

The Winston Churchill Memorial Trust of Australia

Report by Greg Antcliff

2007 Churchill Fellow

The Nancy Fairfax Churchill Fellowship to investigate early childhood education and care programs for vulnerable children in North America and Europe. More specifically, the provision of early intervention programs that integrate a comprehensive educational and family-support service for children aged 0-5 years, and their families.

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Signed: Greg Antcliff

Dated: May 2008

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Introduction

The Winston Churchill Fellowship enabled me to travel to the USA, England, Scotland, Wales, Italy and the Netherlands to study early childhood education and care programs for vulnerable children. I chose these services, places and people as they have a reputation for providing quality early childhood education and care services; undertaking influential research and taking innovative approaches to working with children and families.

The programs I visited had a strong focus of integrating early childhood education and child and family support programs to ensure seamless delivery to children and families. The programs had similarities as they combined research, best practice and innovation to the diversity of the delivery of these services.

I met committed and inspiring people and shared research and learnings from the Australian context in mutual exchange. It was an invaluable learning experience and the real work of the Fellowship has only just begun with the implementation of new practices in current programs; dissemination of the learnings to the sector and advocating for policy and funding streams for the development of Integrated Children's Centres more broadly in Australia. All the programs have potential to be replicated in the Australian context and positively impact on child outcomes over time.

Acknowledgments

I would like to thank the Sir Winston Churchill Memorial Trust for affording me the opportunity to undertake this Fellowship. I would also like to acknowledge the generosity of the Nancy Fairfax Foundation for sponsoring the Fellowship.

It has been an amazing learning experience that has significantly impacted on my professional practice. I went to some fascinating places and met some remarkable people. I have been able to share my experiences and findings with the broader sector and hope to be able to positively impact on early childhood education and care practices in Australia.

I would like to thank Maree Walk & Richard Spencer at the Benevolent Society and Margaret Young at Early Childhood Australia, for actively encouraging me and supporting me to undertake this Fellowship.

Finally to family and friends who are always supportive of me and for missing me whilst I was away.

Executive Summary

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In Australia over the last 20-30 years there has been significant social changes that has led to worsening developmental outcomes for children (as evidenced by worsening: mental health, physical health, academic achievement and social adjustment). Our service system has also been identified as not able to readily meet the needs of people it serves. We also have new knowledge from the realms of neuroscience and economics that implore Governments to invest heavily in the early years (as timing is critical).

The USA, UK and Europe have very strong early childhood agendas that include the provision of early childhood education and care programs that integrate; early childhood health services; parenting programs; counselling and home visiting services, community development programs and adult education facilities. These models are demonstrating effective evidence for improved outcomes for children and families and these models could be adopted and adapted for the Australian context.

A commonality in all the countries that I visited was the importance investing in the early years, in particular a commitment to an integrated approach to services delivery that gives families the opportunity and access to a range of services from a single intake point. Also, the importance of connecting families to the communities where they live to ensure that they have social supports and are able to participate in the community.

The shift towards integrated multidisciplinary early years programs for children and families with the central focus around quality childcare or preschool programs is an emerging trend in Australia. Each of these centres look different but they all contained similar program types that are built around quality child care or preschool programs.

A highlight of the Fellowship was talking to the principle researchers of the Effective Provision of Preschool Project in London, that has been influential in recent years in shaping social policy in the UK. This is a landmark research project that is influencing the way governments think about early years provision and is a reminder of the importance of vigorously evaluating what we do to inform "what works for children and families".

Another highlight was visiting Wales, to speak to the researchers and practitioners delivering the Incredible Years Parenting Program. I sat in on a number of programs in various parts of Wales with parents and carers from all demographics. The stories of positive change, the facilitators passion and the

research results will remain with me whilst I implement this program in Australia.

A final highlight was training in the Marte Meo Method in the Netherlands with Maria Aarts. This was a great lesson in the study of human nature and the appreciation of the complexity and simplicity of development. This video based approach to intervention is used in 33 countries around the world and harnesses the strengths in individuals and enables change and development. The intervention is set in everyday moments that is respectful to disciplines and a way to find commonalities for people working across the life span.

Recommendations

To improve the provision of early learning and care in Australia :

- Implementation of integrated children's centres
- Children's centres are built around quality child care and preschool programs
- Preschool and childcare programs are evidenced based for effectiveness
- Preschool and childcare be accessible and affordable
- Increase the qualifications of staff in early years education and care
- Implement the Incredible Years parenting program
- Develop early years provision practice guidelines to ensure consistency of practice across the sector
- Investment in program evaluation and research to practice agenda
- Explore the implementation of the Marte Meo Method of intervention across the life span in current services

Implementation and Dissemination

In NSW through children's services forums and interagency forums and implementing new initiatives in current programs.

In Australia through the preparation of articles and presentations at conferences.

Internationally maintain contacts and explore opportunities for continued collaboration.

Fellowship program

United States, 23rd September – 20th October, 2007

- West Ed. Centre for Child and Families Studies, Sausalito, California
- Hillyard Head Start Integrated Children's Centre, Spokane, Washington
- West Boone Early Head Start Home Visiting Program, Spokane, Washington
- West Central Head Start program, Spokane, Washington
- Children's Ark Child Protection Service, Spokane, Washington
- High/Scope Educational Research Foundation, Ypsilanti, Michigan
- Gretchen's Place, Infant toddler and preschool centre, Pontiac, Michigan
- The Zigler Centre, Yale University, Connecticut

England, 21st – 2nd November, 2007

- Thomas Coram Children's Services, London England
- Institute for the Study of Children, Birbeck, University of London
- One Nottingham Children's Centres, Nottingham England
- Nottingham Child and Adolescent Mental Health Service,
- Pen Green Centre, Rockingham Corby

Wales, 3rd- 9th November 2007

- The Incredible Years Centre, University of Bangor, Wales
- Sure Start Incredible Years Parenting Group, Ty` Tudno, Wales
- Sure Start Incredible Years Foster Carer Group, Llandrindod, Wales
- Sure Start Leader Supervision Group, Welshpool, Wales

Scotland, 10th – 17th November, 2007

- The Work Foundation, Glasgow
- Crime Reduction Unit, Glasgow

Italy, 18th – 23rd November

- Centro Internazionale Loris Malaguzzi, Reggio Emilia

Netherlands, 2nd – 8th December, 2007

- Marte Meo Developmental Program, Eindhoven, Netherlands

1. West Ed. The Centre for Child and Families Studies

Contacts : Alicia Tuesta, Director California Training
Cathy Tsoa, Director National and International Training
Maria Niggle Hollis, Research Associate, Evaluation
Team
Julie Weatherston, Professional Growth Coordinator

The Center for Child & Family Studies (CCFS) is dedicated to helping America's children get a healthy start in life. It does this by promoting the availability of research-based quality care for children birth to three; improving the effectiveness of supportive intervention for all children and families living in poverty; and influencing national, regional, and local policies and practices that have an impact on young children and their families.

This organisation has produced influential research in the field of early childhood and they have developed training and resources based around their research to be used across the sector. I wanted to specifically meet with the researchers, program operators & training staff and look at suitability of the developed resources for the Australian context. The Co-director of West Ed. Ron Lally, has visited Australia on a number of speaking engagements and has been influential in bringing attention to evidenced-based early years practices. In particular, the child to staff ratio's in Australia being too high to provide quality care for children (they are 1 carer to 5 children under the age of 2 ; Mr. Lally says this ratio should be 1 : 3 for quality care).

1.1 Program for Infant Toddler Care (PITC)

The CCFS developed the Program for Infant Toddler Care (PITC) which is a relationships-based approach to curriculum. The PITC approach equates good care with trained care givers who are preparing themselves and the environment so that infants can learn. For care to be good, it must explore ways to help caregivers get "in tune" with each infant they service and learn from individual infants what he or she needs, thinks, and feels. The positions advocated by PITC are based on sound child development and family research, leading to the following working assumptions :

- Families need to be partners in care. Programs should seek out families' beliefs, values, practices, and child rearing strategies and include them in the program's caregiving practices whenever possible.
- Young children are unique individuals with varying temperaments, rates of developmental and interests. These individual differences should be identified and strategies appropriate to each child's unique needs incorporated in child care practice
- Young children are curious motivated learners and also dependent upon adults for nurturance, support, and guidance. They need to be both respected as learners, and protected in their vulnerability. Therefore planning for a child's care in the program is a shared experience including families and program staff and is individualised for children by:

- Welcoming family and cultural practices, including home language, as a part of the child care experience;
- Providing infants close and responsive relationships with caregivers in intimate settings;
- Designing safe, interesting and developmentally appropriate environments;
- Giving infants uninterrupted time to explore;
- Interacting with infants during care giving routines and throughout the day in ways that physically, emotionally, socially and intellectually support their initiations in discovery and learning

Six program policies anchor the work in PITC :

Primary Care

In a primary care system, each child is assigned to one special caregiver who is principally responsible for that child's care. The primary caregiver develops a relationship of trust with the child and family members and tracks the child's development, and shares information with the family. Primary care works best when caregivers team up and support each other and provide a back-up base for security for each other's primary care children.

Small groups

Every major research study on infant toddler care has shown that small group size and good ratios are key components of quality care. PITC recommends primary care ratios of 1:3 or 1:4, in groups of 6 – 12 children, depending on the age. The guiding principle is : The younger the child, the smaller the group. Small groups facilitate the provision of personalised care that infants and toddlers need, supporting peaceful exchanges, freedom and safety to move and explore, and the development of intimate relationships.

Continuity

Continuity of care is the third key to providing the deep connections that infants and toddlers need for quality of child care. Programs that incorporate the concept of continuity of care keep primary caregivers and children together throughout the three years of infancy period, or for the time during that period of the child's enrolment in care.

Individualised care

Following children's unique rhythms and styles promotes well-being and a healthy sense of self. Responding promptly to children's individual needs supports their growing ability to self-regulate, i.e., to function independently in personal and social contexts. The program adapts to the child, rather than vice versa and the child gets the message that he or she is important, that her/his needs will be met, and that his choices, preferences, and impulses are respected.

Cultural Continuity

Children develop a sense of who they are and what is important within the context of culture. Consistency of care between home and child care, always important for the very young, becomes even more so when the infant toddler is cared for in the context of cultural practices different from that of the child's family. Because of the important role of culture in development, caregivers who service families from diverse backgrounds need to :

- 1) Heighten their understanding of the importance of culture in the lives of infants,
- 2) Develop cultural competencies,
- 3) Acknowledge and respect cultural differences, and
- 4) Learn to be open and responsive to, and willing to negotiate with families about child rearing practices. In this way, families and caregivers, working together, can facilitate the optimal development of each child.

Inclusion of Children with Special Needs

Inclusion means making the benefits of high quality care available to all infants through the appropriate accommodation and support in order for the child to have full active program participation. Infants who have responsive, enduring relationships develop emotional security, which gives them the foundation for becoming social competent and resilient. Infants who have individualised care are allowed to learn and grow in their own way and at their own pace.

(Ronald Lally & Peter Mangoine, 2006)

Evaluation of PITC

The program has currently developed a tool for assessing the quality of the relationships between caregivers and children. It is in prepublication stage at the time of writing this report but will be available within months. The evidence to date recognises that PITC does positively impact on the quality of care in participating centres. It is a long assessment that is based on raising the quality of care for children in centres. Interestingly, services using this approach to curriculum, when the physical environment may let them down, they always score high on the quality of relationships.

This program could be implemented within the Australian context and would sit along side different regulatory and accreditation systems.

1.2 PITC Partners for Quality

This program is a training program that is aimed at raising the quality of care in both centre-based services and home based carers. It is training that focuses on the quality of the relationships and based on sound developmental research, theory and practice.

Topics included in the training are in two sections:

- 1) infant/toddler Social-emotional development and group care;
- 2) Infant toddler learning, culture and family facilitated early learning

The program offers onsite training, mentoring, and coaching. Training is specific to the needs of the centre or individual home based carer. This aspect of the program is important and Child care workers often find it difficult to be released for formalised training outside of the centre. This is also true of the Australian context as increasingly the sector needs to be more flexible to meet the training needs of its workforce.

This program is subsidised by the Californian Government (free) and provided an incentive scheme for staff to attend. This is by way of extra credit to formal qualifications and release time to attend. They require an 18 month commitment of time to participate in the program.

This is an excellent program to raise the quality of service delivery across the sector. It is not unlike the Benevolent Society's Strengths Based Practice in Children's Services model that trains and supports professionals in a monthly learning circle environment where they discuss implementation issues of evidence based practices. These learning's are captured in a resource newsletter for the sector to influence practice beyond the scope of the participating mentors.

Summary

What impressed me about this organisation is the direct link from research to practice. They develop evidence based training programs and produce sector resources to support practice changes. All products are based on good quality research evidence. I think that the resources can be used in the Australian context for child care and home visiting services..

