



Australian Research Alliance
for Children & Youth

Community Learning for Parenthood

This topical paper has been developed for the
Communities for Children Facilitating Partners.

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For the Australian Research Alliance for Children and Youth 2008

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Funded by the Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs

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ISBN: 978-1-921352-27-0

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Australian Research Alliance
for Children & Youth

ABOUT ARACY

The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the wellbeing of Australia's young people.

ARACY is a national organisation with members based across Australia.

ARACY asserts that by working together, rather than working in isolation, we are more likely to uncover solutions to the problems affecting children and young people.

ARACY is a broker of collaborations, a disseminator of ideas and an advocate for Australia's future generation.

ARACY has two primary goals:

1. To promote collaborative research and agenda setting for children and young people
2. To promote the application of research to policy and practice for children and young people.

This paper is one of a series commissioned by ARACY to translate knowledge into action. This series of papers aims to convert research findings into practical key messages for people working in policy and service delivery areas.

The ARACY topical papers may also be the focus of workshops or seminars, including electronic mediums.

Developed for the Facilitating Partners of the Australian Government Communities for Children initiative, this paper is now being made available to a wider audience via the ARACY website: www.aracy.org.au

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Acknowledgements

Communities for Children projects have contributed to this paper.



SUMMARY

This paper is another in the *Evidence-into-Action* series of topical papers commissioned by the Australian Research Alliance for Children and Youth (ARACY) to support community-based service providers and organisations in building local capacity to improve early childhood health and development outcomes.

In addition to the obvious benefits of early child development for improving the life-chances of individual children, the promotion of early human development is increasingly recognised as benefiting communities and society through longer-term gains in population health, educational outcomes and opportunities for social, civic and economic participation.

Given the strength of research evidence regarding the importance of the early years for children's subsequent health, learning and behaviour – as well as for their longer-term adult health and wellbeing – there is now an imperative to make sure that this knowledge is widely available to parents and the general community.

The roll-out of new national and state policies and programs for early child development has enabled many communities around the Australia to implement exciting examples of innovative practice. However, the longer-term sustainability of these initiatives will require investment in work-force development, pre- and in-service training to improve understanding of the processes of early child development, and skills training in new ways of working based on evidence of 'what works' in strengths focused child and family community development, population health interventions, child-care and education.



The new knowledge of experience-based human development and how gene expression is now understood to be regulated by the environment during the early years of brain development has brought new insights into which experiences and which aspects of children's family and community environments of child rearing matter most for children's trajectories of health and competence. These include attachment security and parent-child 'atunement'; the potentially disruptive influences of stress for neurodevelopment; critical and sensitive periods of brain development and learning; and the vital role of diet and nutrition for children's longer-term physical health, behaviour and learning.

The paper concludes with a discussion of how these new perspectives on early human development can be disseminated and used to increase broader community awareness and understanding of the vital role of parenting, child health, care and education. It considers the range of new strategies needed to support community learning for parenthood, including strategies which are inclusive of the needs of parents and children from Indigenous and other culturally and linguistically diverse backgrounds.



INTRODUCTION

The benefits of investing to support all aspects of early child development – including investments in health, education, family and community support – are increasingly evident to governments and communities around the world [1]. Given the strength of research evidence regarding the importance of the early years for children's subsequent health, learning and behaviour – as well as for their longer-term adult health and wellbeing – there is now an imperative to make this knowledge as widely available as possible to parents and the community more generally [2].

To help parents and families close the gap between what we know about early child development and what we do it is vital that communities facilitate local opportunities for parental learning about 'what works' in enabling children's optimal development. We particularly need to ensure that the focus of such programs reflects what is now known about "*experience-based brain development*" and how children's environments of child-rearing influence the nature of gene expression and functioning through the life-course.

We also need to consider how opportunities for parental learning can be made available in ways which are engaging, accessible, and relevant to the diversity of families and particular needs within communities, and how they can be backed by policy and parent support services which enable families to put this knowledge into practical action for children [3].

Within Australia, the renewed policy interest and practice focus on early childhood development (ECD) has been driven by several converging lines of evidence summarised by Vimpani, Patton and Hayes (2002) as follows:

- ❖ Worsening indicators of developmental health and wellbeing among children and young people;



- ❖ Increasing recognition that psychosocial problems in adulthood such as addiction, criminal behaviour and poor mental health often have their roots in early childhood development and experiences;
- ❖ Increasing awareness that the inter-uterine environment plays an important role in determining risks for some physical diseases later in life;
- ❖ Evidence that early years interventions that address disadvantage not only work but are cheaper or more cost effective than later interventions; and
- ❖ Publication of a growing number of key reports highlighting the importance of renewed social investment in the early years [4].

While most would agree that early child development is important for children's individual outcomes, the extent to which it is important for enhancing health and human development across the life-span and hence the wellbeing and prosperity of communities, society and the nation - has until recently been less well understood. However this is now changing as politicians and governments have become aware of the economic data on populations which clearly demonstrates that the more support and assistance we can provide for families and children in the early years the more likely they are to grow up to be healthy, happy and productive citizens.

“The evidence is solid—economists, political scientists, neuroscientists, and social scientists have substantial data proving that programs which promote the growth and development of young children (ages 0–6 years) are the best investment for developing the human capital necessary for economic growth.” (Mary Eming Young, World Bank, 2007)[1].

The immediate benefits of ECD for children, and the longer-term benefits for adults and society, and the way in which these benefits link up across different service sectors and areas of society is summarised below in table 1.



Table 1. Pathways linking Early Childhood Development (ECD) to Human Development

ECD Benefits	Education	Health	Social Capital	Equality
For Children (immediate)	Higher intelligence, improved practical reasoning, eye and hand coordination, hearing and speech; reading readiness, improved school performance; less grade repetition and drop out; increased schooling	Less morbidity, mortality, malnutrition, stunting, child abuse; better hygiene and health care	Higher self-concept; more socially adjusted; less aggressive; more cooperative; better behaviour in groups; increased acceptance of instructions	Reduced disadvantages of poverty; improved nutritional status, cognitive and social development and health
For Adults (long-term)	Higher productivity; increased success (better jobs, higher incomes); improved child care and family health; greater economic well-being	Improved height and weight; enhanced cognitive development; less infections and chronic diseases	Higher self-esteem; improved social competence, motivation, acceptance of norms and values; less delinquency and criminal behaviour	Equality of opportunity, education, health, and income
For Society	Greater social cohesion; less poverty and crime; lower fertility rates; increased adoption of new technologies; improved democratic processes; higher economic growth	Higher productivity; less absenteeism; higher incomes	Improved utilisation of social capital; enhanced social values	Reduced poverty and crime; better societal health; increased social justice; higher sustainable economic growth

(Source: The World Bank Conference, *Investing in our Children's Future*, Washington, April 10-12, 2000) [5]



THE AUSTRALIAN POLICY CONTEXT

The importance of ECD for building the human capital needed for Australia to be competitive in the knowledge intensive, global economy of the 21st century has been identified by the Council of Australian Governments (COAG) as a key area of reform for all Australian governments over the coming decade [6]. The 2006 COAG National Reform Agenda includes agreement between Australian governments for a focus on early child development as a priority area of reform for the future health (i.e. for the prevention of chronic diseases in adulthood) and prosperity of the nation (i.e. improved education, skills and productivity). This commitment is one of the most notable examples of the policy translation of the research evidence showing the broad long-term benefits of investment in ECD.

Pre-dating the 2006 COAG agreement, national initiatives such as the *Stronger Families and Communities Strategy 2004-2009*, including the *Communities for Children* and *Invest to Grow* programs [7], and the *National Public Health Action Plan for Children* [8] marked the beginning of the movement towards a collaborative national approach for early childhood development and supporting parents in their parenting role. Since then all States and Territories have taken steps to implement prevention and early intervention policy frameworks focusing on ECD, and helping communities to be both child and family friendly (See table 2 below).



