Executive summary

The impressions made on a child’s brain during their first five years of life are some of the most critical and influential. These early years lay the foundation for healthy physical, neural, emotional and social development throughout the lifespan.

The importance of early childhood intervention

Quality early childhood learning and development significantly contributes to a child’s cognitive and socio-emotional skills, increases school readiness and the ability to achieve in school and throughout the course of life.

Evidence suggests that gaps caused by intergenerational disadvantage can be reduced when the quality of a child’s early learning environment, and the capabilities of their parents and other caregivers are strengthened.

Early childhood interventions provide a form of prevention by attempting to mitigate developmental delays in early childhood, reducing longer term inequality.

Common components of early childhood interventions focus on children’s health and cognitive skill-building, parenting support and parent-child interactions. Current best practices vary in their content, service location, level of staff training, timing, intensity, program duration and client characteristics and needs.

Children from disadvantaged households are most vulnerable to developmental delays

- More commonly impacted by things such as family stress, unstable housing, family violence, low parental education etc.
- Less likely to access services such as ECEC services – e.g. 57% of children from non-working families do not attend preschool, compared to just 11% from families where both parents work (Australian Bureau of Statistics).
- More likely to live in a community where lower quality ECEC services are disproportionately more common.

KEY INSIGHTS

- This evaluation found improvements in children’s speech and/or language, social skills, emotional wellbeing and physical health.
- Higher ECEC enrolment and attendance levels were seen after engaging with IECD.
- Parents experienced increased confidence and awareness of child developmental milestones and improvements in parent-child interactions.
- Findings suggest models that routinely include parents are more likely to sustain parents’ engagement over-time.
- Findings suggest models incorporating both therapeutic early learning groups and early learning home-visit support are more likely to achieve greater impacts for children and parents.
- Embedding EC Educators into Family Support Services was found to not only benefit families but also staff from both disciplines.
- Findings suggest a longer intervention period (i.e. 2+ years) is more likely to achieve greater impact.
- Aboriginal and/or Torres Strait Islander client groups experienced some of the greatest impacts, responding well to tailored, unstructured, nature-based learning with support that incorporated the broader family.
A unique, two-generational approach to supporting the early childhood learning and development of children most in need

The Intensive Early Childhood Development (IECD) Pilot Program is a cross-government initiative aimed at providing vulnerable children aged birth to five years and their families with the education, learning and development support they need to transition into approved early childhood education and care (ECEC) services.

The Queensland Department of Education and Training (DET) funded the delivery of the IECD program in partnership with the Queensland Department of Communities, Child Safety, and Disability Services (DCCSDS), who funded the pilot program’s evaluation and funds the family support services involved.

The pilot program represents a unique place-based intervention which leverages off existing family support services to reach vulnerable children who are often otherwise hard to engage in mainstream education. Children and their parents receive targeted support for early childhood learning while family support scaffold the child’s broader family needs.

Six community organisations delivered the pilot (see Table 1). Services were selected based on their existing expertise and merits in providing intensive and/or specialist family support and/or therapeutic counselling services and the geographic breadth of the services combined. Service locations included Brisbane, Bundaberg, Cairns, Goodna-Ipswich, Toowoomba and Townsville.

Figure 1: Traditional models of care compared to the IECD model of care

IECD PROGRAM SNAPSHOT

- 12 month pilot (to Dec 2016)
- For vulnerable children 0-5 years (and their families)
- Six community organisations, urban and regional locations
- Qualified EC Educators
- Embeds early childhood learning into DCSSDS Family Support Services providing cross-disciplinary support
- Place-based approach involving six unique models tailored to clients in each location
- Evidence-based curriculum, pedagogy and support frameworks
Table 1: IECD service providers and their core IECD intervention approach

