for all professionals who work with children and families during the early childhood development period e.g. nurses, teachers, doctors, social workers, psychologists, child care workers etc.

Rationale for recommendation

Early Childhood Development is a holistic concept containing elements of education, health and welfare theories and practices. However, often practitioners delivering a parenting initiative will have either a Health or Education or Welfare background (and the funding for the initiative will be derived from only one of the government agencies). Therefore, often the messages delivered will be through the single professional ‘lens’ of that practitioner rather than a suite of integrated early childhood development messages.

A national professional development framework for ECD, in conjunction with the conceptual foundation (recommendation 1a) would contribute to providing consistent messages about early childhood development. At present there is no consistent approach to offering professionals an ECD qualification, and there is no professional development structure for accessing the latest research about ECD. Support and

training which identifies the importance of the key neuroscience messages would help practitioners and policy makers to develop initiatives with a more balanced promotion of neuroscience messages, rather than prioritising some and neglecting others.

It is therefore recommended that a national ECD professional development program, underpinned by an ECD 'module' or qualification, be developed for all ECD practitioners (from all agencies and providers) and applied across all states and territories.

How could the ECD professional development framework and qualification be structured and progressed?

It is suggested that this recommendation is referred for consideration as part of the National ECD Strategy workforce workstream.

A professional development program would be based on:

- Developing a set of nationally agreed standards
- Focusing on integrated ECD parenting approaches
- Incorporating the neuroscience evidence base and key parenting messages
- Incorporating effective communications skills and learning methodologies
- Developing flexible assessment related to the practical application of knowledge, learning methodologies and communication skills within parenting programs/contexts
- Linking to accreditation.

The professional development program would be offered using a variety of methodologies to enable access and participation across Australia.

The program could be:

- Constructed and offered in a similar way to the Public Sector Management Program which is provided and managed within each state and territory, using a common curriculum and set of learning materials, and is being accredited by a number of universities

and/or

- Developed as a set of vocational competencies under the auspices of the Community Services and Health Industry Skills Council. The competencies would need to be developed, and supported by learning materials and a roll out strategy.

Both options would ensure quality assurance processes.

1c Develop an ECD 'toolkit' for developing new parenting initiatives

What does the recommendation mean?

An early childhood development 'toolkit' would be a set of information and resources especially designed (and updated as new knowledge emerges) for assisting with the development of early childhood development initiatives for parents. It would be a resource developed to be used jointly by all states, territories and national projects.

Rationale for recommendation

A key premise for this project is that neuroscience is providing evidence that 'the first five years matter and last a lifetime'.

Based on the rationale for recommendation 1a and 1b, an ECD ‘toolkit’ for practitioners was identified as a product that would consolidate a consistent approach to the development, delivery and evaluation of early childhood development initiatives for parents. Consultations with parents demonstrated that the neuroscience key messages resonated with them. Parents generally recognised the importance of those key messages that are consistent with traditional child development theories (for example, the importance of nurturing relationships, the importance of a language rich environment, the importance of good health and nutrition). However, they did not often demonstrate an understanding of the link between the messages and brain development or between brain development and children’s longer term outcomes. Nor did they always have the knowledge, capacity or resources required to apply them.

Furthermore, from the catalogue of parenting initiatives, while approximately 32% of parenting initiatives cite neuroscience in some form as the evidence base for the initiative, only a very limited number of initiatives (6%) explain aspects of neuroscience to parents.⁸

A toolkit providing support on content and delivery of ECD messages would also help address the current gaps in information about early childhood development (e.g. no initiatives focus on early numeracy and only a small percentage focus on literacy and communication).