Table 2. State and Territory Strategies and Policy for the Early Years

State/ Territory	Strategy/Policy	Home page/download
ACT	<i>Early childhood schools: A framework for their development as learning and development centres for children (0-8 years) and their families</i> [9]	http://www.det.act.gov.au/__data/assets/pdf_file/0005/23855/Early_childhood_schools_final_web.pdf
NSWs	<i>Families First</i> [10]	http://svc054.wic031p.server-web.com/public/s26_homepage/default.aspx
NT	<i>Early Years Framework</i> [11]	http://www.deet.nt.gov.au/education/early_years/
QLD	<i>Early Years Strategy</i> [12]	http://www.communities.qld.gov.au/family/earlyyears/
SA	<i>Action Plan for Early Childhood and Child Care</i> [13]	http://www.premcab.sa.gov.au/pdf/coag/coag_ap_childhood.pdf
Victoria	<i>Best Start</i> [14]	http://www.beststart.vic.gov.au/
TAS	<i>Whole-of-Government Policy Framework for the Early Years</i> [15]	http://www.education.tas.gov.au/early-learning/early_years/early-years-resources/Earlyyearsframework.pdf
WA	<i>Early Years Strategy</i> [16]	http://www.earlyyears.wa.gov.au/pdfs/2921_Early_Years_Strat_web.pdf

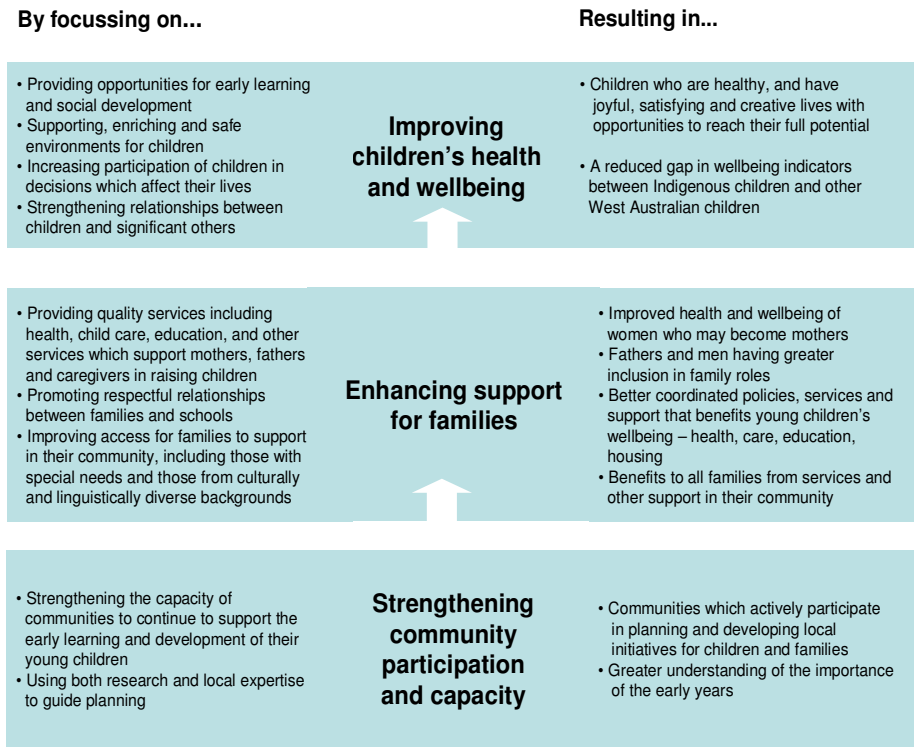
While these policy frameworks and strategies share many common features they also reflect distinctly state-based priorities e.g. the Queensland strategy includes the establishment of Early Years Centres which will be ‘one-stop-shops’ where early childhood education and care, family support and health services are available for families expecting a child or with children aged up to eight years. New South Wales, South Australia, Queensland and Western Australia all have major commitments to make home visiting programs more widely available.

Within Western Australia for example, the *Early Years Strategy* has resulted in the identification of early years sites throughout the State and the establishment of early years action groups (See figure 1 below).



Figure 1. Case example - Western Australian Early Years Strategy [16]

Program Logic - WA Years Early Strategy



Many of these groups have developed excellent local ECD initiatives which have gained support from local government. At the same time the federally funded *Communities for Children* programs have been established in 45 sites throughout Australia.

In some cases both Early Years and CfC sites operate in the same regions enabling a rich, dense and more focused suite of activities for parents to enhance early childhood development. Both programs have evidence-based implementation guidelines for the selection and development of activities and programs to support parenthood learning and the health and development of children aged 0-5 years. A case example outlining the program logic and selected set of local ECD activities and services in the West Pilbara CfC site can be seen in Appendix 3A [17].



The April 2007 “*New Directions for Australian Children*” pre-election policy statement of the current Australian government highlighted the need for investment in ECD for its long-term health benefits and maximising children’s school learning trajectories. It also stressed the importance of identifying health and developmental issues early and the need for mechanisms of population monitoring of child development outcomes to leverage policy, investment and community action. This includes a proposal for the *Australian Early Development Index* (AEDI) to be made available for all Australian communities as a planning tool for reviewing services, supports and environments that influence children’s development in their first five years of life [18].

In April 2008 the Prime Minister announced his intention of creating universal, high quality, affordable *Early Childhood Centres* which would be available to all parents with 0-5 year olds and provide:

- maternal and child health services such as baby health checks, baby weighing, feeding advice and vaccinations;
- long day care including play-based activities for children whose parents are at work or studying;
- preschool and early learning including age-appropriate play-based learning provided by a four year qualified teacher; and
- playgroups and parental support and advice to ensure parents have a place to meet their peers and get access to advice while their children play [19].

These new policy directions represent a major reorientation of local, State and Australian government priorities and practice. The roll-out of these national and state policies and programs has enabled many communities around the country to implement exciting examples of innovative practice. However, there remains



much more which will need to be done to ensure their longer-term sustainability – particularly in the areas of work-force development, pre- and in-service skills training; disseminating and sharing information on 'what works' - as well as in increasing broader community awareness and understanding of the vital role of parenting and other learning opportunities in children's years of maximum brain growth and skills development.