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of service and core IECD approach</th>
</tr>
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<tbody>
<tr>
<td>Brisbane</td>
<td>A community-based non-profit organisation providing a range of support and advocacy services to individuals and families.</td>
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<tr>
<td></td>
<td><strong>IECD model</strong>: Supported playgroups (centre-based) for children and their parents (9-24 months; 3-5 years), intensive home-based support for high needs children and their parents, prenatal parent group sessions.</td>
</tr>
<tr>
<td>Bundaberg</td>
<td>A non-government organisation providing services to prevent and support those affected by sexual abuse.</td>
</tr>
<tr>
<td></td>
<td><strong>IECD model</strong>: Therapeutic kindergarten (centre-based) for children, intensive home-based support for parents, individual counselling/therapeutic support for clients with identified needs, Protective Behaviour workshops at schools</td>
</tr>
<tr>
<td>Cairns</td>
<td>A non-government organisation providing services to treat and prevent child abuse and neglect. They operate in numerous locations across Queensland.</td>
</tr>
<tr>
<td></td>
<td><strong>IECD model</strong>: Supported early learning groups (centre-based) for children (9-36 months; 4-5 years) and specialist support from an internal Speech Pathologist and Psychologist. (NB: Intensive home visits conducted by family support staff)</td>
</tr>
<tr>
<td>Goodna-Ipswich</td>
<td>An Aboriginal and Torres Strait Islander community controlled organisation that provides family support, counselling and ECEC services.</td>
</tr>
<tr>
<td></td>
<td><strong>IECD model</strong>: Supported mobile playgroup for children and their parents, intensive home-based support for children and their parents, peer-group play-based workshops at schools</td>
</tr>
<tr>
<td>Toowoomba</td>
<td>A non-government organisation providing a range of support services to children and families including disability support, child protection and care, supported accommodation, child abuse and domestic violence programs.</td>
</tr>
<tr>
<td></td>
<td><strong>IECD model</strong>: Supported playgroup (centre-based) for children and their parents (one half day per week) and intensive support (home-based) for children and their parents</td>
</tr>
<tr>
<td>Townsville</td>
<td>An Aboriginal and Torres Strait Islander community controlled organisation providing holistic primary health care, community, child protection and care, Indigenous parenting, and substance abuse services.</td>
</tr>
<tr>
<td></td>
<td><strong>IECD model</strong>: Intensive individual support (home-based) for children and their parents and supported group-involvement in community-based programs</td>
</tr>
</tbody>
</table>

**Evaluation aim and approach**

ADASIS Consulting and Social Care Solutions were commissioned to conduct a 12 month process and impact evaluation of the IECD program to document the six service models implemented and assess the models’ effectiveness, particularly regarding children’s learning, social and emotional development. The evaluation set out to answer 17 key evaluation questions (see Section 1.4). A triangulated analysis method was used, drawing evidence from:

- Interviews / focus groups with IECD and FSS staff and a random sample of parents (average of five parents per site) – collected during two site visits (Term 1 and Term 4)
- Staff-assessed characteristic and impact data – collected on entry, exit and quarterly
- Program data relating to client attendance, curriculum, pedagogy and support frameworks
Supporting vulnerable children and their families

196 families  237 children

56% male; 44% female

Children’s age (years):
Under 2: 30%; 2-3: 33%; 4+: 36%

Proportion of children per location:
- Toowoomba
- Bundaberg
- Goodna
- Cairns
- Brisbane
- Townsville

Parent characteristics

<table>
<thead>
<tr>
<th>Without employment (excluding ‘stay at home’ parents)</th>
<th>With an education level of year 10 or below</th>
<th>With mental health issues</th>
<th>Rely on public transport / have no transport</th>
<th>Unstable housing, including 2% without shelter</th>
<th>Issues with alcohol / drug abuse</th>
<th>Involved with child safety</th>
<th>Living with a disability</th>
<th>Involved with the justice system</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>50%</td>
<td>56%</td>
<td>42%</td>
<td>48%</td>
<td>48%</td>
<td>41%</td>
<td>19%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Source: Individual data provided by all services.
Notes: Based on unique family ‘Entry’ data (ranging from n=140 to n=216) except ‘Unemployment’ which is based on data collected during Term 4 (n= 149). Includes parents unable to work or looking for work. Excludes parents choosing to stay at home to parent. Percentages may under-represent the true extent of vulnerability due to tendencies for some families to not disclose all issues upfront.

