

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

A summary report presenting findings from an analysis of data on parenting initiatives in Australian states and territories



Acknowledgements

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List of abbreviations

AEDI	Australian Early Development Index
AEYSOC	Australian Education, Early Childhood Development and Youth Affairs Senior Officials Committee
CALD	Culturally and Linguistically Diverse
COAG	Council of Australian Governments
ECD	Early Childhood Development
EYLF	Early Years Learning Framework
MCEECDYA	Ministerial Council for Education, Early Childhood Development and Youth Affairs
MCEETYA	Ministerial Council for Education, Employment, Training and Youth Affairs
NGO	Non-Government Organisation

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EXECUTIVE SUMMARY

Background

In December 2009 the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) endorsed stage 1 of a national project 'Engaging Families in the Early Childhood Development Story'. The objective of stage 1 (to be completed by 30 June 2010) was to research and identify the key messages to parents which could inform a possible social marketing strategy on early childhood development. These messages are based on a growing body of information from the neurosciences which shows how brain development in the early years, specifically from birth to the age of three, can set trajectories for learning and development throughout life.

The project required the delivery of four products:

1. A summary report presenting findings from an analysis of data on parenting initiatives in Australian states and territories.
2. Neuroscience and early childhood development: Summary of selected literature and key messages for parenting.
3. Research findings from a survey of parents of children from birth to age 8.
4. Final project report of Stage 1.

This report presents the second product, a summary of the key messages being delivered by government and non-government parenting initiatives.

Process

The MCEECDYA project proposal required a 'review/scan' of existing national, state and territory initiatives for parents and carers. The required output was a consolidated listing (identified as a 'matrix') of information programs and other initiatives (collectively described as 'parenting initiatives') across early childhood development disciplines. Information was to be sought on the key messages conveyed to parents, the methods of communication, and the means used to evaluate program effectiveness.

A template was developed for states and territories to report parenting initiatives, and an Excel database was designed to store and analyse this data. This formed the matrix. Key messages were identified, aggregated and then divided into seven main 'themes':

- Attachment/relationships
- Parent, child and family physical and mental health and wellbeing
- Communication
- Parenting – skills, competence and confidence
- Learning and literacy
- Understanding the importance of the early years (and brain development)
- Behaviour and emotions.

Analysis was also made of the method of delivery, target audience, age range of children, and evaluation processes. In addition, key messages from the matrix of parenting initiatives were cross referenced with key messages of the Australian Early Development Index, the Early Years Learning Framework and the neuroscience review (product 1 of this project).

Key highlights from the data

- From 126 parenting initiatives included in the review, 98 separate key messages to parents were identified, the greatest number of which focused on child and family physical and mental health and wellbeing (36%). Only a limited number

of parenting initiatives (6%) included a component explaining the neuroscience evidence messages to parents and why they are so important.

- Only 8% of parenting initiatives focused on learning and literacy.
- The majority of parenting initiatives were being delivered face-to-face (59%).
- The majority of parenting initiatives restricted attendance to specific groups of parents (70%).
- 80% of parenting initiatives were evaluated against performance criteria. Of 58 performance indicators itemised, participant attendance was identified as the most frequently used (18%).
- 27 different categories of children's age ranges were identified. Of 126 parenting initiatives, only 8% focused specifically on the 0–3 year age range which is widely recognised as the most important and formative period of the ECD period.
- 0% initiatives focused on early numeracy.
- The majority of initiatives (71%) do not offer a targeted focus on any key stage within the early years (baby, toddler, pre-schooler). Only 3% of the initiatives provide a targeted focus on babies, 1% on toddlers and 2% on pre-schoolers.

Observations for consideration

The following observations raised a number of questions which are presented in this report for consideration by stakeholders across jurisdictions and early childhood disciplines.

- i. There was clear evidence of positive parental feedback.
- ii. The most frequently used method of delivering parenting initiatives was face-to-face.
- iii. Most parenting initiatives were targeted at specific groups of parents rather than all parents.
- iv. Neuroscience (brain development) was not evident as a key component of parenting initiatives.
- v. There was no apparent common/shared definition of 'early childhood development'.
- vi. Few antenatal classes had representation in the data.
- vii. There was little targeted support for grandparents as carers.
- viii. There was little evidence about specific campaigns on breast-feeding.
- ix. There was no evidence of any focus on early numeracy.
- x. Few parenting initiatives focused explicitly on communicating with your child.
- xi. Most parenting initiatives focused on the broadest age range (0–18 years).
- xii. There were very few messages about ECD and disability.
- xiii. The wide variety of parenting initiatives and messages suggests information is not presented to parents using a common approach or shared knowledge base, resulting in inconsistency in delivery and understanding of key messages.
- xiv. There was a wide diversity of approaches to evaluation of initiatives.
- xv. There was evidence of a 'deficit' approach underlying programs for parents, e.g. in order to access programs, parents required the existence of a 'problem'
- xvi. There was ambivalence about parents being viewed by practitioners as 'experts in their child's life' or as 'blank slates'.

Next steps

- The data returned from the exercise provides a snapshot of the type of messages being delivered to parents nationally at a point in time.
- The data set provided by the matrix is one of several that will be used to inform the final report from stage 1 of the project and prepare the way for future planning.

INTRODUCTION

Growth in knowledge from the neurosciences shows how brain development in the early years can set trajectories for learning and development throughout life. Specifically, brain development is at its most critical phase from birth to the age of three. It is therefore imperative that the importance of brain development during this time is consistently and universally promoted to all parents and caregivers in order to maximise the contribution they can make to their children's development.

A three stage project entitled 'Engaging Families in the Early Childhood Development (ECD) Story' has been designed aimed at building the understanding among parents, other primary carers and the broader community of the importance of early childhood development.

The first stage of the project was endorsed by the Ministerial Council for Education, Early Childhood Development and Youth Affairs (MCEECDYA) on 6 December 2009. The project timeline is January to 30 June 2010 and the objective is to research and identify the key messages to parents which could inform a (possible) social marketing strategy on early childhood development.

The project required the delivery of four products:

1. A summary report presenting findings from an analysis of data on parenting initiatives in Australian states and territories.
2. Neuroscience and early childhood development: Summary of selected literature and key messages for parenting.
3. Research findings from a survey of parents of children from birth to age 8.
4. Final project report of Stage 1.

This report presents a summary of the second product, the key messages being delivered by government and non-government initiatives for parents.

BACKGROUND

Timeline

26 March 2009 MCEETYA Early Childhood Ministers Satellite Meeting

Ministers agreed to the development of a national project, *Engaging Families in the Early Childhood Development Story*, as part of the National Early Childhood Development Strategy.

29 May 2009 MCEETYA Early Childhood Ministers Satellite Meeting

Ministers endorsed the development of a social marketing strategy to communicate key messages for *Engaging Families in the Early Childhood Development Story* and agreed to seek \$350,000 to fund a research and campaign development phase to support this strategy.

30 July 2009 AEEYSOC meeting

Endorsement was sought for a MCEECDYA National Project Fund Bid.

6 December 2009 MCEECDYA meeting

Final endorsement was given to the first stage of the project.

The project

The overall aim of the project is to engage parents, carers and the community in increasing their understanding of evidence from the neurosciences about the importance of early childhood development and behaviours that optimise early childhood outcomes.

It is proposed that this would be achieved by:

- framing and sharing key messages from the neurosciences with parents and carers, to assist them to make the best possible choices to support their children's development
- identifying ways to incorporate these messages into existing and emerging services provided through health, care, education and community services settings.

The project is divided into three stages:

Stage 1 Research and identification of key messages (January – June 2010)

Stage 2 Campaign and communications strategy development (to be confirmed)

Stage 3 Campaign delivery and communications strategy implementation (to be confirmed)

Stage 1 is designed to provide the foundation for Stages 2 and 3. However, it can also stand alone should a decision be made not to proceed to Stages 2 and 3.

The information derived from Stage 1, including the identification of consistent, key neurosciences messages and parental understanding of this information, can be used to inform future COAG initiatives as well as state and territory strategies.

Engaging Families in the ECD Story project: A matrix of key messages delivered to parents via parenting initiatives

The project proposal required a 'review/scan' of existing national, state and territory initiatives across the disciplines of early childhood development. The required output was a consolidated listing (known as a 'matrix') of information programs and other initiatives for parents and carers (collectively described as 'parenting initiatives') across early childhood development disciplines from all jurisdictions (national, state, territory). Information to be sought in this review included:

- *Messages*: what are the key messages conveyed to parents?
- *Methodology*: how are these messages being communicated? e.g. media, workshops, toolkits, etc.
- *Evaluation*: what indicators are being used to measure the effectiveness of these initiatives and whether they are reaching target audiences?
- *Usefulness*: how important/useful to parents is the information provided in these initiatives? (This was later removed from project requirements.)