WHY PARENTHOOD KNOWLEDGE AND SKILLS MATTER

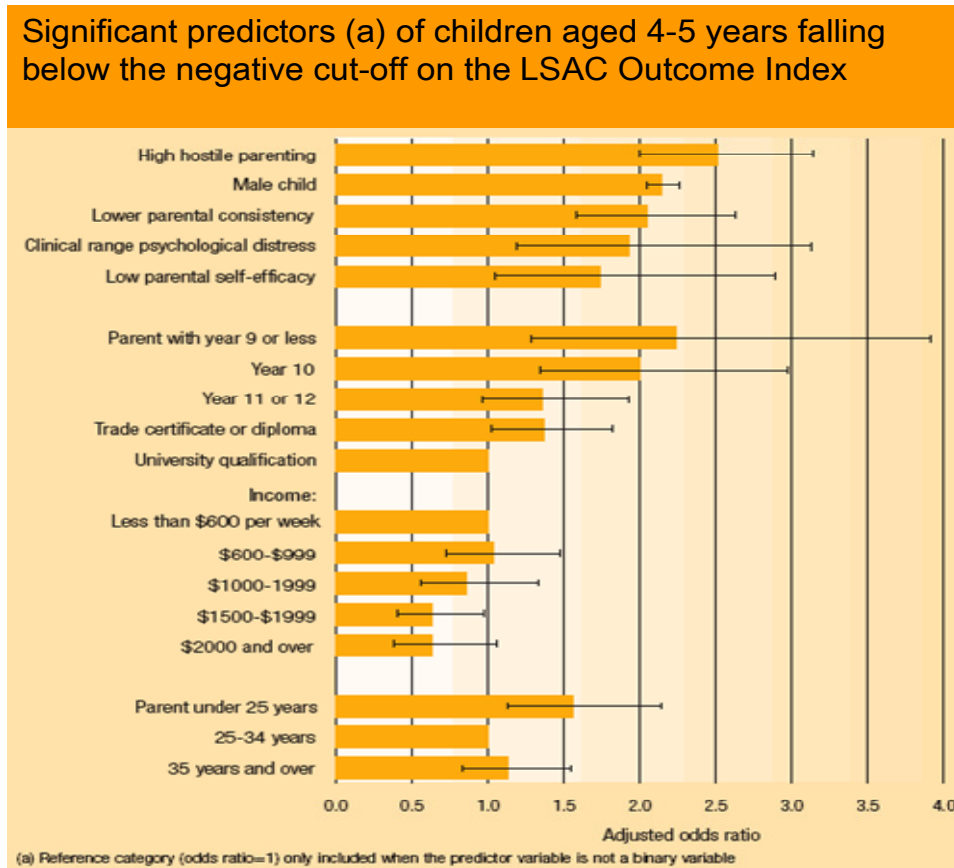
Learning to be a parent is probably the most important and challenging task we are ever likely to undertake in our lifetime – yet this is something for which most new parents feel very ill-prepared. In today's society it is all too often the case that mothers and fathers learn about their roles and responsibilities as new parents through the haphazard process of trial and error. For others it is a matter of 'just-in-time' learning where relevant information and advice is sought if and when circumstances arise where this becomes necessary – and they can access the information they need.

At the same time, the research evidence from cross-sectional and longitudinal studies of child development in Australia and overseas is consistent in showing that parenthood knowledge and skills really do matter for children's outcomes [21-22]. For example, recent findings from the Longitudinal Study of Australian Children (LSAC) shows that most parents are doing well in the task of parenting their children. [23] They also shown how parenting quality, parenting self efficacy and the overall functioning of infants and children are inter-related and the extent to which family and parenting characteristics 'matter' for children's development. Even when adjusted for parental income, education, employment, family structure and parental wellbeing, the independent association of parenting styles show clear associations with child development outcomes for infants (i.e. children aged 0-1 years) and older pre-school children



(i.e. aged 4-5years). These associations are sizeable and likely to persist over time (See figure 2 below).

Figure 2. Associations between parenting and child outcomes



(Source: Zubrick, S., Smith, G., Nicholson, J., Sanson, A. & Jackiewicz, T. *Parenting and families in Australia*. Commissioned report by Curtin University of Technology for the Department of Families, Community Services and Indigenous Affairs.) (23)

For the LSAC age 4-5 cohort, eight of 16 family and parenting variables were found to independently contribute to child development outcomes when the combined effects of the other variables were taken into account. The relative importance of these variables is shown in Figure 2 (above). The analysis shows more negative outcomes for children whose primary parents had lower levels of



education, were not in the workforce, for children in single-parent families, for children whose primary parent reported not getting enough support, and for children receiving less parental warmth. Furthermore, the LSAC data found that that there is no obvious "threshold" for distinguishing 'good parenting' from 'poor parenting' and that even fairly subtle variations occurring within the 'normal' range of parenting behaviours are powerful predictors of children's outcomes. This gives general support to the whole-of-population benefit which could theoretically be achieved through universal initiatives that aim to assist all parents in their parenting skills. It also raises the question of how to ensure that all parents with differing levels of literary competence have the same level of understanding. The Canadian experience over the past decade suggests that this "... is best achieved by parents interacting with other parents in early human development and parenting programs" (Frazer Mustard, 2008) [24].

KEY INFLUENCES SHAPING CHILDREN'S DEVELOPMENT

Attachment and responsive care

"The most important magic ingredient is the quality and the stability of the relationships children have with the adults in their lives"

(Shonkoff, 2000) [3]

Forming a secure attachment between the child and his/her parents has long been recognized as one of the most important developmental tasks of the first year of life. The experience of being loved and cared for becomes the foundation of children's longer-term social development and population studies show that around three quarters of all children develop a secure attachment with their mother and/or other primary caregivers [25]. There is now good evidence that the establishment of a secure attachment is aided by parents being responsive to their children's needs. A secure baby is confident that their



needs- comfort, contact, hunger, thirst and pain – will be met and their expectations of other are likely to be benign. In contrast a baby that is left wet, cold or lying in a dirty nappy, left hungry or screaming for long periods is likely to be more panicky and angry and wary in their relationships with others [26].

The central importance of attachment security for subsequent social and cognitive development is also supported by evidence from recent research into the neurobiology of the effects of stress on the developing brain. Childhood exposures to “toxic” levels of stress have been shown to have long-term effects on children’s social and emotional development as well as their health and learning. Some of the first insights into the biological mechanisms long effects of good or poor maternal care have come from animal studies. For example, Meaney et al (1989) established that physical contact and touch between mothers and their pups in the first few days of life is critical for the subsequent development of social behaviour, memory and learning. Rat pups that received strong licking and grooming in the first six days of life had less methylation of the gene for the gluco-corticoid receptor and had good expression of the glucocorticoid gene throughout life. They were thus better able to regulate stress hormones such as cortisol, the stress hormone produced by the adrenal glands as part of a body’s fight-or-flight response to stress. [27-28]

Given that the hypothalamic-pituitry-adrenal (HPA) response to stress is an important adaptive pathway in all mammals, it is not surprising that similar ‘blunting’ of the cortisol stress response system has been observed in studies of children subjected to severe deprivation and neglect in the early months, as well lower levels of cortisol being found among children of depressed mothers [29]. Megan Gunnar at the University of Minnesota has investigated changes in the responsiveness of the adrenocortical system over the first year of life and established that over this time, behavioural expressions of distress become less closely linked to increases in cortisol –suggesting that deprivation and neglect



are more likely to have enduring effects where this occurs in the earlier months of life.

Gunnar's investigations into infants' changing pattern of stress reactivity during the first year of life have also shown that the responsiveness of caregivers to the baby's distress plays an increasingly important role during the first 12 months. Children in secure attachment relationships are unlikely to produce increases in cortisol when they are behaviourally upset, while children in insecure relationships are likely to show elevations of cortisol. Her studies have also confirmed the importance of "atunement" between mother and child described by earlier studies using slowed-down videos of mother engaged in babbling and cooing, playing peek-a-boo to tickling with their infants which showed an intricate pattern of turn-taking described by Stern (1985) and the "mother-baby" dance [29]. By sharing a baby's feeling of excitement, the mother appears to amplify and extend the pleasure in these exchanges and the opportunities of neurodevelopmental learning through the opportunities they afford for rehearsal of new skills and the tactile, auditory and visual sensory stimulation they provide [30].

Importantly, Gunnar et al's infant cortisol studies have also shown that the better "atunement" between mother and baby in these reciprocal exchanges, the lower the levels of cortisol in the baby. Similarly among preschool-aged children, the quality of children's peer relations and their level of self-regulatory behaviour are associated with cortisol responsivity in both nursery school and daycare settings. Children who get along well with other children and those who are reasonably self-controlled, have low levels of cortisol in the classroom setting, while children who are disliked by other children, have poor behavioural control, and/or are more aggressive have higher cortisol levels [31]. In summary, children who are loved and have responsive care are generally more likely to approach others with positive expectations and to be receptive to guidance and control.