All children engaged in the IECD pilot were living in households experiencing one or more areas of social disadvantage – such as parents’ low educational achievement, crime, unemployment, poverty, family instability, trauma, violence and/or neglect, young parents. For some services (e.g. Townsville), all families supported through the program were experiencing multiple complexities on entry, limiting the services’ capacity to a smaller number of families (i.e. 17). Other services (e.g. Brisbane) supported a range of families, some with less complex and others with more complex needs, enabling a greater capacity to support a higher number of families through the program (e.g. 100+).

Reaching and sustaining engagement from families

Families’ attendance and active engagement in the IECD program was relatively high overall, higher than what some services had reportedly experienced through previous Parenting Programs. The average family attended most scheduled activities throughout the program, with those families receiving support via both supported playgroup and regular intensive home-visits most likely (80%) to engage regularly, increasing throughout the program to 88% by the end of the program.

Fluctuations in attendance were typically short term, when families were experiencing certain crisis. Even then, support was usually paired back or took a different form, so rarely did families disconnect completely.

The high levels of program engagement reflect families’ support for the IECD approach and the investment made by IECD staff to build rapport and trust and deliver a relevant service.
Impacts of the IECD Pilot

The evaluation identified positive impacts for both the children and parents engaged in the IECD program, as well as anecdotal evidence of positive impacts to the broader family. While the overall size of measured impact may appear modest, the magnitude of change for some families, particularly many of those experiencing multiple complexities, was considerable. Different approaches to the model also allowed for a larger than expected number of families to benefit from the pilot.

Qualitative evidence from staff and parents consistently reinforced the significant early learning gains and improvements in school readiness experienced by some children. These were most pronounced in areas of speech and/or language, social/behavioural issues and parents’ attitude, understanding and behaviours regarding their child’s early learning and development needs.

### Key Impacts for Children and Their Families

- **More children enrolled and attending mainstream ECEC services** — The proportion of children regularly attending an ECEC service increased by 5%, from 56% on entry to 61% on exit. The program supported these families to increase attendance. The engagement of others was supported by increasing their awareness and willingness to enrol their child(ren), most commonly through providing information on access and benefits and attending site orientations.

- **Improvements in all aspects of children’s learning and development** — positive gains were found in core areas of school readiness, such as speech and/or language delays, social skills, emotional and physical health, and early literacy and numeracy. Children experiencing more severe delays — commonly relating to trauma, chronic behavioural issues and significant speech and/or language impediments — were among those showing the most improvement. Issues with toileting, peer-based play, learning and attention-span, and ADHD diagnosis were also commonly addressed through the program.

- **Improvements in parent’s knowledge of their child’s development needs and overall parenting response** — positive improvements were seen in parenting capabilities and confidence, parent-child interactions focused on enriching early learning (e.g. play-based learning, modelling, story-time), and adaptive parenting response, including increased awareness and use of techniques to manage stressful and high risk behavioural issues.

- **Improved connections with mainstream and specialist supports** — the program created new relationships and referral pathways for families, including allied health, medical generalists and specialists, and specialist mental health supports (e.g. psychologists and psychiatrists). Families were also assisted to navigate through the complexity of both the education and social service systems, particularly Child Safety and Centrelink.

"The difference in his behaviour is amazing and his level of confidence has improved dramatically. I was worried he’d fall behind in academics but if anything he’s jumped forward”  
[Parent]
Example: Making significant gains with small numbers of clients

The IECD model demonstrated its application to achieve both high impact on small client groups as well as lower overall impact on high volume groups.

Townsville’s IECD model represents a high impact small client group intervention, providing intensive and highly tailored family support to 17 children and their families. Over three quarters of families were experiencing a complexity of family needs and moderate-high child developmental delays. On exiting the program:

- 69% of children showed improvements in speech and/or language, including shifts from ‘high risk’ to a position of ‘strength’
- 62% of children improved their emotion regulation and emotional wellbeing
- Safety risks for 100% of at risk children were addressed

Strengthening connections with families and enhancing support through home-visits

The program’s capacity to visit families in-home was identified as a critical factor in achieving positive outcomes. Benefits said to come from this include:

- Ability to support families who may have trouble accessing reliable transport or leaving the house with small children
- Helps staff build a clear picture of how the household operates, for example, use of structure and routine or the resources available to the family
- Strengthens rapport - staff felt that families were more comfortable with them after they had seen families in their environment, “warts and all”
- Facilitates an important engagement mechanism for those who may be uncomfortable in an office environment
- Helps identify the child’s broader family needs and enables support to be provided to all family members, supporting a child-centred, family-focused approach

“I love how we’re able to do the games at home so there’s a follow-up from the playgroup. I can also talk to each parent about what they’d like to extend further at home and then we can always introduce a new game into the playgroup to meet that need.”
[Program staff]

“We are taking the opportunity to involve older kids, getting them to read with the younger kids, getting them familiar with the learning games. That way you have younger children learning from older children, they get to do that ‘reaching’.”
[Program staff]
Enhancing support and staff skills through the inter-disciplinary approach

The IECD model has encouraged staff from both education and family support teams to work together to ensure the learning and development curriculum and the structure of the family support they deliver reinforce each other.

Families were found to benefit from the more holistic support model. They reported feeling a greater sense of being supported and understood, and noted their appreciation for the consistency across the support mechanisms, and the balance of family support and early childhood learning and development aspects.

Staff unanimously reported that the cross-discipline approach not only benefited their clients but also IECD and FSS staff connected to the program – enriching their abilities to support their clients, providing opportunity for resource sharing and upskilling, broadening networks through strengthened pathways and new opportunities, and fostering a greater appreciation for the ‘other side’ of service to young children.

Strengthening the nexus between the family support and education sectors

In addition to bridging disciplines internally, IECD teams provided an important bridge between family and education services, particularly ECEC services and in some cases primary and secondary schools. For Goodna-Ipswich and Bundaberg, engaging with schools in relation to an incident with one child led to an ongoing relationship involving the IECD team providing group peer-based support on school campus (e.g. a basketball program engaging vulnerable young boys, Protective Behaviour training for classrooms). Other instances where IECD staff engaged with a family’s ECEC service in relation to specific child-related issues led to additional support plans being implemented such as access to specialists and in some cases, removed the immediate risk of expulsion.

Reflections and future implications

The IECD pilot’s inter-disciplinary, two-generational approach represents a move beyond approaches which simply emphasise improved coordination across independent service systems to something which is a truly innovative, fully hybridized model that is explicitly focused on transforming the lives of both children and their families.

Numerous benefits to this approach were highlighted during the evaluation, including its ability to:

- Simultaneously provide early learning and development to children and ongoing support for family needs to better support sustained change
- Provide opportunity for more holistic, sustainable support by working to support both the child and their ecology
- Extend the benefits of play-based learning to home, increasing the likelihood of sustained play-based learning through in-situ modelling
• Provide access to specialist staff and a lower staff to child ratio supporting better response to the complex needs and behaviours associated with experiencing childhood trauma

• Better equip staff to identify and access resources to support fundamental early learning delays such as speech and cognitive delays that otherwise may not be addressed

• Reduce the burden on clients having to ‘re-tell their story’ through the shared case management approach

• Enrich case management through the ‘incidental’ case management that can occur in the ‘hallways’

• Facilitate knowledge and resource sharing and up-skilling of staff across disciplines

• Provide a resourcing ‘buffer’ which enables a degree of continuity in care when staff are absent / unavailable

• Increase the likelihood of family’s accessing referral support when needed (where internal referrals are available) as referrals are typically more trusted and accessible

Common challenges faced in implementing the IECD model also warrant consideration, including:

• **Staff roles, boundaries and coordination** - differing staff roles, responsibilities and confidentialities can confuse clients and risk blurring boundaries. Clear boundaries around case management and noting, and new processes for frequent and open dialogue between multi-disciplinary teams are required to maintain client confidentiality and to ensure support is integrated and not duplicated.

• **Time** - building trust and rapport with vulnerable families often requires extended time, particularly when supporting Aboriginal and/or Torres Strait Islander families. Time taken to travel to/from home visits or transporting families to/from supported playgroup is also considerable.

• **Resources** – recruitment of specialist staff (particularly in regional locations), staff attrition and succession planning presented considerable challenges for some services and highlighted the need for at least two EC Educators in the program. Gaining and securing access to suitable playgroup premises and resources can also present a time-consuming and costly challenge.