This organisation has a large reach and influences practice across the sector. They are delivering programs in centres and strengthening the sector by training existing staff with ongoing professional development and practice that is evidence-based.

2. Circle of Security and Integrated Head Start Centre's

The purpose of visiting Spokane was to meet one of the originators of the Circle of Security program and see the application of the program materials in a variety of settings from Integrated Child and Family services, Child Care Centres, Home Visiting Programs and Child Protection Programs . Furthermore, to see how video is used to analyse interactions between carer's and children, children and children in the child care environment and between parents and children in the home environment.

2.1 Background

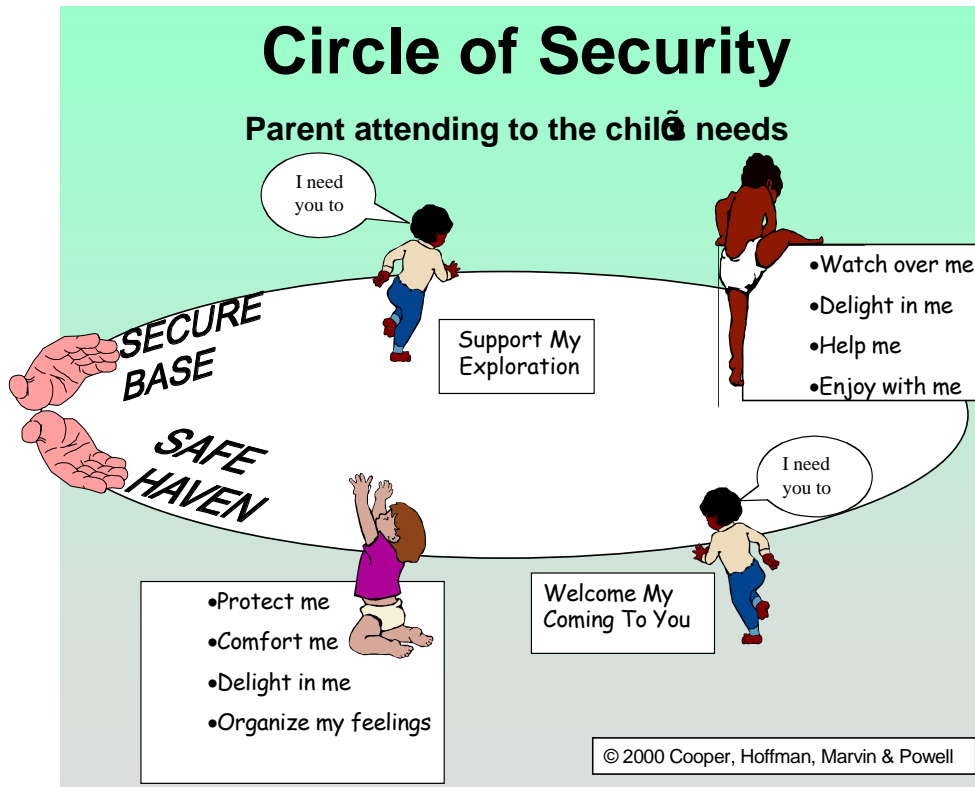
Head Start is a program of the United States Department of Health and Human Services that focuses on assisting children from low-income families. Created in 1965, Head Start is the longest-running program for stopping the cycle of poverty in the United States. It provides comprehensive education, health, nutrition, and parent involvement services to low-income children and families. As of late 2005, more than 22 million pre-school aged children have participated in Head Start.

2.2 Circle of Security Model

The Circle of Security Project is an innovative, first-of-its-kind early intervention program designed to alter the developmental pathway of parents and their young children. Glen Cooper, Kent Hoffman, and Bert Powell from Marycliff Institute in Spokane, Washington and Robert Marvin from the University of Virginia in Charlottesville, Virginia designed this unique, evidence-based program.

The program originators have been to Australia on a number of occasions in the last few years and trained professionals from a variety of disciplines working with children and families. This approach is now influential in many child and family services across Australia. The Circle of Security makes attachment theory and practice accessible to many by using the Circle of Security maps. This approach is also central to The Benevolent Society's Partnerships in Early Childhood Program and the Attachment Matters Project. Both these programs are early intervention programs that operate in centre based child care and preschool services (www.bensoc.org.au for further details). It is also being utilised in home visiting services, early intervention services and supported playgroups.

The Circle of Security is an early intervention program for parents and children that focuses on the relationships that give children emotional support. Central to the program is the Circle of Security map, which assists parents to follow their children's relationship needs and so know how to become more emotionally available to them. The map draws a very clear link between attachment and learning. The Circle applies to children of all ages.

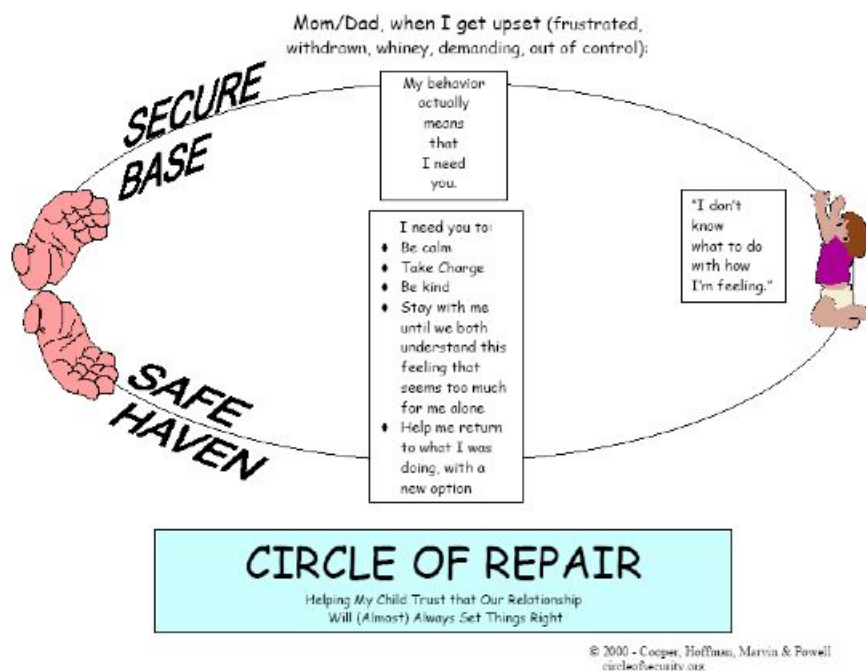


The following excerpt describes “travelling around the circle” and is reproduced with permission from Dr. Robyn Dolby, 2007.

“This map shows a circle held between two hands. One supports the top half of the circle, showing the secure base of support that children need for play and learning. The children’s underlying needs around exploration are depicted in the box on the top half: “watch over me” (to see that I am safe), “help me” (just enough so I can do it by myself), “enjoy with me” (join my interest) and “delight in me” (so I can look into your face and see what I look like to you, finding that you are happy to be with me).

The hand supporting the bottom half of the circle depicts the safe haven that children need when they have had enough of exploring. Their underlying needs around attachment are shown in the box on the bottom half: “welcome my coming in to you to protect me” (because I am feeling scared), “comfort me” (when I am upset), “delight in me” (this is found on both sides of the circle because it is so important for the child) and “help me organise my feelings”. The Circle of Security authors point out while most caregivers recognise that children

need help organising their external world or their behaviour, for many the idea that children need help organising their internal world, or feelings, is a new one. When they feel overwhelmed, children need adults to help because they are still too young to manage intense feelings on their own. The Circle of Repair graphic depicts this need in more detail and shows how children can be supported.



To travel smoothly around the circle—from exploration to attachment needs and back again—children require the support of an emotionally available adult, represented by the two hands. This is ‘a special person who is always kind and stronger, older and wiser than themselves. This person will follow the child’s needs. Whenever necessary they will take charge’ (Marvin et al., 2002, p. 110).

2.3 Child Care and Circle of Security

The Circle of Security program in child care is no longer running as a formal program but the practice continues in the Child Care Centres I visited in Spokane. The program ran for 1 year where child care workers were trained in using the materials from the Circle of Security to think about children’s behaviour in terms of their relationships needs, rather than a control

compliance behaviour management perspective. This means that staff meet the underlying emotional need of the behaviour that is being conveyed rather than reacting to the behaviour itself.

After undertaking initial training by Glen Cooper, one of the program originators, the participants met on a monthly basis for 2 hours and used this time to reflect on children in their care. The group would watch video footage of children and their carer to analyse what the children's relationship needs are, and where they may need support travelling around the circle. These monthly learning circles were facilitated by Glen Cooper so there was a layered support model. The children are supported by the staff, the staff supported by the consultant, Glen Cooper.

The participants of the program commented that they now "can not imagine working in any other way and that children who could of potentially been difficult to manage do not get the chance to develop negative patterns of behaviour to get their emotional needs met from day one. Children are overtly told that " I am here to meet your emotional needs and I am always available". This has improved the practice and the quality of the care in the centres. The program made a space for reflecting on their practice and was practitioner initiated rather than directive.

Staff in the centres identified that their number one job is to create meaningful relationships with the children in their care. They purposely divide the rooms into smaller groups where the staff have their main children that they are responsible for developing relationships with. The rooms are set up into small groups of children that form learning cooperatives. The establishment of routines and the encouragement of cooperative play and working with the Circle of Security certainly impacts on how quickly these children settle into the centre.

Team work is also an important part of working in this way. Both teachers are relying on each other to have strong relationships with the children in their groups so they can appropriately report on their development and keep focus on the children in their group.

The group activities are designed to maximise the chances for the teaching staff to observe children and their relationship needs on the Circle of Security maps. Do they have trouble with exploration or letting adults know about their comfort needs and what do they need from me to assist with this ?

The establishment of "pods" in the playgroup is central to working in this way. This is where a staff member is assigned an area where they sit or stand in the playground so they are consistent, predictable and emotionally available to children so they can use the staff member as a secure base to travel around the circle. In Australia, we have established a similar practice with participating child care centres, known as "playspaces". These "pods" or "playspaces" have impacted on the children settling into the centre more readily, therefore more ready to learn.

The use of video in the centres to look at particular children's relationship needs is not being used as frequently as it was during the running of the program. At infrequent intervals filming still occurs for analysis with Glen Cooper who is available to the centres for consultation when needed. The staff said that using the video is extremely beneficial to increase the reflective capacity of staff to meet children's relationship needs and fast tracks the change process.

Key messages

- Using the circle of security in a child care setting changes practice and increases quality of care.
- Using monthly learning circles of participating staff is an effective way for the program to be implemented.
- The establishment of "pods" or "playspaces" supports children's development and increases staff reflective capacity.
- Video is an important aspect of the program.
- Using an infant mental health consultation in child care model is effective for sustaining practices in the participating centres.

2.4 Home Visiting Services and Circle of Security

Westboone Early Head Start Home Visiting Program. Spokane, Washington

The Home visitation service works with families that are enrolled in the Head Start program. In order to remain enrolled in this Head Start program families need to attend a socialisation program once a week for two hours. This is a supported playgroup where parents are required to attend with their children and other parents. The group is informed by the Circle of Security and is focussed on strengthening the relationship between parents and their carer's. The early childhood staff are able to share information with the home visiting staff and vice versa.

The home visiting staff are not unlike programs for vulnerable families in NSW. Each home visiting staff have a caseload of approximately 12 families and each family receives 4 home visits per month.

All the home visiting staff use the Circle of Security and video work in the families homes. The video is then used as a therapeutic tool over time.

The video is introduced in session one with families and filming commences in this first visit. Consent for the use of video is part of the program and is a universal consent form that includes the use within the service or to train other professionals.

The first video that is taken looks for moments of connection with the parent and child and moments that demonstrate how the child needs the parent. The video is edited on the first instance to show the parents strengths and is usually set to music " You are so beautiful to me". This is to highlight the importance of the parent to the child. Vulnerable parents often can not see how important they are to their children when they are struggling with

parenting. Parents often feel like failures on a daily basis so this is a powerful medium to commence conversations with parents about their children's needs and development.

Parents are told that the video is theirs and are given a copy of the footage. At the conclusion of working with the family a collage of taping is put together which is their record of involvement with the service.

The home visiting team meets for supervision on a weekly basis (with Glen Cooper) for reflective practice with the families they are currently working with. This includes reviewing video footage when they are "stuck" and require the group input. The staff commented that this is a great way for them to know what each other is dealing with and gives ideas for all families they are working with.

Introducing the session to parents, the practitioners usually say " I want you to play with your child and follow his/her lead to see what they might be interested in" .

The practitioners use the video with the parents in the next session. They watch the video together and ask questions eg. " Tell me what your child is doing ? " What just happened here? These questions are away of getting the parent to be in the child's world.

