

THE EARLY YEARS EDUCATION PROGRAM: THE EYEP:Q

Literature Review

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April 2016



Acknowledgements

The author acknowledges the input and assistance provided by the EYEP:Q Research Subcommittee (Aileen Ashford, Dr Dave Vicary, Kate Cotter, Dr Alice Hill, Associate Professor Brigid Jordan, Dr Anne Kennedy, Dr Jane Munro and Professor Jennifer Sumsion).

The Children's Protection Society is grateful to the John T Reid Charitable Trust, the William Buckland Foundation and the Alfred Felton Bequest for providing the funding to undertake the EYEP:Q project.

EYEP: Q is the qualitative study of the program designed and implemented as part of the CPS EYEP (Early Years Education Research Project) trial.

Reference: Jordan, B., Tseng, Y., Coombs, N., Kennedy, A., & Borland, J. (2014). Improving lifetime trajectories for vulnerable young children and families living with significant stress and social disadvantage: The early years education program randomised controlled trial. *BMC Public Health*, 14(965). doi: 10.1186/1471-2458-14-965

Publication Details

ISBN: 978 – 1 – 876470 – 05 - 0

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Suggested Citation: Fordham, L. (2015). Qualitative Study of the Early Years Education Program (EYEP:Q). Wagga Wagga, NSW: Research Institute for Professional Practice, Learning and Education, Charles Sturt University.

Table of Contents

Acknowledgements	02
1.0 The contemporary Australian early childhood education and care context	04
2.0 The Early Years Education Program	05
3.0 A review of the literature	08
3.1 Aspects of child development knowledge underpinning best practice with children from at-risk or vulnerable backgrounds	08
3.1.1 Early brain development: The brain's architecture and the impact of neglect	08
3.1.2 The role of relationships	09
3.1.3 Emotional development	11
3.1.4 The role of early experiences in mediating executive function	12
3.1.5 Section summary	12
3.2 Examples of innovative international practices with children from at-risk or vulnerable backgrounds	12
3.2.1 HighScope Perry Preschool Study	13
3.2.2 Head Start	13
3.2.3 Early Head Start	14
3.2.4 Chicago Child-Parent Centers	14
3.2.5 The Carolina Abecedarian Project	15
3.2.6 Nurse-Family Partnership (NFP)	15
3.2.7 The Effective Provision of Preschool Education Project (EPPE)	16
3.2.8 Section summary	16
3.3 Examples of innovative Australian practices with children from at-risk or vulnerable backgrounds	17
3.3.1 Partnerships in Early Childhood	17
3.3.2 Partnerships with Parents (PWP)	18
3.3.3 Ravenswood Early Learning Centre-Family Based Program	18
3.3.4 Through the Looking Glass (TtLG): A Partnership in Parenting Project	18
3.3.5 Spilstead Model	19
3.3.6 Home Interaction Program for Parents and Youngsters (HIPPY)	19
3.3.7 New Parent Infant Network (Newpin)	20
3.3.8 Section summary	20
3.4 Implications for practice	21
3.5 Research gaps	23
4.0 The EYEP:Q Study	24
4.1 Research aims	24
4.2 Research questions	24
4.3 Research methodology	24
4.4 Data collection	25
4.5 Data analysis	26
4.6 Research findings	26
5.0 References	28
6.0 Appendices	34
Appendix 1: Examples of innovative international practices with children from at-risk or vulnerable backgrounds	34
Appendix 2: Examples of innovative Australian practices with children from at-risk or vulnerable backgrounds	36
Appendix 3: Websites referred to in this review	38

1.0 The contemporary Australian early childhood education and care (ECEC) context

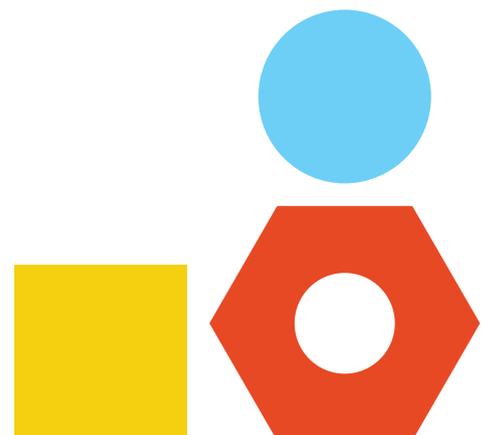
In December 2009, the Australian Government and State and Territory governments, through the Council of Australian Governments (COAG), agreed to a National Partnership Agreement on the National Quality Agenda for Early Childhood Education and Care in order to establish a National Quality Framework for Early Childhood Education and Care. The National Quality Framework (NQF) includes the following:

- a legislative framework (Education and Care Services National Law and National Regulations, that incorporate the National Quality Standard);
- a quality assessment and rating system;
- a lead regulatory authority in each state and territory; and
- a national body, the Australian Children's Education and Care Quality Authority (ACECQA) that guides the implementation of the new system and ensures consistency of approach (Australian Children's Education and Care Quality Authority, 2014, p 10).

The NQF was implemented nationally in 2012 and replaced all existing state and territory licensing and quality assurance processes for all early years services in receipt of Commonwealth funding (which includes School Age care services but excludes Budget Based Funded Programs such as Multifunctional Aboriginal Children's Services). Australian early years' settings are diverse and prior to 2012 their licensing provisions varied according to the State or Territory in which they were located. Broadly, Australian ECEC settings can be described as long day care, preschool/ kindergarten, family day care or school age care.

A central component of the National Quality Framework for early childhood education and care is "Belonging, Being and Becoming: The Early Years Learning Framework for Australia" (Department of Education, Employment and Workplace Relations [DEEWR], 2009). Endorsed by COAG in July 2009, the Early Years Learning Framework (EYLF) is "Australia's first national framework for guiding curriculum and pedagogy in all early childhood settings" (Sumsion, Barnes, Cheeseman, Harrison, Kennedy, & Stonehouse, 2009, p. 4).

The Early Years Learning Framework (EYLF) is "Australia's first national framework for guiding curriculum and pedagogy in all early childhood settings" (Sumsion, Barnes, Cheeseman, Harrison, Kennedy, & Stonehouse, 2009, p. 4).



2.0 The Early Years Education Program

Operated by the Children's Protection Society (CPS) and established in 2010, the Early Years Education Program (EYEP) is located in a child and family centre in a low-socioeconomic, high-need area in North East Melbourne. Children are aged under three when they enter the program and have been assessed as having two or more risk factors as defined in the Department of Human Services Best Interest Case Practice Model. Typical risk factors include parental mental health difficulties, parental substance abuse, family violence and having teenage parents (Jordan, Tseng, Coombs, Kennedy, & Borland, 2014). A full list of risk factors is available in the Victorian Department of Human Services' *Child Development and Trauma Guide (2007)*.

Although the EYEP is targeted at children under three years of age who experience significant family stress and social disadvantage, it nonetheless operates within a universal framework. The children receive at least 25 hours a week of high-quality education and care for 50 weeks of the year for three years. The structural features of the program are above the NQF/Regulatory requirements and include high staff to child ratios (1:3 for children under 3 years; 1:6 for children over 3 years); qualified staff; attachment-focused and trauma-informed care; a child-centred curriculum based on the EYLF; integration with family support services; support from infant mental health professionals; and partnerships between educators and parents. The program's objectives are to:

- 1) Develop and implement a research-informed model of integrated care, education and support to a critical mass of children who experience significant family stress and social disadvantage (and who are currently engaged with family services or child protection services).
- 2) Measure the impact of this intervention through a randomised controlled trial determining the impact of the EYEP on a range of children's school readiness measures as well as undertaking a benefit-cost analysis to inform government policy.
- 3) Inform and disseminate this model of care to increase the capacity of other existing children's services to meet the needs of young children at risk.

In order to achieve its objectives and to intervene as early as possible, the EYEP has adopted a dual modal approach: the two models are education and care.

Typical risk factors include parental mental health difficulties, parental substance abuse, family violence and having teenage parents (Jordan, Tseng, Coombs, Kennedy, & Borland, 2014). A full list of risk factors is available in the Victorian Department of Human Services' *Child Development and Trauma Guide (2007)*.

The EYEP Education Model

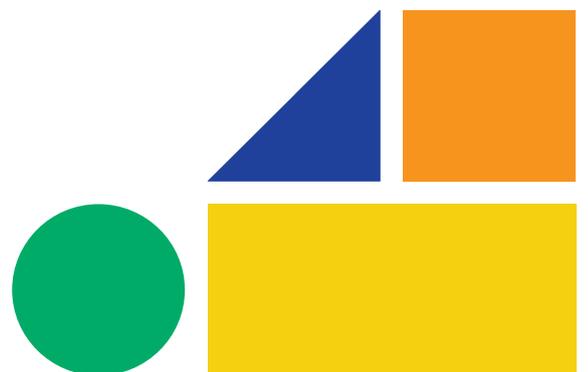
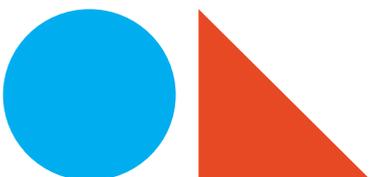
The Early Years Education Program employs an education model that is pedagogically-driven and reflective, as well as child focused and informed by the national EYLF (DEEWR, 2009). Each child in the EYEP has individual learning goals and needs that are identified and regularly reviewed by the educators in partnership with the parents. EYEP educators plan the curriculum using play-based approaches and intentional teaching to support each child's learning, development and wellbeing across the five learning outcomes of the EYLF:

- 1) Children have a strong sense of identity;
- 2) Children connect with and contribute to their world;
- 3) Children have a strong sense of wellbeing;
- 4) Children are confident and involved learners; and
- 5) Children are effective communicators.