• **Client regression** – the developmental trajectory of children, particularly those who had experienced trauma, was often not a straight line. Some children who had experienced significant development gains through the program regressed after being exposed to triggers.

**Essential program elements**

A series of elements for achieving more pronounced impacts for vulnerable children and families were identified through this evaluation (suggested overleaf). The list has been derived from a combination of literature and evidence from this evaluation, including feedback from the staff who participated in the pilot.
ESSENTIAL ELEMENTS OF AN EFFECTIVE IECD INTERVENTION

- A strong foundation of trust and rapport with families
- A family-focused approach allowing support for parent and broader family issues (as well as child learning and development)
- Qualified EC Educators working alongside Human Services staff, with shared understanding/basic knowledge of each other’s discipline
- Low staff to child ratio
- Facilitated activities to ensure parent’s active and regular involvement
- Flexibility to tailor services and approach based on local context and client group
- Grounding in an evidence-based EYLF curriculum, frameworks and pedagogical approach that match the learning needs of the target group
- A combination of group and individual (home-based) early learning support
- Supported access to health specialists, especially Speech Pathologists and Occupational Therapists
- Appropriate playgroup resources – i.e. a private and easily-accessible site, a bus and driver for transporting clients, learning materials and nutritional lunches
- Provisions for supporting outreach clients in satellite towns (for regional services)
- A larger ‘dose’ of support (e.g. 3-4 half days per week, minimum 2 years)
- Links with community facilities and networks (e.g. libraries, parent groups, parks)
- Established relationships and alignment with local ECEC services and schools

Conclusion

Providing quality learning and developmental support to young children at their most critical stage of development through an education framework which is scaffolded by family support services has enabled a holistic model of care which has proven effective in bridging home and education and keeping focus on the learning needs of the child.

The flexibility given to services to tailor the mode and intensity of their support provision in response to the needs of their specific target group is a clear strength of the IECD model and allowed the pilot to stretch from early intervention through to more crisis intervention.

The IECD model has shown to be beneficial for vulnerable children in maintaining access to mainstream services and should supplement and build on children’s experiences in these services with their peers – ensuring vulnerable children have the appropriate level of exposure to early childhood development. For those children in the IECD pilot who did not attend a mainstream ECEC service, the pilot was a critical contributor to improving early learning outcomes and an increase in their exposure and engagement in a program of this nature may accrue greater benefits.

Overall, the evidence of this evaluation clearly supports the adoption of an IECD approach for increasing access to early learning and development supports much needed by vulnerable children.
What the literature says about early childhood learning interventions

Research shows that intervening early in a child’s life and investing in their early development has significant positive impacts on that child’s life, particularly in the areas of behaviour, learning, health and wellbeing. Children who are developmentally on track when they enter into school have a higher likelihood of success throughout their life than those who are not. Children who enter school with developmental delays will likely remain behind for the duration of their schooling and likely disengage from school before completing Year 12.

The importance of early childhood learning

The importance of engaging children in early childhood education is well documented. Many studies have shown that children enrolled in formal early childhood education, such as ‘heads-start’ or pre-kindergarten programs, experience a range of learning and behaviour benefits upon starting school compared to children who do not. Other studies have linked a child’s engagement in early learning to benefits later in life, such as a higher likelihood of finishing school, attending university and lower likelihood of becoming involved in crime. The benefits from intervening earlier in life are much higher than the benefits that come solely from remedial interventions applied to children later in life.

Between the ages of birth and five years, the brain is at its most impressionable stages of development. These developmental years are widely recognised as the single most crucial time for laying the foundation for healthy physical, neural, emotional, and social development. Family, community and schooling factors all play a significant role in influencing a child’s risk of developmental vulnerability during this time.

Generally, children living in households with a low socio-economic status, disadvantaged neighbourhoods and children living in non-English speaking households are at greater risk of developmental vulnerability. Many studies have demonstrated the negative impact that poverty and disadvantage has on a child’s readiness for school and subsequent education outcomes, through things such as high family stress, unstable and/or overcrowded home life, increased likelihood of family violence and breakdown, low parental education, unemployment, and higher instances of drug and alcohol misuse. A child born to a young mother (under 25 years) is also exposed to early developmental vulnerability. Young parenthood is more likely to occur for people from a low socio-economic background and can further entrench pre-existing problems of underemployment, low levels of education, alcohol and/or drug misuse and perpetuate a cycle of
disadvantage for both the young parent and their child\textsuperscript{vi}.