The practitioners made the point that sometimes you might need to watch the video a number of times as parents might not pick up on certain things in the video. When this happens it is best to choose a working point that the parent has identified which might not be the working point the practitioner would of identified. Over time when the relationships builds the practitioner has more capacity to point out these issues.

Example of questions whilst watching the video:

What made you think your child needed this ? cueing and miscuing
Remember how this felt for you when you were a child ? Creating empathy through questioning.

When watching the video the practitioners name themes and then watch the video again. Staff described the most difficult thing for them is being patient with families as they often chose different working points than the practitioners.

Tape of a Tape : this is the practitioner taping the session as they watch the tape with the parents. The practitioner is able to see where they were connecting with the parents and where they might need to change their questioning for better engagement around presenting issues.

Editing of Video material : Staff find this to be time consuming but becomes less over time as their experience grows.

All staff commented they needed the layered support to do this work well. This is a person coming to the team meetings and facilitating reviewing of the video footage.

Key messages

- Circle of Security ideas and tools work with vulnerable families in a home visiting model.
- Videoing the sessions with families assists in the change process and helps strengthen the relationship between the parents and the children by parents becoming in-tune with their children's needs.
- Layered support of the team through weekly or fortnightly consultation is important.
- Introduce the video from session one.
- Practitioners need to be patient and work on the parents identified needs as well as balancing the need to increase protective factors in families.
- Editing the video sessions takes time initially.
- Questioning is important to open up the dialogue between practitioners and families.

2.5 Child Protection Programs and Circle of Security

Children's Ark, Spokane Washington

The Children's Ark is a day program for high risk parents and children in the child protection system. Some parents have children in their custody whilst others are currently residing in foster care. The program runs for 4 hours per day 5 days per week and is not time limited. Families are usually in the program from 6 – 18 months. This is a small intensive program that caters for 6-8 children and their parents at any one time with a focus on children under 3 years of age. The program runs out of a house owned by the Foundation and is set up like a welcoming home environment. They are reliant on raising 50% of the project running costs each year as government funding does not cover the costs of running such an intensive program.

The program has strict criteria for inclusion as it is a large commitment that families need to make whilst in the program. Whilst the parents and children are in the centre, parents attend to all of their children's needs from primary care (feeding, sleeping, nurturing etc) and attend individual intensive psychotherapy and group therapy (Circle of Security group).

The program is also supported by Glen Cooper. There is no formal evaluation of this program to date. The program directors reported that about 1/3 of the parents retain custody of their children, 1/3 voluntarily relinquish their children and 1/3 of the children go into out-of-home care during the program. It is difficult to work out the effectiveness of this program as parents voluntarily relinquishing their children may be a positive outcome for the children.

Key Messages

- Circle of Security Maps are effective as a therapeutic intervention across a range of early childhood services when working to strengthen the parent /carer and child relationships.
- Layered support is important for reflective practice.

3.0 High/Scope Educational Research Foundation

High/Scope Educational Research Foundation is an independent non-profit research, development, training, and public outreach organisation. High/Scope was founded in 1970 and its activities include —

- Training preschool and elementary teachers and administrators
- Conducting research projects on the effectiveness of educational programs.
- Developing curricula for infant/toddler, preschool, elementary, youth development, and movement and music programs.
- Developing early literacy curricula and assessment materials and conducting related research.
- Presenting an annual International High/Scope Conference for teachers and teacher-trainers.
- Publishing books, videos, curriculum materials, and assessment tools for educators and researchers.
- Operating a Demonstration Preschool in Ypsilanti, Michigan, that serves children in the local community and provides a model of "High/Scope in action" for visiting educators.

High/Scope is best known for its research on the lasting effects of preschool education and its preschool curriculum approach. High/Scope's preschool education approach is used throughout the world and its research on preschool education has had an important impact on public policy, contributing to the continuation of the national Head Start program and other educational programs for young children.

The reason for visiting the High/Scope organisation is to see the early childhood curriculum in action through the demonstration centres and to speak to the researchers regarding the evidence base for their curriculum.

The High/Scope research studies of the Perry Preschool (and others) have been influential in Australian public policy as quality childcare is recognised as an important component of service delivery to vulnerable families to reduce the gap of disadvantage.

Research support for the effectiveness of the High/Scope early childhood curriculum and professional development model comes from three major High/Scope studies conducted by the Foundation and independent corroborating investigations. Focus will be on the Perry Preschool study with mention of the other two studies.

3.1 The High/Scope Perry Preschool Study

The High/Scope Perry Preschool Study examines the model's effectiveness throughout adulthood for children living in poverty. (Schweinhart, et al., 2005)

"The Study is based on a random assignment of 123 children to a program or no-program group, and has found lasting effects on school achievement and literacy, high school graduation, adult earnings, home ownership, and lifetime arrest rates. Data from the age 40 follow-up have been realised. The program group significantly outperformed the no-program group on the highest level of schooling completed (65% vs. 45%) graduating from regular high school).

This difference was related to earlier differences between the groups in rates of treatment for mental impairment and grade repetition. Significantly more of the program than no-program group were employed at age 40 (76% vs. 62%), and the program group also had significantly higher medium annual earnings than the non-program group (\$20,800 vs. \$15,300). Other economic indicators – home and car ownership, maintenance of a savings account – also significantly favoured the program over the no-program group. The study presents strong evidence that the Perry Preschool Program played a significant role in reducing crime. The program had significantly fewer lifetime arrests than no-program group (36% vs. 55% arrested or 5 or more times), and lower rates for violent, property, and drug related crimes and subsequent incarceration. The rates of return on investment for every dollar invested in this high quality program, including the benefits to the participants themselves and the public returns resulted in over \$17 per dollar invested (High/Scope, 2005).

The High/Scope Curriculum Comparison Study also continues to document the advantages of the educational approach over more didactic models with respect to lower rates of adult criminal activity. The Training of Trainers Evaluation demonstrated the effectiveness of the professional development model in helping practitioners implement high-quality programs that promoted young children's development.

The Head Start Family and Child Experiences Survey (FACES) found children in High/Scope programs out perform peers on selected literacy and social measures. Studies in the United Kingdom, the Netherlands, and other countries confirm the curriculum's effectiveness in developing children's thinking skills, especially the beneficial effects of its signature plan-do-review component.

3.2 The High/Scope Curriculum

There has been a spotlight on the quality of early childhood programs in Australia over recent times with varying quality across the sector. Research has demonstrated that high quality programs impact on child outcomes over time.

The High/Scope curriculum is evidence-based for its effectiveness to foster lifetime development as witnessed through the 40 year follow-up studies. What is it about this curriculum that is so effective ? What are the components of it ? and how is it delivered ? were the burning questions during this visit.

Philosophy

In the High/Scope educational approach, children are active learners, supported and challenged by adults. The content of preschoolers; learning is guided by 58 key experiences in language, literacy, mathematics and science, social-emotional development, physical development, and the arts. The heart of the High/Scope approach is the *plan-do-review sequence* in which children make choices, carry out their ideas, and reflect on what they have learned. These activities promote initiative and independence. In addition, children engage in group activities, socialise during meal times, develop self-care skills and exercise large muscles during outdoor time.

Content

The approach is based on Jean Piaget's theory of child development blended with the best of traditional teaching experience.

The following content areas :

- Language and literacy
- Mathematics and Science
- Social Skills
- Arts
- The role of adults
- Responsive to diversity
- Family involvement

(For a more detailed look at this curriculum www.highscope.org)

While each children's service organises its schedule to meet the needs of the children and families it serves, the daily routine segments are the basic "building blocks" of a High/Scope daily routine in any setting.

- Greeting time (15 – 20 mins)

Greeting time provides a smooth transition from home to school and gives children and adults a chance to share important information for the day.

- Planning Time (10 minutes)

Children indicate what they choose to do during work time (typically what they will do first). Adults try to understand children's plans and often try to help children extend their plans.

- Work time (45 mins- 1 hour)
Children carry out their initial and subsequent plans. Children can work with any of the materials in any of the interest areas. Adults observe children and look for opportunities to enter into children's activities, and help them wrestle with problem solving situations.
- Clean-up time (10 minutes)
Children and adults together return materials and equipment to their storage spaces and, when appropriate, put away or find display space for their personal creations.
- Recall- time (10 minutes)
Recall brings closure to the plan-work-recall sequence. Children reflect on, talk about, and/or show what they have done at work time.
- Snack or Meal Times (20 mins)
Children and adults share nutritious food and interesting conversation together in a relaxed, family-style manner.
- Large-Group Time (10-15 minutes)
Children and adults get together to play games, tell and re-enact stories, sing songs, do finger-plays, dance, play musical instruments, or re-enact special events. This time is an opportunity for each child to participate in a large group, sharing ideas and learning from the ideas of others.
- Small-group Time (15-20 mins)
Each adult meets with a consistent small group of children (about 6 – 10 children) to work with materials planned and introduced by the adult. Although the adult chooses and introduces the materials, each child has control over what he or she will do with these materials.
- Outside Time (30 mins)
Children engage in vigorous, outdoor play. Adults participate in and support children's play in the outdoor setting.
- Adults' Daily Team Planning (20-30 mins)
Classroom adults meet together to discuss what they observed and learned about individual children that day's session. They share and record anecdotes, and they plan for tomorrow's activities based on what the children were doing today.

3.3 Observations from the Demonstration Preschool

The demonstration preschool is a 16 place centre that is a half day program. The centre is equipped with two video camera's that are operated remotely so visitors to the program do not disturb the learning environment. The camera's can zoom into any part of the preschool and a series of microphones that hang from the ceiling all to hear the dialogue between teachers and children. I witnessed the full sequence of the program as outlined above.

What impressed me about this program is the richness of the learning environment and the level of engagement of the children to the learning. The children had only been at the centre for approximately 15 days and were very settled. The children were encouraged to problem solve, express themselves and their learning experience and hear from others about their experience.

The small groups definitely make a difference in forming learning co-operatives where children's social skills are enhanced.

The team work between the teachers ensured that they are entirely focussed on the children in their group to collect anecdotes during the day to document their learning and inform each days programming.

The demonstration centre was of the highest quality I have witnessed providing a rich learning environment.

3.4 Gretchen's Place ,Demonstration Preschool

Gretchen's Place is a private provider of child care, 1 hour drive North of Ann Arbor. They are a small chain of preschools that won the contract in Pontiac to deliver Children's Services to County Government employees. It is a 114 place centre that has become a demonstration centre using the High/Scope curriculum. Again the quality of care and the attention to detail for individualised care with parental involvement is remarkable.

The manager of the service was originally a Head Start parent in the 1980's. She undertook further studies in child care to achieve degree status. She had the experience of working with High/Scope and became a High/Scope trained practitioner. 25 years on, she is a trainer of the High/Scope curriculum and her centre has become accredited as a demonstration centre.

All the staff at the centre are acutely aware of the curriculum and implement it with fidelity. Each room in the centre felt like an extension of a warm, loving home environment with very clear knowledge of each child and their social-emotional and learning needs. There was high communication between staff and high level of team work. They rely on each other so they can appropriately focus on their children.

Communication with parents is a high priority with all staff. Parents are followed-up by the centre after their children have moved to formal schooling to ensure they have transitioned well and a satisfaction type survey of their experience whilst in the centre. They also schedule phone calls to inform parents when children are doing something well so parents can be proud of their children's achievements and not only contacted when something is wrong. Impressive strengths based approach which strengthens the relationship between parents and their children's carer's.

This is a very large centre that operated like clockwork and had a welcoming environment that all staff have a role in.

3.5 High/Scope Research Team

The High/Scope research department is a significant part of the organisation. At present there are 14 full-time staff and some contract staff depending on the research contracts. They undertake research for instrument development, external contracts for program evaluations for state and federal governments or not-for-profits.

Currently they are undertaking an evaluation of the Dollywood Foundation's Imagination library. This is a program that Dolly Parton's Foundation funds to foster children's literacy. Each child enrolled in this programs receives a book per month for the first five years of their life.

Over the next five years the biggest research question is how to effectively measure children's social and emotional development. It is validating to know that this is an issue for High/Scope as this is one area that the sector is struggling with in Australia. At present you need a controlled environment to determine factors such as dosage, meaning how much is enough to get the desired outcome. This has huge implications fro how money is spent in Governments and will be huge advocacy platform into the future.

Other research is in relation to the quality of children's services. The West Ed organisation has developed a tool for measuring quality of services but High/Scope is asking the questions of What do we mean by quality ? What are the components of quality that matter both structural (environment) and process (relationships) aspects eg. warmth, shared power etc. At present High/Scope is piloting a quality instrument.

The researchers agreed that video is undoubtedly the best way to observe children's development over time. This is time consuming, resource intensive but not impossible to introduce into the course of the work environment. It is good to know that the programs in the Benevolent Society are on track with implementing video into the course of service delivery in child care centres, We have done so to increase the reflective capacity of staff, not as a measure of quality, although the two are invariably linked.