In addition, EYEP educators employ ongoing reflective practice (documenting, monitoring and assessing each child's learning) and participate in regular one-on-one supervision sessions with education team leaders and group consultations with the infant mental health and early childhood education consultants. Ongoing professional learning for all members of the EYEP team is an integral component of the program.

The EYEP Care Model

Integral to the education model is an attachment-focused, trauma-informed, primary-care model. This means that every child is allocated a key worker who is that child's primary carer. Children gain a sense of safety and security through purposeful greetings and farewells on arrival and departure each day; the predictability of the routines; and responsive, close physical contact and comfort with their primary carer. The goal of this care model is to foster significant attachments for children who are likely to be experiencing attachment disorders in their homecare environments as well as to build trusting relationships between staff and parents. Additionally, an important part of the care model is to provide the children with at least 75% of their daily nutritional needs. Underpinning the model is a trans-disciplinary approach implemented by a team comprised of an education leader (with postgraduate qualifications in early childhood curriculum), educators, an early childhood consultant, an infant mental health consultant, a music therapist, a cook, and family support consultants. The essence of this trans-disciplinary approach is that all team members collaborate across disciplinary boundaries to pool expertise, increase individual knowledge and skills and develop collegial and supportive relationships, as well as to more effectively identify and respond to the needs of the children and families in the EYEP (Cumming & Wong, 2012; Wong, Press, Sumsion, & Hard, 2012). The team's overarching focus is to develop and implement relational pedagogical strategies that reduce the children's behavioural and emotional dysregulation, enabling them to be more available to learning (Jordan et al., 2014, p. 3).



The EYEP Excellent rating

Under the National Law, ACECQA is responsible for developing and managing the Excellent rating application process and for awarding the rating. The Excellent rating is the highest rating that an educational and care service can achieve. It can only be awarded by ACECQA and is not a rating given during the initial assessment and rating process. To be eligible to apply for the Excellent rating a service must first have been rated as Exceeding the National Quality Standard (NQS) by its external State or Territory regulatory authority. Subsequently a service can choose to apply to ACECQA for an Excellent rating by completing the application form and demonstrating how their service meets three criteria:

- i) the service exemplifies and promotes exceptional education and care that improves outcomes for children and families across at least three of six possible domains (see ACECQA 'Guidelines for applicants –Excellent rating' for a full description, 2014)
- ii) the service demonstrates leadership that contributes to the development of a community, a local area, or the wider education and care sector
- iii) the service demonstrates commitment to sustained excellent practice through continuous improvement and comprehensive forward planning

In February 2014, the EYEP (known as the CPS Children's Centre) having been rated as Exceeding the National Quality Standard in November 2013, applied for an Excellent rating. In May 2014 it was the first children's centre in Victoria to receive ACECQA's Excellent rating. It demonstrated excellence in the areas of:

- i) collaborative partnerships with professional, community or research organisations
- ii) inclusive partnerships with children and families
- iii) practice and environments that enhance children's learning and growth
- iv) sustained commitment to professional development and support of educators

The team's overarching focus is to develop and implement relational pedagogical strategies that reduce the children's behavioural and emotional dysregulation, enabling them to be more available to learning (Jordan et al., 2014, p. 3).

3.0 A Review of the Literature

The purpose of this literature review is to contextualise the rationale for the current research study: the Qualitative Study of the Early Years Education Program (EYEP:Q)

The review is in five sections and draws on the relevant literature to answer the following questions:

- 1) What aspects of child development knowledge underpin best practice with children from at-risk or vulnerable backgrounds?
- 2) What are some examples of international innovative practices with children from at-risk or vulnerable backgrounds?
- 3) What are some examples of Australian innovative practices with children from at-risk or vulnerable backgrounds?
- 4) What are the implications for practice and the research gaps?
- 5) What will the EYEP:Q do?

While this literature review has a scholarly focus, increasingly information is available on websites. Accordingly, a number of websites have been referred to when sourcing evidence and they are listed in the reference list as well as in a stand-alone list of websites referred to in this literature review (see Appendix 3). The author acknowledges that a small percentage of websites are difficult to trace within twelve months of publication. However, the Internet Archive (<https://archive.org/index.php>) is a not-for-profit online library that offers permanent access to digital collections for researchers, historians, scholars, people with disabilities and the general public (Internet Archive, 2014). This archive has 435 billion webpages saved over time, which can be located with knowledge of the correct uniform resource locator (url) and date of access.

3.1 Aspects of child development knowledge underpinning best practice with children from at-risk or vulnerable backgrounds

Four areas of the literature on child development are relevant in answering this question: early brain development; the role of relationships; emotional development; and the role of early experience in mediating executive function.

3.1.1 Early brain development: The brain's architecture and the impact of neglect

The past 30 years of extensive biological and developmental research have greatly enhanced our knowledge in regard to children's early brain development (National Scientific Council on the Developing Child, 2012; Perry, 2002; Shonkoff & Garner, 2011). Commencing immediately from birth, responsive environments and supportive relationships help to construct robust brain circuitry, facilitate emerging capabilities, and strengthen the foundations of physical and mental health (Shonkoff & Phillips, 2000). The brain's architecture and children's developing abilities are built "from the bottom up", from least (brainstem) to most complex (limbic, cortical areas), with simple circuits and skills providing the scaffolding for more advanced circuits and skills over time (Perry, 2002, p. 82).

It is also during this time in life when the brain is most sensitive to all experiences and susceptible to both positive and negative influences. In infancy and early childhood, social, emotional, cognitive and physical experiences shape neural systems in ways that influence functioning for a lifetime (Shonkoff, 2011; Siegel, 2001; Stevenson, 2007). Hence young children who experience severe neglect (defined as the ongoing disruption to or significant absence of caregiver responsiveness in regard to a child's physical, emotional, medical, educational and nutritional needs) bear the burdens of a range of adverse consequences (National Scientific Council on the Developing Child, 2012).

Neglect is the most prevalent form of child maltreatment, but remains the most understudied (Perry, 2002; Scott, 2014). Neglect includes failing to provide a child with enough food, and nutritional sufficiency in the pre- and post-natal periods is vital for optimum brain development and functioning (Shonkoff & Phillips, 2000). The first two to three years of nutritional input are fundamental to brain growth, and research by Morgan and Winick (1985, cited by Shonkoff & Phillips, 2000), showed that the earlier malnutrition occurs and the longer it occurs for, the greater effect it has on brain size and brain development.

Neglect is associated with greater risk for emotional, behavioural and interpersonal relationship difficulties later in life, and in particular babies and young children who have experienced severe neglect are more likely to have cognitive problems, academic delays, deficits in executive function skills, difficulties with attention regulation, time perception deficits and disruptions to the body's stress response (National Scientific Council on the Developing Child, 2012; Perry, 2002; Wilkerson, Johnson, & Johnson, 2008).

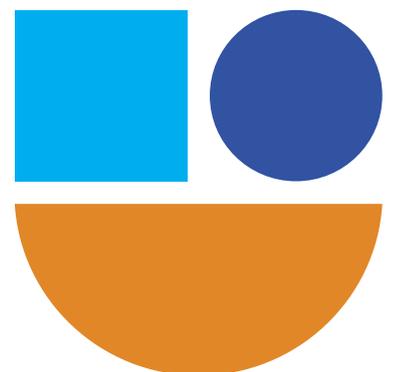
Because responsive relationships are not only developmentally expected but also biologically fundamental, their *absence* poses a serious threat to child wellbeing, particularly during the earliest years, and this absence disrupts the body's stress response systems (National Scientific Council on the Developing Child, 2012). Excessive stress and insufficient buffering parental support leads to negative outcomes for children (e.g., their cognitive development, behaviour, physical and emotional health) that continue to impact throughout life. This underscores why significant deprivation is so harmful in the earliest years of life and why effective early interventions are likely to produce better long-term outcomes in learning, health and wellbeing, as well as parenting of the next generation (National Scientific Council on the Developing Child, 2010, 2012). When young children are burdened by significant adversity, their stress response systems become over-activated and as a consequence their maturing brains can be impaired with negative outcomes persisting into adult life (Bolger & Patterson, 2001; Maughan & McCarthy, 1997; Shonk & Cicchetti, 2001; Shonkoff, 2011).