METHODOLOGY

Data gathering 20 January – 5 March 2010

1. A national project steering group was established with responsibility for organising the collation of data from states and territories.
2. A template was developed and endorsed by the steering group for the collection of data (as consistently as possible) across states and territories. Copies of the template and guidance notes are available as **Appendix 1**.
3. A detailed communication to inform and engage non-government organisations was provided on 1 February 2010.
5. Due to the scope of the data gathering exercise, requiring responses from government departments and NGOs, the original deadline of 19 February 2010 for the data gathering exercise was extended to 5 March.
6. An Excel database was designed to store and analyse the data. This formed the matrix.
7. Manual coding and analysis of the data was conducted in the following ways:

Data analysis

Key messages to parents: identification

For each parenting initiative, the owner of the data was asked to identify the key messages being delivered. An initial 'long' list was created.

Key messages to parents: aggregation

The long list of messages was a useful data set, stand alone, but was not conducive to analysis. Therefore a 'short' list was created through identifying seven key emergent 'themes', namely:

Attachment/relationships

Any message which emphasises the importance of child/parent/carer attachment in relation to early childhood development outcomes.

Parent, child and family physical and mental health and wellbeing (including first aid)

Any message which promotes the importance of parent, child and family physical and mental health and wellbeing (including first aid).

Communication

Any message which seeks to encourage and explain the importance of empathic and appropriate communication between parent and child.

Parenting – skills, competence and confidence

Any message which seeks to develop a set of 'parenting skills' and/or promote and build on and enhance the inherent knowledge and understanding a parent has of their own child.

Learning and literacy

Any message with a primary focus on early learning and literacy skills within the early years.

Understanding the importance of the early years (and brain development)

Any message which seeks to explain the neuroscience underpinning early childhood development activities and/or the importance of the early years.

Behaviour and emotions

Any message which seeks to explain and provide strategies for understanding and dealing appropriately with behaviour issues in the early years.

Due to the holistic nature of early childhood development, the list of themes selected for this exercise provides one possible approach to analysing the data. A table showing how all levels of messages 'map' to one another is available electronically as an appendix separate to this report.

Key messages to parents analysis: cross referencing the messages to the Australian Early Development Index and the Early Years Learning Framework the neuroscience review

To provide added value, each key message was also mapped to the most relevant:

- Australian Early Development Index (AEDI) domain
- Early Years Learning Framework (EYLF) outcome
- Primary key message identified from the neuroscience review.

Key messages to parents: method of delivery

The template also captured information on the delivery method for each initiative.

Key messages to parents: target audience

Each message was coded as to whether it was a universal initiative (i.e. open to all members of the population of parents with children under 8 years old) or a 'targeted' initiative (i.e. open only to certain prioritised groups).

Key messages to parents: age range of children implicated

The ages of children that the parenting initiatives and key messages related to were analysed to provide a picture of the range of ages targeted and the proportionate distribution of initiatives across key stages in the early years (e.g. baby, toddler, pre-schooler).

Key messages to parents: evaluation

Details of all key performance indicators being used to measure the effectiveness of each parenting initiative were coded and aggregated.

PURPOSE, BENEFITS AND LIMITATIONS OF THE METHODOLOGY OF DATA COLLECTION

Purpose of the data matrix

1. The matrix is one component of Stage 1 of the project. The priority objective for this project is to provide a research base.

Benefits of the matrix

1. The data returned from the exercise provides a sound indication of the type of messages being delivered to parents nationally at a point in time. This fills a gap in current knowledge.
2. The data and statistics provided through the exercise provide a guide for future planning and could be used for directing future resources based on need/ 'gap analysis'.
3. The data set provides a foundation for further development of consumer driven products e.g. searchable online database.
4. The data set provided by the matrix is one of several that will be used to inform the final report from Stage 1. The results from the matrix have been fed into the focus group exercise for further testing.

Limitations of the matrix

1. *Possible self selection bias*: the initiatives had to be selected by one person in the first instance and then the messages were manually coded, both of which are subjective processes, based on the individual interpretation and understanding of the person providing the information. (To balance this risk, all data was returned to project steering group members to allow opportunity to either validate or amend the final data set developed for their state or territory.)
2. *Resource constraints*: the limited amount of time and resources caused incomplete representation in some jurisdictions. The context of the project required that the matrix was built, the data analysed and coded, and statistics returned in less than two weeks.
3. For the purposes of the project all parenting initiatives have been treated equally irrespective of size or scope.
4. *Manual 'coding'*: the coding of the messages has been achieved through a manual process as opposed to use of software (e.g. NUD*IST, VIVO8).
5. Due to the holistic nature of early childhood development the final categorisation of messages is only one way of analysing the data presented.

FINDINGS

Key highlights from the data

- From 126 parenting initiatives itemised, 98 key messages to parents were identified.
 - The majority of messages to parents focus on child and family physical and mental health and wellbeing, including first aid (36%).
 - The results indicate that only a limited number of parenting initiatives (6%) include a component explaining the neuroscience evidence to parents.
- Only 8% of parenting initiatives focus on learning and literacy.
- 0% initiatives focus on early numeracy.
- The majority of parenting initiatives are being delivered face-to-face (59%).
 - There is no evidence of initiatives using the web or telephone as an interactive delivery mechanism, e.g. video or teleconferencing for isolated families.
- The majority of parenting initiatives restrict attendance to specific groups of parents (70%).
- 80% of parenting initiatives are identified as evaluated.
 - 58 performance indicators were identified as measures of evaluating the effectiveness of parenting initiatives.
 - Participant attendance was identified as the most frequently used performance indicator for measuring the effectiveness of parenting initiatives (18%).
- There were 27 different categories of age ranges identified.
 - Of 126 parenting initiatives, only 8% focus specifically on the 0–3 year age range which is widely recognised as the most important and formative period of the ECD period.
- The majority of initiatives (71%) do not offer a targeted focus on any key stage within the early years (baby, toddler, pre-schooler). Only 3% of the initiatives provide a targeted focus on babies, 1% on toddlers and 2% on pre-schoolers.

Detailed information

i. Analysis of key messages to parents (developed from the matrix of parenting initiatives)

Of the 139 parenting initiatives provided to the data base, only 126 contained sufficient information for consistent analysis. The messages were aggregated at two levels:

- Level 1: long versions of key messages
- Level 2: a short-list of aggregated 'themes' emanating from the messages.

Level 1 aggregation provided a total 98 'long' key messages. A full list of these messages is provided at **Appendix 3**.

Level 2 aggregation resulted in the emergence of seven key themes (see Table 1 on page 13). The results from this exercise suggest that the significant majority of messages to parents focus on physical and mental health and wellbeing (36%).

Table 1: Key themes derived from messages to parents being delivered through parenting initiatives

Key themes emerging from messages to parents		
1.	Parent, child and family physical and mental health and wellbeing	36%
2.	Attachment/relationships	23%
3.	Parenting skills, confidence and competence	19%
4.	Learning and literacy	8%
5.	Behaviour and emotions	6%
6.	Understanding the importance of the early years (brain development)	6%
7.	Communication	2%

ii. Method of delivery for initiatives

Analysis of the data available on parenting initiatives showed that the most frequently used method for delivering parenting initiatives was face-to-face (59%): either in a group setting (41%) or one-to-one (18%). The findings are presented in Table 2.

Table 2: Methods of delivery identified for parenting initiatives

Method of delivery of parenting initiatives		
1.	Face-to-face (overall)	59%
	Face-to-face (group)	41%
	Face-to-face (1:1)	18%
2.	Written ¹	26%
3.	DVD	8%
4.	TV	0%
5.	Radio	2%
6.	Advertising campaign (generic)	1%
7.	Telephone	2%
8.	Web	2%

There is no evidence of the web and telephone being utilised as a means of interactive delivery e.g. video or teleconferencing, as ways of delivering parenting initiatives to isolated families.

iii. Evaluation – key performance indicators

80% of parenting initiatives were identified as being evaluated. The extent and approach to evaluation methods varied widely from monitoring of attendance figures, to collecting parental feedback forms, to long term university led evaluation programs.