3.6 Meeting with CEO of High/Scope, Larry Schweinhart

Larry Schweinhart has been working at High/Scope since the early years and is one of the leading researchers of the High/Scope Perry preschool work.

How did the Perry Preschool Project get the world's attention ?

There was a marketing plan around the first wave of results that then sparked broader interest. They built on this when they completed the follow-up studies. He was quick to comment that this study was only for 58 children and doesn't have the scale on a population base, rather the demographic they were working with, everyone has been struggling to provide effective services to this group. He spoke of another study that was a comparison of child care in

10 different countries which he thought should have had a bigger reach than the Perry preschool but this did not get as much media attention (Montie, et al. 2006).

Question : Are you planning on replicating the Perry Preschool study as the practice took place in the 1960's ?

High/Scope are planning to seek funds over the coming years to replicate the study. They do have concerns over the comparative cost of such a project that would be conducted in today's monetary value possibly being cost prohibitive as an intervention.

This is where models of early intervention in a child care setting such as the Partnerships in Early Childhood model (www.bensoc.org.au) can be more cost effective.

Question : Research questions into the future ?

As there has been a significant move from home-based care to centre-based care of children. The questions that still remain unanswered are :

What constitutes quality care ?

What is the content of this care that equates to quality ?

What are the delivery systems that are needed to deliver quality care ?

Question : Child development knowledge as a change agent for how children are viewed in the world ?

Larry is an advocate of broader training on child development at a population level as currently there is inadequate knowledge and limited to a few professions. If more people had knowledge of child development on a population level, this would be the ultimate change agent in terms of how children are viewed in societal contexts.

Question : Where do you focus your attention for intervention with vulnerable families ?

Educational attainment is what you are giving the next generation. Given the research findings that mother's level of educational attainment level is linked to child outcomes, that is where you need to focus your attention in increasing the level of mothers educational attainment.

Question : Where does Community development fit with intervention ?

You need a connection to reach people. There are always questions around sustainability with community development programs. There was a notion that community development should not exist in isolation from education.

4.0 The Zigler Centre, Yale University

Background

The Zigler Centre was founded in 1978 by Edward Zigler (Director, *Emeritus*), as the Bush Centre in Child Development and Social Policy. In July 2005, the Centre was renamed The Edward Zigler Centre and became a formal part of the Child Study Centre, Yale School of Medicine. Funding for the Zigler Centre is now provided by several private foundations that support the work and has to be raised on an annual basis.

Renaming the Centre was done in honour of its founder and his extensive work dedicated to improving the lives of children and families. Ed Zigler is widely regarded as one of the founding “fathers” of Head Start’. He is a staunch advocate for children and families and a leading researcher of program and policies designed to support children and families. He has conceptualised and worked on such national initiatives as Head Start, Early Head Start, the Family and Medical Leave Act and the innovative 21C program.

Purpose of the visit

The purpose of the visit was to attend a lecture as part of the faculty’s training program and to meet with the Director, Walter Gilliam to discuss current and future directions of early childhood education and care.

4.1 Research and Policy

Research and policy analyses are conducted at the Zigler Centre, in order to fulfil the Centre’s mission of improving the well being of children and families by bringing objective child development research into the policy and public arenas.

The Centre has six Research and Policy Divisions:

- Child Care and Early Education
- Head Start
- School of the 21st Century and Comprehensive School Reform
- Emotional Intelligence
- Child Welfare
- Electronic Media and Families

4.2 Training Program

Through its training program for fellows, the Zigler Centre gives young researchers the opportunity to conduct policy-relevant research, learn about current policy issues affecting children and families, gain an understanding of how policy is made and develop some of the skills necessary to work effectively in the policy arena. Fellows work under the guidance of a centre faculty member and attend weekly Social-Policy Lecture Series.

The majority of fellows are graduate students (from a variety of disciplines); others fellows are psychology or social work interns, child psychiatry fellows, research assistants, post-doctoral researchers, educators, writers, and a small group of undergraduates. Approximately 50 fellows affiliate with the Centre each year.

This training program would be a great idea to put into Australian universities to ensure currency of content material being studied across disciplines. For example, training of early childhood teachers does not necessarily include some of the early years research.

4.3 Research and Publications – A Vision for Universal Preschool Education

The Zigler Centre is known for their research and publications. A publication that is of interest to this trip is “ A Vision for universal Preschool Education. !

This book brings together nationally renowned experts from the fields of psychology, education, economics and political science to present a compelling case for expanded access to preschool services. This is particularly relevant to the Australian context with the recent government announcement of 15 hours of free preschool to 4 year olds.

Decades of research point to the need for a universal preschool education program in the US (and indeed other countries around the world) to help give children a sound cognitive and social foundation on which to build future educational and life success. In addition to enhanced school readiness and improved academic performance, participation in high quality preschool programs have been linked with reductions in grade retentions and school drop out rates, and cost saving associated with diminished need for remedial education service and justice services. The authors describe the social, educational, and economic benefits for the nation as a whole that may result from the implementation of a universal preschool program and providing guiding principles upon which such a system can best be founded.

Other research of interest is the Early Childhood Consultation Partnership program. This program placed a Mental Health consultant in an early childhood setting for an 8 week period for 4-6 hours per week to assist early childhood educators with children’s problematic behaviour. The study found that the Consultation Partnership model was effective in reducing behaviour problems in children. This program is of particular interest in the Australian context as similar programs are emerging as promising evidence-based practice eg. Partnerships in Early Childhood and Attachment Matters project.

4.4 Social Policy Lecture Series

School Finance Reform in Connecticut : The Connecticut Coalition for Justice in Education Foundation (CCJEF) Quest for Education Adequacy and Equity by Dianne Kaplin deVries Connecticut Coalition for Justice in Education Funding Dianne@ccjef.org

Connecticut’s school funding system has declined in funding over recent years. The level of funding available now is less that what is was in 1989-1990. Without well-funded schools, the workforce cannot remain competitive.

The CCJEF have bought a law suit against the state for not providing students with suitable and substantially equal educational opportunities in 16 of Connecticut's lowest performing member school districts.

The case still is in pre-trial stage however the key claims are :

- State has failed to adequately and equitably fund its public schools and as a result:
- School children have been denied a reasonable opportunity to meet the state's own learning standards
- School children have suffered irreparable harm from the limitations that school underfunding has placed on their ability to :
 - Take full advantage of the nation's democratic processes and institutions
 - Secure meaningful employment in the competitive high-skills/high wage global marketplace
 - Successfully continue their education beyond high school
 - Reap the monetary and intellectual rewards of the above
- Minority students have been disproportionately impacted
- Students are not being afforded equal educational opportunity.

In a pre-trial ruling the judge ruled that it is "no constitutional right to a suitable education" . It is ironic as it is a constitutional right to own a gun !

It will be years before this case is finalised at the same time the amount of public spending in educational has not kept up with real costs. As a consequence there is less in resources now than in 1989-1990.

What is interesting about this case and how it links to the Zigler Centre, is that the Yale Law school students all work on the case as do the students in the areas of social policy. They assist in doing a lot of the research to try and impact on the quality of life and access to education for children and families.

Recommendations

The notion of the Mental Health Consultation in Child Care be implemented in disadvantage communities in the Australian context to support children's social and emotional development and address behavioural problems as they emerge.

5.0 Sure Start Initiative, UK

Sure Start is a UK Government initiative, originating with The Treasury, with the aim of "giving children the best possible start in life" through improvement of childcare, early education, health and family support, with an emphasis on outreach and community development. The program was originally intended to support families from pregnancy until children were four years old but the brand was extended to cover an undefined responsibility up to age fourteen, or sixteen for those with disabilities.

Launched in 1998, Sure Start had similarities to the Early Head Start program in the United States and is also comparable to Australia Head Start and Ontario's Early Years Plan. There were planned to be over 520 Sure Start centres but new proposals suggest having up to 2,500 "Sure Start Children's Centres" by 2008 and 3500 by 2010.

Related to the Government's goal of reducing child poverty, the initial districts for Sure Start development were selected according to the levels of deprivation within their areas the focus being particularly on disadvantaged areas but open to all families living in the catchment area. Such catchment areas were selected locally by the projects.

Each project was allowed to develop in its own way depending on the expressed wishes of parents and the guidance of the various organisations heading up each one. Policy on such matters as choosing volunteers and events the services offered were a local level decision.

The first wave of the evaluation yielded lack luster results and led to a much more coordinated approach to service delivery with the establishment of Children's Centres and practice guidelines that ensured consistency of evidence based service delivery across the UK.

The National Evaluation of the program is ongoing. The latest evaluation, at age three years, showed positive, if modest, effects for all categories of families since moving towards an evidence based approach to service delivery.

5.1 Effective Provision of Preschool Education (EPPE)

Contact : Edward Melhuish, Executive Director, Institute for the Study of Children, University of London

The EPPE Project is the first major study in the United Kingdom to focus specifically on the effectiveness of early years education. The EPPE project is a large scale longitudinal study of the progress and development of 3,000 children in various types of pre-school education.

The original EPPE study (1996-2003) investigated children's intellectual and social/behavioural development between the ages of 3-7 years focusing on the pre-school influences.

EPPE 3-11 study (2003-2008), has followed up the same children to age 11 years, investigating both preschool and primary school influences on children's attainment, progress and social/behavioural development.

The EPPSE 3-14 study (2007-2011) provides an additional extension to this longitudinal study in order to follow the same cohort until they reach age 14.

This project's results are shaping the way we deliver services to children and families and for Australia sends clear messages regarding the lack of

spending in this area (as we are the lowest spending country in the OECD on early childhood education and care).

Key findings over the preschool period

Impact of attending pre-school

- Pre-school experience, compared to none, enhances all-round development in children
- Duration of attendance (in months) is important, an earlier start (under 3 years) is related to better intellectual development
- Full time attendance led to no better gains for children than part-time provision
- Disadvantaged children benefit significantly from good quality pre-school experiences, especially where they are with a mixture of children from different social backgrounds.
- Overall disadvantaged children tend to attend pre-school for shorter periods of time than those from more advantaged groups (4-6 months less).

Does type of preschool matter ?

- There are significant differences between individual pre-school settings and their impact on children, some settings are more effective than others promoting positive child outcomes.
- Good quality can be found across all types of early years setting, however quality was higher overall in settings integrating care and education in nursery schools

The importance of home 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. What parents do is more important than who parents are.

Effects of quality over the pre-school period

- High quality pre-schooling is related to better intellectual development and social- behavioural development for children.
- Settings that have staff with higher qualifications have higher quality scores across and their children make more progress.
- Quality indicators include a warm interactive relationship with children, having a trained teacher as manager and a good proportion of trained teachers on staff.
- Where settings view educational and social development as complementary and equal in importance, children make better all round progress.
- Effective pedagogy includes interaction traditionally associated with the term “teaching”, the provision of instructive learning environments and ‘sustained shared thinking’ to extend children’s learning.

(Sylva, Melhuish, Sammoons, Siraj-Blatchford, Taggart, 2004)

These results indicated that quality early childhood education makes a difference over a short period of time on child outcomes. This ensured that with the Sure Start Children's Centres are more defined in the suite of services delivered with early childhood education and care central to service delivery.

Key Messages for not-for-profit's delivering early years services

- Quality in all aspects of service delivery is important
- Access to quality child care is a crucial component of service delivery in an integrated fashion
- Supporting parents in their home is critical
- Bridging the gap between the home and the formal learning environment positively impacts on child development outcomes.

5.2 Sure Start Children's Centres

Sure Start Children's Centres are at the heart of the Government's Every Child Matters: Change for Children Programme. They are the vehicle for providing services that families need. By 2010 there will be 3,500, one for every community. This is a substantial government commitment to improving child outcomes in the UK and reduce the effects of disadvantage for disadvantaged groups.

Integrated Children's Centres provide a range of services to children and families through a single intake point. A common suite of services include but not limited to :

- Free early years provision (integrated early education and care) for 12.5 hours a week, 38 weeks a year for 3 and 4 years olds. This early years provision will increase to 15 hours per week by 2010.
- Information and access to child care in the local area
- Information on parenting, drop in groups and opportunities to access parenting support and education
- Antenatal and postnatal service and child health services and information on health
- Information about employment, education and training; and
- Information at points of transition, including information sessions around the time of the birth of their child (by linking to and building on existing antenatal and post-natal services) and on entry to primary school which, as part of the extended schools programme will be offering sessions for parents as their child starts school.