However, the negative consequences of severe neglect can be reduced or reversed through appropriate and timely interventions. Scott (2014) suggests that an ecological framework where the child is not seen in isolation but in the context of parent, family, community and society is a well-suited response. As it is the interaction of genes and experience that shapes the architecture of the developing brain (National Scientific Council on the Developing Child, 2007), early intervention that focuses on the provision of positive 'serve and return' responses between children and adults who care for them can help to mitigate adverse experiences, such as chronic or toxic stress (Perry, 2002).

In their review of the literature on infants at risk of abuse or neglect, Jordan and Sketchley (2008, p. 17) described infants' manifestations of chronic stress in terms of apathy, withdrawal or failing to thrive. They also reported that infants who experience acute stress may manifest a 'fight' response as temper tantrums, aggression or withdrawal and a 'flight' response may more likely be one of disengagement or dissociation.

Toxic stress in early childhood disrupts the developing brain architecture and leads to lifelong problems in learning, behaviour, physical and mental health (Shonkoff & Garner, 2011). Toxic stress refers to "strong, frequent and/or prolonged activation of the body's stress-response systems in the absence of the buffering protection of stable adult support" (Shonkoff, 2010, p. 360). The essential feature of toxic stress is the absence of consistent, supportive relationships to help the child cope and thereby bring the physiological response to threat back to baseline (National Scientific Council on the Developing Child, 2007, p. 10). Hence, early intervention programs that target the provision of supportive relationships are key to ameliorating the child's experiences of toxic stress.

The brain's architecture and children's developing abilities are built "from the bottom up", from least (brainstem) to most complex (limbic, cortical areas), with simple circuits and skills providing the scaffolding for more advanced circuits and skills over time (Perry, 2002, p. 82).



3.0 A Review of the Literature Cont.

3.1.2 The Role of Relationships

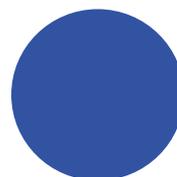
The quality and stability of human relationships in the early years of a child's life affect all aspects of their development: intellectual, social, emotional, physical, behavioural and moral (McCain & Mustard, 1999; National Scientific Council on the Developing Child, 2004a; Shonkoff & Phillips, 2000). Nurturing relationships with caring adults are essential to healthy human development beginning from birth and are often described as 'serve and return' interactions between parent and baby. The baby naturally initiates a serve by its babbling, facial expressions and gestures, and the adult provides a return with similar vocalisations and facial expressions. These reciprocal interactions build and strengthen the baby's brain architecture and create a relationship in which the baby's experiences are affirmed and it can build on these, developing new abilities.

Perry (2002) eloquently described how newborn bonding occurs when an attentive, attuned and loving caregiver repeatedly meets the needs of the hungry or cold or scared infant. As the caregiver nurtures the infant, they create a set of specific sensory stimuli, which translate into specific neural activations in areas of the infant's developing brain, which in turn become responsible for socio-emotional communication and bonding. "The somatosensory bath - the smells, sights, sounds, tastes and touch - of the loving caregiver provides the repetitive sensory cues necessary to express the genetic potential in this infant to form and maintain healthy relationships. This first and most primary of all relationships is this attachment bond" (Perry, 2002, p. 95). Perry identified three key elements to a secure attachment bond: (1) it is an enduring emotional relationship with a specific person; (2) it is a relationship that brings safety, comfort, soothing and pleasure; and (3) loss or threat of loss of the person evokes intense distress (p. 95).

Attachment theory originates from John Bowlby's seminal works *The Nature of the Child's Tie to his Mother* (1958) and *Attachment and Loss* (1969), about the form and functioning of early infant-mother bonding, as well as from his later work with his research colleague Mary Ainsworth (Ainsworth & Bowlby, 1991). Indeed, Ainsworth's studies contributed to our understanding of the important function of an attachment figure (acting as a secure base from which the infant can confidently explore the world), as well as the role of maternal sensitivity in fostering infant-mother attachment patterns (Bretherton, 1992). The type of relationship that the infant has with its primary caregiver will have a profound impact on the infant's future development. Maternal care and sensitivity in responding to infants' needs helps infants to express and regulate their emotions, which in turn lays the foundation for future mental health (Centre for Community Child Health, 2009, 2012).

In addition, children who have healthy, secure relationships with their primary caregivers are more likely to develop insights into *other* people's feelings, needs, and thoughts which are important in the development of cooperative interactions with others and an emerging conscience (Center on the Developing Child at Harvard University, 2004). Indeed, Shonkoff (a leading international expert in early childhood) confirmed that when children experience stable, stimulating and protective relationships it helps them to build strong foundations for a lifetime of effective learning (2011).

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Consequently, the warm, supportive responses of a caregiver in a child care setting can also influence the development of important capabilities in children, including greater social competence, fewer behaviour problems, and enhanced thinking and reasoning skills at school age. Young children benefit in these ways because of the secure relationships they develop in such settings, and because of the ways in which the caregivers provide cognitively stimulating activities and support for developing positive relationships with other children. High quality early childhood settings acknowledge that children need secure relationships and operate a primary caregiver model, whereby each child is assigned to the care of a specific staff member (Colmer, Rutherford, & Murphy, 2011; Lieberman, 1993). Not only does this model help children to develop 'secure base behaviours' but it also helps children learn to manage their feelings, which is fundamental to fostering both independent learning and cooperative play (Dolby, 2003).

However, poorly designed programs, inadequate preparation of staff, and a high turnover of caregiver staff can interfere with these benefits. Perceptions of quality in ECEC are often reported in terms of structural (and usually regulated and compliance) matters of quality such as adult: child ratios, staff qualifications, the physical environment, and early years curriculum (NICHD Early Child Care Research Network, 1996, 2000). But quality can be perceived quite differently if we view ECEC as an environment of relationships in which young children grow and develop. Central to the nurturing nature of these relationships are the caregivers' personal attributes (e.g., warmth, empathy and respect), their skills (e.g., the ability to recognise and respond to the ongoing effects of trauma), and cultural competence. When caregiver characteristics align with enhanced workplace conditions (e.g., well-resourced and attractive physical spaces) and a supportive organisational culture (e.g., open communication, professional development, staff recognition and appreciation), high quality early childhood education and care flourishes (National Scientific Council on the Developing Child, 2004a; Page & Elfer, 2013).

3.1.3 Emotional Development

Emotional development begins early in life, and is a critical aspect of the brain's development: "early emotional experiences literally become embedded in the architecture of [young children's] brains" (National Scientific Council on the Developing Child, 2004b, p. 1). Most commonly, emotional experiences of newborns and young infants occur during interactions with a caregiver, when they are being fed, held or comforted (Shonkoff & Phillips, 2000).

However, just as young children grow and develop physically, they also grow and develop emotionally and acquire a better understanding of a range of emotions. Young children learn to manage their feelings, and are capable not only of demonstrating enjoyment and happiness but also of deep and intense feelings of sadness, depression, grief, anxiety and anger, which can lead to unbridled aggression (National Scientific Council on the Developing Child, 2004b).

Young children growing up in environments where there are parental mental-health problems, substance abuse or family violence face significant threats to their own emotional development (Glaser, 2000). The experience of neglect in childhood has been well documented as producing measurable changes in the immature brain (Perry, 2002; Shonkoff & Garner, 2011) that can affect cognitive, emotional and social behaviours (Briggs, 2012). Hence it is argued that all ECEC programs should strike a balance between developing children's cognitive and academic skills together with their emotional and social development. ECEC services need sufficient resources (as well as knowledge and skills) to help children who present with common behavioural problems early on (National Scientific Council on the Developing Child, 2004b). Universal ECEC services would also benefit from access to specialist infant mental-health professionals who can either directly support the needs of young children in the child care centres or who can act as consultants to the caregivers (Shonkoff & Phillips, 2000).

3.0 A Review of the Literature Cont.

3.1.4 The Role of Early Experiences in Mediating Executive Function

Executive function skills are described as the crucial building blocks for early cognitive and social development. They comprise three functions: working memory; inhibitory control; and cognitive or mental flexibility. Working memory is the capacity to hold and manipulate information over short periods of time. Inhibitory control is the skill that masters and filters thoughts and impulses in order to resist temptations and distractions as well as to pause and think before acting. Cognitive or mental flexibility is the capacity to fluently adjust to changed demands, priorities, or perspectives (Center on the Developing Child at Harvard University, 2011).

Research has shown that exposure to highly stressful early environments (in particular, damaging fear and toxic stress) is associated with deficits in the development of children's working memory, attention and inhibitory control skills because they affect the chemistry of brain circuits involved in the development of these capacities, and they impair the specific neuronal architecture that is engaged when we try to keep information in working memory, inhibit a habitual action, or address problems in a flexible manner (Maughan & Cicchetti, 2002).