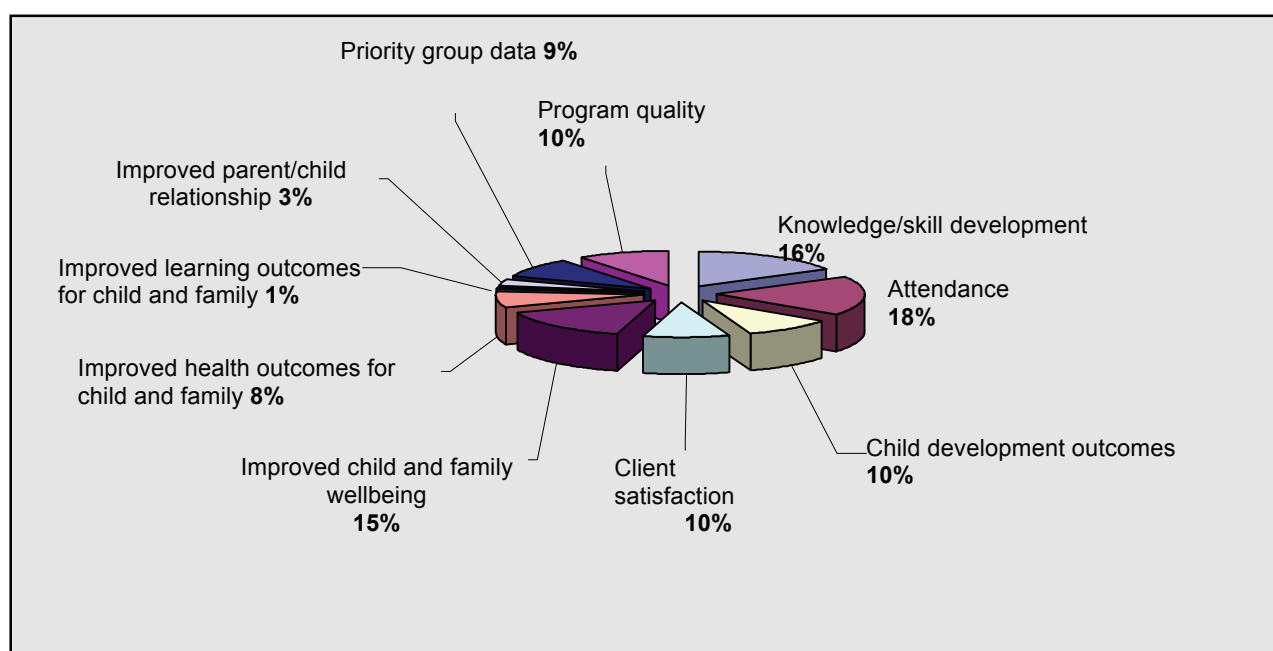
From the sample of 126 parenting initiatives, 58 different key performance indicators were identified as being in use to measure the effectiveness of initiatives. The 58 indicators were aggregated into a short list of 10 ‘themes’. See Table 3 and Figure 1.

¹ Many of the messages delivered in print were handouts which were provided during face-to-face sessions

Table 3: Key performance indicators (aggregated) used to measure the effectiveness of parenting initiatives

Effectiveness of parenting initiatives – performance indicators		
1.	Attendance numbers	18%
2.	Increase in knowledge/skill development	16%
3.	Improved child and family wellbeing	15%
4.	Improved child development outcomes	10%
5.	Client satisfaction	10%
6.	Program quality	10%
7.	Priority group attendance numbers	9%
8.	Improved health outcomes for child and family	8%
9.	Improved parent/child relationship	3%
10.	Improved learning outcomes for child and family	1%

Figure 1: Key performance indicators used to measure the effectiveness of parenting initiatives



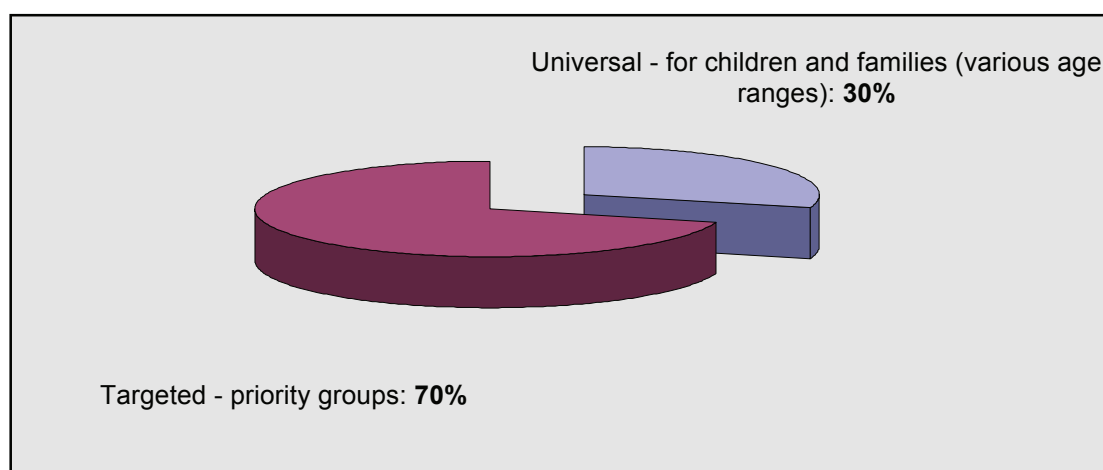
iv. Target audience

Information was also gathered on target audience of the parenting initiatives. This data fell into two categories:

- Parenting initiatives open to the general population (as long as they have children within the 0–8 year old age range or other identified age range of the parenting initiative)
- Specific priority groups of parents meeting attendance criteria, e.g. parents identifying as Aboriginal and Torres Strait Islanders, culturally and linguistically diverse, young parents, children and families at 'risk'/vulnerable, etc. Agency referrals were the key method for populating initiatives under this category.

The significant majority of initiatives (70%) are only made available to the second category – specific priority groups of parents. (See Figure 2)

Figure 2: Target audience for parenting initiatives



v. Age range of children

The age range of children addressed through the parenting initiatives varies widely.

Many initiatives do not focus specifically on the ECD age range (0–8 years), but include it by default as part of a wider age trajectory e.g. 0–18 years.

There are 27 different categories of age identified which either encompassed the ECD age range (0–8 years) or fell within it, as set out in Table 4.

Out of the 126 parenting initiatives analysed, only 8% focus specifically on the 0–3 year age range which is widely recognised as the most important and formative period of the ECD period. A further 13% address age ranges within the 0–3 years cohort, e.g. 0–18 months, 6 months–1 year.

Table 4: Age range of children implicated in parenting initiatives

Age range	% of total no. of initiatives (n=126)	Age range	% of total no. of initiatives (n=126)
0–10yrs	1	0–7yrs	1
0–12mths	2	0–8yrs	17
0–12yrs	5	0–teens	2
0–16yrs	1	18mths–2yrs	1
0–17yrs	1	2–8yrs	1
0–18 mths	2	3.5–5yrs	1
0–18yrs	12	3–8yrs	2
0–19yrs	1	4–19yrs	1
0–2yrs	3	4–6yrs	1
0–3mths	1	5–11yrs	1
0–3yrs	8	6mths–1yr	1
0–4yrs	9	6mths–2yrs	1
0–5yrs	14	Antenatal	2
0–6yrs	7	n/a	4

Individual age ranges

A quarter (25%) of the initiatives do not have a specific ECD focus, but do include the 0–8 year ECD age range by default as part of a wider age bracket e.g. 0–18 years.

The second highest proportion of initiatives (17%) focuses across all ages within the ECD 0–8 year age group.

Age groupings (aggregated data)

The data was then aggregated to identify which initiatives provide a specific focus on key stages within the early years: babies (0–12 months), toddlers (12 months–3 years), pre-schoolers (3–5/6 years), or those initiatives which incorporated all ages within the ECD age range (0–8 years) or which focused on a category outside of these parameters e.g. age range extending beyond 0–8 years or initiatives which straddled more than one initiative e.g. 0–2 years (baby and toddler), categorised as ‘other’.

The results from this exercise are presented in Table 5.

Table 5: Specific age groups/key ECD stages supported by parenting initiatives

Key stage	Age range	%
Other	Any initiative which spans more than one ‘key stage’ within the ECD age range or; Initiatives which have an age range extending beyond the ECD 0–8 years age bracket e.g. 0–18 years, 0–teens etc	71%
Whole ECD age range	0–8 years	17%
n/a	Initiatives which provide ECD benefits to children via parent education for which child’s age was irrelevant e.g. Community Foodies	4%
Babies	0–12 months	3%
Antenatal focus	Any initiative focusing on the antenatal period	2%
Pre-schoolers	3–5/6 years	2%
Toddlers	12 months–3 years	1%

As shown by the results table, the majority of initiatives (71%) do not offer a targeted focus on any key stage within the early years (baby, toddler, pre-schooler).

Only 3% of the initiatives provide a targeted focus on babies, 1% on toddlers and 2% on pre-schoolers.

vi. Evidence base

During the data gathering, details were also collected on research, statistics or scientific evidence used to develop parenting initiatives.

From the types of evidence cited, 32% of parenting initiatives identified that neuroscience or early childhood development research stimulated and/or informed the development of the initiative. The full results are provided in Table 6.

Table 6: Evidence bases used to inform parenting initiatives

Evidence base cited	
Neuroscience	32%
Socio-economic research	11%
No evidence base cited	12%
Child psychology	3%
Existing parenting initiative models	2%
Other (too varied to be grouped)	40%

vii. How the parenting initiatives align with the Australian Early Development Index (AEDI)

The Australian Early Development Index measures five areas (or ‘domains’) of early childhood development:

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills
- Communication skills and general knowledge.