Critical and sensitive periods of development

The timing and pattern of a child's exposure to experiences and influences can affect developmental patterns and future outcomes. While basic and universal milestones – sitting, crawling, walking, talking – are largely genetically programmed they only come fully into being through experience and learning and the kinds of stimulation and nurturing which enables this. As the child's sensorimotor, language, intellectual and cognitive functioning becomes increasingly sophisticated; the development of these abilities is similarly dependent on the availability of appropriate stimulation and developmental opportunities from the environment.

The importance of critical and sensitive periods of development when children are especially receptive to certain kinds of environmental influences or experiences has been highlighted by neurodevelopment studies showing that the correspondence between the density of the synapse connections between the neurons in specific areas of the cerebral cortex specialized for certain functions such as control of the movement, auditory processing, recognition and production of speech sounds and language etc [32]. These studies show that there are identifiable windows of opportunity when the child's brain is exquisitely poised to take advantage of the stimulation and learning opportunities available in their environment. Thus the kind of verbal stimulation a child receives in their first and second years can make a critical difference to their longer-term trajectory of language development. At these time's they can literally “hitch a ride with nature”.

Two examples illustrate the importance of this insight. During the first 24 months of life, children's acquisition of language is highly associated with their mothers' speech. By 2 years of age, children whose mothers speak to them the most have vocabularies that are eight times greater than those whose mothers speak to them the least. When given the right types and amounts of language and



cognitive experiences, particularly within a warm and responsive social context, children *from all walks of life* gain in their intellectual and social-emotional competence [33]. The second is to consider the simple act of a father reading his child a bed-time story. The soothing voice, the richness of language in the story, the imagination of the child anticipating what might come next, and their warmth of the physical closeness and sharing of the experience – all result in profound changes in the brain which support language extension and interest coupled with emotional security and pleasure in learning [34].

Experience-based brain development

“... virtually every aspect of early human development, from the brain’s evolving capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the pre-natal period and extending throughout childhood.”

(Shonkoff and Phillips (2000, p.6) [3])

The physical, biological and social environments of growth and childrearing are all important in shaping the course of children’s development from conception and even pre-conceptually. This is the focus of epigenetics – one of the fastest growing ‘cutting-edge’ areas of science which investigates the interplay between genes and their environment in the growth and development of individuals across the life-span. Since the completion of the mapping of the human genome, the study of gene-environment interactions has cast a whole new light on the importance of early life environmental factors in the developmental origins of health and some of most common and burdensome adult diseases [35].

As has already been discussed, the nature of the social environment of early child-rearing plays a key role in how the child’s genetic endowment is expressed in the establishment of attachment security, self-regulation of emotions,



language and cognitive development (see figure 3 below). Epigenetic studies looking at environmental effects across generations are also pointing to the importance of maternal nutrition during gestation and the way in which the internal biological environments of infancy and childhood affect later developmental outcomes in physical and mental health [36].

While these effects are most evident in disadvantaged sections of the population there is also evidence that they play a much greater role for the development of children from all walks of life than has been previously realized. This is of particular concern as changing patterns of breastfeeding, the reduced availability and cost of fresh food and children's increased consumption of highly processed foods – particularly sugary and fatty fast foods have drastically changed the nutritional value of the 'average' child's diet in recent times. Epigenetic studies of inter-action of these increasingly common adverse nutritional environments with certain genes - both in utero and in the growing years of early childhood – suggest that the combined effects of these secular changes account for much of the increased levels of obesity among children and young people in most developed countries [37-38].

Neighbourhood and community influences

The availability of new statistical methods of multi-level analysis with data from “mature” large-scale longitudinal studies of child development has led to new appreciation of the extent to which the more general effects of social socioeconomic factors on children's developmental outcomes are mediated and moderated by community level factors – such as social capital and community cohesion and access to, availability and use of supports and services for parents and children [39]. Edwards et al (2007) has analyzed data from the Australian Longitudinal Study of Australian Children (LSAC) and shown that regardless of socioeconomic status, neighbourhood factors such as social networks and supports for families and children are important predictors of



parents' mental health and marital relationship and children's developmental outcomes [40].

Studies such as these suggest that the loss of developmental opportunity resulting from nurturing conditions not being available equitably to all children is a major reason why disadvantage tends to become concentrated in some communities and not others and how this leads to inter-generational cycles of disadvantage. The extent to which this matters over the longer-term is highlighted by Boyle et al's (2007) analysis of the long-term follow up of a general population sample of over 2000 Canadian children aged 4-16 years originally surveyed in 1983 and followed to 2001 [41]. This showed that a sizeable proportion of the variation in educational attainment in early adulthood could be explained by early childhood neighbourhood factors. Approximately 15% of the variance in educational outcomes was explained directly by neighbourhood factors, 10% was directly attributable to children while 8% was shared between neighbourhood context and children. The local community/neighbourhood context of child-rearing thus plays a much greater role in predicting children's developmental outcomes than has generally been recognized.

The size and enduring nature of these community level effects suggest the long-term population health benefits potentially achievable through prevention and early intervention programs targeted to communities at known increased risk. However, the variability of need within and between communities, coupled with the *ad hoc* nature of the way in which services have historically been funded over time can make the effective targeting of preventive interventions particularly challenging. The selection of CfC community sites has, for example, targeted communities chosen on the basis of their low average levels of socioeconomic and educational advantage on the SEIFA (socioeconomic indicators for areas).



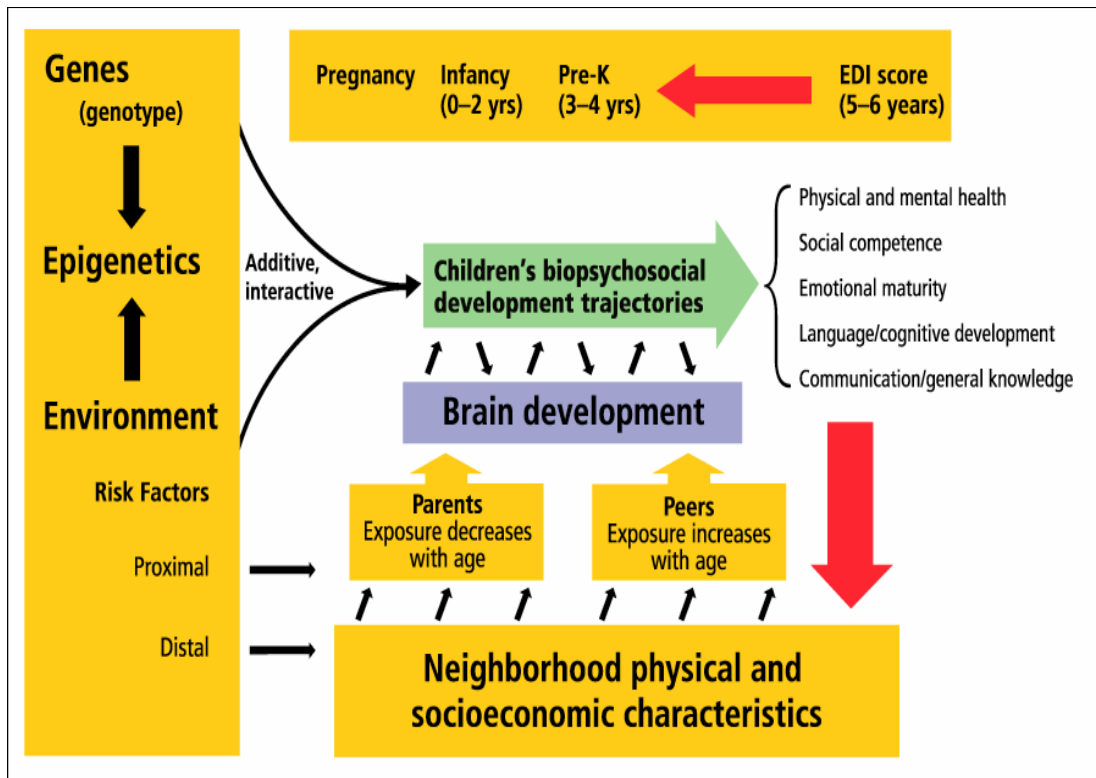
Another recent approach to the targeting of preventive programs according to local need across the full spectrum of socio-economic advantage is by means of community mapping of early child development outcomes for all children within a defined community. The Early Development Index (EDI) approach was originally developed in Canada by Offord and Janus but has since been adapted for use in Australia and a number of other countries [42-43]. The Australian Early Development Index (AEDI) is a community level measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas of early childhood development: Physical health and wellbeing; Social competence; Emotional maturity; Language and cognitive skills, and Communication skills and general knowledge [43]. Once processed, the community level AEDI findings are made publically available with social maps and tables showing the proportion and number of children who are developmentally vulnerable on entry to school and the way in which this varies between different areas (e.g. suburbs) within the community. Comparison of community profile of developmental need and the actual geographic distribution of child and family facilities been found to be a powerful means of engaging the relevant community stakeholders and mobilizing action and local planning to improve ECD outcomes and addressing specific identified needs. The AEDI community findings also assist schools and teachers to systematically reflect on the development of children entering school and to consider how schools can support optimal transitions to school and initiate programs and supports for children once at school.