The paradox of service delivery is that the greater the disadvantage and complexity of needs experienced by family, the less likely the family is to access appropriate services such as early childhood education and care.\textsuperscript{vii} Those families most at risk often experience multiple barriers to accessing services such as limited social networks to facilitate a referral, feeling judged or ‘under surveillance’ when accessing support, cultural and language barriers, affordability and transportation issues. Furthermore, recent evidence from Australian data shows that lower quality early childhood education services are disproportionately located in communities of concentrated disadvantage, where the children living in these areas would most benefit from high quality education services\textsuperscript{viii}.

Overall, there is a clear and growing body of research that supports the need for more targeted efforts to reach and engage those children and their families who are experiencing disadvantage with improved access to high quality early learning and development services.

**Effective approaches to early childhood learning and development**

Evidence has shown that around 50\% of the variance in learning outcomes is determined by the individual characteristics of the child (IQ, motivation etc.), 20\%–25\% of the variance depends on the quality of the teacher and the remaining 25\%–35\% of total learning variance depends on pedagogical and structural factors, the quality of a child’s peers and community leadership. It is also accepted that in order to make a real difference in children’s lives, support and resources must be directed at the family level, ECEC or school level and community level in a coordinated manner\textsuperscript{ix}.

As the notion of prevention through early childhood intervention continues to grow, so too does the body of evidence exploring which intervention elements are likely to have the greatest impact on a child’s personal, social, emotional and cognitive development. A review of the literature has highlighted a number of best-practice elements discussed below. The elements included are believed to represent those which are core and most relevant in this context, rather than a comprehensive list of all possible elements and alternative approaches for early childhood interventions.

\textbf{57\% of children from non-working families do not attend kindergarten (or equivalent), compared to just 11\% from families where both parents work, contributing to intergenerational poverty and unemployment. (Australian Bureau of Statistics)}

\textbf{Well evaluated and targeted intervention programs have the potential to close over 70\% of the gap between disadvantaged and advantaged children (Sawhill & Karplow, 2015)}
Quality of the learning environment

High quality ECEC has been associated with more highly developed cognitive and language capacities, as well as more cooperative and less oppositional or aggressive behaviour\textsuperscript{xvii}. Quality is reflected through factors such as the size of the group, adult-to-child ratios and the training and experience of childcare workers.

**Ratios / size of group** – Ratios of educator to child play a key role in influencing quality of care as they are a key enabler for the responsive interactions required to best support child learning. While it is widely accepted that disadvantaged children will benefit most from a higher ratio than the standard ratio of 1:10/11, the interaction between ratio, educator qualifications and group size is complex and the limited data available is inconclusive.

**Educator skills and training** – The Mitchell Institute highlight that ‘educator skills and the quality of interactions co-created by educators and children are important drivers of outcomes’.\textsuperscript{xvii} There is however disagreement in the literature regarding the specific teacher credentials required to enable the best outcomes for children. The complex interaction between various quality characteristics (e.g. ratio, group size, skills) and child outcomes makes it difficult to know this with certainty however, a proxy of minimum qualifications is generally agreed to. A review of NAPLAN scores identified that children that participated in kindergarten with a qualified teacher were found to have higher classroom scores than children whose kindergarten teacher had either a teaching certificate or no teaching qualification\textsuperscript{xvii}.

**Quantity (‘dose’)**

Overall there is a clear and growing body of research that children experiencing disadvantage benefit from improved access to high quality early childhood education and care. Studies show that a dosage of high quality care closer to 30 hours (two to three days a week) has more positive impacts on behaviour, social and emotional among this group. Other studies indicate as many as 35 hours per week (full-time) exposure to intensive high quality care can go as far as bridging the difference between low and adequate socio-economic groups of children on measures of reading, writing and mathematics\textsuperscript{xviii}, and achieve better results on cognitive development\textsuperscript{xix}. 
Pedagogy (how things are taught)

Effective pedagogy is influenced by many things. Six core elements emphasised in contemporary early learning literature include: involving parents; play-based learning, nature-based learning; a combination of structured and unstructured learning; home-based learning; and trauma-informed care.