These five domains are closely linked to the predictors of good adult health, education and social outcomes. Teachers complete AEDI checklists for children in their first year of full time school across these five domains.

Each theme derived from the analysis of key messages has been linked to the AEDI domains.

For the purposes of this exercise ‘social competence’ and ‘emotional maturity’ were grouped together as were ‘language and cognitive skills’ and ‘communication skills and general knowledge’. Furthermore, a category of ‘All’ was provided for those messages where it was not possible to identify an obvious AEDI category and they could clearly be seen to contribute to all five AEDI domains.

Table 7 shows how the key messages to parents align with the five key domains of the AEDI.

Table 7: How key messages from the parenting initiatives matrix align with the AEDI

AEDI domain category		
1.	Key messages identified as contributing to all AEDI domains	53%
2.	Key messages aligned with social competence and emotional maturity	22%
3.	Key messages aligned with physical health and wellbeing	15%
4.	Key messages aligned with language and cognitive skills and communication skills and general knowledge	10%

The data suggests that the domains of Language and Cognitive Skills and Communication Skills and General Knowledge are the least prominent feature within the key messages to parents. The general analysis of key messages to parents (see page 13) supports this finding with only 2% of initiatives focusing on communication and 8% on learning and literacy.

viii. How the parenting initiatives align with the Early Years Learning Framework (EYLF)

The EYLF is Australia's first national Early Years Learning Framework for early childhood educators. The EYLF identifies principles and practices for educators and five outcomes for learning.

- Outcome 1: Children have a strong sense of identity
- Outcome 2: Children are connected with and contribute to their world
- Outcome 3: Children have a strong sense of wellbeing
- Outcome 4: Children are confident and competent learners
- Outcome 5: Children are effective communicators.

For reference, a detailed presentation of the five EYLF outcomes is attached at **Appendix 2**.

Each theme derived from the analysis of key messages from the parenting initiatives has been linked to the outcomes from the Early Years Learning Framework.

Much like the analysis of AEDI alignment, and also reflecting the integrated nature of early childhood development, some messages aligned across all five EYLF outcomes, while others aligned more obviously to individual outcomes.

The findings from this exercise are reported in table 8.

Table 8: How key messages from the parenting initiatives matrix align with the EYLF

EYLF category	
Key messages which align to all five outcomes	43%
Outcome 3: Children have a strong sense of wellbeing	30%
Outcome 4: Children are confident and competent learners	10%
Outcome 2: Children are connected with and contribute to their world	8%
Outcome 1: Children have a strong sense of identity	6%
Outcome 5: Children are effective communicators	3%

The alignment of key messages to the EYLF is consistent with the distribution in the mapping against the AEDI domains, with the highest proportion of messages (43%) categorised as linking to all EYLF outcomes.

The remainder of messages have a more specific focus and the majority are categorised under 'Children have a strong sense of wellbeing' (30%). This again coincides with the findings from the analysis of key messages to parents (see pp.13–14), the majority of which lean toward physical and mental health and wellbeing (36%). Furthermore, as with the general analysis of key messages to parents, the 'wellbeing' theme is significantly higher than the rest of the domains/themes.

Once again specific key messages categorised by communication ('Children are effective communicators') are in the minority (3%), which coincides with the AEDI and key messages to parents analysis.

ix. Links to the review of the neuroscience evidence base

Each theme derived from the analysis of key messages from the parenting initiatives has also been linked to the key messages derived from the review of the neuroscience evidence base. See project deliverable 'Neuroscience and early childhood development: Summary of selected literature and key messages for parenting' authored by Dr Pam Winter.

For example, 42% of parenting initiatives are delivering messages relating to the message from the neuroscience evidence base, 'The best learning happens in nurturing relationships'.

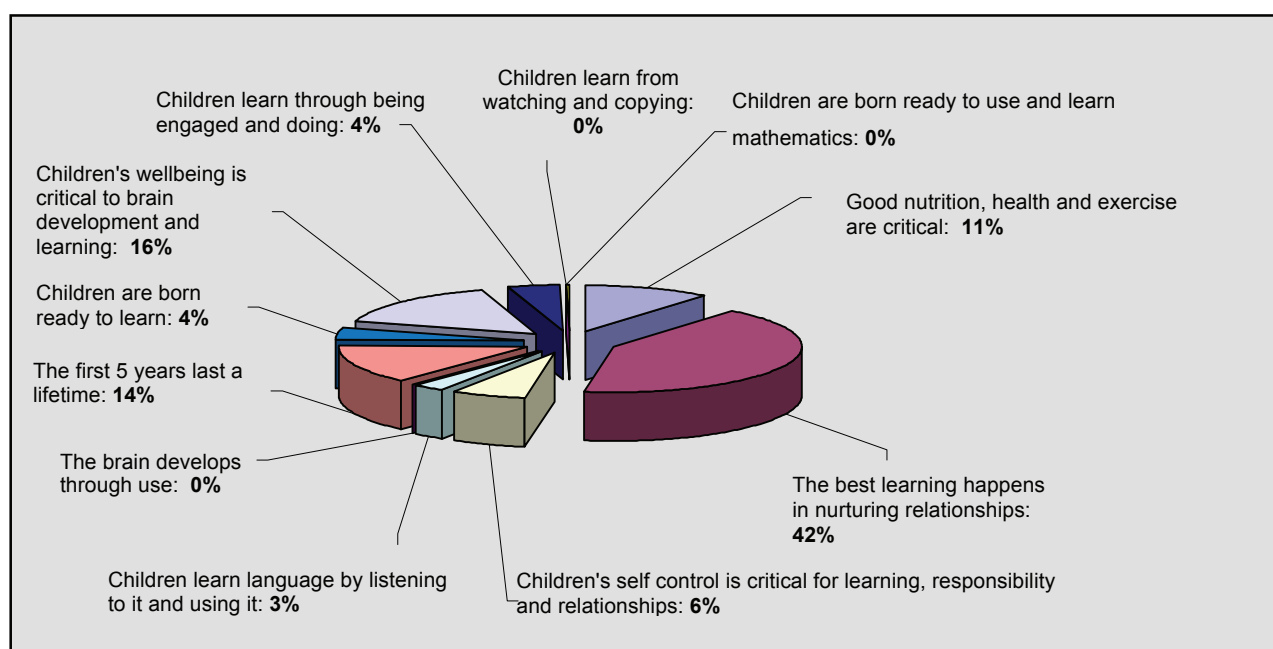
The full results are provided in Table 9.

Table 9: How key messages from the parenting initiatives matrix align with the neuroscience evidence base

Key messages sourced from the neuroscience evidence base	
The best learning happens in nurturing relationships	42%
Children's wellbeing is critical to brain development and learning	16%
The first five years last a lifetime	14%
Good nutrition, health, and exercise are critical	11%
Children's self control is critical for learning, responsibility and relationships	6%
Children are born ready to learn	4%
Children learn through being engaged and doing	4%
Children learn language by listening to it and using it	3%
The brain develops through use	0%
Children learn from watching and copying	0%
Children are born ready to use and learn mathematics	0%

The results from this exercise are also illustrated in Figure 3 below.

Figure 3: How key messages from the parenting initiatives matrix align with the neuroscience evidence base



The highest proportion of parenting initiatives are aligned to the neuroscience message, 'The best learning happens in nurturing relationships' (42% of key messages), and the second highest proportion of initiatives (16%) are linked to the neuroscience message, 'Children's wellbeing is critical to brain development and learning' (16%).

Any neuroscience message with a specific focus on learning, behaviour and communication is shown to represent less than 20% of key messages being delivered to parents.

This exercise also highlighted that there are three key messages from the neuroscience evidence base that are not represented (0% return) in the key messages being delivered to parents:

- Children are born ready to learn and use mathematics
- Children learn from watching and copying
- The brain develops through use.

Result anomalies

The compilation of the key messages to parents derived from the parenting initiatives matrix (pp.13–14) was based on the sample provided for this project. The seven themes of key messages grew from the data provided.

The key messages to parents identified in the neuroscience review were structured from the neuroscience evidence base. These key messages are specific and designed for parents. Therefore there is not an exact match between the two sets of messages.

Attachment/relationships

For example, the analysis of key messages to parents (parenting initiatives matrix) identifies, 'Parent, child and family physical and mental health and wellbeing' as the predominant theme at 36% of messages and 'Attachment/relationships' as the second highest theme at 18%. Whereas the exercise examining alignment between the key messages to parents (parenting initiatives matrix) and the messages emanating from the neuroscience review identifies 'The best learning happens in nurturing relationships' (42%) as the predominant message. The reason for these anomalies is examined below.