This connection between toxic stress and executive functioning suggests opportunities for early childhood interventions to focus on these skills to improve the likelihood of success in school and later life for children facing adversity. Indeed, the Center on the Developing Child at Harvard University (2011) reported that preschool programs whose teachers specifically focused on modeling and coaching children's social-emotional skill development, showed significant positive effects on young children's engagement in academic tasks, attention skills, and control of impulsive behaviour.

3.1.5 Section Summary

To conclude, three aspects of child development appear to underpin best practice with children from at-risk or vulnerable backgrounds:

- 1) Stable, supportive relationships are key to reversing children's experiences of neglect, stress or trauma.
- 2) Nurturing, secure attachments with primary caregivers are essential for growing children's brains, for building the foundations for a lifetime of effective learning and for helping children to express and regulate their emotions.
- 3) High quality early childhood programs are those that focus on providing children with supportive relationships, develop children's cognitive and literacy skills, and model and coach children's emotional and social development.

3.2 Examples of innovative international practices with children from at-risk or vulnerable backgrounds

The following section provides short summaries of seven key international innovative and evidence-based practices with children and families from at-risk or vulnerable backgrounds. These landmark interventions have been selected as they influence a great deal of contemporary Australian early childhood education and care, policy and praxis. Specific details of each program (date of implementation; geographic location; target group; age group; enrolment criteria; service delivery mode; aims of intervention; duration of intervention; intervention strategies; evaluation and; intervention outcomes) are provided in Appendix 1: Examples of innovative international practices with children from at-risk or vulnerable backgrounds.

3.2.1 HighScope Perry Preschool Study

For the past three decades, researchers from the HighScope Educational Research Foundation (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984; Schweinhart, Barnes, & Weikart, 1993; Schweinhart, Montie, Xiang, Barnett, Belfeld, & Nores, 2005) have conducted studies into the long-term outcomes of the children who participated in the Perry Preschool Program. From 1962 to 1967, 123 African-American children aged between 3 to 4 years, who were born in poverty and deemed to be a high risk of failing in school, were randomly divided into a program group that received a high-quality preschool program based on HighScope's participatory learning approach and a comparison group who received no preschool program (Promising Practices Network, 2009).

Key child development theories underpinning the program's philosophical and educational approach were those of Vygotsky (1978), Piaget (see Inhelder, Chipman & Zwingmann, 1976), and Dewey (1938). As well as daily centre-based sessions, educators worked with the children and their mothers in the homes once a week providing parental support and consolidating the children's learning in the home environment.

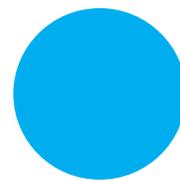
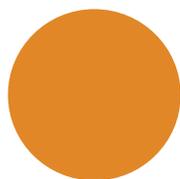
HighScope studies consistently show that program participants achieved better outcomes academically, socio-economically, in their health and their wellbeing. In the study's most recent phase, 97% of the study participants still living were interviewed at age 40, and additional data were gathered from the subjects' schools, social services and arrest records. The study found that adults at age 40 who had attended the preschool program had higher earnings, were more likely to hold a job, had committed fewer crimes, and were more likely to have graduated from high school than adults who did not attend preschool (HighScope, 2014; Schweinhart et al., 2005).

3.2.2 Head Start

In 1964, shortly after President Johnson declared The War on Poverty in his State of the Union speech, a panel of experts was assembled to develop a comprehensive child development program that would help communities meet the needs of disadvantaged preschool children. Part of the government's rationale was influenced by new research into the effects of poverty on education. Head Start was the educational model designed to help break the cycle of poverty, providing preschool children of low-income families with a free, comprehensive program to meet their emotional, social, health, nutritional and psychological needs (Ludwig & Phillips, 2008). A key tenet of the program established that it needed to be culturally responsive to the communities served, and that the communities had an investment in its success for example through determining volunteer contributions.

The Early Childhood Learning and Knowledge Center reports on its website (2014) that contemporary Head Start programs promote the school readiness of young children from low-income families through a range of private and public local community agencies which may offer services in schools, centres or family child care homes. Head Start endorses the notion of parents as their child's first and most important teachers and as a consequence "programs build relationships with families that support positive parent-child relationships, family well-being, and connections to peers and community" (Early Childhood Learning and Knowledge Center, 2014).

Research has shown that exposure to highly stressful early environments (in particular, damaging fear and toxic stress) is associated with deficits in the development of children's working memory... (Maughan & Cicchetti, 2002).



3.0 A Review of the Literature Cont.

3.2.3 Early Head Start

In 1995, Early Head Start was established as a community-based program for low-income pregnant women and families with children up to the age of 3 (Love, Kisker, Ross, Raikes, Constantine, Boller, et al., 2005). Early Head Start programs provide “early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, and pregnant women and their families” (Early Childhood Learning and Knowledge Center, 2014). Its programs are attachment-focused, strengths-based, relationship-centred and family-centred, and they support families from pregnancy through to a child’s third birthday (Early Childhood Learning and Knowledge Center, 2014). In summary, Early Head Start programs:

- provide safe, developmentally-enriched caregiving, promoting growth across all domains of child development;
- support parents as the primary caregivers and teachers of their children;
- mobilise community resources and supports; and
- ensure high quality responsive services by employing trained, caring staff.

(See Love et al., 2005, for a comprehensive evaluation of Early Head Start).

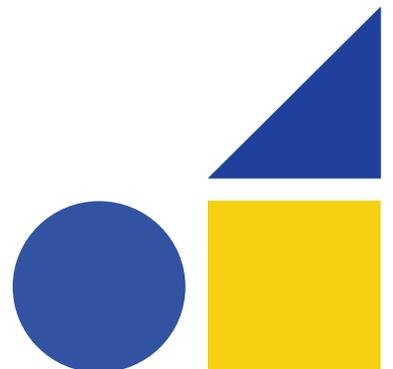
3.2.4 Chicago Child-Parent Centers

The Chicago Child-Parent Centers (CPCs) commenced in 1967 to meet the needs of families in high-poverty neighbourhoods who were not attending Head Start or other similar programs. The CPCs provide comprehensive educational and family support to socio-economically disadvantaged families. The program’s key principle is that by providing a school-based, stable preschool learning environment with active parent participation, children’s academic success will follow. The CPC program requires that parents participate in the program on a weekly basis, while emphasising a child-centred, individualised approach to social and cognitive development (Reynolds, Temple, Robertson, & Mann, 2001).

While part of the Chicago Public Schools system, the CPC programs traditionally operated in preschools. Evaluations have revealed that children who participated in the CPC *preschool* programs showed the largest benefits across a range of child and adolescent outcomes. Arthur Reynolds (a former Director of the Chicago Longitudinal Study) and his colleagues have conducted extensive research into the effects of the CPCs and in 1995 reported that children who participated in *any amount* of CPC preschool outperformed the non-preschoolers. Two key findings were:

- 1) A difference of about three months in cognitive readiness between the two groups; and
- 2) Preschoolers’ achievements in reading and maths remained statistically significant and meaningful in terms of educational gains up to grade six (Reynolds, 1995).

In 1995, Early Head Start was established as a community-based program for low-income pregnant women and families with children up to the age of 3 (Love, Kisker, Ross, Raikes, Constantine, Boller, et al., 2005).



3.2.5 The Carolina Abecedarian Project

The Carolina Abecedarian Project commenced in 1972, and is one of the most-cited early childhood education programs. Long-term follow-up studies have found significant improvements in children's performance on IQ tests, long-term employment and earnings outcomes (Campbell, Pungello, Kainz, Burchinal, Pan, Wasik et al., 2012). The Abecedarian Project combined intensive, preschool education and care with parental mentoring, and comprised four key elements:

- 1) Language Priority;
- 2) Conversational Reading;
- 3) Enriched Caregiving; and
- 4) Learning Games

The aim of the project was to find ways to help children from disadvantaged backgrounds succeed in school. Major findings from the Abecedarian Project were that the 57 children in the intervention group:

- had higher cognitive test scores from the toddler years to age 21;
- had higher academic achievements in literacy and maths from primary grades through to young adulthood;
- completed more years of education and were more likely to participate in tertiary education, enrolling in four-year courses; and
- were older on average when their first child was born (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002).

"It is clear that the educational advantages seen in the adults who took part in the Abecedarian study would have been less likely without their early childhood educational experience" (Campbell et al., 2012, p. 1042).

3.2.6 Nurse-Family Partnership (NFP)

The Nurse-Family Partnership model (NFP) was first trialed by David Olds in New York in the late 1970s and has since expanded to become a US-wide initiative. It is an evidence-based community health program that partners low-income women pregnant with their first child with a registered nurse who continues to make home visits to the mother throughout her pregnancy and up to the child's second birthday (Nurse Family Partnership, 2013). The NFP is underpinned by three theoretical frameworks: namely, human ecology (Bronfenbrenner, 1979); self-efficacy (Bandura, 1977, cited in Olds, 2006); and attachment theory (Bowlby, 1969). The program's goals are to:

- 1) Improve pregnancy outcomes by fostering good maternal health practices;
- 2) Improve child health and development by enhancing levels of parental care; and
- 3) Improve families' economic self-sufficiency by engaging parents in their own personal planning.