One of the other important benefits of the AEDI process is that the five developmental domains of measured by the AEDI match the general consensus of the research literature regarding which areas of ECD are most predictive of successful transition into school and subsequent trajectories of learning [32]. They also match some of the key pathways of early brain development described earlier which are now better understood to be subject to epigenetic influence



and to reflect the nurturing qualities of the environments where children grow up and live. This is summarised schematically below in figure 3.

Figure 3. The Early Development Instrument: Capturing Brain Development



(Source: Mustard JF and Young ME Measuring Child Development to Leverage ECD Policy and Investment. In Mary Eming Young and Linda M. Richardson (2007) *Early Child Development. From Measurement to Action: A Priority for Growth and Equity*. Washington DC: The World Bank) (45)



PUTTING WHAT WE KNOW INTO PRACTICE

One of the initial steps of the *National Agenda for Early Childhood* under the *Stronger Families and Communities Strategy* (2004-2009) was the commissioning of two studies documenting the evidence base around early childhood and parenting. The first of these was carried out by the Centre for Community Child Health (CCCH) and involved a review of the international literature, extensive consultation with parents and service providers [46]; The second using a similar methodology focused on Indigenous parenting was undertaken by the Secretariat for National Aboriginal and Islander Child Care (SNAICC) [47].

The findings from both of these studies highlight the socially constructed nature of the parenting role and the multiple ways in which it is influenced by personal, cultural and other contextual factors. Parenting information and support needs to acknowledge the diversity of what works best in different situations for different children and at different stages of child development i.e. that there is no universal standard of 'good' or 'effective' parenting.

Parents who experience difficulty in their parenting role are often those who have a limited range of skills and strategies for being appropriately responsive to their children's behavior and needs. The CCCH study found that what seems most effective in extending parents knowledge and skills in parenting is one-to-one discussion with an early childhood professional and group learning opportunities with other parents – especially where these are backed with: a) access to information resources on ECD; and, b) other supports which assist in the development of personal coping strategies, and learning to work effectively with child health and family service systems.

Particular groups which may require a more specific learning focus including: first-time parents; adolescent parents; fathers; grandparents (particularly those



acting as primary carers); parents with a physical, sensory, learning or mental health difficulty, and parents with substance use issues.

Practitioner views of what is needed

Practitioner views of useful parenting information strategies in the CCCH study included:

- ❖ Face-to-face advice is very useful and can be usefully complemented by other education measures.
- ❖ Telephone support is cheap and effective, and again, is best used in combination with other education methods such as written material.
- ❖ Written information is most effective when accompanied by a personalised approach and advice.
- ❖ Internet resource material can be good but the information must be readable and credible, with some means of quality control.
- ❖ Instructional video tapes and CD-ROMs are effective in producing short-term increases in knowledge, especially in combination with other strategies, such as group education or multi-media training.
- ❖ Role playing and modelling are considered to be effective approaches to impart useful skills.
- ❖ Group parenting and child visits and social networking have great potential to assist parents, especially in offering culturally sensitive and relevant interventions.
- ❖ Parent training can be highly effective in producing lasting improvements in parents' management skills and children's functioning [41].



Parent views of what they want

The parent consultations of the CCCH study included focus groups with parents of 0-5 year olds in five states exploring their parental learning and information needs and preferences. Parents most commonly reported they want a range of information about children's age and developmental stages (physical, intellectual, emotional and social). They also want information about coping with the experience of becoming a parent; for example, the difficulties of balancing work and family life, the physical impact of becoming a parent, and changes in family relationships after having a child. While most parents share a range of such interests, some groups of parents share other specific information needs such as fathers, CALD (culturally and linguistically diverse) parents, parents of children with a disability, single parents, and grandparents [46].

Most of the parents consulted in the CCCH study were confident in their parenting and coping well with the pressures and responsibilities of being a parent, but they also recognized the value in obtaining information that would assist them to be more effective parents. They identified general needs for information and support from services such as flexible and affordable child care, post-birth follow-up services, early medical assessment to identify developmental issues, information support groups for parents' specific needs, and timely access to family counseling. However, their awareness of the range of potentially available information and support was found to be low, which suggests the value of readily identifiable 'one-stop-shop' community centres for children and parents [46].

In discussing this parents identified their preference for consolidated and credible source of information—a 'one-stop shop'— which was readily identifiable as a source of information and support to all parents— and which could provide opportunities for discussion ECD practitioners and other parents. They also suggested a range of other information delivery mechanisms to be



potentially useful. The most widely preferred mechanisms included face-to-face advice, brochures on specific issues, television programs, websites and a handbook or information kit covering many issues. The usefulness of each was seen to depend on the nature of the information provided, and on individual learning preferences. Most parents considered that a variety of mechanisms were required to address their information needs. They also considered that it was appropriate to have a range of information providers but there was a widespread preference for general information services (including referral services) to be provided by government [46].

Consolidating what we now know

The national, state and local initiatives supporting parents in their parenting role and promoting early childhood development has seen many new programs testing different ways of providing support to families. There has brought with it a bewildering proliferation of information and programs for parental learning. However, many of these are not based in proven or promising practice nor have they taken on board the importance of the new understandings from epigenetic studies regarding the critical nature of parent-child interaction and attachment, early language and cognitive stimulation and other in-home or centre-based proximal influences shaping “experience-based brain development”. What is needed is an integrating conceptual framework for all programs and services concerned with early human development. This should aim to ensure that such programs and services are guided by an understanding of the way experience in early life shapes the epigenetic pathways setting gene expression and physical and mental health, learning and behavior over the life-span.

Research consistently shows that parents first line of support when they need information or help with their parenting or for their children is usually their extended family and friends or work colleagues. This highlights the need to also ensure that the community at large is better informed about the way children



grow and develop, to understand the importance of the early years for healthy growth and the development of skills for life and relationships, and the essential nature of policies and services to support parents more effectively in their parenting role. In this regard, a general view expressed by participants in the CCCH study was the need for media based campaigns and community service information about parenting. They identified that such campaigns and advertising should aim to promote specific messages about parenting including:

- information for fathers and ideas and suggestions about activities they could do with their children
- promotion of the role of grandparents and ideas for where they can seek further information and assistance if needed
- general information on child development and managing children's behaviour
- information about the importance of the early years
- the valued role of children in our community.