The reason that the statistics on attachment differ is that the theme 'Attachment/relationships' in the analysis of key messages to parents (parenting initiatives matrix) focuses on a broad definition of attachment and relationships, whilst the neuroscience category specifically links relationships with learning. Therefore, it is likely that the single category of, 'The best learning happens in nurturing relationships' derived from the neuroscience review is equal to three themes from the key messages to parents (parenting initiatives matrix) i.e. 'Attachment/relationships' (18%), 'Learning and literacy' (8%) and 'Parenting skills, confidence and competence' (19%) – for which the total percentage is 45%. This result is much more consistent with the 42% finding from the neuroscience review.

Wellbeing

There are distinctions between the messages relating to 'wellbeing' in the parenting initiatives analysis and the neuroscience review. The parenting initiatives analysis suggests that 'Parent, child and family physical and mental health and wellbeing' is the predominant theme (36%), whilst the key messages from the neuroscience review suggest that only 16% of messages align to the category, 'Children's wellbeing is critical to brain development and learning'.

'Parent, child and family physical and mental health and wellbeing' is a very broad category, incorporating health, physical and mental as well as wellbeing. However, health and wellbeing are identified in separate messages in the review of the neuroscience evidence base.

Therefore, the 'wellbeing' category from the analysis of key messages to parents (parenting initiatives matrix) is equal to three key messages emanating from the neuroscience review: 'Children's wellbeing is critical to brain development and learning' (16%), 'Good nutrition, health and exercise are critical' (17%) and 'Children's self control is critical for learning, responsibility and relationships' (6%). This grouping provides an overall total of 39% which is consistent with the proportion of key messages categorised under 'Parent, child and family physical and mental health and wellbeing' (36%) in the analysis of key parenting initiatives messages.

x. Useful anecdotal information

The data gathered on parenting initiatives also offers a rich source of anecdotal evidence in the form of risks and issues encountered, lessons learned and strategies for successful engagement.

Such a wealth of expertise could be developed into a toolkit to aid future planning of parenting initiatives.

Examples of risks and issues identified:

- 'Some of the parents had significant mental health issues. Support was provided by local mental health team.'
- 'There is always a risk delivering a program into a community that didn't necessarily ask for the service. It takes a considerable amount of time and skill to engage families from the town camps; they need to be able to trust those that are delivering the service.'
- 'Keeping up with new and emerging social technologies and their impact on the communication preferences of parents is a challenge. ...exploring the possibilities of using the emerging technologies to provide alternatives to the phone based service.'

Examples of lessons learned and identified:

- 'Fathers referred by the court system and (other agencies) may have specific needs and require redesign of the course.'
- 'It is important to take into consideration the special needs of fathers who do not have contact with their children.'
- 'It needs to be acknowledged that interdisciplinary teams require significant support to develop and maintain a collaborative professional working relationship, and organisational structures such as induction, job descriptions, opportunities for ongoing team professional dialogue and strong leadership are essential.'

Examples of strategies for successful engagement:

- 'That the program is short and easy to learn is its strength. Weaknesses – the presenter having the skills and knowledge to engage parents, not just reiterate information from the resources (e.g. DVDs, books). Voluntary engagement by parents.'
- 'Parents like the opportunity to speak with a trained counsellor in an anonymous fashion in a time that suits them.'
- 'It is a voluntary service – not 'forced' attendance. It is not attached to any government body/agency therefore is seen as a 'neutral' service for families. Using strengths based approach. Being patient with all involved.'

OBSERVATIONS AND QUESTIONS ARISING FROM ANALYSIS OF DATA

The following observations and questions are based on the findings from the analysis of the matrix of key messages emanating from parenting initiatives.

i. Clear evidence of positive parental feedback

There is clear evidence of the value parents have for parenting initiatives.

Some examples of parental feedback are documented below:

- 'The program really makes you aware of what is involved in being a good father.'
- 'Good to be all together and knowing others are in the same shoes.'
- 'Awareness of relationships – not just in parenting but know that this is a way of parenting and assisting our children to manage their emotions now and in the future.'
- 'Overall we found the ... program very beneficial and recommend it to all parents as a must do!'

ii. The most frequently used method of delivering parenting initiatives is face-to-face (59% overall)

41% of the parenting initiatives are delivered in face-to-face group sessions and 18% face-to-face one:one. Written communication was the second most frequently used delivery method (26%). However, the majority of 'written' communications were identified as hand-outs provided at face-to-face sessions, as a back-up for participants to take home, as opposed to unrelated separate initiatives.

What questions does this raise?

- What are the characteristics of face-to-face delivery that make it the preferred option?
- Is the high cost of face-to-face delivery in proportion to outcomes achieved?
- Are there alternative technologies that could be trialled for interactive delivery?
- Is face-to-face delivery the preferred delivery mechanism from parents' perspectives?

iii. Most parenting initiatives are targeted at specific groups of parents (70%)

70% of all parenting initiatives identified are targeted at particular groups of parents, e.g. those families identified as at risk or vulnerable, culturally and linguistically diverse, Aboriginal or Torres Strait Islander, young parents, etc.

Although populating parenting initiatives on agency referrals and/or via attendance criteria is a recognisable preventative strategy designed to protect vulnerable children, it does also highlight that most parenting initiatives (face-to-face) are not available universally.

What questions does this raise?

- Why are the significant majority of parenting initiatives targeted? Is there a benefit to making parenting initiatives more universal, without compromising the support already being offered to specific target groups?
- What does the effect of targeting (rather than universal) provision have for parents?

iv. Neuroscience (brain development) is not evident as a key component of parenting initiatives

Analysis of the data suggests that most parenting initiatives are not providing helping parents understand the key messages from the neuroscience evidence base which underpins 'early childhood development' (the theory behind the practice) or why they are so important). The data provided indicates that initiatives lean toward activity based programs, often based on child development themes (e.g. nurturing relationships, healthy eating etc) linked to individual aspects of the overall concept of brain development, but not delivering an conceptual understanding of how the themes link to brain development.

32% of initiatives cite neuroscience/early childhood development theory as part of the evidence base for developing the parenting initiative. Yet only 6% of the initiatives identify helping parents understand the messages behind and importance of neuroscience/brain development as a component of the parenting. From the analysis of the alignment of key messages to the neuroscience evidence base, only 14% align to the key message 'The first five years last a lifetime', and 0% align to the category 'The brain develops through use'.²

Furthermore, 'wellbeing' is a predominant theme emanating from the messages derived from parenting initiatives (36%). This suggests that parenting initiatives are six times as likely to focus on the concept of wellbeing as opposed to providing an understanding of neuroscience. 'Wellbeing' is certainly an important component of ECD, but the concepts are not interchangeable. Moreover, its predominance may be causing other key messages to be de-prioritised or left out. 'Wellbeing' in itself is also a nebulous concept which, without being anchored to an ECD foundation, leaves it open to inconsistent application.

What questions does this raise?

- Is the general concept of 'wellbeing' being used as an 'everyman' interpretation of neuroscience?
- Why is there not more information available which helps parents to understand the key messages from and importance of the of neuroscience and brain development.
- Is there an assumption that parents already know about the importance of neuroscience because governments and policy makers have been immersed in the subject of early childhood development in recent years and ECD has had a high political profile? (Whereas parents and communities have not had the same exposure). Or,
- Is brain development avoided as a concept? Could it be that neuroscience is seen as too 'highbrow' for parental consumption and understanding? Or,
- Is neuroscience too complicated to translate into everyday language? E.g. 'Some of the information on children's brain development was too 'scientific' for a small number of parents (according to evaluation) others found this interesting...work out ways to make this accessible to all but not 'dumb it down'...' ³

² Using the key messages identified by Dr. Pam Winter in the review of the neuroscience evidence base (Deliverable 1 from this project) p.27

³ Taken from parental feedback from parenting initiative template

v. No common/shared definition of ‘early childhood development’

The information on parenting initiatives from this exercise suggests that there is not a consistent conceptual foundation for or therefore application of ‘early childhood development’. This is evidenced by the following.

Fragmented contexts

The evidence clearly illustrates that parenting initiatives are being delivered through different ‘lenses’, dependent upon the context from which they originate, e.g. Health initiatives focusing on nutrition, first aid etc.; Education initiatives focusing on learning and literacy; Families and Communities initiatives focusing on child protection issues. There is no evidence of a fully integrated approach to delivering integrated ECD based parenting initiatives, i.e. agencies working together to jointly deliver initiatives or program content which is derived from all aspects (health, education and welfare) of early childhood development theory.

Age ranges

The age range of children falling under the ECD/parenting initiative banner varies widely – some initiatives are focused on babies under 12 months, others 0–3 years, others 3–5 years, some birth to school age and others birth to 8. What do we mean by the ‘early years’? The analysis identified 27 different categories of ages that the sample of parenting initiatives focus on.

Multitude of different messages

Furthermore, the initial scan of key messages returned 98 different messages being delivered through parenting initiatives. The overall sample comprised 126 initiatives, meaning we are not far from delivering one different message per initiative.