How could an ECD ‘toolkit’ be structured?

a Content guidelines

- Include a family-friendly ‘introduction to neuroscience’ component in all initiatives
- Include the list of key messages to parents derived from the neuroscience evidence base
- Provide a reference list for neuroscience sources of information for use in developing initiatives.

b Delivery and development guidance

- Provide suggestions which have worked previously – ‘factors for success’ – which are replicable
- Provide ideas for activities for and with parents (use the suggestions in the neuroscience review – ‘Key messages from neuroscience and the implications for parenting, care and learning’, p.28)
- Recommend ‘tried and tested’ successful methods of engaging with parents and communities
- Include parent consultation as part of the start up process for any new parenting initiative
- Include findings from the parent survey which identify how parents prefer to access information.

⁸ Barbra Cooper, ‘A summary report presenting findings from an analysis of data on parenting initiatives in Australian states and territories’, p.24

c Evaluation

- Develop a national set of key performance indicators to provide a 'basket' of performance indicators and evaluation measures that service providers can select to measure as indicators of success for the parenting initiatives.

1d Better Communicate Key Messages: consolidate and update existing information available to parents about early childhood development

What does the recommendation mean?

Getting our 'own house' in order – making sure all Commonwealth and state and territory websites and publications are providing consistent information. It is recommended that existing information produced by government about early childhood development is reviewed, rationalised, updated (where necessary) and aligned with the key messages from the neuroscience evidence base identified through this project. Aim for a single government portal providing information to parents about early childhood development.

Rationale for recommendation

The project findings identified that the array of information available to parents about early childhood development can be overwhelming and confusing. Findings also identified a need to address gaps in parents' knowledge and gaps in service delivery about key messages from the neuroscience. For example almost one in five parents believed that parents cannot make much of a difference to how a child's brain develops⁹ and more than a quarter of parents were not aware of the importance of reading to very young children¹⁰.

The snapshot of parenting initiatives revealed that no initiatives provide explicit information or support for developing early numeracy, yet one of the key messages from the neuroscience review is that 'Babies are born to learn maths'¹¹. Furthermore, many parents are unaware of where they can find information about children's development – 16.2% of parents 'never' or 'rarely' know where to go to find information about parenting and close to a quarter of parents 'sometimes' know where to go.

Due to the gaps in parents' knowledge about key messages from the neuroscience about early childhood development, the lack of a consistent approach to delivering information and the availability of eclectic sources of information, a consistent and sustained approach to providing information to parents is recommended.

Furthermore, parenting initiatives are more often delivered to parents with specific characteristics, than universally to all parents. Seventy percent of parenting initiatives identified through this project are delivered to parents who meet specific criteria (i.e. 'targeted' interventions). Parents who had participated in intensive parenting programs or who had ongoing reciprocal relationships with professionals (e.g. through

⁹ Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', p.17

¹⁰ Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', p.23

¹¹ Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', p.28

a parenting group supported by an expert) were most informed about early childhood development and learning.

How could this recommendation be progressed?

A national audit of existing information available to parents (written, web based, DVD etc) about early childhood development would need to be carried out and the literature reviewed for alignment with the key messages (identified through the neuroscience review). The audit would identify which information required updating, which messages are under-represented and which information sources duplicate information.

Partnerships and communications with private commerce could assist with:

- Consistency of messages being provided to parents e.g. Bub Hub, Baby Centre, Adelaide's Child
- Advocacy for the key neuroscience messages. Messages could be promoted or 'advertised' to parents, for example, on food packaging, e.g. advertising on milk bottles and bread packets.

A challenge will be to ensure that diversity in delivering information does not lead to inconsistent messages. While striving to communicate universal messages, a range of approaches will be required to accommodate the diverse contexts and priorities of individuals and community groups.

The **Appendix** provides detailed recommendations on how to most effectively communicate selected information (based on project findings).