**Involving parents** – Evidence suggests the services tend to be more effective in maintaining the engagement of vulnerable families and enhancing the learning of children when they involve the parents as participants.

**Play-based learning** – The evidence clearly suggests play-based learning is highly effective in supporting many issues faced by vulnerable children, such as poor self-esteem, anxiety and depressive symptoms, speech difficulties, aggressive behaviours, sexual and physical abuse, trauma and grief.

**Nature-based learning** – Numerous studies conducted on early childhood learning in natural environments all identify significant short and long term benefits relating to children’s personal, social, emotional and intellectual development, including improved physical health and wellbeing, self-regulation, empathy, creativity and learning skills.

**Combination of structured vs unstructured** – While some studies suggest benefits in instructional learning approaches, others suggest a more informal, unstructured approach may be better suited for children experiencing significant vulnerability and/or behaviour problems. The Mitchell Institute reconciled that a nuanced approach which incorporates purposefully structured and purposefully unstructured styles at different times is likely to be appropriate, enabling the different forms of outcomes that each learning style fosters.

**Trauma informed care** – Children from disadvantaged backgrounds are more likely to have experienced or be at risk of experiencing trauma. Children effected by trauma benefit most from services which incorporate a trauma-informed perspective in their practices. This includes making sure that children are screened for trauma exposure; that service providers use evidence-informed practices; that resources on trauma are available to providers, survivors, and their families; and that there is a continuity of care across service systems.
**Home-based learning** – While home visiting is a well-tested and supported practice in the social work profession, it has not yet been widely explored or tested in relation to child learning and school readiness. There is growing evidence however, to support home visiting’s potential for improving a broad range of health and social outcomes, particularly for vulnerable families. More and more studies suggest that intensive home visiting programs may improve parenting, potentially enhance and strengthen the parent–child relationship**, and have positive impacts on parent’s sense of self, their self-efficacy and their ability to meet the unique needs of their child**.

**Learning and support frameworks**

Though the research on age-specific curricular approaches is limited, and the variation in children’s learning and development between the ages of 3 and 5 years is considerable, it is generally accepted that frameworks used for early years teaching and learning must be developmentally appropriate to be effective**, and should be firmly aligned with the Early Years Learning Framework (EYLF)’s focus on child-centred learning.

Some other models that can be used in conjunction with EYLF to promote optimal early childhood development among vulnerable families include Parents as Teachers, Abecedarian, Circle of Security and Parenting Under Pressure. Table 1 provides an overview of these models and a reference to their evidence base.

**BOX 1: BECOMING, BEING AND BELONGING: AN EARLY YEARS LEARNING FRAMEWORK FOR AUSTRALIA**

**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 involved learners  
**Outcome 5:** Children are effective communicators

**Engaging families and responding to broader family needs**

An ecological approach to child learning and development acknowledges that the child sits within a circle of influence involving immediate family, kinship and informal networks and community environments. Ecological theory suggests therefore, that to make the greatest and most sustainable positive difference to vulnerable children, strengthening of the family and community is also required.** Studies among vulnerable families specifically, suggests that successful engagement of this target group requires:

- Sufficient time to build trust and rapport, something that is particularly important when working with Aboriginal and/or Torres Strait Islander families and other traumatised families, when this can often take longer.
• An empathetic, respectful, flexible and honest service responsexxv, xxvi, xxvii

• An ability to respond to concrete needs such as health, food and transport as well as focusing on parent and/or child education; and

• Connections to the broader service system, therefore linking families to additional support as needed.

Undertaking work with Aboriginal and/or Torres Strait Islander children and communities also requires sound understanding and respect for the past histories of colonisation, assimilation policies and the removal of children and the nuanced differences in intervention approach that is required as a resultxxvii.

Alignment between early childhood development programs and the school system

Based on comprehensive and extensive research conducted in Canada, a nation with many parallels to Australia, there is clear emerging evidence that “integrating early childhood development programs with school infrastructure enables greater stability and success” xxix. The British Columbian model to Early Childhood Development includes this as one of the four characteristics needed for communities to establish positive change.

