



# An Intensive Early Education Intervention for at Risk Children and Families



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# CPS CHILD & FAMILY CENTRE



A centre-based intensive, high quality, trauma and attachment theory informed early years day care program to improve the educational and social outcomes for children at risk of abuse and neglect.

## Rationale:

- High quality early years education and care has been shown to ameliorate the effects of trauma and harm.
- Moreover, investing in early education has highest benefits for children at risk of abuse and neglect.
- The children most in need of high quality early years education and care are less likely than other children to participate.



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# PROGRAM ELEMENTS

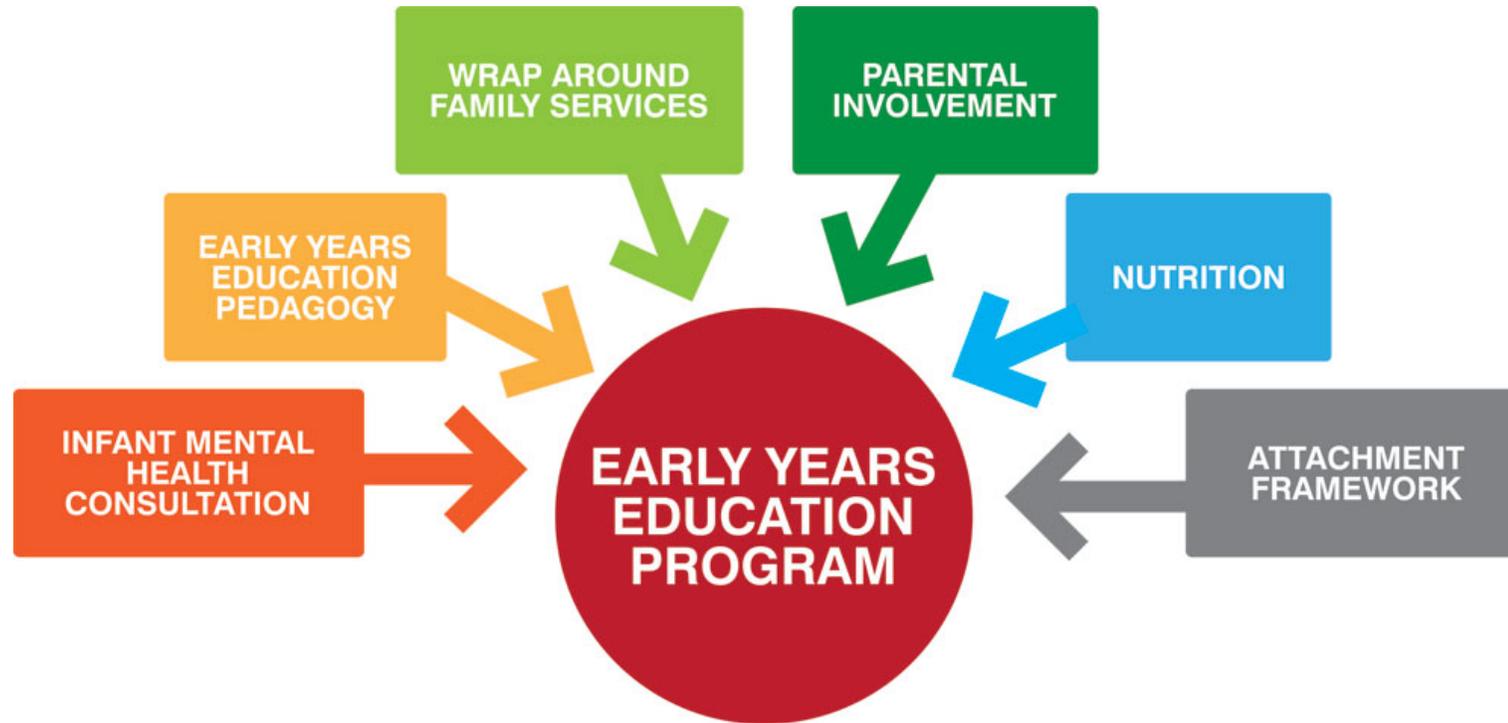


- Enrolment in program before age of 3
- Attendance for 25 hours per week
- Attendance for minimum of 3 years
- High child staff ratios 1:3 & 1:6
- Diploma or degree qualified staff
- Centre director & Educational leader
- Focus on building alliances w. parents to sustain their participation
- Onsite Infant Mental Health Consultant and Family Support Worker
- Regular supervision for staff
- Unique education & care program based on the EYLF with foundations of attachment theory & relational pedagogy.
- Integration and joint case planning with family support services
- First centre in Victoria to be awarded an 'Excellent' rating.
- Collaboration with families during unique orientation process & 12 weekly review meetings



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# EYERP – PROGRAM LOGIC



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## CONTEXT:

In 2008-2009 the Family Services Integrated Reports and Information System (IRIS) data indicated approximately only 1.9% of vulnerable children (0–5 years) receiving family services had a referral to an early years' service recorded (Early Childhood Development Pilot Project, Project Specifications, DHS. March, 2010)

A snapshot survey undertaken by CPS in 2008 revealed that only 16% of vulnerable children involved with CPS at the time were enrolled in any form of early years' service, and only 50% of eligible four year olds were enrolled in kindergarten. This indicated that vulnerable children engaged with secondary and tertiary level services are not proportionally represented in universal services, such as kindergartens, maternal child health centres and childcare.