FINAL RECOMMENDATION

A social marketing campaign was the original driver for this project. A social marketing campaign can be broadly defined as '*the application of marketing concepts, tools and techniques to any social issue*'¹². The objective of social marketing is to '*change individuals' behaviour to achieve a socially desirable goal*' (Donovan and Henley 2003, p.ix). The original project proposal sets out Stage 2 of the project as, 'Campaign and Communications Strategy Development' built upon the key messages obtained in Stage 1. This would involve the engagement of a communications specialist to develop and deliver this Stage 2, including how to effectively develop and communicate the key messages that share the new evidence based information with parents and carers.

However, it is recommended that before the development of a social marketing campaign (Stage 2) is considered, that recommendations 1a–1d are developed and implemented. These recommendations are recognised as the necessary foundations for the successful development of any future information campaign. On completion of recommendations 1a–1d, the need and feasibility for a national information campaign could be assessed, and, if necessary, a decision made to progress to the development stage of a national ECD information campaign.

¹² p.10 Consumer Affairs Victoria, *Social Marketing and Consumer Policy*, Research Paper No. 4, March 2006

Recommendation 2: Parents and children at the centre of service delivery – a strengths based approach

There are several recommendations which have been designed to promote and enforce the message that parents are their child's first educators, that parenting needs to be recognised as being as important as preschool and child care, and approached and supported appropriately.

2a Be more proactive in promoting parenting messages

What does the recommendation mean?

Research in this project indicates that the starting point for most parenting initiatives is with parents having a problem or needing extra help. Therefore most information provided to parents is reactive. However, with ECD as the platform there is an opportunity to provide more information proactively i.e. promoting and marketing the key neuroscience messages *before* any problems occur and by a wide range of professionals involved with children and their families. If key messages from the neuroscience are promoted widely, consistently and at every opportunity by a wide range of ECD professionals during contact with parents, parents can build a practical sense and approach to parenting (based on neuroscience principles) helping them judge for themselves '*Am I doing the best for my child?*'

Rationale for recommendation

Most initiatives require parents to present with a problem or issue to access the support. There is an opportunity to proactively 'market' the neuroscience messages to all parents and from the earliest opportunity before problems start to arise. Health professionals were identified as one of the most accessed sources of information for parents but advice was usually directed towards fixing a problem. Few parents thought they had experienced active promotion of the parenting key messages from the neuroscience literature.

How could parenting initiatives be delivered from a more proactive standpoint?

There is an opportunity to adopt a new refreshed approach to parenting initiatives, for example, instead of referring to 'parenting initiatives' they could be re-badged as: '*Early Childhood Development Initiatives for Parents with Children from the antenatal period to 8 Years*'. The aim would be to move away from the sense of 'fixing' problems and 'improving' parents. The initiatives would take a more strength based approach, presenting information in a more inspiring and proactive way, before problems emerge, e.g. everyday things that can be done with your child which will also happen to help their (brain) development.

An expectation would be that all ECD professionals promote key messages from the neuroscience during contact with parents and children e.g. doctors and nurses promoting a 'learning through play' message during a routine inoculation or health check.

In essence ECD initiatives for parents would be about the positive promotion and marketing of key neuroscience messages from the earliest possible opportunity and at key milestones in the early years (antenatal period to 8 years). Delivery of the key messages would be more universal and accessible while still providing intensive support for specific parents.

Adopt a national two tier approach to parenting initiatives?

The ‘new mothers group’ model already operating within many states was very popular with parents. There could be an opportunity to strengthen this existing model (tackling issues such as waiting lists) with regular contact by an ECD professional. For the group to be most effective, an early childhood development practitioner would be attached to the group, would attend at intervals and be contactable by members with any queries or concerns in between sessions. This would be underpinned by the traditional model of intensive problem-focused intervention for those who need it.

2b Increase accessibility of initiatives

What does the recommendation mean?

The findings from the project indicate that parenting initiatives could be made more accessible to parents. Improving accessibility in this context requires consideration of how the initiative is delivered, when it is delivered, where it is delivered and to whom it is delivered and ensuring that the methods used are not prohibitive to parental access.