There is no evidence of fully integrated ‘ECD’ initiatives structured according to a common neuroscience framework, with, say, ‘chapters’ or topics aligned to all of the (inter-related) components of neuroscience e.g. week 1: ‘Intro to ECD’, week 2: ‘Children learn language by listening to it and using it’, week 3: ‘Children learn best in nurturing relationships’, week 4: ‘Good nutrition, health and exercise are critical’, week 5: ‘Children are born ready to learn and use mathematics’.⁴

Therefore, although there are many initiatives offering detailed and useful information about child development (e.g. healthy eating; attachment; literacy, etc.), there are few (if any) which appear to deliver integrated information to parents about ECD in a holistic sense.

What questions does this raise?

- **What do we mean by ‘early childhood development’?**
 - What do we mean as a nation by ‘early childhood development’ – is it ‘parenting’? Is it ‘neuroscience’? Is it ‘wellbeing’? Is it integrated service provision for the early years?
 - Is a ‘parenting initiative’ the same as an ECD initiative? Should it be or should an ECD initiative be presented as something new and different?
- **Could ECD initiatives be delivered in a more integrated way?**

⁴ Ibid

- **What are our early childhood development priorities?**
 - If ECD is seen as a holistic concept with many components, what should the priorities and key content be when planning and delivering parenting or early childhood development initiatives (many of which are resource limited)?
 - How can we avoid duplicating content?
 - Are there components of ECD which should be prioritised more highly than others?
- **Should ECD content be ‘broad and shallow’ or ‘narrow and deep’?**
 - What is the most useful way to present ECD to parents? Should it be a ‘broad and shallow’ approach providing a general overview of the concept and an overview of each of the components? Or should initiatives focus on specific individual components in depth?
 - How can parents be supported and encouraged to pursue ECD information that cannot be covered during parenting initiatives?
- **Are we sure that ECD messages being delivered to parents are nationally consistent and underpinned by the latest research?**
 - Are early childhood development professionals (be they health, education, welfare or NGOs) providing consistent and up to date information to families?
 - Does the absence of a professional ECD qualification or lack of professional ECD development opportunities contribute to the breadth of interpretations and approaches to ECD?
- **What is the parental understanding of early childhood development as a concept?**
 - Do parents understand the concept and implications of ‘early childhood development’?
 - Are parents and community affected by the lack of a consistent approach and interpretation of early childhood development? Are parents even aware of early childhood development as a holistic concept as opposed to various fragmented development messages (e.g. nutrition advice from the doctor, leaflets on attachment, early literacy initiatives provided at the library, etc)

vi. Antenatal classes are not obvious

There was little mention of antenatal classes – other than some specialised initiatives (2%) focusing on specific parents-to-be (e.g. young and homeless mums and Aboriginal mums) in the findings from the matrix. There were no returns provided for the typical model of ante-natal classes delivered within hospitals.

What questions does this raise?

- Why are hospital delivered ante-natal programs not immediately recognised as parenting initiatives?
- Are ante-natal classes seen as more of a standard health ‘service’, much the same as a visit to the GP or dentist?
- Are we missing an opportunity to build parental understanding of the neuroscience key messages at a time when parents are most likely to need such information and be ideally positioned to receive it?

vii. Little targeted support for grandparents as carers

'Grandparent families represent around one per cent of all families with children aged 0–17 years. In 73% of grandparent families, the youngest child was aged between 5 and 14 years'.⁵

Although 70% of parenting initiatives are targeted at specific groups of parents/carers, there is little evidence of either:

- specific initiatives designed for grandparents as carers or
- targeted initiatives which include grandparents as carers as a priority group for inclusion.

Yet there is a need identified for this kind of support:

- 'Grandparents identified a need for service providers to have specialist education and training to inform them of the issues faced by grandparent families: "Rules are there as guidelines ... I'm hoping that maybe they can bend the rules a little and look at how our lives are affected by their decisions. I'm hoping someone will sit down with enough compassion and ask how we can make things better.'⁶
- 'Many grandparent carers experience a double dose of isolation in that their peer group are generally at an age where looking after young children is no longer their role and they are able to enjoy the benefits of a retirement lifestyle which often does not involve young children, e.g. travel, dining with friends, sports, etc. Secondly they are not included in the social groupings of younger parents e.g. not invited to play dates. Many are experiencing complex and profound emotional issues, e.g. dealing with health issues of their own children; dealing with relationship issues with their own children; guilt issues about their own parenting. Also many face complex bureaucratic problems caused by 'legitimacy' of guardianship of their grandchildren, e.g. ability to apply for Centrelink payments, etc.'⁷

What questions does this raise?

- Why are there not more relevant parenting initiatives available to grandparents as carers?
- Are grandparents currently excluded from many targeted initiatives because they do not fit within the traditional attendance criteria requirements for participants? Or,
- Are many grandparents as carers unaware of parenting initiatives available because they do not have access to information provided at ante-natal classes or other traditional channels of information for parents? Or,
- Do grandparents as carers choose to not attend (e.g. self-selection) due to a lack of peers at traditional parenting initiatives?

viii. Little evidence about specific campaigns on breastfeeding

'It is concerning that a longitudinal study of Australian children conducted in 2004 found that while 92 per cent of newborns were initially breastfed, by one week only 80 per cent were fully breastfed. The study also indicated a steady decline each month with only 56 per cent fully breastfed at three months and 14 per cent at six months.' (November 2009 Australian Department of Health and Ageing website).

⁵ *Family Matters No.76*, Australian Institute of Family Studies, p.71

⁶ *Family Matters No.76*, Australian Institute of Family Studies, (Canberra Mothercraft Society, 2007) p.74

⁷ Ocean View (SA) Children's Centre Community Co-Coordinator, February 2010 speaking about the 'Grand-Carers' initiative running at the centre

The parenting initiatives matrix contains details of one specific high profile breastfeeding campaign. Many health initiatives also include breastfeeding as one component of the overall parenting initiative.

However, when considered against the national statistics (see quote above), the national priority to increase numbers of mothers choosing to breastfeed (Australian National Breastfeeding Strategy 2009–2013), and the benefits of breastfeeding for mother and baby, the lack of more highly prominent campaigns on breastfeeding within the parenting initiatives seems unusual.

What questions does this raise?

- Why is breastfeeding not more prominent?
- Is there a need for a national push on breastfeeding? Or is it too controversial a subject, e.g. consideration for those mothers who are unable to breastfeed, women's rights, etc.

ix. No evidence of any focus on early numeracy

Early numeracy was not an obvious feature of any parenting initiative (0%). Yet there is a declining national trend in maths and science nationally:

'Cause for concern is evidence suggesting that Australia's comparative educational performance is not improving; indeed that it is declining for the foundation skills of literacy and maths.'⁸

'Andrew Leigh and Chris Ryan (2009), in an innovative but careful study for the Australian government using available longitudinal data, find a statistically significant fall in both numeracy and literacy over extended periods.'⁹

Furthermore the review of the neuroscience evidence base identifies that babies are ready to use and learn mathematics from birth.

What questions does this raise?

- If babies are born ready to use and learn mathematics do more parenting initiatives need to be developed focusing on early numeracy?
- Are there links between lack of emphasis on early numeracy skills and poor mathematical and science results in schools, lack of interest in science and maths at degree level and skills shortages in the workplace?
- Why is the term 'early numeracy' not as common place as the term 'early literacy'?
- Do concerns about 'hot housing' children cause anxiety about developing initiatives which focus on concepts traditionally recognised as 'learning'? Have the messages become so implicit that they are now invisible? Or has learning become forgotten in the emphasis on 'development' in early childhood development?

⁸ *Advancing Australia's 'Human Capital Agenda'* The 4th Ian Little Lecture, Melbourne, 13 April 2010, Gary Banks, Chairman Productivity Commission p.6

⁹ Ibid p.7

x. Few parenting initiatives focusing explicitly on communicating with your child

'All behaviour has meaning – babies give cues to their needs' and 'When children need us the most is often when they are acting the worst' are two of the most memorable messages from the matrix. Yet there are relatively few initiatives available which focus specifically on learning how to communicate well with your child at key stages in the early years and encouraging effective communication as a family (2%).

Communication does feature in many initiatives as one of several components, but rarely as a stand alone topic. Therefore, it is not as though communication per se is being ignored or overlooked. However, there are few initiatives which demonstrate a focused conceptual approach to communicating with your child in general or at key stages within the early years, e.g. baby, toddler, pre-schooler. Only one initiative specifically mentioned communication in relation to toddlers, and yet toddler tantrums are arguably one of the more challenging aspects of parenthood.

Communication is arguably the key to all relationships, personal and professional, and poor communication is possibly one of the most common causes of frustration between parent and child. Behaviour and communication are also clearly linked. Furthermore, over recent years there has been a demonstrable public interest in the topic highlighted by the international interest in the Dunstan baby language DVD and in baby sign language approaches.

Understanding that a baby's cries or tantrums are attempts at communicating, as opposed to the child being 'naughty' or attention seeking or 'just what babies do', could lessen the frustration significantly and encourage parents to adopt different patterns of behaviour.