BOX 2: SUMMARY OF CORE FACTORS INFLUENCING THE EFFICACY OF EARLY LEARNING APPROACHES

• Quality (ratio, size, educator skill and training)
• Quantity - ‘dose’ (exposure to learning)
• Pedagogy – e.g. mix of structured and unstructured, play-based, culturally appropriate
• Curriculum – grounded in EYLF (as minimum)
• Ability to respond to the broader family needs
• Alignment between early childhood learning programs and the school system
### Table 1: Overview of leading evidence-based frameworks for supporting early learning and development

<table>
<thead>
<tr>
<th>Framework/ Curriculum</th>
<th>Description</th>
<th>Evidence base</th>
</tr>
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<td><strong>The Parents As Teachers (PAT)</strong></td>
<td>Intervention model is a triangulated strategy of supporting vulnerable children through parenting education, family support and home visiting. It aims to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children’s school readiness. It offers parents information and support to build an understanding and working knowledge of their child’s milestones and levels of development, through the provision of appropriate games and activities, which can then be used at home. Family support may include offering advice, referral information and counselling around issues affecting their parenting, such as unemployment, homelessness and family violence. Home visiting offers a further level of in-home support, providing individualised support and case management planning to address multiple levels of vulnerability.</td>
<td>The evidence base is strong, with documented outcomes including increased school readiness and parental engagement with children’s schooling (Pfenninger and Zigerl 2007)</td>
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<td><strong>The Abecedarian</strong></td>
<td>Approach is a combination of teaching and learning enrichment strategies for use in early childhood education settings, involving: learning games, conversational reading, language priority, and enriched care giving. It specifically targets low-income families. It focuses on developing children’s social, emotional and cognitive areas with particular emphasis on language development. Using the approach, early childhood educators enhance their abilities to provide stable and stimulating interactions with children by engaging them in rich and varied adult–child interaction activities. The ultimate goal is to facilitate positive child outcomes in areas such as cognitive, social-emotional, communication, and school readiness skills. It can involve centre based and home visiting elements.</td>
<td>Research regarding this model is detailed and very positive, particularly in Aboriginal and Torres Strait Islander communities in the Northern Territory (Ramey et al; Marshall 2014)</td>
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<td><strong>Circle of Security (COS)</strong></td>
<td>Is a parent–child intervention intended to help caregivers increase their awareness of their children’s needs and whether their own responses meet those needs. With increased awareness, it is hoped parents can expand their moment-to-moment parenting choices where needed. COS teaches the basics of attachment theory and increases parent skills in observing parent-child interactions, through the use of visual aids such as graphics and video clips. It focuses its teaching on helping a parent to recognise and sensitively respond to a child’s needs, by reflecting on their own and their child’s behaviour, thoughts and feelings.</td>
<td>Includes number of studies showing positive results, with randomised controlled trial studies planned.</td>
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<td><strong>Parents Under Pressure (PUP)</strong></td>
<td>An intervention aimed to address families facing multiple vulnerabilities, including substance misuse, child protection, family violence and poverty. It tends to be delivered one-on-one in the family’s home, offering individualised education and training for parents through provision of many different exercises that help the parent work towards their own parenting goals. The Parent Workbook is seen as a buffet of options to choose from rather than a specific or standard recipe to follow, with the intervention intended for creative, individualised use, acknowledging the unique needs and resources of each family. Modules covered under a PUP intervention include assessment, setting goals, managing emotions, mindful play and building connections, networks and relationships. One module is focused entirely on managing substance misuse.</td>
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<td><strong>The Family Partnership Model</strong></td>
<td>Is an innovative approach based upon an explicit model of the helping process that demonstrates how specific helper qualities and skills, when used in partnership, enable parents and families to overcome their difficulties, build strengths and resilience and fulfil their goals more effectively.</td>
<td>Includes number of independent randomised trials showing positive benefits to the developmental progress of children, parent-child interaction, and the psychological functioning parents, families and children</td>
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Source: adapted from Fox et al 2015, Australian Research Alliance for Children and Youth