Extensive randomised controlled trials of the NFP model show conclusively that it has contributed to reductions in:

- child abuse and neglect (48%);
- hospital emergency visits (56%);
- child arrest by age 15 (59%); and
- children's behavioural and intellectual problems at age 6 (67%).

In a recent paper reporting on the evidence base for the Nurse Family Partnership model, Olds (2006) stated emphatically "the functional and economic benefits of the nurse home-visitation program are greatest for families at greater risk" (Olds, 2006, p. 21).

3.0 A Review of the Literature Cont.

3.2.7 The Effective Provision of Preschool Education Project (EPPE)

The Effective Provision of Pre-School Education (EPPE) project (1997-2004) was the first longitudinal national study of more than 3000 children across England. The children were aged between 3 and 7 years and EPPE researchers collected a wide range of information looking at the background characteristics of children's parents, children's home environments and the preschool settings children attended (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2004).

The 141 preschool settings represented a range of diverse providers (council day nurseries, integrated centres, playgroups, private day nurseries, nursery schools and nursery classes) as well as diverse socio-economic and geographical locations (rural, metropolitan, shire county and inner-city). A sample of 'stay-at-home' children (those with no or minimal preschool experience) was recruited to the study at entry to school for comparison with the preschool group. In addition to investigating the effects of preschool provision, EPPE researchers explored the characteristics of effective practice (and the pedagogy which underpins it) through twelve intensive case studies of settings where children had positive outcomes. Some of the key findings from the EPPE Project over the preschool period (Sylva et al., 2004) were:

- preschool experience enhances all-round development in children;
- attending preschool prior to 3 years relates to better intellectual development at ages 6 and 7 and to improved independence, sociability and concentration at school entry;
- disadvantaged children benefit significantly from good quality preschool experiences, especially when with children from different social backgrounds;
- staff with higher qualifications have higher quality scores and their children make more progress;
- effective pedagogy includes intentional teaching, instructive learning environments and 'sustained shared thinking' to extend children's learning;
- for all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income; and
- what parents do is more important than who parents are.

3.2.8 Section summary

The seven international early childhood interventions summarised above have at their core the provision of high quality educational services to young disadvantaged children (some programs targeted children aged from birth to age 3 and others children aged 3 to 7) and in most instances the provision of support and mentoring to the parents of those children. See Appendix 1 for specific details of each program. All interventions (with the exception of EPPE) were targeted to children and parents from socio-economically disadvantaged backgrounds, and were grounded in child development theories and/or an ecological framework, whereby the support and education provided to the parents was deemed as important as the programs provided to the children.

Key successful elements to these programs appear to be:

- i) the respectful nature of relationships with parents;
- ii) the provision of high quality early childhood education programs by qualified staff; and
- iii) the early commencement of intervention, with evaluations revealing that in regard to disadvantaged children, the earlier the better.

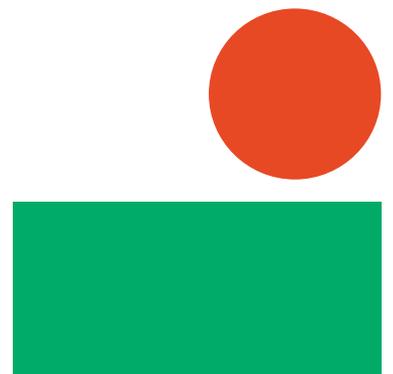
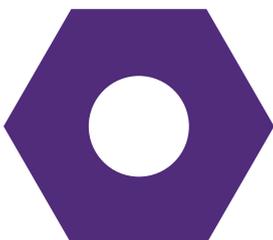
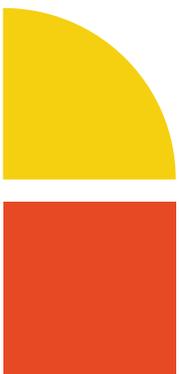
3.3 Examples of innovative Australian practices with children from at-risk or vulnerable backgrounds

This section summarises key principles and components of seven Australian early childhood education programs (targeted and universal) that deliver services to vulnerable children and their families. New models are regularly emerging but these programs were selected as they represent a typical cross-section of Australian programs for children at risk. As before, specific details of each program (date of implementation; geographic location; target group; age group; enrolment criteria; service delivery mode; aims of intervention; duration of intervention; intervention strategies; evaluation and; intervention outcomes) are provided in Appendix 2: Examples of innovative Australian practices with children from at-risk or vulnerable backgrounds.

3.3.1 Partnerships in Early Childhood (The Benevolent Society), New South Wales

The Partnerships in Early Childhood (PIEC) program launched in July 2005 is an attachment-based intervention developed from Bowlby's 1988 work on attachment theory and predicated on the basis that positive relationships between young children and their caregivers are fundamental to children's subsequent wellbeing (valentine & Thompson, 2009; valentine, Thompson, & Antcliff, 2009). The PIEC model adopts key aspects of the Circle of Security intervention (Powell, Cooper, Hoffman, & Marvin, 2014) which in turn draws on the work of Mary Ainsworth and John Bowlby - highlighting the importance of children having a secure base from which to grow and develop together with educators (and/or parents) providing children with a haven of security. PIEC employs child and family workers in consultancy-type roles to train other staff in early childhood centres in these attachment concepts. Additionally, families in the early childhood centres are provided with information and support to help them build their relational and parenting skills.

The Effective Provision of Pre-School Education (EPPE) project (1997-2004) was the first longitudinal national study of more than 3000 children across England... (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2004).



3.0 A Review of the Literature Cont.

3.3.2 Partnerships with Parents (PWP) Program (SDN) Sydney, New South Wales

SDN's Partnerships with Parents Programs commenced in July 2006, and deliver highly responsive, flexible, relationship-based, parenting support interventions with vulnerable families who have children under 5 years of age and who live in the suburbs in and around Redfern, Sydney (Australian Institute of Family Studies, 2013a). A range of parenting supports is provided to families with one or more risk factors (such as a history of substance abuse; affected by poverty; living in insecure/inadequate housing; social isolation; mental health issues; or family violence) and who rarely seek help. Programs aim to enhance families' community participation as well as their sense of connectedness (SDN, Children's Services, n.d.), and seven critical principles underpin all PWP programs. They must be:

- easy to access;
- embedded in the local community;
- employers of EC trained staff, who are strong in knowledge of children's emotional needs and child development;
- relationship and strengths-based;
- highly flexible in terms of responding to individual needs of families;
- collaborative; and
- committed to working collaboratively with Aboriginal programs.

3.3.3 Ravenswood Early Learning Centre—Family Based Program, Launceston, Tasmania

This Tasmanian initiative commenced in April 2005, and is an early intervention program based in a preschool setting designed to support “hard-to-reach, educationally disenfranchised families” (Australian Institute of Family Studies, 2013b). The two elements of the program are that it is a Family-Based Program and includes Specialist Support Staff (such as an oral language aide). Teachers work together with parents to identify their children's developmental needs and focus on role modeling to parents, building trust and rapport with parents and developing individual learning plans for the children. The program draws on research evidence from the HighScope Perry Preschool program and the Carolina Abecedarian Project, and nurtures parents to be their child's first and most important teachers.

3.3.4 Through the Looking Glass (TtLG)—A Partnership in Parenting Project (Lady Gowrie) Adelaide, South Australia

The goal of this targeted program is to develop and pilot a model of collaborative early intervention and prevention for parents to improve secure attachment outcomes for their young children (Aylward & O'Neill, 2008; Aylward et al., 2010; Colmer et al., 2011). The project was designed to achieve specific outcomes for parents (targeting mothers), children and child care staff and to develop and promote a ‘best practice’ service model to address issues of attachment. The TtLG Project provides intensive psychosocial support, therapeutic intervention and child care as a package for high-risk families in order to develop and support secure attachment relationships between mothers and their children (Australian Institute of Family Studies, 2013c). The primary target group is mothers of children aged 0 to 5 years. Participating families come from diverse backgrounds but all exhibit multiple risk factors including anxiety, depression and social isolation and many of the parents reported early trauma in their own lives. A clinician and co-facilitator provide the program and work with childcare staff.

The project is based on Attachment Theory and the intervention draws from the Circle of Security Project Model (Marvin, Cooper, Hoffman, & Powell, 2002). Key elements of the program are:

- the provision of childcare from a primary caregiving approach;
- a multidisciplinary approach (childcare staff are therapeutic partners);
- video work;
- group work and 1:1 individual work; and
- partnership and collaboration.