What questions does this raise?

- Why is developing strategies for early (years) communication not more prominent in parenting initiatives? Why are more initiatives not providing parents with an age appropriate approach to communicating with their child?
- Could links be made between early communication difficulties experienced by families and later behaviour issues? Would a commitment to early (years) communication initiatives help to remedy this?

xi. Most parenting initiatives focus on the broadest age range

From the 'snap shot' of initiatives the data suggests that many of the parenting initiatives (25%) do not offer a targeted focus on the ECD age range (0–8 years). Rather the ECD age range often falls within a much broader age category, e.g. 0–18, 0–teens, etc.

Of those initiatives that do focus within the ECD age range, the majority focus on the full age spectrum (0–8 years) – 17% (overall).

Only a small minority of initiatives are shown to offer a targeted approach to key stages within the early years: baby (3%), toddler (1%), pre-schooler (2%).

What questions does this raise?

- Is there a 'critical' age/s of child that most parents need to access an initiative and are most receptive? When are parents 'most hungry' for information, e.g. do most parents access an initiative with a first baby and then never again?
- Is it difficult to guarantee attendance at a parenting initiative without allowing a broad range of child ages?

- Why is there little focus on key stages of the early years, e.g. toddlers and pre-schoolers?

xii. A thousand flowers blooming

This data gathering exercise has demonstrated that there is a real commitment and dedication to providing information to parents by the wide range of initiatives being delivered across Australia. However, the variety of interpretations of parenting initiatives which deliver 98 different messages out of a total of 126 initiatives does suggest that there is no central reference point for the dissemination of information to the wide range of parent groups.

What questions does this raise?

- What barriers are there to delivering more integrated parenting initiatives?
- What is the planning process for developing the content for and delivering a parenting initiative?
- Are we making the best use of resources in delivering parenting initiatives?
- How do we really know if we are providing the information to parents that they need and want when they need and want it?

xiii. Very little about ECD and disability

This exercise has also highlighted that there are very few initiatives which focus on early childhood development in the context of families living with a disability. Approximately only 4% (11 overall) of the total 126 initiatives focus specifically on the needs of children with a disability in the early years and their families.

What questions does this raise?

- Why is there such little focus on disability in the early years?
- For those initiatives which do provide a focus on disability in the early years, is the information balanced between ECD and coping with a disability or is one aspect more weighted than the other?

xiv. Effectiveness of parenting initiatives

Overall many parenting initiatives are identified as being evaluated (80%). The types of evaluations identified vary in extent and methodology. Evaluations range from parental feedback forms and attendance monitoring to in depth academic studies.

Overall 58 different key performance indicators for 126 initiatives were identified as measures of effectiveness. The most popular indicator to measure program effectiveness is attendance (18%), followed by increase in knowledge/skills (16%), followed by improved child and family wellbeing (15%). Many initiatives also collect parental feedback.

What questions does this raise?

- Why are there many different indicators for measuring the effectiveness of parenting initiatives?
- Can we identify a measurable impact from parenting initiatives? And what is it that we would want to measure?
- Are parenting initiatives adequately resourced to provide high quality evaluation processes?

xv. Deficit modelling?

'Have more fun with your kids' was one of the most memorable messages from the analysis of parenting initiatives, in that its message has links to the neuroscience evidence base but is positive and inspiring. A significant proportion of messages come across as problem focused and sometimes didactic in tone, e.g. there is a strong thread of negative language such as 'parent mistakes', 'tackling issues', 'dealing with behaviour', etc. Equally there are some great examples of positive (language) approach which could be used to model a more optimistic and enjoyable aspect of parenting. Often, undeniably, there is a clear need to deal with difficult and challenging circumstances and often the stimulus for establishing an initiative is to 'fix' or improve a problem but it does raise the question whether a problem based approach is becoming the paradigm for parenting initiatives and communication?

What questions does this raise?

- Why do most parenting initiatives focus on 'fixing' issues and problems?
- Would it be possible to create a new proactive philosophy about the positive aspects of being a parent and/or family living? A positive standpoint could make the concept of early childhood development easier to market and more attractive to parents, moving away from the sense of 'stigma' possibly attached to seeking help from government agencies.
- Is there an opportunity to develop a new ECD 'product' and new methods of delivery – something quite distinct from the traditional concept of a 'parenting initiative' e.g. Early Childhood Development Initiatives for parents and carers with children 0-8 years
- Will there always be tension between government policy and public feeling? 'Excessive rules and regulations have created a "nanny state" at the expense of key policy areas such as health, transport and education. New polling has found that most Australians – 55% – believe Australia has become a nanny state and that government intervention and control in our daily lives has gone too far".¹⁰ Or is it the tone of government messages that can cause controversy? "In June, a \$100,000-a-year breastfeeding campaign was attacked for using "guilt-inducing" language."¹¹ Is this a paradigm that can be changed?

xvi. Characterisation of parents – experts or blank slates?

From the evidence, the characterisation of parents appears to swing between two extremes:

- Parents as 'the experts in their child's life': this approach adopts a stance that the content of parenting initiatives is there as a guide to enhance the basis of natural knowledge, intuition and love that all parents have for their children. The focus of these initiatives is to build confidence, and therefore competence.
- Parents as 'blank slates': these initiatives lean toward service delivery/evidence based information being necessary to improve parents' ability to look after their child, the implication being that without the information parenting techniques would not be as proficient and that service providers are the experts and parents are the pupils.

¹⁰ The Herald Sun.com.au May 8 2010, 'Poll finds most Australians believe Australia has become a nanny state'

¹¹ The Courier November 13, 2009

What questions does this raise?

- What message are we trying to give parents about how to parent?
- Does ECD provide a sound basis for encouraging parents to act in a certain way? Is it acceptable now to identify a right way and a wrong way to act based on the neuroscience evidence base? e.g. is it acceptable to challenge cultural 'myths' and anecdotes (e.g. a grandmother advising that it's ok for babies to 'cry it out') or to challenge parenting approaches which do not fit within the ECD/neuroscience concept?

NEXT STEPS

The findings from the matrix of parenting initiatives will be considered in conjunction with the results from the other project deliverables (review of the neuroscience evidence base, parental survey findings and focus group findings).

Final recommendations will be developed in partnership with the project steering group on 3 June 2010 and the final project report will be delivered by 30 June 2010.

Appendix 1: Data collection template guidelines and template

Guidelines

Engaging Families in the Early Childhood Development Story (Stage 1)

Scan of key messages being delivered to parents via parenting programs

What are we asking you to do?

- We would be grateful if you could complete the attached template with details of any key parenting initiatives delivered by you/your agency which focus on early childhood development messages to parents and carers (specifically focusing on pre-natal messages through to children of 8 years of age).
- It has been agreed that states and territories will collate this information, using the template provided, and return completed templates to the Project Manager in South Australia.
- Details of any initiatives which are being delivered (or have been delivered) by local government, non-profit organisations, universities and other key partner agencies (e.g. Departments of Health and Families and Communities etc) would also be helpful.
- We would also be grateful if you could help us in the identification of potential groups and/or individuals for participation in focus groups/online survey later in the project, particularly in communities that are 'hard-to-reach'. An area in the template has been provided for you to indicate whether you can help with this task. The idea will be to contact you later in the project to discuss the next steps in more depth, if you are aware of parents/carers/families who would like to take part.
- We would appreciate your cooperation in returning all completed templates by Friday 12th February 2010.

Why are we asking you to complete the template?

- In December 2009 a MCEECDYA National Project Fund Bid was endorsed for the implementation of the first stage of a three-stage project entitled; 'Engaging Families in the Early Childhood Development Story'.
- The overall project would result in the development of a social marketing strategy to engage parents, carers and the community in understanding the importance of early childhood development and adopting behaviours that maximise early childhood outcomes.
- The aim of the first stage is to identify which information needs to be shared with parents from the neuroscience evidence base about brain development in the early years to support their children's development and the most effective means of providing this information to them.
- South Australia is leading the project.

What is the information being used for?

The information will be used to consolidate knowledge from across Australia of key parenting initiatives (including their scope, application and method of dissemination) whilst specifically focusing on the following detail:

- Key messages on early childhood development
- Methodology
- Evaluation tools
- Effectiveness.

This information will be used to identify the most effective ways of communicating key messages to parents and to assist in the development of indicators for the overall project.

Thank you kindly for your time and effort on the project. If you have any questions at all please do not hesitate to contact Sue Sodeman on soderman.sue@saugov.sa.gov.au.