There should be additional support available for families that are experiencing particular challenges that mean that their children may be at risk of poor outcomes. Among these families may be :

- Teenage parents;
- Lone parents
- Families living in poverty
- Workless households
- Parents with a parent in prison or known to be engaged in criminal activity;
- Families from minority ethnic communities;
- Families of asylum seekers;
- Parents with disabled children; and
- Parents with learning difficulties

The guiding principles of Children's Centres are based on what is known from evidence what works for improving outcomes for children. As a result it is expected to see changes to practice in a range of areas, including:

- Reaching the most disadvantaged families and children;
- Increasing the consistency in the level of support services offered;
- Grounding children's centre practice in evidence;
- Improving multiagency working;
- Raising the quality of early years provision; and
- Employing more highly trained and qualified staff.

This approach to the establishment of children's centre's ensure that there is consistency across the UK and programs are evidence based and known to improve child outcomes. This is vastly different than Early Sure Start where programs were from a range of local initiatives that failed to yield strong improvements in child outcomes.

5.3 Thomas Coram Children's Centre, London UK

Contact : Lucy Draper, Service Manager

The Thomas Coram Children's Centre in London has a strong reputation as the GOLD standard of an Integrated Children's Centre.

Background and History

Thomas Coram was a wealthy individual whom made his money in shipping. In the 1750's he opened a foundling hospital for children as he was concerned about the plight of children at the time. During this time in England parents would abandon their children as they did not have the means to look after them or they may have been illegitimate.

Thomas Coram was also an avid arts enthusiast and collected art pieces that were displayed throughout the centre from prominent artists of the time. He was also personal friends with the musician Handel and his music was utilised throughout the centre. He was the first to use the arts in the care of children.

Thomas Coram, with his social influence had access to the best doctors and nursing staff and was instrumental in implementing best practice of the time with care standards. Children in the Foundling home were more likely to survive than in any other institution. Mortality rates in other institutions were around 90% and still a staggering 60% at Thomas Coram.

When the Foundling Hospital opened its doors it was at capacity within hours. There were various attempts to curb the amount of children that were being left at the centre and they introduced a lottery system. A certain colour meant acceptance of the children, another not accepted and a third never to be accepted. There were numerous variations of this for the admission criteria.

The babies at the centre were fostered to families in the country until they were aged 5 years. Upon reaching their 5th birthday they would come to London to the Thomas Coram site and would have no further contact with the family that fostered them.

Once in London, the children were educated and trained for the workforce. Girls were trained to become domestic maids and boys were trained to work in the army. Again there was a focus on art and music in their education. The tradition is still very much part of service delivery today with the employment of music and art therapists.

Museum

The Thomas Coram museum is a fascinating journey of the history of the centre. Residential Care ceased in the 1940's. There are still some people alive today that were residents in the centre. This visit reaffirmed how careful society needs to be in the care of children who can not live at home for what ever reason. I do not think that society's around the world have done justice to the many children requiring such care and this is precisely the messages from Australia's more recent history.

The museum is a great way to document the proud history of the Centre. Since the Benevolent Society is 195 years old and Australia's oldest not-for-profit, this is something to recommend for the 200th Anniversary.

Thomas Coram Today

Today Thomas Coram offers a suite of services to children and families :

- 80 place Child Care Centre
- Smaller community-based centre on site
- Evidence-based parenting programs
- Home visiting services
- Music therapy
- Adoption services including contact service and concurrent planning services.
- Access to Adult Education Classes

The grounds of the centre are unique as they are formally designated for children and their families. There are signs around the grounds that adults are not allowed in this space unless accompanied by an adult. I think this message sets the scene for a very strong child focus, ensuring the service delivery does not get lost in the needs of adults.

The thing that impressed me is the number of parents who go on to become staff members either in the child care or drop in centre. The centre provides access to adult education classes usually in the areas of certificate level child care and computers. They offer occasional care to parents who are attending classes, just as they do in the USA Head Start programs. This is great community capacity building work and adult training for employment is a key indicator.

The adoption services have the lowest placement breakdown of any service in Brittan (around 7%) compared with the national average of 30%. They attribute this success to the high level of support for foster carers and parents during and post adoption. This ranges from individual support, counselling and access to evidence based parenting programs (namely the Incredible Years, Triple P and Strengthening Families Strengthening Communities).

One unique component of the adoption service is the concurrent planning centre. This involves the planning of either adoption or restoration services to children at the same time. The people who foster a child work with the biological parents with the best interests of the child in mind. Some times the children are restored to their parents and others end up being adopted by the foster parents.

5.4 One Nottingham Sure Start Children's Centres

Nottingham has a population of 350,000 and will have 16 children's centres in total across the area. The services are universal and the single most important aspect to their success is the governance structures. When governance structures are too complex or do not unify all providers under the one vision of the centre, it leads to difficulties in service delivery. They commented that getting the Health services under this banner was probably one of the most difficult aspects of establishment phase.

The Nottingham local authority have sharpened their governance structures and they lead the universal coverage across Nottingham, incorporating Health visitors (midwives) and the suite of services: free child care (12.5 hours a week); parenting programs (Incredible Years); family support and infant mental health and access to adult education.

The single most important driver for the local authority has been the results of the EPPE project and the Child Poverty agenda in the UK.

The budget for each of these centres is worked out at 800,00 pounds sterling for each 1200 children plus up to 1 million pounds sterling for the

refurbishment of buildings. The Centre's need to be attractive places that families want to visit.

Child care is a critical component of service delivery but it is interesting that they operate a number of models in this delivery. The local authority operate some of the child care in some centres and in others they partner with another provider to provide this aspect of service delivery. In some cases the child care might not be on site but close by, utilising the existing service infrastructure. They said that they could not of moved to this more flexible model without having experienced full integration of Child care within the built form.

This is interesting as Australia is just embarking down the Integrated service delivery route and they are important considerations when in the planning phase.

The most interesting aspect of these centres in Nottingham is the local authority's role in supporting all child care and pre-school providers in the district in regards to training and assisting in meeting accreditation standards. They provide these services to not-for-profit centres, council centres, community based organisations and for-profit providers. At present they have 100% participation of service providers in the district.

Difficulties with providing training and releasing staff from face-to-face contact in this sector is the same as in Australia. They have many varied flexible training arrangements to ensure that training is inclusive and as accessible to all. This means evening sessions, weekends, and onsite learning and development. Nottingham local authority think that this has significantly impacted on the quality of care provided in the district to children and families.

Home based carer's also use the children's centres once a week to meet each other and support each other. They bring the children that are in their care to the centre as part of the weekly routine and for the children to play in the children's play spaces at the centre. This is particularly interesting as the Benevolent Society is opening an Early Years Centre on the Gold Coast and will be utilising home-based carers as part of the service model.

5.5 Pen Green, Corby

Contact : Dr Margey Whalley and Team

Pen Green (est. 1983) is one of the best-known and most established integrated early-years centres in the UK. It has an international reputation both for the quality of its practice and, most recently, for its pioneering work with the National College of School Leadership in developing a discrete qualification for leaders of children's centres.

Pen Green's own policy and practice is rooted in a philosophy that gives consistent emphasis to working in close partnership with parents. As one of

the very first Early Excellence Centres, as a Neighbourhood Nursery and now as a Children's Centre. Pen Green has a huge range and depth of experience in working with babies, children and their families both within the centre and in family homes, community settings and partner agencies.

Pen Green has extensive experience of working with mothers and fathers to support their involvement in their children's learning and has a proven track record of developing and delivering successful, imaginative and effective programmes that engage parents' interest and enthusiasm (Pen Green Centre, p. 2).

The Pen Green centre was the height of activity and their early years education was the best I have seen. An interesting aspect about the service delivery is that each staff member is assigned their key families and they home visit them a few times per year. They are also keen on using video to document children's development over time. Using video is an under utilised medium in Australia both to document progress and to use as a change agent with regards to parental practices.

Pen Green has a practitioner research base and a leadership professional development centre fully integrated with the nursery school and children's centre under one governance structure. This is impressive and is a very strong structure that has a community development focus.

Leadership has a strong theme at Pen Green and they are committed to developing strong leaders through their leadership centre. They are also very clear about the complexity of leadership in integrated centres as they have to coordinate different models of early education, childcare, family support and adult community learning into one institution.

The Director, Margey Whalley has published many papers on the leadership and governance of Integrated Centres and says that the Governance needs to be porous i.e. accessible, personal, engaging, adaptive and enabling. This includes parents who many start at the centre as volunteers or services users, become parent managers and sometimes become paid workers. At Pen Green around 40% of current staff started off using the services as parents.

Dr. Margey Whalley says there are 4 critical factors that have to be taken into account in Children's Centre work:

1. Staff in Children's Centres have to have a shared philosophy, a shared vision and values, and a principled approach to practice. It is extremely hard for parents if practice differs significantly within the children's centre.
2. Multi-disciplinary and multi-functional teams with all or most disciplines represented or at the very least a team with strong connections to other agencies
3. Shared leadership and management and a consistent way of working
4. Services co-exist on one campus or are located within pram pushing distance. For the parents and the children the services have to be seamless.

These four factors lead to full integration and comprehensive services to its local community.

“If we are to build the sustainable workforce that we need to deliver integrated Children’s Centre strategy, if we are to develop this new territory, then we need proud professionals. We need confident, competent and reflective practitioners who are capable of developing leadership learning within their own Children’s Centre; and capable of building a national and international networked learning community across Children’s Centres.” (Whalley, 2006).

Key Messages regarding Integrated Children’s Centres

- Governance structures are critical
- Leadership of multidisciplinary teams can be complex
- Built form of the Centre
- Practice needs to be firmly anchored in evidence
- Evaluation needs to be designed at the beginning
- Location of the Centre is important eg. Pram distance principle, and access to schools
- Services are built around quality child care
- Partnerships with the community are critical
- Quality costs initially and pays off in the long run.

6. The Scottish Experience

Contacts: The Work Foundation – Alan Sinclair
Holyrood Magazine – Rory Cahill
Violence Reduction Unit – John Carnochan

6.1 The Work Foundation, Glasgow

I was invited to visit Alan Sinclair from the Work Foundation through a connection in London.

Alan has authored a provocation series paper titled “0-5: How small children make a big difference” . This paper demonstrates how vital the early years are to good economics, social mobility, quality of life, and consequently, government plans for modernisation and reform. It explores each of these in turn, and shows why parenting and early-years enrichment make such a big difference.

As I have already touched on some of the scientific and economic arguments for investing in the early years, this section will focus on violent crime as a

factor. Below is an excerpt from Alan Sinclair's provocation series (reproduced with permission) to start and out line the link between violent crimes and the early years:

"Violent crime is increasing alarming, as police records attest. But even the police acknowledge that while they are getting better at recording violent crime, they are still grossly under reporting the actual occurrence of violence. Accident and emergency department figures for violent crime hugely exceed police records. Its impact is enormous and is estimated to cost more than £20 billion every year.

Violence is not a great respecter of boundaries. Domestic violence represents 25% of all reported violent crime and it occurs right across all social classes. And while gun and knife carriers, almost exclusively men, do tend to live in poorer parts of our cities they practice their trade more widely.

I went on holiday 27 years ago with an old school friend visiting 1st World War battlefields, climbing hills and camping. He now lives a few hundred miles away but we did manage to have lunch a year ago and he told me with pride about his son's character and achievements; he was about to enter St. Andrew's University to study history. While I was writing this paper the news came through that a man boarded a Virgin train in Lancaster with a woman and three young children. He set about verbally abusing her. His behaviour caught the attention of a young student who looked at him 'the wrong way'. The man stabbed the student to death. Thomas Grant was the student killed, my friend's son.

Violence takes different form; physical, emotional and, in the case of young children, neglect.

If we are to be tough on violence and the causes of violence it helps to know what the causes are and how we identify the risk factors. In a report, Violence and what to do about it the Wave Trust correlated a team of international violence experts. Their message boiled down to this; violence results from an interaction between two components, an individual propensity (personal factors) and external triggers (social factors such as overcrowding, bad housing, alcohol). On their own social factors do not cause crime. The experts argue that 'the propensity to violence develops primarily from wrong treatment before age 3.'

To the Wave experts who have studied violent and non-violent societies throughout the world, violence is not inevitable, we are not fated to be violent. Whole societies record no violence. The diagnosis of the causes of violence provides a foretaste of the solution; 'Empathy is the single greatest inhibitor of the propensity to violence. Empathy fails to develop when parents or prime carers fail to attune with their infants. Absence of such parental sensitive caring combined with harsh discipline is a recipe for violent, antisocial offspring.' A recipe of neglect plus harsh discipline is most likely to produce a difficult child and a violent adult. This is especially true for men who strike out. Women are more likely to internalise problems and develop mental health problems ,often chronic.

If lack of empathy is the cause of violence, how do we identify the risk factors and act early? Before a baby is born there is likelihood of neurological impairment if the mother smokes, drinks alcohol, uses drugs or suffers stress. By stress I do not mean a bad day at the office, I mean domestic violence or its equivalent. Evidence tells us that domestic violence (almost exclusively perpetrated by men on women) often first occurs and escalates during pregnancy. It is also a risk factor for low birth weight, an

indicator for postnatal depression and may seriously affect children who witness the abuse of their mothers or who are abused themselves.