Rationale for recommendation

Currently, there is a predominance of initiatives being delivered face-to-face (59% indicated by the matrix of parenting initiatives). Furthermore, 70% of initiatives identified for the parenting initiatives matrix could be accessed only by parents meeting specific eligibility criteria. Accessibility of initiatives for many parents (particularly fathers) was also reduced because many are delivered during working hours. Although the telephone helplines provide out of working hours contact the helpline model works best if a parent has a specific question. The parent survey identified that although parents find helplines useful, only a small proportion use them (13.1%).

The feedback from focus groups suggests that the fathers interviewed would prefer to receive information on DVD and that Aboriginal families prefer family/community events which they can attend, meet people, include children and collect useful information from professionals at the same time e.g. family fun days.

In addition, feedback from the parent survey indicates that ‘friends and other parents were one of the most used (of information on early childhood development) and least criticised for usefulness of information’¹³. Family members were also a well tapped source of information. However, they were also one of the groups most criticised for the usefulness of information. This finding indicates the importance of ensuring extended family and the wider community are also informed about the latest information available on early childhood development.

¹³ Dr. Pam Winter, ‘Research findings from a survey of parents of children from birth to age 8’, p.60

In general, parents wanted practical ways of dealing with the things they were encountering with their children. This included better access to services, and more easily accessible support when they have a problem.

How could parenting initiatives be made more accessible?

- Using local contextual knowledge in the development phase about parent and community preferred delivery mechanisms and timings to ensure relevant access to initiatives
- Piloting new approaches to delivering interactive parenting initiatives using the internet and telephone as alternatives to face-to-face delivery e.g. the Remote and Isolated Children's Exercise (RICE) uses teleconference as a means of delivering parenting initiatives
- Providing free, age appropriate DVDs to parents on each birthday from the antenatal period to 8 years, (suggested by parents)
- Considering the provision of more parenting initiatives out of hours (evenings and weekends)
- Considering making 'parenting initiatives' available to extended family members, and ensuring that information about early childhood development is promoted among the wider community
- Encouraging parent contact, and 'drop-ins', by making (direct) telephone numbers and website addresses easy to find and well publicised; ensuring sites are well signposted (and where possible, easily accessible by public transport links) and ensure there is careful attention paid to providing a welcoming environment.

2c Be more relevant (timing/age, gender, culturally specific)

What does the recommendation mean?

The project findings suggest that parenting initiatives could be made more relevant in terms of when they are made available to parents (age of the child), increasing the number of initiatives available to fathers (and making existing initiatives more welcoming to fathers) and grandparents as carers, increasing the number of initiatives designed specifically for key periods in early childhood (i.e. babies, toddlers, preschoolers) and making more initiatives more culturally specific.

Rationale for recommendation

One of the significant general issues raised by the focus groups related to the 'fall off of information as children grew'. 'I want more for 3,4,5 year olds...They are a bit smart for the younger stuff.'¹⁴ The matrix of parenting initiatives identified that 71% of initiatives focused on the full ECD age range of birth–8 years with only 3% initiatives providing a targeted focus on babies (birth–12 months), 1% on toddlers (12 months–3 years) and 2% on preschoolers.

¹⁴ Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', p.49

Another significant general issue was the timing of initiatives, ‘the information needs to be there constantly because new people are always taking on a caring role, you can’t do short term, 1–3 year funding and then stop it. People get what they need and then go, then new people come.’¹⁵

The project findings also suggest the need for establishing (more) groups for fathers and grandparents as carers or making both groups more welcome at existing parent groups.

Furthermore discussion in focus groups suggested that parents have varying degrees of concern regarding the quality, quantity and usefulness of parenting information. Parents of children with disabilities, teenage parents, Indigenous parents, grandparents and parents with child protection issues were least satisfied with the parenting information available. Parents’ concerns included that parenting information was not culturally appropriate, not practical and specific enough, and was not inclusive of fathers.