At the same time, the evidence from the social marketing research indicates that such general awareness raising campaigns are most effective where they are backed by mechanisms (such as a 1800 help-line) for parents to follow up if they require further advice and support [48].

Case Example: The Raising Children website [49]

This website provides expert, impartial information on raising children from newborns to eight years of age in an engaging and user-friendly format. Developed by a consortium of three early childhood organisations: the *Smart Population Foundation (SPF)*; the *Victorian Parenting Centre (VPC)*; and the *Centre for Community Child Health (CCCH)* at The Royal Children's Hospital



Melbourne. The development and maintenance of the website is funded through Australian Government's *Stronger Families and Communities Strategy*. The website provides practical tools and up-to-date information on child health, safety, nutrition, learning, parental wellbeing, family management and kids' activities. For example, "My Neighbourhood" connects parents and carers with local resources and each other; "Baby Karaoke" is an interactive way for parents to connect with their children; and "Parenting in Pictures" provides a visual guide to key topics, such as newborn sleep safety, breastfeeding techniques and bathing a baby. The information on the website is quality-assured so parents all over Australia can access reliable information whenever it's needed. The website caters to fathers, mothers, grandparents and anyone else caring for children. It also speaks to teachers, child care workers, general practitioners, human resource departments, and others working with families and children.

For more information visit <http://raisingchildren.net.au/media.html>

Building sustainable community capacity

The implementation of the *Communities for Children* program in selected high-needs communities around Australia is in many ways similar to the *Sure Start Local Programs* (SSLP) which have been implemented in over 500 disadvantaged communities in England since 1999. While following a set of defined principles and guidelines for the selection of programs to promote early child development, their implementation has had some flexibility in being tailored to the unique pattern of needs and demographic characteristics of each participating community. The *Sure Start Local Programs* (SSLPs) are this year entering their third phase of continued funding and the process of their evaluation over time has yielded some important learnings for building sustainability as well as evidence as to their efficacy over the longer-term. [50]



While the first national evaluation of the first phase of the *Sure Start Local Programs* in 2005 reported only modest and variable gains the most recent national evaluation report (2008) on the second phase of the SSLP initiative is an important addition to the literature on the value of targeted place-based ECD programs [51]. This report employed a more sophisticated study design and capitalized on the fact that detailed data on 9,000 children aged 9 months and their families living in English communities where SSLPs were operating were available from the UK *Millennium Study*. This has enabled follow-up information on these children and families being collected when the child was aged 3 years and comparison of their outcomes with children and families in other similarly disadvantaged areas, who had not participated in an SSLPs. The analysis showed significant positive effects associated with SSLPs for 7 of the 14 outcomes assessed including better social development i.e. more positive social behavior and greater independence/self-regulation than their non-SSLP counterparts. Beneficial effects on parenting included less negative parenting and better parental involvement in the home learning environment. The analysis also showed that these parenting improvements appeared to be responsible for the higher level of positive social behavior reported in children in SSLP areas.

These findings are instructive for a number of reasons. Firstly, they indicate that significant gains have been made since the initial (2005) national evaluation and that these improvements appear to be attributable to progressive improvements in service effectiveness and community participation in SSLPs . This appears to have occurred through the 'bedding-down' of program delivery and because the longer continuity of funding enabled greater attention being given to the hard-to-reach families. Significantly, there was also the introduction of multi-service children's centres, which enabled programs to reach a greater proportion of eligible children and families. Most importantly, the findings showed that families who made greater use of *Sure Start* services tended to benefit more.



These findings are of significant policy relevance given that the SSLPs models of service provision are much more varied in operation than other previously reported effective population-based prevention programs which typically have involved highly specified and “manualised” systems of implementation (e.g. Abecedarian project, Ramey et al., 2000; Early Head Start, Love et al., 2002; Positive Parenting Program, Zubrick et al 2005; Incredible Years, Webster-Stratton, 1993; Nurse Family Partnership, Olds et al., 1999) [52-56].

Issues for Indigenous parental learning

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) review of Indigenous parenting programs identified broad agreement across Indigenous communities that early childhood intervention and prevention strategies to support families and parents are critical to address the many serious issues that are directly and indirectly a consequence of historical legacies of government policies that have had trans-generational impacts on Indigenous child development and the loss of cultural knowledge and skills supportive of parenting [47].

The report identifies a range of challenges in delivering programs that promote and provide learning for parenthood throughout the 0-5 years (including preconception) including the need to address: the differences in access across metropolitan, rural to remote areas; issues of cultural diversity, and existing levels of disadvantage and which impacts on health, education and employment outcomes. In addition, it stresses the need to provide service providers with an understanding of the importance of providing programs for parental learning in a way that builds upon rather than diminishes or ignores Indigenous knowledge, experience and childrearing practices.



To address these challenges, the SNAICC report suggests a number of strategies to support communities to have a stronger focus on prevention and early intervention initiatives for children and families and parenthood learning. The report also identifies the need for this to be supported through administrative and legislative initiatives including the establishment of a national Indigenous childrens' services workforce development strategy; an Indigenous child welfare and development council, reform to foster and kinship legislation; a family and child abuse healing strategy; and other state and territory based child protection reforms [47].

Case example

The West Pilbara *Communities for Children* project

There are many insights to be gained from exploring how program providers are currently addressing Indigenous parental learning and early child development in this CfC site with a high proportion of Indigenous children. A raft of both universal and targeted early intervention and preventative programs are being delivered to Indigenous and CALD families with children 0-5 in this very large remote area of northwestern Australia. The strategies aim to deliver outcomes that are broad yet measurable over the course of the program lifecycle and to improve early child development outcomes in the priority areas of a) *Healthy Young Families*, b) *Early Learning and Care*, c) *Improved Child Physical Health and Development*; d) *Improved Child Cognitive Development and Competence*, and e) *Improved Child Social/Emotional Development* (see Appendix 1).

These strategies support and enhance existing early childhood activities such as playgroups and early year's agencies and/or groups to further develop and improve the quality of early year's service provision across the West Pilbara. They promote and build upon existing literacy activities for young children (0-5) and



support community members to plan, deliver, and contribute to activities that sustain pre-emergent and emergent literacy. All of these strategies aim to increase: community engagement and direct participation in the full range of West Pilbara *Communities for Children* Activities; awareness as to the benefits of breastfeeding; participation in existing and new early childhood programs and activities; awareness of the importance of reading to young children; information regarding parenting available to the community through the use of multimedia and the development of the Community Portal; and, improved relationships and collaborative approaches between service providers within the West Pilbara *Communities for Children* site.

The introduction of programs such as *Lets Read* aim to address issues of literacy for both children and families and to reinforce the importance of parents' relationships with children, the benefits of reading to children from an early age. The *Lets Read* program has been offered for 12 months in the West Pilbara and highlights some of the key issues for Indigenous parental learning for program providers. These include delivering the program to take account of parents own levels of Standard Australian English literacy, the geographic isolation experienced by many families and large distances involved in delivering programs. Currently, research is being undertaken to look at whether and how the *Lets Read* resources and activities can be adapted for Indigenous parents. (See Appendix 1) The *Let's Read* program is currently being adapted and further developed to work with parents to build on their own language and cultural strengths. It highlights the importance of literacy as a social practice, one of engaging parents, carers and grandparents with children to develop their understanding and confidence of the world around. Other complementary programs such as the supported playgroups and 3+ playgroups attempt to recognize and incorporate the cultural knowledge that Indigenous families have to strengthen their early child development activities.