3.0 A Review of the Literature Cont.

3.3.7 New Parent Infant Network (Newpin), New South Wales, Victoria and Tasmania

New Parent and Infant Network (Newpin) is an intensive centre-based therapeutic ‘befriending’ program for parents with children aged 0 to 5 years (Newpin, 2013). The model originated in the United Kingdom in response to the needs of new mothers who were also experiencing issues such as isolation, mental illness, family violence, social disadvantage or low self-esteem, as well as those who were at risk of neglecting or physically and emotionally abusing their children (Centre for Community Child Health, 2008, p. 7). Newpin programs seek “to break the cycle of destructive family behaviour by:

- Emphasising emotional abuse as a precursor to physical and/or sexual abuse
- Developing the self esteem and emotional maturity of parents
- Bringing about lasting change in the quality of life for both parents and children
- Empowering parents and children to take care of their lives” (Centre for Community Child Health, 2008, p. 7).

In Victoria, Bethany Newpin Early Years provides therapeutic and supportive programs for parents of children aged 0 to 5 years. Again, theoretical approaches underpinning the programs include attachment theory, systems theory, solution-focused therapy, child development, play stages, strengths-based approaches and family-centred practice (Centre for Community Child Health, 2008).

3.3.8 Section summary

This section has provided an overview of the key principles and components of seven different Australian early childhood education programs (both targeted and universal) that deliver services to vulnerable children and their families. All but one (Partnerships with Parents) have been formally evaluated, and while none are identical, there are similarities in their approaches. They all have robust theoretical bases, and they all have a strong focus on relationships. Specifically they emphasise the fostering of positive relationships to help parents develop healthy attachments with their children, together with utilising strengths-based, collaborative approaches to support and empower parents with their families as well as within their communities. See Appendix 2: Examples of innovative Australian practices with children from at-risk or vulnerable backgrounds, for specific program details.

3.4 Implications for Practice

The Australian Early Development Census (AEDC, formerly known as the Australian Early Development Index: AEDI) is a nationwide survey that shows how young Australian children have developed as they start their first year of full-time education (AEDC, 2014). As children enter their first year of full-time school, their teacher uses the Early Development Instrument to take a snapshot of each child's development across five developmental domains: physical health, social competence, emotional maturity, language and cognitive skills, and communication. The results reveal what is working well, as well as what needs to be improved or developed to help support children and families, and data are used to inform communities and support planning, policy and action (AEDC, 2014). The census takes place every three years and data from the most recent census (2012) showed that while the majority of Australian children were achieving well across the domains approximately "22.0% were developmentally vulnerable on one or more domains" and "10.8% were developmentally vulnerable on two or more domains" (AEDC, 2014).

However, of the 289,973 Australian children included in the 2012 census, those living in the most socio-economically disadvantaged communities were more likely to be developmentally vulnerable on each of the domains: 31.7% being developmentally vulnerable on one or more domains, and 17.4% on two or more domains. Indeed, the AEDI 2012 profile of Heidelberg West where the EYEP is located, revealed 36.5% of children to be developmentally vulnerable on one or more domain/s of the AEDI and 23.3% developmentally vulnerable on two or more domains (AEDC, 2014). Clearly there is an urgent need to target the development and wellbeing of young children living in Australia's most disadvantaged communities.

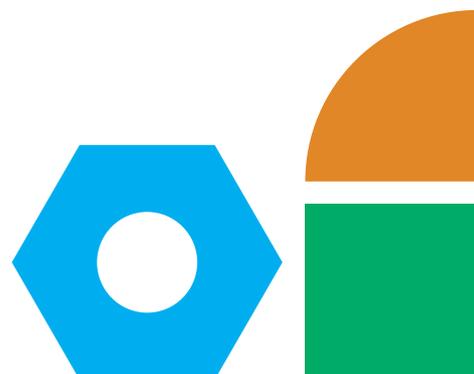
In 2008, Nobel Prize-winning economist James Heckman summarised the evidence for investing in disadvantaged children stating, "if society intervenes early enough, it can improve cognitive and socioemotional abilities, and the health of disadvantaged children ... promote schooling, reduce crime, foster workforce productivity and reduce teenage pregnancy" (Heckman, 2008, p. 50). Two interventions cited by Heckman as examples of enriching the early environments of young disadvantaged children are the Carolina Abecedarian Project and the HighScope Perry Preschool Program. In promoting the wellbeing of *all* children, some researchers (see for example Scott, 2009) appear to argue for the provision of universal services as a means of not stigmatising at-risk or vulnerable families. However, the literature also appears to demonstrate that some of the most at-risk children and families do not or cannot avail themselves of universal services (Winkworth, McArthur, Layton, Thomson, & Wilson, 2010). Hence it is suggested that early childhood programs that specifically target at-risk or vulnerable families may be a viable solution to ensuring that these children and families do not remain disconnected from the services that are designed to assist them (Winkworth et al., 2010).

Recently the UK Department for Children, Schools and Families (2010) reviewed the research into the most successful early childhood programs and identified a number of common characteristics.

Successful programs:

- target specific populations;
- are intensive;
- focus on behaviour;
- include both children and parents; and
- stay faithful to the program - in the way it was designed.

As children enter their first year of full-time school, their teacher uses the Early Development Instrument to take a snapshot of each child's development across five developmental domains: physical health, social competence, emotional maturity, language and cognitive skills, and communication...(AEDC, 2014).



3.0 A Review of the Literature Cont.

3.4 Implications for Practice cont.

Accordingly, there is increasing evidence from international and Australian early intervention projects that access to high quality early childhood programs for at-risk children and families that commence early in children's lives can make a significant impact on these children's life chances, particularly by the time they commence formal schooling (Sammons, Sylva, Melhuish, Siraj-Blatchford, Taggart, et al., 2012; The Benevolent Society, 2013a, 2013b). But what does quality in an early childhood setting look like?

In 2000, Shonkoff and Phillips asserted that early childhood programs that combined child-focused educational activities together with explicit attention to parent-child interaction patterns and relationship-building appeared to have the greatest impact. Shortly thereafter, the National Scientific Council on the Developing Child described the essence of program quality to be "embodied in the expertise and skills of the staff and in their capacity to build positive relationships with young children" (2007, p. 2). While this is not in dispute, researchers such as Currie (2001) and more recently Cloney, Page, Tayler, and Church (2013), describe quality in early childhood education and care settings in terms of 'structure' and 'process'. Structural aspects (the what) of quality include:

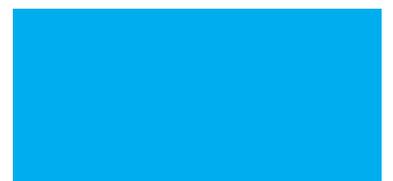
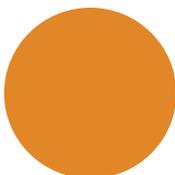
- staff qualifications;
- staff training;
- staff to child ratios; and
- staff retention.

Process aspects (the how) include:

- the nature of the interactions between the adults and the children;
- opportunities for learning; and
- approaches to care that focus on relationships and play (Britto, Yoshikawa, & Boller, 2011; Cloney et al., 2013; The Benevolent Society, 2013a, 2013b).

It is asserted that high quality early childhood education and care programs are those that put a strong emphasis on *both* structural and process elements of their service provision.

In 2000, Shonkoff and Phillips asserted that early childhood programs that combined child-focused educational activities together with explicit attention to parent-child interaction patterns and relationship-building appeared to have the greatest impact. (Shonkoff, J. P., & Phillips, D. A. 2000).



4.0 The EYEP:Q Study

This section outlines the EYEP:Q's research aims, questions, methodology, data collection, data analysis techniques and describes its intended research outcomes.

4.1 Research aims

The Qualitative Study of the Early Years Education Program (EYEP:Q) will conduct a thorough investigation into the Early Years Education Program (EYEP) in order to understand the lived experiences of all participants (children, families and staff) as well as to describe, translate and disseminate the day-to-day activities of the education and care models. The study aims to:

- 1) Gain a deep understanding of what occurs in the everyday practice of the Early Years Education Program;
- 2) Describe what is unique and different about this program;
- 3) Translate this understanding to enable effective replication of this program;
- 4) Understand, describe and enact educators' needs in implementing this program, e.g., professional training and support; and
- 5) Gain understandings of integrated multidisciplinary practice strategies.

4.2 Research questions

Underpinning these research aims are five research questions that are drawn from the literature reviewed thus far. These are:

- 1) How do the educators facilitate meaningful interactions with the children?
- 2) How does learning occur between the children and with the educators?
- 3) How do the educators build and sustain trusting relationships with the children and families?
- 4) How does an integrated and trans-disciplinary model of service provision support the diverse needs of children, families and staff?
- 5) How do the two models of education and care interact to support children's learning, development and wellbeing?

4.3 Research methodology

In the qualitative research literature, authors use the terms 'interpretivism' and 'constructivism' interchangeably to describe a researcher's relationship with the data (Denzin & Lincoln, 2013; Mertens, 2005). For the current study, the term 'social constructivism' (Creswell, 2013, 2014) has been chosen as within this paradigm researchers seek understanding of the social world and assume multiple meanings, co-creating understandings between the researcher and the participants and utilising natural settings for its research procedures (Denzin & Lincoln, 2003).