Template

Engaging Families in the Early Childhood Development Story (Stage 1)

National audit of key early childhood development messages delivered by parenting programs and/or national web based resources

Contact details	Program manager Name Contact details (email and phone)	
	Program 'owner': State/Territory/Local Government/NGO	Who initiated the project and who funded it?
Project background	Name of parenting program	
	Brief explanation of the project purpose and approach	Details of what the project set out to achieve and how.
	Target audience – how?	How were the parent (groupings) selected: <ul style="list-style-type: none"> • Geographical location • Specific communities • Areas of socio/economic disadvantage • Specific groupings, e.g. working parents, single parents, grandparents as parents • Cultural background.
	Target audience – why?	Why was the target grouping selected? e.g. funding was targeted to that particular group/department objectives focus on that particular group/ the grouping was a captive audience already identified from another initiative etc.
Key messages	Age of children implicated	The parenting programs we are seeking information on relate to early childhood development which is defined within the age ranges of 0–8 years old.
	What are the (underlying) key messages to parents delivered by project?	e.g. if the parenting program is a baby massage course the underlying message may be that baby massage aids the growth and development of babies, helps strengthen joints and muscles and aids in the bonding of mother and baby.
	Why were the key messages selected?	
	In which languages are the messages delivered?	
Key messages	What is the evidence base for the key messages?	Please provide any details of research, statistics or evidence that have been used to create the key messages to parents or design the overall parenting program (this may have already been covered in the previous question).

	Methods of engaging with parents and communicating the key messages	Which methods of parental engagement were used? How were the key messages been delivered to parents? Were the messages explicit or implicit? E.g. face-to-face through specific activities (details), focus groups, leaflet, brochure, website, SMS, TV campaign etc.
	On-line parenting resources	Please identify any on-line resources that you host and/or recommended through this parenting program.
Project details	Project objectives	What was the overall objective of the project?
	Key activities	What were the key activities used to deliver the project?
	Project deliverables/outputs	What are the key deliverables/outputs of the project? E.g. free baby massage classes to mothers with post-natal depression / a leaflet on the benefits of baby massage.
	Project timings	How long did the project take to deliver (or is anticipated to deliver)?
	Project cost: \$ FTEs	Total cost of budget (including FTEs as a separate figure).
		Number of staff required to deliver the project.
Project success	Project evaluation	What project evaluation method was/is being used to identify the success of the project?
	Key performance indicators	Please identify the key performance indicators used to measure the effectiveness of the delivery of the key messages, e.g.: <ul style="list-style-type: none"> • Number of parents attending the baby massage course • Percentage of target audience attending the baby massage course • Number of parents reporting that they now understand the benefits of baby massage • Percentage of parents indicating that they will continue to provide baby massage once the course has ended • Percentage increase in parents providing baby massage at home.
	Potential online survey participants?	Are you in contact with any parents who may like to take part in an (online) survey in the 2nd stage of this project?
	Risks/issues encountered	Please identify any significant issues/risks encountered during project delivery and how were they managed.
	Parent feedback	Please add any direct parent feedback derived from the project regarding the usefulness/impact/tone etc of the key messages.
	'Lessons learned'	If you were running the project again what would you do differently / the same – what were the strengths and weaknesses of the project.
	Project manager – strategies for successful engagement	Why do you think the messages were most successful / unsuccessful? Which methods of parental engagement were most successful in engaging families previously unknown to, disengaged from or disenfranchised with government systems and services?

Appendix 2: Early Years Learning Framework (Outcomes Summary)

Outcome 1: Children have a strong sense of identity

- Children feel safe, secure and supported
- Children develop their emerging autonomy, inter-dependence resilience and sense of agency
- Children develop knowledgeable and confident self identities
- Children learn to interact in relation to others with care, empathy and respect.

Outcome 2: Children are connected with and contribute to their world

- Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation
- Children respond to diversity with respect
- Children become aware of fairness
- Children become socially responsible and show respect for the environment.

Outcome 3: Children have a strong sense of wellbeing

- Children become strong in their social and emotional wellbeing
- Children take increasing responsibility for their own health and physical wellbeing.

Outcome 4: Children are confident and competent learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity
- Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating.

Outcome 5: Children are effective communicators

- Children interact verbally and non-verbally with others for a range of purposes
- Children engage with a range of texts and gain meaning from these texts
- Children express ideas and make meaning using a range of media
- Children begin to understand how symbols and pattern systems work
- Children use information and communication technologies to access information, investigate ideas and represent their thinking.

Appendix 3: Summary of key messages being delivered to parents

Summary of key messages being delivered via parenting programs (nationally)	
Aggregated (level 1)	
1	Relationship is the foundation for all development and learning
2	A mother cannot be expected to deliver nurturance until she has experienced nurturance
3	Adequate sleep is essential for all children's health and development
4	Advice on child protection for families at risk
5	Advice on dealing with behavioural and emotional issues
6	All parents sometimes struggle with aspects of parenting – it is normal and to be expected
7	Babies give cues to their needs
8	Building the self esteem of your child
9	Child safety at home (including first aid)
10	Children are born ready to learn
11	Children are born ready to use and learn mathematics
12	Children are important and need appropriate care
13	Children learn best when their strengths and interests are focused on
14	Children learn from watching and copying
15	Children learn language by listening to it and using it
16	Children learn through being engaged and doing
17	Children need a safe base and a secure haven
18	Children need to go out and explore
19	Children seek connection (attention seeking behaviour is a sign a child needs connection)
20	Children with developmental delays can and do learn skills and develop
21	Children's self control is critical for learning, responsibility and relationships
22	Children's wellbeing is critical to brain development and learning
23	Developing/building on practical parenting skills
24	Early years are the foundation for the future (ECD and brain development)
25	ECD and support in the context of children with a disability
26	Empathise with what your child is experiencing and feeling
27	Encouraging sensitive parenting

Summary of key messages being delivered via parenting programs (nationally)	
Aggregated (level 1)	
28	Every child is an individual with individual needs
29	Good nutrition, health and exercise are critical
30	How to support and develop early literacy
31	Impact of alcohol, drug use and domestic violence on children
32	Imperative for secure parent-child attachment
33	Importance of active listening
34	Importance of ante-natal care
35	Importance of being consistent as a parent
36	Importance of breastfeeding
37	Importance of building the confidence and self esteem of parents
38	Importance of building the resilience and wellbeing of families
39	Importance of communicating effectively with your child
40	Importance of community, government services, peers and support network
41	Importance of empowering parents to be the best they can be
42	Importance of having fun with your child (attachment)
43	Importance of healthy eating
44	Importance of home management, e.g. finance, hygiene
45	Importance of immunisation
46	Importance of laying the foundations for good mental health in the early years
47	Importance of looking after parental self
48	Importance of physical activity
49	Importance of physical touch and demonstrative affection
50	Importance of play for a child's learning and development
51	Importance of providing a stimulating and nurturing (home) environment
52	Importance of secure relationships for optimum learning and development
53	Importance of supporting a child with a disability to remain at home with family
54	Importance of the role of fathers and encouraging active involvement
55	Importance of valuing parents and encouraging involvement in services
56	Infant massage is critical for child development
57	Intervention in the early years of a child's life is critical to development

Summary of key messages being delivered via parenting programs (nationally)	
Aggregated (level 1)	
58	Key influence parents' behaviour has on a child – mirroring behaviour
59	Looking after child and parent wellbeing
60	Looking after your child's teeth
61	Music, singing, dance and movement are fun non-threatening ways to enhance children's development
62	Need for emotional availability of parents
63	Normalisation of problems experienced by parents/reducing stigma of need and asking for help
64	Observe, wait, listen
65	Parenting is a team effort
66	Parent's abilities to nurture their children can be affected by their life experiences
67	Parents are the experts in their children's lives
68	Parents as their child's 1st teacher
69	Parents feelings must be acknowledge as an integral part of the intervention process
70	Parents need to be bigger, stronger, wiser, kinder
71	Positive praise encourages desirable behaviour
72	Promoting SIDS preventative behaviour
73	Promotion of government services and resources
74	Protecting a child's general health
75	Providing developmentally appropriate information on key milestones
76	Providing developmentally appropriate stimulation for learning and development
77	Punishing children negatively impacts child development
78	Relationship is the foundation for all development and learning
79	Sensitively supporting children to manage their feelings leads to emotional regulation
80	Simple routines and small changes can make a big difference to families
81	Slow down for your child
82	Spending quality time with your child is important
83	Supporting toilet training
84	Tackling negative inter-generational myths and behaviours
85	The best activities to support your child's development are free
86	The best interests of the child must be paramount when making a decision or taking action

Summary of key messages being delivered via parenting programs (nationally)	
Aggregated (level 1)	
87	The best learning happens in nurturing relationships
88	The brain develops through use
89	The crucial role of parents in their child's development
90	The developmental needs of young parents need to be addressed as well as their child's
91	The first 5 years last a lifetime
92	Tuning into your child/following your child's lead
93	Understanding a child's needs (disability and behaviour) enables more successful approaches to parenting
94	Understanding child development
95	Understanding child disability
96	Verbalising what is happening for a child in any given moment
97	What parents do is far more important than who they are
98	When children need us the most is often when they are acting the worst