Another challenge for communities with a high proportion of Indigenous families is access to services. There is considerable evidence that confirms that access to early child services improves early development outcomes for children. For example, the 2007 Australian Early Development Index (AEDI) results for this CfC site highlight this – some 81% of children in the Karratha area were reported as having access to early childhood services and this was reflected in the strength of their results for pre-primary children across all five AEDI developmental domains. In contrast, in Roebourne - just 32 kilometres away from Karratha - only 15% of children were reported as having access to early childhood services with a much higher number of children being vulnerable across two or more AEDI domains.

Access to services also involves issues of cultural relevance and inclusiveness. The provision of culturally inclusive access to services and programs remains a great challenge for policy makers and program providers along with having appropriate strategies to engage Indigenous parents in the learning. The Community Partners in the West Pilbara CfC site are exploring ways to engage Indigenous parents in their children's learning across all age groups. In Roebourne and Wickham playgroups are being run in the park once a week, with the idea of gradually building Indigenous parent's interest and confidence in participating in playgroups. It is an example where several community partners are working together to share their networks to increase the number of access points for parents to engage.

These Community Partners offer a range of strategies which reinforce and support the interrelatedness of skills and understandings required for effective parenting. For example, several Community Partners are linking with Indigenous mums around the importance of breastfeeding, at the same time using the opportunity to focus on the importance of nutrition for mothers and children. They are beginning to connect with existing programs such as *Strong Women*, *Strong Babies*, *Strong Culture* being run though Marrinkwarra, the local Aboriginal



Medical Service. Some of the challenges involve acknowledging and addressing other issues such as alcohol and substance use among women throughout pregnancy and lactation. A new initiative that indirectly addresses these issues has just started in Yandeyarra (one of the communities in Roebourne) to encourage the senior women to teach cooking and share their cultural knowledge with the young mums. These initiatives address a range of issues which support positive parental learning —by acknowledging culture, they strengthen connectedness to culture and country, and in doing so, teach responsibility, pride and confidence which are in turn reflected in interactions with their children.

The important role that Indigenous women and men play in transferring skills to young Indigenous parents reinforces the need to promote an Indigenous workforce that is knowledgeable about early child development. At the same time recognizing Indigenous knowledge, skills and competencies is also crucial to promoting Indigenous engagement and capacity building and the scaffolding of parental education for the next generation. The experience of several CfC sites and the *WA Early Years* sites confirms that program delivery for Indigenous families involves building and strengthening existing and new relationships, and being persistent and consistent in terms of delivery - *'you need to be prepared to go back to the community again and again'*.

Community partners and local stakeholders comment that programs can be operating well for a while and then 'seem to fall in a heap', for any number of reasons ranging from staff changes, to someone in the community passing away or series of deaths in the community, a family member being jailed, a car breaking down, or a group of relatives coming to stay. Any and all of these events can place cumulative stress on communities, the effects of which can be overwhelming - as one program provider stated:



"I have learned that for Indigenous people the order of priorities is family, then more family, then community and then whatever else follows – whether it's playgroup, school or work, these things will come second, third, even fourth as families regroup to sort things out, to support each other..."

Even though some of the services or programs being offered may be intended to support people in avoiding some stress events, the frequency and levels of stress can be so debilitating it is difficult to break through. The relative youthfulness of Indigenous parents, their lower average levels of education and much higher likelihood of experiencing extreme levels of family stress make it imperative that sufficient time, effort and resources is committed to engaging Indigenous parents and families in services and programs.

Service providers speak of the need for patience, flexibility, compassion, ethical concern and genuineness - but also admit that it is not always easy to put these ideals into practice. Frustration, discouragement and high levels of stress are not uncommon – particularly when program delivery does not go according to plan.

As one experienced Indigenous service provider explained:

"You need to be prepared to be flexible and responsive to people's needs. Sometimes things go wrong. Instead of running the playgroup today you are now driving four mum's to someone's place because some thing has happened that isn't good. It doesn't sit in the program outputs or outcomes but it is part of the process of building relationships and trust; you are still modelling things like resourcefulness and you are saying – you matter, your kids matter. If you can do that people start to let you in, but it takes time."



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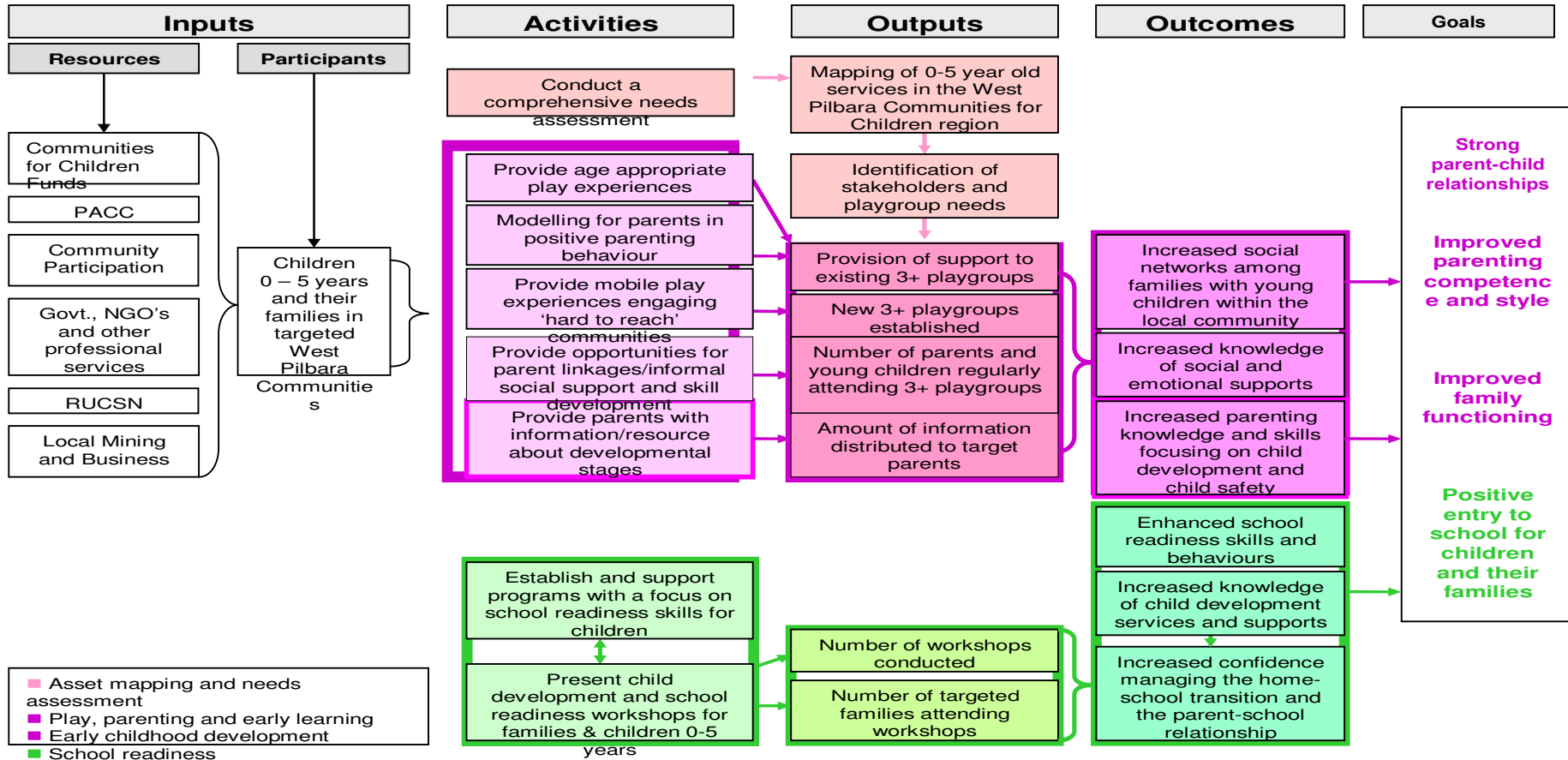