Once a child is born the risk factors are associated with young mothers, single parents, neglect and incompetent care, maternal rejection and a mother's mental health. Young children, as well as being a target for physical or sexual abuse, have a ringside seat, as observers of violence.

Young babies learn about the world and interpret what is happening through relationships – for good or bad. Children learn through relationships to speak and say thank you or how to take their turn or how to strike out or how to move away from blows. Poor parenting skills are a strong predictor of anti-social behaviour.

Without a greater commitment to reducing domestic violence we will not reduce youth violence. This couldn't be further removed from the conventional Victorian wisdom 'spare the rod and spoil the child'.

A multi agency tool for case reviews and risk assessment has been designed and tested for women at risk but now needs to be more comprehensively used. Some health authorities train midwives to engage and win the trust of mothers to establish if domestic violence is taking place. Vulnerable women need help and violent men need to be supported to address their violence.

Institutionally the Home Office, the criminal justice system and the police have to be encouraged to tackle causes and pursue prevention.

There is sympathy in the police for this approach because they know from their own experience on the ground, from the records of their analysts and from hospital accident and emergency services, that while most crime is reducing, violent crime is increasing. We know from the long term monitoring of disadvantaged children who have gone through good-quality early-year programmes that the most marked improvement is found in reduced criminal and violent activity. Financially this converts to the greatest saving to the taxpayer.

The World Health Organisation has advocated that violent crime be set within a public health model. Violent crime in its causes and effects for perpetrators, victims and onlookers is a public health issue. In Scotland the police have already established a national violence reduction unit, Multi-Agency Risk Assessment Conferences, currently being trialled in different parts of the UK which has at its centre the concept of violent crime being seen within a public health model. In England any regional or a national violent reduction unit has still to be created. Violence reduction units could become major drivers of national change in tackling the causes of violence and criminality. The police know more than most what is happening on the streets and behind closed doors.

Recommendation: *Establish a violence reduction unit working from a public health model in England or in English regions. This would act as a major driver of change and produce significant long-term savings. “ (Alan Sincalir, 2006, pp. 13-16)*

6.2 Holyrood Magazine Interview, Edinburgh

I had the unusual experience of being contacted by the Scottish Parliamentary Magazine to be interviewed regarding the early years and the Australian context an relating this to the current situation in Scotland.

“The Choice and Chance Challenge” published Monday 19th November 2007.

Rory Cahill and Rachel Hamada try to sidestep the old NEET label and look at how children can be placed on the right path in life

“Everything old is new again. in the 16th century the Spanish Catholic warrior and scholar St Ignatius Loyola, founder of the Jesuits, encapsulated his attitude to education by saying, ‘give me the boy until he is seven, and I will show you the man.’ nearly five hundred years later, Loyola’s words bear special resonance for those in the body politic attempting to tackle one of the most costly, and stubborn, problems in modern Scotland.

These are the group of young people we used to call the NEETs, but as with so much in the post-SNP world, this term is no longer acceptable, with some arguing that the phrase sounded too much like the derogatory ‘ned’ tag. instead, those Scots who were previously known as NEETs – that is, those between 16 and 19 who are not in any form of employment, education or training – are now known as those needing ‘more choices and more chances’, or the “MC2s” as some have dubbed them, which is better than “chancers”.

Most observers had predicted a move away from the more punitive and reproachful tone of the previous executive, that may not have explicitly linked NEETs with youth crime and anti-social behaviour but certainly did nothing to challenge perceptions that the two were interchangeable. While the re-branding that has taken place presages a change in the way the SnP government intends to deal with the issue, simply altering what we call this section of our society doesn’t make them go away or address the challenge they pose.

The NEET group is a diverse one and includes people from gap-year takers to children having to care for disabled or addicted parents, from low attainers to young people with mental or physical disabilities. The challenge is immense. A study by the London School of economics published in June found that Scotland’s 35,000 NEETs cost the country £1.7bn a year in lost economic activity and crime. On the whole, NEETs are 20 times more likely to commit a crime than their peers, and 22 times more likely to become single mothers. While many NEETs do eventually enter education and find employment, there is a substantial hardcore that graduate to the adult criminal system.

There has been a wealth of schemes, plans, diversions and policies aimed at dealing with the problem. There should be more apprenticeships, say some, while others call for everything from the return of national service to stronger school-college links. All these ideas have one thing in common – they aim to deal with the problem once it has emerged. The problem with this is that there is a growing consensus that this is the wrong way to deal with the NEET challenge.

Alan Sinclair, a former senior Scottish enterprise official now at the Work Foundation, shares Loyola’s view. In a ‘provocation’ written to address the issue of Scotland’s seemingly intractable NEET problem, Sinclair makes clear his view: “there is a direct link between the experiences of early childhood and subsequent adulthood. And, what happens in the very earliest years of life makes the biggest difference. Brain development is most rapid in the months before birth and up to age five. If that is disrupted by drugs, alcohol, smoking, poor diet or stress then today’s baby becomes tomorrow’s disadvantaged child.

“if we do not engage with struggling parents and parents-to-be then, as night follows day, we know that their children will grow into the least healthy adults who are badly educated, cause their neighbours and the police most problems, and will be unemployed and on benefits. In turn they will have children early and repeat the bad parenting. Current practice is to more or less grudgingly pick up the costs through a miscellany of public services from social work to the courts and prisons, hospitals and JobCentre Plus.”

Sinclair’s views are winning influential supporters in Scotland like from Detective Chief Superintendent John Carnochan of the violence reduction Unit, who knows that NEETs are disproportionately represented as both perpetrators and victims of violence.

A key achievement of Sinclair’s work is that it draws together evidence from all around the world that supports what many of us feel we know instinctively. Many teachers and childcare workers claim they can quickly tell which children in a group will ‘do well’ in life, and which are destined for problems. Even those of us without professional skills in dealing with children often feel we can make such snap judgments.

A study undertaken in Dunedin in New Zealand in 1972 sought to test whether there was any basis in such instincts. Childcare nurses carried out a 90-minute observation of 1,000 three-year-old children and identified an ‘at-risk’ group using indicators like restlessness, lack of attention to tasks and displays of negativity.

Eighteen years later, the ‘at-risk’ children were compared with a control group, with astounding results. The children the nurses had identified as being at-risk after just an hour and half of observation had grown into noticeably more violent and anti-social young adults. nearly half – 47 per cent – of the at-risk group were abusive towards their partners, compared with 10 per cent of the control group and two and a half times as many of the at risk group had two or more criminal convictions. Of those convictions, 55 per cent were for violent offences including rape and murder, compared with 18 per cent of the control group.

Of course, not all children with problems at an early age, or those from deprived backgrounds, become rapists or murderers. In fact, very few do. But a large proportion become NEETs, and then long-term unemployed. Sinclair argues this is because many in the NEET group have not developed the skills required to thrive – or even survive – in today’s modern service-based economy.

“A large slice of our workforce is not good at talking and listening, working with people or solving simple problems. Or, to put it more bluntly, it is about people not having the right attitude and behaviour.”

We see this evidence all around us. Go into any pub or café in one of Scotland’s bigger towns and you are as likely to be served by a Pole, or a Lithuanian, or an Australian or New Zealander as you are a Scot. In Glasgow last year – where one in five young people is a NEET – there were 6,000 hospitality and tourism jobs that could not be filled.

So we know many of the reasons why young people become NEETs and that waiting until they have already been alienated from education and the world of work to intervene is often too late. We need to prioritise the early years, especially for those coming from backgrounds that we have already identified as being contributors to

poor development. But what does an effective early years programme look like?

Sydney may be one of the most beautiful cities on earth, but it also has areas as deprived, drug and gang-ridden as any Glasgow badland. The Waterloo/Redfern local authority area, while becoming gentrified in parts, still contains some of the most deprived neighbourhoods in the country, including pockets that are 'no-go' zones for police.

It was in this environment that Greg Antcliff, a senior manager and early years psychologist with Australian charity the Benevolent Society, launched a programme that could lead the way forward for Scotland. "We put a psychologist into a childcare centre for a number of hours per week in an area with high-needs children. We were asked by the childcare providers to come in and support their staff because the children were quite difficult and they couldn't keep staff, so they had a constant turnover of staff.

"The psychologist worked with staff on the importance of meeting children's unmet emotional needs, and dealing with their behaviour, because if you just discipline the behaviour, you are still leaving the emotional needs unmet."

Antcliff and his team used video equipment to record the children's behaviour and then analysed it to assess which children were most at risk, and what strategies could be put in place to address this, an updated version of the same principle used by the nurses in Dunedin 35 years earlier.

Antcliff's team instructed the childcare centre staff in the basics of attachment theory, which teaches that instead of disciplining poor behaviour, staff should try and understand what was causing the behaviour, and respond accordingly. Antcliff says the aim was for children to see the staff as a 'secure base' that not only could they confide in, but feel secure around.

"the bad behaviours in that childcare centre dropped and you went in there and it was calmer space to be in. insecurity doesn't foster development and by training staff to offer security to the children, we stopped the children from having to continually second guess the predictability of their environment." he says.

He says that evaluation showed a 60 per cent improvement in the number of children in the clinical range of behaviour disorders. With this level of success, the programme has been expanded to include training parents in the fundamentals of attachment theory that have proven so beneficial to staff. The programme also received funding to be taken to an additional 18 childcare centres across Sydney.

Strong support for social, emotional and behavioural problems was supposed to be established in Scottish schools by the passing of the Additional Support for Learning Act in the last Parliament. An HMIE report published last week shows that this has not happened. Tam Baillie of Barnardo's, who was at the report launch, says that patchy implementation of the Additional Support for Learning Act, particularly when it comes to looked after children and children with social, emotional and behavioural problems, has major implications.

"We know that Scottish education performs rather well compared to other OECD countries, but those who are failing are failing very badly. Full implementation of the ASL Act, maintaining young people in schools and avoiding exclusions, will have a major effect on bringing those groups up and making sure they don't end up not in education, employment and training."

If the government can rise to the challenge of successfully pursuing the full implementation of this Act across all local authority areas, then a large group of NEETs-to-be will already have been given more chances. But the new freedom afforded to councils to decide their own education budgets may mean a haphazard pattern of NEET prevention across the nation. The class size argument rages particularly fiercely in the context of early primary teaching, with teachers generally arguing that the smaller the class, the more attention can be devoted to the individual social, emotional and educational development of each child.

Gordon Smith is headteacher at Glasgow's Jordanhill Primary School. "I teach at Jordanhill now, which is all leafy glades, but I was a headteacher in Easterhouse, one of the most deprived areas in Glasgow, for 20 years before that." he says he is frustrated by the debate going on about evidence on class sizes and says that what is needed is action. "You have to reduce class sizes. It's a no-brainer to say that children from deprived areas are going to benefit from more quality adult attention. It doesn't matter if classes are reduced to 18 or not but smaller class sizes will help."

But he does stress that preventing the NEETs problem cannot be laid at the door of schools alone. "It is vital, and we are now getting the government to recognise, that education is not a stand-alone part of a child's development. You need to invest in early years, and join up with health, social work, the community and families... you want to avoid using social work only as crisis management.

"For example, at my old school we had what was called the homelink project. This was a room where parents could come and visit, and do anything from learning to use a sewing machine, to studying for Standard grade maths or seeing health visitors. The school was a community centre. Even formalised education is still about working with parents as a partnership. You have to involve parents in the curriculum so it's not just purely an academic exercise. The Curriculum for excellence is going in the right direction.

"School should just become an everyday thing. We need to change the system to suit the child and not the child to suit the system, which unfortunately, some of my secondary colleagues still seem to be trying to do."

Bill McGregor, general secretary of the Headteachers' Association of Scotland (soon to be known as School Leaders Scotland), which represents leaders at secondary level, says that one positive at the moment is the progress of individual learning plans. The effect of these plans, which mean that every child has an individual learning "journey" tailored to their aptitudes, needs and interests, he says, is starting to percolate through to secondary schools.

However, he thinks that one of the problems at secondary level is that the national Agreement on teachers' salaries meant guidance teachers got less money, a move that left them feeling demoralised and undervalued at a time when their input was critical. At busy, bustling secondary schools, it's hard for individual pupils to get the depth of continuous support they might need to channel them in a positive direction.

McGregor says that the NEET group encompasses not just those who go to school, but also a large number who don't go to school because of chaotic family backgrounds, parents unable to enforce attendance, or because their disruptive behaviour has meant they are excluded. And he offers a dire warning. "This has to be tackled – in a materialistic society like ours, we are divided into the haves and have-nots, and if we don't do something, we are going to see an extension of the gang

culture that is taking root in England. The NEET group, many of whom are extremely disenchanted, are likely to form a major part of this.