Across the priority groups of parents surveyed, there was a range of broader social and economic issues that impacted on parents’ capacity to attend to key messages and put them into practice. Personal circumstances, in particular substance abuse, were identified as a significant factor.

In telephone interviews, Refugee/CALD parents demonstrated less awareness across the key messages than other parents e.g. ‘18.4% of refugee parents said that the first 5 years were not very important for children’s future learning, compared with 3.7% of non-refugee parents’ and ‘50% refugee parents said that parents need to be strict with a baby to avoid spoiling them’.¹⁶ This finding was supported by findings from a focus group with CALD service providers who said that the respective cultural groups they worked with encountered problems of social isolation, tended to not know where to go for ECD services and parenting groups and that many parents were not aware of the importance of the quality early experiences for children e.g. ‘Within the Vietnamese community new immigrants just stay in the house, kids get up late, parents are working, they don’t know what playgroup is. It’s just through word of mouth that gets people into playgroup. It’s through networking. They stick together because they are scared of not being understood (CALD service provider).’¹⁷

How could parenting initiatives be made more relevant?

- Providing more initiatives with an age specific focus e.g. baby, toddler, preschooler
- Providing initiatives at times when parents are ready for the information e.g. toddler information when the child is a toddler
- Providing more initiatives for fathers or making more initiatives welcoming to fathers
- Improving the cultural appropriateness of initiatives and/or increase cultural outreach
- Encouraging parents to be active stakeholders in the design of parenting initiatives

¹⁵ Ibid

¹⁶ Dr. Pam Winter, ‘Research findings from a survey of parents of children from birth to age 8’, p.23

¹⁷ Dr. Pam Winter, ‘Research findings from a survey of parents of children from birth to age 8’, p.50

- Linking to other ECD initiatives with which parents are familiar, e.g. AEDI (Australian Early Development Index), early childhood centre curriculum (Early Years Learning Framework).

2d Encourage an integrated approach to information provision

What does the recommendation mean?

This recommendation focuses on encouraging the development of more integrated, and flexible approaches in the provision of information to parents. For example, parents identified the usefulness of drop-in centres where a range of services and professionals were co-located and worked together to support families.

Rationale for recommendation

Individual personal circumstances of parents will always present a challenge to effective behaviour change, e.g. 'social and emotional contexts interfere with parents' capacity and willingness to attend to messages. For example, housing stress, domestic violence, substance abuse and personal life experience'. Furthermore, 'many parents said they were interested in general messages or information yet these messages didn't always change how they parented.'¹⁸ These are huge challenges which cannot be turned around quickly. However, an integrated approach which provides information and support and at the same time recognises and begins to address the particular challenges a family faces will help to bring about more equitable outcomes across all families.

Dr. Margy Whalley (Pen Green Children's Centre UK) describes integrated services as multi-disciplinary teams with all or most disciplines represented (strong connections with other agencies).¹⁹ This type of service is becoming increasingly common, supporting the delivery of the early childhood agenda. Their expansion will provide greater access to support for families who are challenged, helping them to increase their understanding of evidence-based information from the neurosciences about early childhood development and thereby influence their interactions with children to maximise early childhood outcomes.

How can an integrated approach to information provision be improved?

- Link to recommendation 1b (ECD professional qualification/module and professional development) and develop approaches and supports for integrated cross-agency working
- Encourage ECD professionals from all government agencies to provide information, signposting and/or links to information needed by parents, irrespective of which agency the information is required from.

¹⁸ Dr. Pam Winter, 'Research findings from a survey of parents of children from birth to age 8', p.58

¹⁹ Dr. Margy Whalley, Pen Green Centre for Children and their Families, 'Learning from integrated centre leadership in the UK' (Presentation delivered for the Department of Education and Children's Services, Adelaide 2007)

Conclusion and next steps

Actions required to progress recommendations 1a–1d are as follows:

- Endorsement of project findings by MCEECDYA (October 2010)
- Disseminate project findings to key Ministerial and Chief Officer committees
- Establish a working group to progress the recommendations 1a–1d.