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APPENDIX 1. WEST PILBARA COMMUNITIES FOR CHILDREN

Program Logic



West Pilbara Communities for Children – Services and service needs

The information below has been extrapolated from the Report commissioned by West Pilbara CfC in June 2007, and highlights the services that are presently being delivered in the towns of the West Pilbara, in relation to early childhood. It also identifies the needs for each of those sites. It is clear that every site has individual needs, but plainly there are commonalities. For translation to the WPCfC Initiative, these generic activities can be grouped under the Communities for Children Activities, these being:

1. Early Childhood Nutrition and Development

Parenting Courses; Ante natal; Post natal; early nutrition; brain development;

2. School Readiness and 3+ Playgroups

Preparing children for school; educating parents on supporting children's school readiness; supporting Playgroups; protective behaviours

3. Early Literacy

Library outreach to Playgroups, Child Care centres, indigenous communities and allied professionals

4. School readiness

Primary schools

Onslow - need indigenous outreach to enhance school Readiness



Dampier – need school readiness program

Young Mum’s programs operating at:

Tom Price, Wakathuni, Youngaleena, Bellary , Karratha, Roebourne, Paraburdoo

Kinder Gym operating at:

Onslow

Indigenous language program operating at:

Onslow

Fathers involvement in ante and post natal services at:

Karratha

It is also clear that both Libraries and Child Health need support to employ an additional person to deliver outreach, either to the Child Care services, Playgroups or indigenous groups.



West Pilbara CfC - Service audit

Tom Price	Wakathuni, Youngaleena and Bellary	Paraburdoo	Pannawonica	Onslow
WHAT THEY HAVE				
<ul style="list-style-type: none"> ✚ Early Years Strategy ✚ Leaping Lizards ✚ School transition ✚ Child Health ✚ RUCSN - mobile ✚ Library - story time ✚ Playgroups/Toy Library ✚ Kinder Gym ✚ Child care 	<ul style="list-style-type: none"> ✚ Child Health - Wakathuni – 3 – 4/ week ✚ Youngaleena – fortnightly ✚ Bellary - weekly ✚ RUCSN Mobile Playgroup (Wakathuni only?) 	<ul style="list-style-type: none"> ✚ Childcare ✚ Playgroups ✚ Toy Library ✚ Library – Story & Rhyme time 	<ul style="list-style-type: none"> ✚ Child health ✚ Playgroup ✚ Library – story time ✚ Child care 	<ul style="list-style-type: none"> ✚ Little Learners primary school 2 morn./week ✚ ABA ✚ Child Health ✚ Occ Care ✚ Library



WHAT THEY NEED

<ul style="list-style-type: none"> ✚ School readiness ✚ Young Mum's ✚ Parenting courses ✚ Post natal classes ✚ Library - outreach 	<ul style="list-style-type: none"> ✚ Parenting courses ✚ Young Mum's ✚ School readiness 	<ul style="list-style-type: none"> ✚ School readiness ✚ Parenting courses ✚ Young Mum's 	<ul style="list-style-type: none"> ✚ Ante & post natal support ✚ Parenting courses ✚ Support with Early Literacy at Library ✚ Ante and Post natal courses 	<ul style="list-style-type: none"> ✚ Indigenous outreach for Little Learners ✚ Link CC - literacy at Library ✚ School readiness ✚ Parenting courses ✚ Indigenous language prog. ✚ Kinder Gym
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West Pilbara CfC Service Audit (contd.)

Karratha	Dampier	Roebourne	Wickham	Point Samson
WHAT THEY HAVE				
<ul style="list-style-type: none"> ✚ Child Health - Ante & post natal ✚ Ngala – Brain development ✚ ABA ✚ Playgroups (inc.1 - ch'n disabilities) ✚ Child Care & FDC ✚ LINK – parenting w/shops ✚ Library – story time & BB 	<ul style="list-style-type: none"> ✚ Library doing story time & BB ✚ Playgroup ✚ Child health visits ✚ Child Care 	<ul style="list-style-type: none"> ✚ Ngala – Woodside (Sleep, nutrition) ✚ Library – Story time & BB ✚ Best Start – school readiness ✚ Child Health – monthly ✚ Child Care 	<ul style="list-style-type: none"> ✚ Child Health - Cheeditha & Ngurawaana 4 X year ✚ Ngala - sleep & nutrition ✚ ABA - Post natal nutrition ✚ Library - story time, BB ✚ Playgroup ✚ Child Health 	<ul style="list-style-type: none"> ✚ Playgroup ✚ School Readiness - RUCSN



<ul style="list-style-type: none"> ✚ Kinder Gym ✚ Mainly Music 			<ul style="list-style-type: none"> ✚ Family Day Care ✚ Kinder Gym 	
WHAT THEY NEED				
<ul style="list-style-type: none"> ✚ Young Mum's (13 under 20) ✚ Partner involvement in Ante/post natal sessions ✚ Brain development ✚ Child Health – outreach 	<ul style="list-style-type: none"> ✚ 3+ Playgroup - school readiness ✚ Library need outreach ✚ Parenting courses 	<ul style="list-style-type: none"> ✚ Library outreach to indigenous Community ✚ Young Mum's (15 under 25) ✚ Protective Behaviours ✚ Outreach for school readiness ✚ Consultation – with parents with children under 5 regarding needs ✚ Parenting Courses 	<ul style="list-style-type: none"> ✚ Parenting courses ✚ Young Mum's 	<ul style="list-style-type: none"> ✚ Parenting courses



RECOMMENDATIONS

Given the above and given that all CP's are working with the same groups of families/services, it would seem the most appropriate response to these needs is:

That the Facilitating Partner organize a Strategic Planning workshop, with each of the Community Partner's once they are all contracted. That special interest groups are invited to attend, like, Local Evaluators; Juluwarlu; Wangka Maya, Child Health, Library etc. That the CfC Committee are also invited and during this workshop, the CP's (having previously been given the outline of the workshop and developed a report that could be distributed prior to the workshop), discuss their existing service delivery plan and identify and share how they intend to meet the above needs. It would be the Facilitator's role to then assist the group to develop a Plan of Action that identified:

- Activities/services (endorsed by group) that meet the above needs
- Common dates (or at least non - overlapping dates) for delivery/support to each site
- Individuals/groups who are able to deliver the courses /sessions
- Evaluation techniques
- Common marketing and promotion strategies

In this way it will minimize confusion for the sites and gives the WPCfC Project a collaborative and cohesive approach. This will allow the streamlining of delivery, ensure branding and recognition, strengthen knowledge and understanding of the Project, and inform and educate the FP; CP's, the Committee and the Local Evaluator's.



APPENDIX 2. USEFUL WEBLINKS

Early Head Start National Resource Centre (0-3 Years), US Administration for Children and Families, USA	http://www.ehsnrc.org/
Promising Practices Network on Children, Families & Communities, RAND Corporation, USA	http://promisingpractices.net/default.asp
Early Childhood Learning and Knowledge Centre, Administration for Children and Families, USA	http://edlc.acf.gov/hslc
SureStart Department for Education and Skills, UK	http://www.surestart.gov.uk/
Understanding the Early Years Human Resources and Social Development, Canada	http://www.hrsdc.gc.ca/en/hip/sd/300_UEYInfo.shtml
Beststart - Best Links, Ontario, Canada	http://www.beststart.org/blinks/ecd.html
Telethon Institute for Child Health Research Perth Western Australia	http://raisingchildren.net.au/media.html
Australian Early Development Index, National Support Centre, Centre for Community Child Health, Melbourne.	http://www.australianedi.org.au/
The Raising Children Website Centre for Community Child Health, Melbourne	http://www.ichr.uwa.edu.au/