“When Scotland as a country has lost its manufacturing base and has to rely on brains and skills, we cannot afford to just lose a large chunk of the population.”

While early intervention makes sense on numerous levels, the hordes of young people who are already in the NEET predicament cannot be forgotten, and organisations such as Youthlink, Fairbridge, the Prince’s Trust and Columba 1400 do invaluable work giving young people a sense of hope and purpose.

But one of the saddest scenarios must surely be when someone who is in the NEET category makes a positive move and applies to college to get into education often in important fields such as construction and social care – and is knocked back. For people with low self-esteem, such a result can be devastating and can often deter them from trying again.

A report launched just last week into the capacity of colleges illustrates this happening. It showed that some 2 per cent of the group of young people in need of “more choices and more chances” represented unmet demand. That is, these young people applied for places, but were rejected – due to a multitude of factors including lack of capacity or funding and a feeling among colleges that there was a lack of employment opportunities for completers. hopefully, this piece of research will stimulate thinking about how these people’s wish to study can be met, to avoid losing them back into a wilderness of no educational or job prospects.

For NEETs, like all of us, grow old. As they pass the 19-year-old mark, they may technically exit the NEET category, but they continue on out with education and employment, and don’t stop being a blot on the national conscience and balance sheet because they are no longer in the first flush of youth. the NEET category of 16 to 19 was always an arbitrary one, and that’s why it is right, while continuing work to support all school leavers to the next stage in life, to focus also on the babes in arms and give everyone the chance to develop their full potential from the outset, rather than starting when they are already old enough to have sex and get married.”

6.3 Violence Reduction Unit, Glasgow

I meet with the head of the Violence Reduction unit of Scotland and a team of others that have a keen interest in the early years agenda for Scotland. As you can see from the previous article there a serious concerns about violence and the reduction of violence in Scotland. It was very affirming to know that the Head of this department is such a strong advocate of increasing early years provision as he said “ this would make my job much easier and we will prevent the need for this unit by increasing spending” .

I gave a presentation on some of the early intervention services that the Benevolent Society are currently implementing and evaluating. Namely, the Partnerships in Early Childhood Program that is demonstrating promising evidence base for positively impacting on children’s social and emotional development, strengthening the relationship between teachers/ carer’s and the children, improving peer relationships, reducing hyperactivity scores and conduct scores and overall children reported as having better overall wellbeing in the child care setting.

This was a lively meeting with a great mix of discussions regarding the evidence base for intervening early and the context of what is happening in Scotland and Australia with our young people. There was general consensus that intervention needs to start young, that child care is a good place to start and that parenting evidence based parenting programs can also help to build more resilient families.

7.0 Parenting Programs and the Incredible Years

Parenting behaviour has an effect on children's development into adulthood, and many children learn, develop or establish problem behaviours because parents lack, or inconsistently use, key parenting skills. It is therefore important to provide support for parents and opportunities for them to develop their parenting skills. This needs to be done using evidence based programs that are effective in promoting positive interactions between parents and their children (Hutchings, Bywater & Davies, 2007)

The objective of supporting parents is to enable them to develop a nurturing, stimulating relationship with their child, so they develop the child's emotional and intellectual well-being. The question arises how best to support parents ?

The consequences of inadequate parenting often lead to child behavioural difficulties and school failure. Without effective intervention, the behaviour problems have a high degree of continuity and lead to behaviours such as theft, violence to persons and property, and use of illegal drugs; disorders such as alcoholism, drug dependence, and antisocial personality disorder. The school failure has a high continuity with unemployment and receipt of state benefits. The children grow up into adults with a high rate of marital violence, family break-up, and abuse of the next generation of children. These difficulties contribute to a greatly increased economic cost - one recent UK study showed that by the time they are 28 years old, individuals who were antisocial as children cost society ten times more than children without it. There is therefore a need for effective intervention to prevent serious, lifetime social exclusion of children, and strain and distress of parents.(Scott, 2003)

Parenting training programs are recognised as an effective form of intervention to improve child outcomes. There are currently many parent training programs that are commercially available, however most are without an evidence base to demonstrate their effectiveness.

Parent Training programs are an integral part of service delivery across the human services sector and to date have largely not been robust or rigorous in evaluating their effectiveness on improving child outcomes over time.

7.1 Incredible Years

The Incredible years parenting training programme, developed by Dr. Carolyn Webster-Stratton, is a targeted program aimed at reducing problem behaviours in children through child, parent, and teacher training.

The major goal of the Incredible Years is to reduce difficult behaviours in children by teaching them directly how to get along with others and how to understand and manage their own feelings.

Aggressive children often misunderstand other people's intentions, reading threat and hostility into what are often just ordinary interactions. The Incredible Years helps children improve their social skills and learn to negotiate with others to solve problems.

Parents are taught to understand what motivates their children's behaviour and to respond with firm but loving limit setting. Some parents, because of their own life experience, tend to use harsh criticism and punishment to try to control their children but this has a cost – the relationship between parent and child is damaged and the bonds of affection and trust are broken down. This leads to further behaviour problems and a “vicious cycle” is set up. The Incredible Years helps to build positive parent-child relationships.

The Incredible Years Parenting program is one of the most widely researched parent training program in the world with the most rigorous evidence base both in the USA , UK, Norway, Portugal, Germany, Korea and New Zealand. It has been implemented and evaluated over the last 10 years throughout Wales. The program has achieved successful outcomes with hard to reach families and has influenced Welsh Government policy in terms of firmer guidance on the use of evidenced-based programmes. This program is now universally available throughout Wales being delivered in a variety of primary health and child and family settings. To date, this program has not been readily available in Australia.

I visited the Incredible Years Centre, University of Wales, Bangor to speak with the leading researchers and practitioners into the effectiveness of the Incredible Years parenting program with vulnerable families (including foster families).

I travelled through Wales to observe diverse groups lead by experienced practitioners to see all facets of program planning, delivery, reflection and supervision practices. What is impressive about this program is the powerful group process that is facilitated by the program leader and the impressive results that they have to date in reducing the incidence of behavioural problems in children and parents reported ability to parent effectively.

The University Of Bangor are also exploring the use of the Incredible Years as part of Foster care training. I had the privilege to sit in on a Foster Carer group in mid Wales and talk to the carers. It is anticipated that by foster carer's

undertaking the Incredible Years parent training at the time of being matched with a child, this will equip them with increased skills to deal with difficult behaviours and positively impact on decreased incidence of placement breakdowns.

At present ,NSW services to children who live in Out-of-home care are currently out to tender to not-for-profit organisations. I think this is a great strategy to provide foster carer's with additional support at the point of a child coming into foster care. It would also be interesting to conduct a study to compare the percentage of placement breakdowns of carer's who have undertaken the Incredible Years Training to those carer's who have not. This might be a way forward in supporting foster carer's in NSW.

7.2 Randomised Control Study

The University of Bangor in conjunction with 11 Wales Sure Start areas in North and Mid-Wales conducted the randomised control study. A total of 153 families were eligible to participate. The families were then allocated to the intervention group or the control group. The parents in the intervention group then undertook the 12 week parenting programme whilst the parents in the control group were intended to treat at the completion of the study.

The main results found that children in the intervention group had significantly reduced antisocial and hyperactive behaviour and increased self control compared with the control group children. The programme also had positive effects on parent and child behaviour. These findings suggest that child behaviour may be mediated through parent behaviour and the learning of key parenting skills.

This study was influential in developing social policy within Wales and lead to further funding of the Incredible Years parenting program universally as a preventative and early intervention strategy.

Cost benefit analysis

Costs of interventions to children and family's always come under scrutiny with many programs being deemed to be too expensive or cost prohibitive for them to be sustained over the longer term. The Incredible Years Program in Wales underwent a cost benefit analysis research study. The study found that the parenting program involves modest costs and demonstrates strong clinical effect, suggesting it would represent good value for money for public spending (Edwards et al.,2007).

Program Fidelity

Program fidelity is always an issue with a manualised program delivered in community settings often resulting in them being less effective than a clinical setting. A program is delivered with fidelity when it is delivered in its entirety, using all the components and therapeutic processes recommended by the developer (Hutchings, Bywater and Davies, 2007).

The Incredible Years Programme has the following components that facilitate it being delivered with fidelity :

- 1) Comprehensive clinical manuals, protocols, videotapes and materials for parents and children eg. books
- 2) Standardised quality training for group leader delivering the intervention
- 3) Effective supervision for group leaders
- 4) Agency and administrative support
- 5) On-going fidelity monitoring through supervision and videoing to ensure quality and support group leaders becoming accredited

When these elements are addressed in the implementation of the programme, results have demonstrated improvements in parent interactions with children, reductions in conduct problems, and promotion of child social competence (Hutchings et. al., 2007)

7.3 Implications for the Australian Context

In Australia, the most readily available evidence-based parenting program is Triple P. This program was Developed at the University of Queensland in Australia by Dr. Matthew Sanders, the basic goals of Triple P – The Positive Parenting Program are to have parents understand how to provide a safe and engaging environment in which their children can learn and grow.

This program also has a strong evidence base for effectiveness and is used in many countries around the world. It is one of the 3 parenting programs that is used for Sure Start Services in the UK.

Child and Family services in Australia need to be only delivering evidence based programs and ensure that they are delivered with programme fidelity. There should be a range of programs that are selected and to be the preferred parent training programs.

There are differences between state and federal government funding streams so there is no National approach to parent training programmes even though there has been an extensive literature review undertaken by the Australian Federal Government and State Governments. Funding bodies also need to consider only funding the delivery of evidence based programs and to build in an evaluation component into all funding agreements with service providers.

There is also a greater need for evaluating the effectiveness of these programs in the Australian context to build the Australian evidence base for what works best.

In Australia, at present there is only 1 accredited Incredible Years Trainer. In order to effectively build up the availability of this program more staff need to be supported to achieve accreditation status. This will also impact on program fidelity.

Evaluation and Research Opportunities

At present the Welsh Incredible years centre and Sure Start are involved in the Pathfinders project which will involve a randomised control study of the 3 identified parent training programs (Incredible Years, Triple P and Strengthening Families Strengthening Communities). The project aims to establish which of these parenting program is the most effective. Eight regions have been selected in the UK and randomly assigned a parent training program to undertake over the following 6 months. The evaluation measures are :

1. Demographic data
2. Strengths and difficulties Questionnaire
3. Eyberg Child development Scale
4. Beck Depression Inventory II
5. O'Leary Parenting Scale

These measures could easily be applied to parenting programs in the Australian context as they are already used to measure effectiveness of other child and family programs. It is planned that contact remain with the Incredible Years Centre, University of Bangor in Wales to assist The Benevolent Society with implementation of the Incredible Years program in our existing child and family services across NSW and Queensland and explore opportunities to partner on further research projects.

Parenting Training programs are an integral component of service delivery to children and families and the sector needs to deliver evidence based program to achieve better outcomes for families. The Incredible Years parent training programme is an evidence-based program with many possibilities for delivery in Australia.

Key Messages

- 1) The Incredible Years Parenting program is one of the strongest evidence based parent training programs in the world
- 2) It positively impacts on children and families when delivered in community settings
- 3) The program needs to be delivered with fidelity through videoing session facilitators and the provision of appropriate supervision
- 4) Ensure that there is a clear strategy for recruitment of participants to the program
- 5) Ensure that attention is paid to issues of service access eg. the provision of transport, childcare and a meal.
- 6) Implement the Incredible Years parenting program with new foster carer services at point of placement to reduce the chance of placement breakdown and evaluate its effectiveness over time
- 7) Apply the evaluation model used by the University to Bangor to the delivery of the program
- 8) Link results with what has been published from the University of Bangor and the program originators in Seattle, USA.

- 9) Funding for implementation needs to take into account the true costs of running the programs to achieve results .

8.0 Marte Meo – On One’s Own Strength

Contact : Maria Aarts, Director , Eindhoven, Netherlands

The purpose of this visit was to undertake one-to one training with Maria Aarts who is the developer of the Marte Meo . This approach has not been available in Australia until March 2008. This approach is effectively used in 33 countries around the world and used across the life span. This program is of particular interest as it is a “how to” model of intervention and fits within overarching philosophical approaches. The Benevolent Society have had a keen interest in this program and introduced some of the concepts into the early childhood arena. To further explore the potential of this program and to bring it back to the wider sector was the primary motivation of this visit. It was such a privilege to have this time as I interviewed Maria Aarts for 2 days and we recorded our sessions on video. Unfortunately most of the DVD material was lost due to a faulty DVD camera.

It is difficult to adequately described this approach without the use of video as it is central to the intervention.

8.1 Background

Maria Aarts, the founder of the Marte Meo programme, began her work in 1974 in residential out-of-home care centre and then with children with special needs (eg autism, psychotic disorders).