# BARRIERS TO PARTICIPATION



- Many high risk families don't seek to actively engage with support services because of their own traumatic attachment history and ensuing lack of trust in the "helping" agencies (Jordan and Sketchley, 2009)
- Chaotic parental lifestyles, often associated with mental health problems and/or substance abuse, homelessness, family violence, lead to difficulties in maintaining participation in services
- Low parental levels of educational attainment, with an ensuing lack of appreciation of the benefits of early childhood services in achieving school readiness , and lack of success in engaging with education as a child



# EVIDENCE



- 'Attachment Focused Care giving' (Shonkoff, Philips et al) identified that early education and care is a therapeutic intervention to complement parenting and mediate incidental abuse and neglect
- This intervention directly targets the reducing of impacts due to cumulative harm (Best Interest Practice Framework Guidelines – DHS)
- There is evidence that the approach that has worked for disadvantaged children (e.g. USA, UK)
- The Abecedarian model from the US was demonstrably effective for disadvantaged children in long term educational and social outcomes – it was intensive (25 hours plus per week) and high quality (high staff child ratios, all qualified staff, family support, curriculum based) – with the greatest opportunity to influence outcomes achieved by age 36 months





## Why is it so important to work with children from birth to three?

- Critical period for brain development
- Critical period in the formation of attachment with primary caregivers
- Build the foundations for learning and relationships



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# WHY ARE ATTACHMENT & INFANT MENTAL HEALTH SO IMPORTANT?



- Foundation for healthy growth and development (social, emotional, cognitive, regulation of oneself, etc).
- Equal importance of psychological and physical wellbeing.
- Attachments problems in infancy increase risk for problems later in life.
- Intervening early is more effective/efficient than intervening later.
- Recognising intentionality in babies from birth – communication, socialisation, attempts at regulation.



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# Attachment theory in practice

- Primary carer model
- Orientation process with a focus on developing relationships
- Belonging focus in the rooms and across the centre
- Importance of consistency & predictability in creating a safe space for children



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# Relational pedagogy in practice



- Making the most of every moment for learning- 'mutual learning encounters'
- A focus on warm, responsive, caring relationships as the foundation for learning
- Serve & return interactions that sustain joint involvement and shared conversations
- Focused on outcomes for children and the processes supporting learning and development
- Case notes, comment sheets and individual planning
- Pedagogy based on the Principles and Practices of the EYLF and the VEYLDF
- An holistic program; nutrition, health, wellbeing, development & learning. Meals provided; breakfast, lunch, morning & afternoon tea 75% of children's nutritional requirements



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# Collaborative engagement with families



- Extensive orientation process
- 12 weekly review with families to share goals
- Coffee club family information sessions
- Referrals to support agencies



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# A trans-disciplinary approach in action



The primary professionals are the educators.

- On site access to family support workers
- 1 day per week for families, and 1 day per week for staff
- Joint consults with education specialist and IMHC bi-monthly
- Partnerships with support agencies eg. Banyule Community Health.
- Regular Care Team Meetings
- Infant Mental Health consults



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Building the evidence base:

Randomized controlled trial & Qualitative study on EYEP Practice



## RESEARCH AIMS: RCT

Determine impact of EYEP intervention on child and family (effectiveness)

Calculate cost-benefit ratio of the EYEP intervention

*also*

Description of cohort of vulnerable children benchmarked against Longitudinal Study of Australian Children cohort

## Research Aims: Qualitative study EYEP: Q

Investigating the everyday practice of the Early Years Education Program



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[www.cps.org.au](http://www.cps.org.au) or [www.eyerp.org](http://www.eyerp.org)

# EXPECTED OUTCOMES

## Children

- Sustained participation of the most vulnerable children in early years services
- Better outcomes in the domains of social-emotional, cognitive and language development
- Secure attachment relationships with their primary care givers
- Improved physical health and development
- Successful transition into the “universal system” (including school)
- Social Inclusion of vulnerable children
- Improved stability and safety outcomes



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# EXPECTED OUTCOMES

## Families

- Enhanced sensitive and attuned caregiving
- Higher engagement and participation in early childhood services
- Improved partnerships with early years services and school in care and education of children
- Reduction in risk, abuse and vulnerability
- Social Inclusion, community connection, parents become confident consumers of early years services



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# EXPECTED OUTCOMES

## System & Community

- Broaden the capacity of universal services to engage these children and families.
- Provide knowledge to the sector on what works.
- Both research projects will generate scientific reports and peer reviewed papers.
- Qualitative data will enhance the quantitative data from randomised control study.
- Inform policy and support sustainability of this type of practice.



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# LEARNINGS TO DATE



- Research is currently being analysed.
- Centre is where families come together – first port of call.
- Feedback from families:
  - Feel safe and welcome
  - Begin to understand ‘learning’ for their child
  - Take strategies home
  - Value the research
- High participation rate
- Children feel safe and nurtured



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# LEARNINGS TO DATE

- Children are learning:
  - Self regulation
  - Relationship skills
  - Self confidence
  - Increased self esteem
  - Feeling valued



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Thank you

Questions?



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