Developed within a social constructivist paradigm (Creswell, 2013, 2014), the current study utilises ethnographic and phenomenological methodologies (Creswell, 2013) in order to understand the complex world of lived experience from the point of view of the participants (Schwandt, 2000). Ethnography is defined as both a qualitative research method and a product whose aim is cultural interpretation grounded in observations of social phenomena (Silverman, 2013). The ethnographer goes beyond reporting events and details of experience and attempts to generate understandings of culture from the insider's point of view. The emphasis in this research approach will therefore be to allow meanings to *emerge* from the researcher's encounter with the EYEP rather than imposing meanings on this program from other existing models (Hoey, 2011). Phenomenology is defined as the study of collective experience of a phenomenon or concept, in order to reduce individual experiences of the phenomenon of interest to its "universal essence" (Creswell, 2013, p. 76). The phenomenological researcher collects data from all research participants who have experience of the concept of interest and distills this into a descriptive narrative that elucidates this "essence."

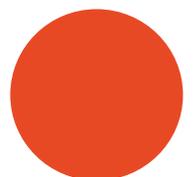
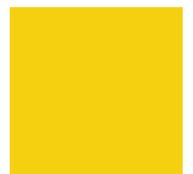
4.4 Data collection

Data will be collected over a period of two years. Data collection techniques will involve embedded participant observation (Fraenkel & Wallen, 2003; Podmore, 2006), semi-structured interviews (Minichiello, Madison, Hays, & Parmenter, 2004; Patton, 2002), and focus groups (Silverman, 2013). The participant observations of what occurs in the children's rooms will be *overt* in that the researcher will be identified to all research participants in the setting (Spriggs, 2010) and observations and field notes will be conducted in accordance with Fraenkel and Wallen (2003, pp. 393-399), utilising open-ended narrative records (anecdotal and running records) and ABC (Antecedent, Behaviour and Consequence) analysis (Wylie & Fenning, 2012). Semi-structured interviews will be carried out with staff and parents in the recursive manner described by Minichiello et al. 2004, utilising both open and closed questions (the content of which focuses on the issues that are central to the research questions) but also allowing for flexible, conversational, two-way communication (Minichiello, Aroni, Timewell, & Alexander, 1995; Minichiello et al., 2004). The interviews will constitute a series of face-to-face conversational interactions between the researcher and research participants (EYEP staff and parents) designed to collect "detailed and richly textured information" (Minichiello et al., 2004, p. 412) about the participants' experiences, expressed in their own words. Focus groups will take place with small groups of staff approximately six months after the interviews with topics for focus group discussion drawn from, and building on, earlier data collection (as per Silverman, 2013, p. 213).

The EYEP is informed by the disciplines of education, infant mental health, attachment theory, the impact of trauma, and family services, and the research methodology will aim to reflect this. Using a range of methods developed in consultation with the staff and, where appropriate, with families, the researcher will thoroughly document everyday aspects of the program as well as 'out of the ordinary' and particularly significant events. The documentation will provide rich and multi-layered data about the beliefs, understandings, intentions and practices of the staff, as well as the challenges they encounter, the strategies they use to address them and, of course, their successes. Embedded participant observation will enable a rich description of evidence-based practice as well as contribute to practice-based evidence. Data from this study will complement the data obtained from the randomised control trial into the EYEP, that is currently underway.

The researcher will be mindful of the Program Logic underpinning the CPS Early Years Program in the refinement and development of the methodology as well as in the analysis of the data. There are three rooms in the centre: two rooms with children aged between 0-3 years and one room with children aged between 3-5 years. The researcher will spend considerable time in each room over the two-year research period. Observations of the children interacting with their educators will be conducted respectfully and wherever possible will be conducted with the children's knowledge and with their prior consent (Alderson, 2004). Parents' experiences of the EYEP and their perspectives on what makes it effective for them and their children will also be documented.

The emphasis in this research approach will therefore be to allow meanings to emerge from the researcher's encounter with the EYEP rather than imposing meanings on this program from other existing models (Hoey, 2011).



4.0 The EYEP:Q Study Cont.

4.5 Data analysis

Qualitative data analysis techniques (thematic analysis) will be used to provide detailed descriptions and fine-grained interpretive accounts that enable valuable, in-depth, rich and clear insights into this unique intervention. Thematic analysis involves carefully searching across a data set “to find repeated patterns of meaning” (Braun & Clark, 2006, p. 86) and it aims to minimally organise the data set whilst providing rich coherent descriptions of the phenomena being studied (Bazeley, 2013; Braun & Clark, 2006).

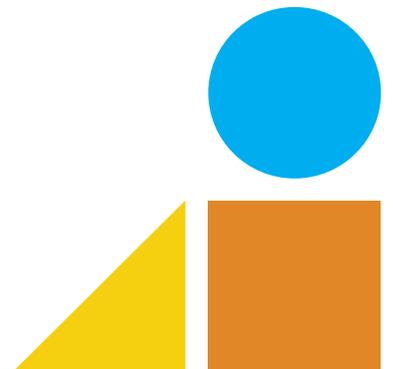
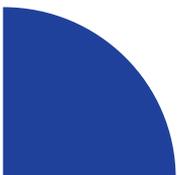
4.6 Research findings

Research findings will be written up as a report that will provide rich descriptions and clear examples of the strategies, approaches, tools and artefacts used in the EYEP. The report will be structured around themes that reflect the key findings of the research. At this stage, a strong emphasis on ‘pedagogy’, ‘relationships’ and ‘transitions’ is anticipated, although additional themes are likely to be identified.

The report will make clear the guiding principles that the EYEP practitioners employ within their practice, in particular the skills that are required to facilitate relationships with hard-to-reach families. Strategies to inform practice and enable replication of the EYEP in ways that are relevant to other local contexts will be central to this report, i.e., the study will highlight and provide examples of practical strategies which can be replicated or adapted by mainstream and specialist service provision for the meaningful inclusion of children at risk and their families. The study might also identify some aspects of practice that were not particularly effective in meeting program goals. The final report will be well-designed and will contain clear and functional descriptions of the approaches that are proving effective for working with the children and families in the EYEP. It will be written for a wide readership.

In addition, research findings will be presented at several Australian early childhood practitioner conferences such as ARACY (Australian Research Alliance for Children and Youth) and ECA (Early Childhood Australia), and articles will be submitted for publication in peer-reviewed journals as well as in professional publications. In summary, EYEP:Q research outcomes will be designed to reach the diverse range of audiences associated with the Early Childhood Education and Care sector.

...research findings will be presented at several Australian early childhood practitioner conferences such as ARACY (Australian Research Alliance for Children and Youth) and ECA (Early Childhood Australia)



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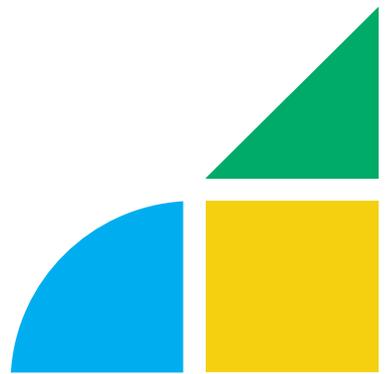
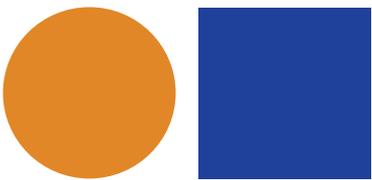
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6.0 Appendices

Appendix 1

Examples of innovative international practices with children from at-risk or vulnerable backgrounds

Program or Service Name	HighScope Perry Preschool	Head Start	Early Head Start
Program Feature			
Date of implementation	1962–1967	Mid–1960s	1994–current
Geographic Location	Michigan USA	USA	USA
Target group	123 African American children born in poverty and deemed high risk of school failure	Low income preschool children aged 3-5 and their families	Low income pregnant women and families with infants and toddlers up to 3 yrs
Age group	3-4 yr olds	3-4 yr olds	Children up to age 3
Enrolment criteria	Children drawn from local geographic area in Ypsilanti, Michigan	Children recruited from low income families	Primary family caregiver is pregnant or has a child younger than 12 months of age
Service delivery	Children drawn from local geographic area in Ypsilanti, Michigan	Centre-based or home-based, or combination	Centre-based or home-based, or combination
Aims of intervention	Provide early childhood education program drawing on work of Vygotsky, Piaget and Dewey	Promote school readiness of young children from low socio-economic families	Promote healthy outcomes for pregnant women, enhance children's development and support healthy family functioning
Duration of intervention	2 years	2 years	Varies depending on when intervention starts
Intervention strategies	Child focused with parent support	Build relationships with families that support positive parent-child relationships, family wellbeing, and connections to community	No one single model but services include child development, child care, health and mental health services, parenting education, nutrition education, health care and referrals, and family support
Evaluation	Yes A randomised experimental design and longitudinal follow-up	Yes One RCT	Yes National study and Utah Study
Intervention outcomes	Better academic, socio-economic, health and wellbeing outcomes than control group	Favorable outcomes in measures of language, literacy, and pre-writing skills	Enhanced cognitive and language development at 3 yrs and significant effects on children's social-emotional behaviour