In the years that followed Maria worked with different families, individuals, organisations, government bodies, academics and professionals to develop the Marte Meo approach. She has worked for extended periods with clients and families developing the Marte Meo approach and has developed programs in relation to;

- specific disorders (eg ADHD, babies who cry excessively, Depression)
- specific environments (eg Day Care and Kindergarten, individuals with dementia in aged care);
- children at risk (Foster care, Family Support, Prevention and Early Intervention
- training for organisations (Communication Skills Training, Positive Management Skills and Training, and Programmes for Universities and Colleges. Programmes have been developed in each of these areas.

8.2 The Program

The program is called Marte Meo, meaning “from ones own strength”. It is a strengths based, solution focussed, developmental and relationships based

approach to working with people. Central to this approach is looking at the natural supportive dialogue between adults and children and using interactional analysis to analyse the interactions between people. For example:

- The adult follows the child's initiatives
(this helps the adult to identify where the child is concentrated and focused)
- The adult confirms by naming the child's initiatives at action, verbal or emotional levels
(this supports the child's concentration, registration, language and emotional development)
- The adult waits for the child's reaction to his/her action
(This allows the child to register and react)
- The adult waits for the child's reaction by naming
(which provides the structure and predictability for the child)
- The adult names for the child what they can do and confirms when they manage
(This supports the child to learn behaviour models)
- The adult names what is happening around the child
(supporting the child to look and be socially attentive to others)
- The adult names beginnings and endings
(Which helps to develop an external structure)

There are two basic elements in Marte Meo: analysis and intervention (Aarts, 2000). The analysis and intervention involves using 2 x 5 minute videos of a structured play session and a unstructured play session. In worker with older people it may be a video of getting them ready to have a bath or cleaning their teeth (depending on where the difficulties of interaction are occurring). :

Sessions are videoed and then analysed in a systematic way to determine the working points of intervention. The working points of intervention are set in every day moments so 'therapy happens on a daily basis not just for 1 hour per week.

The analysis of the video operates on two levels :

- 1) what are the Marte Meo elements that the adult had that supports the areas of a child's development and what elements are they missing
- 2) What are the areas of development that the child has learnt and what are the areas they have not yet had the opportunity to learn.

The analysis on these two levels ensures that the therapist is identifying areas of developmental support, activating carers and children to develop new skills and developing appropriate working points for both the child and carer.

Language is a very important enabling factor in the Marte Meo method that is strengths based and assuming change is possible. For example :

- “the child has not yet had the opportunity to develop the developmental model of concentration”
- “The carer has not yet had the opportunity to learn how children can be supported in developing the model of concentration”
- “Would you like the opportunity to learn how you can support this child developing a model of concentration ? “

There is also a rule that you do not give any abstract information to children or parents and you give step by step concrete guidance in supporting the child's development and the carer's skill to support the child's developments

8.3 Marte Meo Developmental Elements

The following are a list of the checklist that the Marte Meo therapists are looking to see if the children and carers have developed.

Child Elements

- Names own initiatives: any action a child takes at either a verbal, action or emotional level
- Can regulate own initiatives : children will have many and varied initiatives come up in them all the time. Can the child self regulate their initiatives or do they continually act on their own. This is very important for school readiness. We see this when a child is able to share; take turns, maintain a central focus and a respect model by being able to stay focus with a carer or teacher.
- Express appropriate initiatives : expresses the most appropriate initiatives for the situation. e. When a child wants to join peers in play, do they express initiatives related to making peer connections (eg. name what they are playing with), or does the child express inappropriate initiatives (eg. try to join play by screaming in the other child's face.
- Shows registration: child has a sense of their own body in space, has an awareness of what they are doing, feeling etc.
- Shows a central focus: child is able to keep focus on the central activity/action.
- Can do you and me : turn taking, there is a rhythm in the interaction, child is able to wait for the other person to bring their own initiatives to the interaction and follow or add on to those initiatives.
- Can show a good face : to carers and other children

Carer Elements

- Names own initiatives: “ I am putting the blue shirt over your head”
- Identifies and acknowledges child's initiatives see you are picking up the blue truck”

- Supports the child's initiatives: if a child is struggling give only as much support as needed to support their development, not taking over
- Active waiting : gives space for the child to react to carers initiatives to bring their own energy to the interaction
- Makes connections with child : as this influences all area of development
- Gives a good face : children with behaviour problems rarely see a positive face
- Create positive atmosphere : good energy brings people in the mood for development via warm tones in voice etc.
- Make a connection before asking for cooperation
- 20 cm rule : when wanting cooperation you must first enter the child's world.
- Following skills: able to follow the child's initiatives and not take over.
- Leading skills : Carer is able to take the leading role in supporting the child to do something
- Make clear starts and clear endings

The Therapist analyses the video footage of interactions to see if the necessary elements are there in the carer and the child. The elements not yet learned become the working points. The Therapist begins with the carers or parents main area of concern as the first working points.

After analysis, the therapist and adult together view and discuss sequences previously selected by the therapist. The sequences selected only show where the interaction have supported the child's development. This purposeful to encourage the adult to increase these supportive interactions moment whilst not emphasising where the interactions are not supportive. This engages parents in the Marte Meo method and reinforces their capacity to support their child's development. This does not mean overlooking protective concerns. The focus of the discussion is to help the adult to see the supportive needs of the child and to stimulate the adult to modify his or her behaviour in a way that will promote the child's development. Relevant communicative behaviour that will help to achieve this goal is identified from the film sequence. Finally, the adult is given the task of practicing these new types of behaviour in daily situations. During the next recording and reviewing, feedback is obtained regarding whether the previous intervention has been helpful and is leading toward the desired goal (Axber, Hanson, Broberg, Wirtberg, 2006)

Summary

This is a highly effective approach to working with children and families. It is an approach that fits with the research base, yet is the "how to" component of intervention. This program is currently used in child care and preschool centres, child protection services, home visiting services, out of home care

services, community and residential aged care facilities and development disability services with positive results.

This approach has also be successfully used across the life span and is a way of bringing practitioners together in a common approach to working across the life span.

At the time of writing this report Maria Aarts has visited Australia and conducted training in Adelaide and Sydney and I am currently negotiating with her to come back to Australia in 2008, 2009 &2010 to continue training the original participants to Marte Meo Colleague trainer level and Therapist level.

9. Australian Government Directions in the Early Years

These are exciting times in the current political and social environment for the early years with the New Rudd Government utilising some of the worlds best evidence to date to formulate new directions in the area of early education and care. It was also timely for this Churchill Fellowship to occur given these policy changes.

A brief snap shot of these directions are :

The early learning (preschool) commitment:

- 15 hours of preschool for all four year olds at no extra cost to parents for a minimum of 40 weeks
- The preschool program to be provided by a degree (4 year) qualifies early childhood teacher/educator
- Commitment to the development of an early years learning framework with a specific emphasis on play-based learning, pre-literacy and pre-numeracy skills, focusing on how to bridge the gap between care and learning

Workforce development commitment :

- Provision of incentives for the child care workforce to improve their qualifications eg. abolishing TAFE fees
- Additional early childhood education placed in universities form 2009

Quality Standards commitment (Accreditation) to drive continuous quality improvement – evidence based standards as indicators of quality :

- Five star rating system
- Cut red tape but not reduce standards

Accessibility and Affordability :

- Child care Tax Rebate – 1 July 2008
- 260 new child care centres on school, TAFE, university and community sites

These are just a brief snapshot look at some of the more significant commitments of the Government to improve the outcomes of children in Australia and reduce the gap of disadvantaged. These are welcomed changes that are based on a strong evidence base from overseas studies. It is now the time to build the Australian evidence into the lasting impacts of quality early years provision.

10. Recommendations

To improve child outcomes in Australia it is necessary to :

- Raise the awareness of the early years research and its impacts on communities wider than just professional networks.
- Commonwealth, State and local governments working together to formulate a National approach to early years provision.
- Increase Government spending on the early years that takes a long term view of investing in the future.
- Implementation of integrated Children's Centres
- Children's Centres are built around quality child care and preschool programs
- Preschool and childcare programs are evidenced based for effectiveness
- Preschool and childcare be accessible and affordable
- Increase the qualifications of staff in early years education and care
- Implement the Incredible Years parenting program
- Quality programs cost
- Develop early years provision practice guidelines to ensure consistency of practice across the sector
- Investment in program evaluation and a research to practice agenda

- Explore the implementation of the Marte Meo Method of intervention across the life span in current services

11. Dissemination Activities and Strategy

In NSW through children's services and interagency forums and implementing new initiatives in current programs. Throughout Australia with the preparations of articles and conference presentations.

Presentations to date

The Benevolent Society Board of Directors
 Child and Family programs across NSW and South East Queensland within the Benevolent Society and with Community Partners
 National Investment For The Early Years, NSW Chapter
 Key Note Address at the Strengths- based conference in children's services titled "Early Learning and care : The International Experience"
 Dalwood Spilstead Child and Family Services

Meetings and Advocacy for Early Years Provision to date

Families NSW, Metro Central Region
 Families Australia, Canberra
 Department of Community Services, Metro Central Region
 Department of Families, Housing, Community Services and Indigenous Affairs, Canberra
 Department of Employment, Workplace Relations, Canberra
 Premiers Department, Queensland
 Early Childhood Australia, Canberra

12. References

- Aarts, J.(2006). Marte Meo Method for School : Supportive Communication Skills for Teachers : School Readiness Skills for Children. Aarts Productions. Eindhoven, Netherlands
- Aarts, M.,(2000). Marte Meo Basic Manual. Aarts Productions. Eindhoven, Netherlands.
- Axberg, U., Hanson, K.J., Broberg, A.G., Wirtberg, I. (2006). The development of a Systematic School-Based Intervention: Marte Meo and Coordination Meetings. *Journal of Family Process*. Vol 45. No.3. 2006. FPI, Inc.
- Cahir, P. (2008). The new Government's early childhood promises – a researched response. *Reflections Issue 30 Autumn 2008*. Gowrie Publications Australia.
- Cahill, R. & Hamanda, R., (2007). The Choice and Chance Challenge. *Holyrood Magazine*, November 19th 2007. Edinburgh, Scotland
- Edwards. R. T., O Ceilleachair, A., Bywater, T., Hughes, A., Hutchings, J. (2007) Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis. *BMJ*, doi:10.1136/bmj.39126.699421.55(published 9 March 2007).
- Gilliam, W. S. (2007). Reducing behaviour problems in Early Care and Education Programs : An evaluation of Connecticut's Early childhood Consultation Partnership. IMPACT, Child Health and Development Institute, Connecticut.
- High/Scope (2006). The High/Scope Preschool Educational Approach: A prospectus for Pre-Kindergarten Programs. High/Scope Educational Research Foundation. Ypsilanti, Michigan.
- Hutchings, J., Bywater, T., Daley, D., Gardener, F., Whitaker, C., Jones, K., Eames, C., Edwards, R. T., (2007) Parenting intervention in Sure Start service for children at risk of developing conduct disorder: pragmatic randomised controlled trial. *BMJ*, doi:10.1136/bmj.39126.620799.55(published 9 March 2007)
- Hutchings, J., Bywater, T., Davies, N. (2007) Evaluation of the first year of the Welsh Assembly Government funded Incredible Years Parenting Leader Training across Wales.
- Lally, R., & Mangoine, P., (2006). The program for Infant/Toddler Care. West Ed. California.
- Montie, J.E., Xiang, Z., & Schweinhart, L.J. (2006). Preschool experience in 10 countries: Cognitive and language performance at age 7. *Early Childhood Research Quarterly*, 21, 313 – 331.

Sammons, P., Sylva, K., Melhuish, E., Siraj-Blatchford, I., Taggart, B., Grabbe, Y., Barreau, S. (2007). (EPPE 3-11) Influences on Children's Attainment and Progress in Key Stage 2: Cognitive Outcomes in Year 5. Department for Education and Skills. UK

Scott, S., (2003) " Parenting Programmes : What Works ? Reader in Child and Behaviour; Institute of Psychiatry, King's College London. Presentation given April 2003, Oxford.

Schweinhart, L., J., Montie, J., Xiang, Z., Barnett, W.S., Belfield, C., R, & Nores, M. (2005). Lifetime effects: the High/Scope Perry Preschool study through age 40. Ypsilanti, MI: High/Scope press.

Sinclair, A., (2007)., 0-5: How small children make a big difference. Provocation Series Volume 3 Number 1. The Work Foundation, London.

Sure Start Children's Centres: Practice Guidelines (2006). Department for Education and Skills, United Kingdom.

Whalley, M. (2006). Leadership in Integrated Centres and Services for Children and their Families – A Community Development Approach. Journal of the Children's Issues Centre, Vol.10, No.2, 2006, P.B.

Whalley, M.(2006). Briefing Paper on Children's Centres. Pen Green, Corby, Northants.

Whalley, M.(2007). Involving Parents in their Children's Learning. 2nd Ed. Paul Chapman Publishing. London .