APPENDIX

Possible approaches – how to most effectively communicate the selected information

To achieve understanding about the key neuroscience messages across **all parents**, results suggest that strategies to communicate these messages:

A are designed to overcome challenges that limit some parents' capacity and willingness to access and attend to messages

One of the critical conclusions of the project is the key messages are only half of the equation. Many parents in the targeted 'hard to reach' groups identified complexities and priorities in their lives which compromised their capacity to both access and attend to messages. Complexities and priorities included housing, personal relationships and wellbeing, effects of substance abuse, violence and poor behaviour in family and community, a need to work, and their own background experiences.

Challenges such as these can impact on whether parents are eligible for particular services or programs (due to their age or where they live), whether parents can access information (how far they have to travel, whether events are held in their local neighbourhood), and whether messages are consistent with personal family or community knowledge).

B maximise the use of appropriate communication enabling factors

Enabling factors included:

- *Information that is perceived to be both credible and consistent.*
- *Information that is drawn from the current knowledge base.* Regularly update the evidence base and communicate new information to parents to dispel out-of-date views.
- *Information that is relevant to parents.* Parents said that relevant information must be pitched at the developmental age of a child, prescriptive enough to be applied by the parent, and yet in line with their beliefs or family context.
- *Information that is graphic and clear.* Parents said that they valued clear and honest advice or representation of issues, not 'sugar coated' messages.
- *Information that can be accessed at the right time.* This includes providing information at times when parents are available (e.g. schedule television programs when parents are at home, not at times when they pick up children from school).
- *Interaction with experts.* Ongoing interaction with an expert who could help parents adapt strategies to children's behaviour was valued by parents, preferably face-to-face or in lieu of this, real-time interaction via telephone or the internet.

- *Information sources that are well publicised.* Publicise events, services or groups using a range of media (e.g. door knocking, neighbourhood newsletters, regular emails) and/or in a range of settings (e.g. doctors' surgeries, child health clinics, and shopping centres).
- *Use incentives.* For example, give-aways and cash incentives.
- *Offer adult education accreditation.* Some parenting classes attract parents by offering TAFE study and certificates through undertaking the class, along with child care support.
- *Establish social events to disseminate information.* Social events were thought to be a good way of engaging with parents, especially as a means to increase contact with fathers.

C avoid pitfalls, both in terms of accessibility and content

Pitfalls to avoid include:

- *Information that takes too much time to absorb.* This relates to the amount of time parents have available, but also perceptions of how they prefer to spend 'free' or 'down' time. Some said that they would not watch or read parenting information in their own home, but would do so whilst waiting in a health clinic, at a parenting class or visiting a shopping centre.
- *Costs associated with seeking help.* Unless parents are desperate to deal with a serious problem, cost will limit their motivation to access parenting information.
- *Information that is not perceived to be current.* Out of date information from websites, books, professionals and family members was of concern to many parents.
- *Information that is not relevant to parents.* Information was not relevant when it was delivered too early or too late relative to the age of children (e.g. only getting a place in a parenting group 6 months after children are born) or did not cover what was parents' concern of the moment.
- *Information or help at an inconvenient location.* Where families live can impact on whether they are eligible for services and can also influence how difficult it is to travel to services, groups or appointments with specialists. Many parents valued the local support groups and information sources they had access to, or said they would like to see more information disseminated in their local community. Some parents were required to bypass a close service to attend a more distant one to which they had an entitlement.

D embed the messages within a mix of information sources, due to the range of sources parents currently obtain information from and the diversity of their preferences for receiving information

Parents currently receive information from a variety of sources, most commonly family, friends and other parents. Parents also expressed preferences for receiving information from a range of sources. No single source was most preferred, both within groups of parents or across them.