Chicago Child Parent Centers	Carolina Abecedarian Project	Nurse-Family Partnership Model	Effective Provision of Preschool Education Project (EPPE)
1967—current	1972—1985	1977—current	1997—2004
Chicago, USA	North Carolina, USA	New York; now US-wide	Nationally, UK
Families in high poverty areas not served by Head Start or similar programs	111 'High risk' infants from poor families (African American)	Low income women, pregnant with first child	Preschool children in 141 settings
Preschool	1) Infants btwn 6 wks & 3 mths until preschool 2) School program	Pregnant mothers to time of child's 2nd birthday	Children aged between 3-7 years
Children reside in school areas that receive Title I funds and parents must commit to volunteering weekly	At-risk families with infants up to six months of age. Referred by local hospitals, clinics, DSS Department of Social Services	New mothers with additional risk factors: low socioeconomic status/being unmarried/or aged under 19	National sample of 3,000 children attending range of preschools compared with stay-at-home children
School-based	Centre-based and weekly home visits	Home visits	Preschool settings and homes
Provide comprehensive educational and family support to economically disadvantaged children & parents	Provide intensive preschool education with parental mentoring	Improve pregnancy outcomes; child development, health and safety; parent life-course development	Investigate effects of preschool provision, and explore effective teaching practices
Preschool years	6–8 hrs/day for 50 weeks	Regular prenatal home visits until child is 2 yrs	Investigated children aged between 3–7 yrs
Program requires parental participation and emphasises child-centered, individualised approach to social and cognitive development	Four elements: Language priority, Conversational reading, Enriched caregiving, & Learning games	Parent focused: Promote health-related behaviors, competent caregiving, pregnancy planning, educational achievement, and employment	Assessed children at 3 or 4 yrs; at school entry; at end of yrs 1 and 2 Collected information on children's parents; home environments; pre-school settings. 12 intensive case studies of where children had positive outcomes
Yes Longitudinal study	Yes Several RCTs	Yes Three RCTs	Yes EPPE was a large-scale multi-level modelling study
Enhanced cognitive readiness for school; Better outcomes in reading and maths	Positive long-lasting changes in preschool children's cognitive skills; Higher IQ scores than control group	Reduced child abuse and neglect; Reduced hospital emergency visits; Less child arrest by age 15; Less children's behavioural and intellectual problems at age 6	Pre-school enhances all-round child development. Attending prior to 3yrs is related to better intellectual development. Disadvantaged children benefit significantly from good quality pre-school

6.0 Appendices Cont.

Appendix 2

Examples of innovative Australian practices with children from at-risk or vulnerable backgrounds

Practice or Project Name	Partnerships in Early Childhood	Partnerships with Parents	Ravenswood Early Learning Centre – Early Start Program
Program Feature			
Date of implementation	2005—current	2006—current	2005—current
Geographic Location	3 locations in NSW	Redfern, NSW	Launceston, TAS
Target group	All children in 14 long day care centres and preschools	Socio-economically marginalised and at risk families	Hard-to-reach, educationally disenfranchised families
Age group	0–5 years	0–5 years	3–4 years
Enrolment criteria	High need children and families who attend The Benevolent Society's Child Care Centres	Families facing challenges in parenting, (associated with one or more 'risk factors') in Redfern area	High need children and parents living in Ravenswood community
Service delivery	Centre-based	Well-known community spaces	Centre-based and home visits
Aims of intervention	Foster attachment relationships between children and caregivers; enhance children's social & emotional development	Provide highly responsive and flexible parenting support programs	Role model to parents; build trust and rapport; individual learning plans; family support
Duration of intervention	Varies. Family worker or psychologist spends 10-14 hours/wk at each centre	Varies	2 x 2-hour blocks/ wk for 3 terms in 1 year
Intervention strategies	Family worker trains and supports EC centre staff to enhance their understanding of child behaviours & acts as resource and bridge to local community support; Uses relationships approach	Easy to access programs, embedded in local community, flexible, responsive, collaborative and strengths-based	Informed by HighScope and Abecedarian; Play-based; role modeling; parents as teachers; individual learning plans;
Evaluation	Yes Thomson et al., 2010	No formal evaluation	Yes CCCH, 2006
Intervention outcomes	Improved quality of relationships between staff and children and parents and children; Strengthened children's social and emotional development	Anecdotal reports of enhanced parenting knowledge; increased families' social connectedness	Early identification of developmental delay; Builds trust and relationships with community

Through the Looking Glass (TtLG) A partnership in parenting program	Spilstead Model	Home Interaction Program for Parents and Youngsters (HIPPY)	Bethany Newpin Early Years
2005—current	2004—current	1998—current	2004—current
Adelaide, SA	North Sydney, NSW	51 locations Australia-wide	Geelong, VIC
Mothers with multiple risk factors: anxiety, depression & social isolation	Vulnerable families and at risk children	Families in socially disadvantaged communities	Families with multiple complex issues which impact their parental capacity
0–5 years	0–5 years	4–6 years	0–5 years
Variety of referral channels: Self-referral; or child care centres/ agencies e.g., infant mental health services	Families with multiple risk factors and early indicators of poor childhood resilience; Health, welfare and education professionals	Communities that experience social disadvantage	Range of referral agencies & self referral; if families can attend 2 x wk; have child under 5 & have parent/child difficulties
Centre-based	Centre-based and home visits	Home and Centre-based	Centre-based
Provide educational & family support to economically disadvantaged children and parents	Provide parent support; Enhance parent-child attachment; high quality EC program	Enhance school readiness; strengthen communities; enhance social inclusion	Improve parenting practices; parent-child r/ships and social connection; enhance child development
2 days/wk childcare Intensive 1:1 family work 18 weekly gp sessions (2 hrs/wk)	Children: 2 days/wk preschool Infants: weekly home visits + supported playgp Parents: indiv counselling + gps + playgps	Fortnightly home visits. Parents work with children 15 mins/day	Varies; Families attend centre 2 x wk
Parents explore attachment relationship needs by observation and reflection with the clinician both during individual family work and group sessions	Informed by HighScope, Abecedarian and Chicago CPCs; Multidisciplinary, collaborative EC program utilising partnership approach: family-centred and strengths-based	Informed by research showing powerful learning comes from the family and in the home environment; Tutors role-play activities with parents	Parent interaction sessions; Therapeutic support group; excursions; Child development activities
Yes Aylward & O'Neill, 2009	Yes Gwynne, Blick, & Duffy, 2009	Yes Liddell et al., 2011	Yes Centre for Community Child Health, 2008
Improved children's wellbeing and involvement; Increased parenting confidence/ competence and decreased social isolation	Positive outcomes for children and parents in parental stress; parent-child interactions; parent confidence; children's behaviour and language	Positive outcomes for children in literacy and numeracy; Enhanced parenting; Increased parent confidence	Improved parent-child relationships, parenting practices and families' socially connectedness; Increased opportunities for children to reach individual developmental milestones

6.0 Appendices Cont.

Appendix 3

Websites referred to in this review (Note: all URLs current at time of publication—April 2015)

Government websites

Australian Early Development Census, Victoria, Australia

<http://www.aedc.gov.au/>

Australian Institute of Family Studies, Victoria, Australia

<http://aifs.gov.au/>

Department of Human Services, Victoria, Australia

<http://www.dhs.vic.gov.au>

Early Childhood Learning and Knowledge Center: Head Start, USA

<http://eclkc.ohs.acf.hhs.gov/>

Academic, Education and Health websites

Brian Hoey: Ethnography, Marshall University, West Virginia, USA

<http://brianhoey.com/research/ethnography/>

Centre for Community Child Health, The Royal Children's Hospital Melbourne, Australia

<http://www.rch.org.au/ccch/policybrief/>

Center on the Developing Child, Harvard University, USA

<http://developingchild.harvard.edu/>

Digital Education Resource Archive: Institute of Education, University of London, UK

<http://dera.ioe.ac.uk/>

HighScope: Research-based early childhood curriculum, assessment training and publishing, USA

<http://highscope.org/>

Internet Archive

<https://archive.org/index.php>

James Heckman: The economics of Human Potential, USA

<http://www.heckmanequation.org/>

Promising practices network: Archive on children, families and communities

<http://www.promisingpractices.net/>

Organisation or Program websites

Benevolent Society, Australia

<http://www.benevolent.org.au/>

Bethany, Australia

<http://www.bethany.org.au/>

Home Interaction Program for Parents and Youngsters, Australia

<http://hippyaustralia.org.au/>

Newpin, Australia

<http://newpin.org.au/>

SDN Children's Services, Australia

<http://www.sdn.org.au/>

Maternal and Early Childhood Health Programs: Nurse Family Partnership—NFP, USA

<http://www.nursefamilypartnership.org/>

