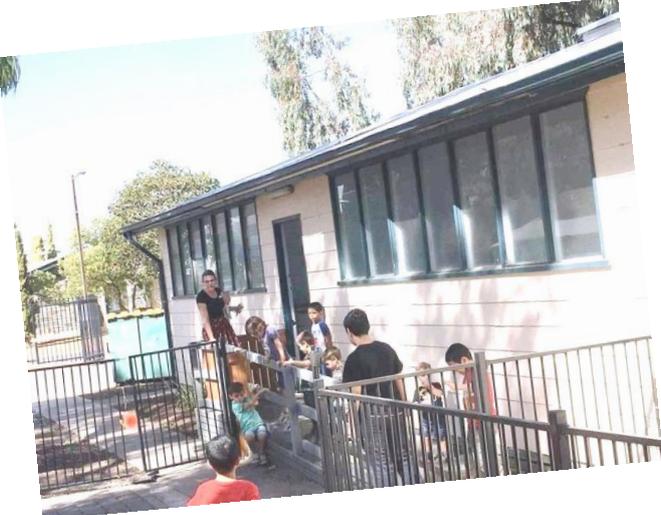


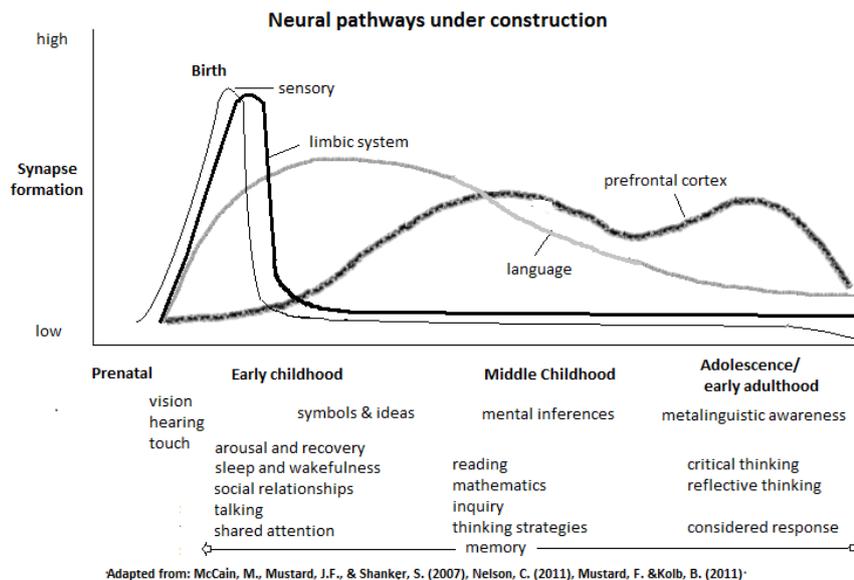
COMMUNITIES FOR CHILDREN



The importance of the early years

The message about the importance of the early years is beginning to filter into the general community but much remains to be done. Decisions parents make about the kind of developmental environment they provide for their children reflects their understanding of the significance of the early years. We'd have to say that much more needs to be done in terms of raising awareness of the developmental trajectory of children in the early years. What is often most crucially misunderstood is the development of the limbic system which regulates emotional responses to, for example, new ideas, challenges, opportunities and frustrations. It develops very early in the developmental trajectory during pregnancy and the first three years.

The following graph illustrates how these key emotional and social pathways are developed very early in life¹



Critical periods for development of neural pathways

Once these neural pathways are constructed they are very resistant to change. This is not to say that other important skills such as language, inquiry, critical and reflective thinking developed later in childhood and during adolescence are not important, but ultimately much of their development is impeded if the limbic system is such that self-regulation, relationship skills and shared attention are lacking². These critical skills developed in the first few years of life greatly influence the kind of outcomes we can expect from children. Their development, or the lack of it, dramatically affects subsequent development in the group learning environment of preschool, primary, secondary and tertiary education. It also hugely impacts the kind of relationships they are likely to form and the functionality of the families they may parent later in life.

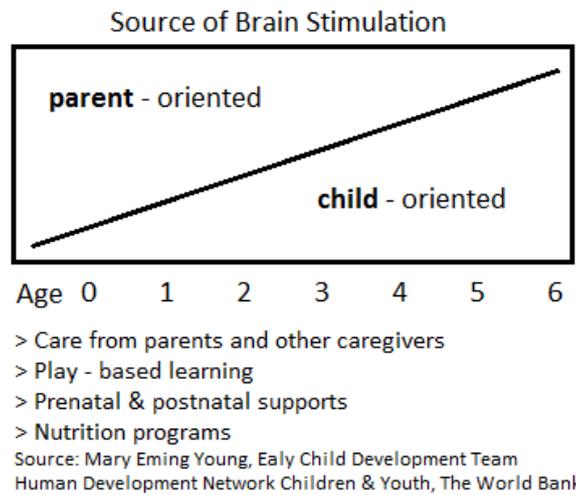
Much of our education system works well for those who have been well nurtured in the early years, but it is a rollercoaster experience for those who have not. Some schools are beginning to come to terms with what they can do to alleviate the classroom disruptions that result from early childhood trauma, but these challenges are not easily addressed. Clearly as much prevention and early intervention as possible is the key and that means aggressively promoting the importance of the early years with parents. Such a strategy may also prove to be the

¹ McCain, M., Mustard, J.F., & McCuaig, K., (2011). *Early Years Study 3 Making Decisions Taking Action*, Margaret & Wallace McCain Family Foundation, p32.

² Perry, B., (2006). *Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children*. From Boyd Webb, N., *Working with Traumatized Youth in Child Welfare*, The Guilford Press.

best way to motivate, for example, perpetrators of such trauma-inducing behaviours as alcohol fuelled rage in the presence of babies and toddlers, to dramatically change their behaviour³.

The following diagram illustrates the kind of balance of parent involvement in their children's learning in relation to their age that is optimal for any family.



In the perinatal period and the first three years, science informs us that parents are some 80% responsible for stimulating their children's brains and over the next three years this gradually reverses. Other caregivers also have a highly significant role to play in the early years before children become more independent. Quality childcare and time spent in preschool contribute to the proverbial village. This video provides a brief overview of parent-oriented brain stimulation through interactions with babies and toddlers.

[Short video on the importance of the early years](#)

Communities for Children

In 2004 the Australian Government began rolling out the Communities for Children initiative to support vulnerable families in 45 clusters of suburbs throughout Australia. The initiative aimed to fundamentally redesign the way services are delivered through moving support away from costly individual case management and counselling toward building community capacity to support families. Responsibility to address barriers to accessing support was given to local community service providers designated Facilitating Partners who were required to use a whole of community, family and government approach. Facilitating Partners embedded in local communities were required to work with sub-contracted Community Partners (usually NGOs) to develop integrated approaches to how services are delivered.

In Salisbury in response to an extensive consultation and needs assessment with families, service providers and community groups our representative committee developed a Family Hub centre approach to supporting families experiencing vulnerability. We began developing communities where parents and their babies and toddlers could play and learn together. This was done through the Salvation Army (Facilitating Partner) in collaboration with Community Partners Lutheran Community Care, Relationships Australia, Save the Children, The Schools Ministry Group, The Australian Refugee Association and BaptistCare.

Data

A national evaluation of the first iteration of CfC completed in 2009 found that parents in CfC sites reported less hostile or harsh parenting practices and felt more effective in their role as parents. A service coordination

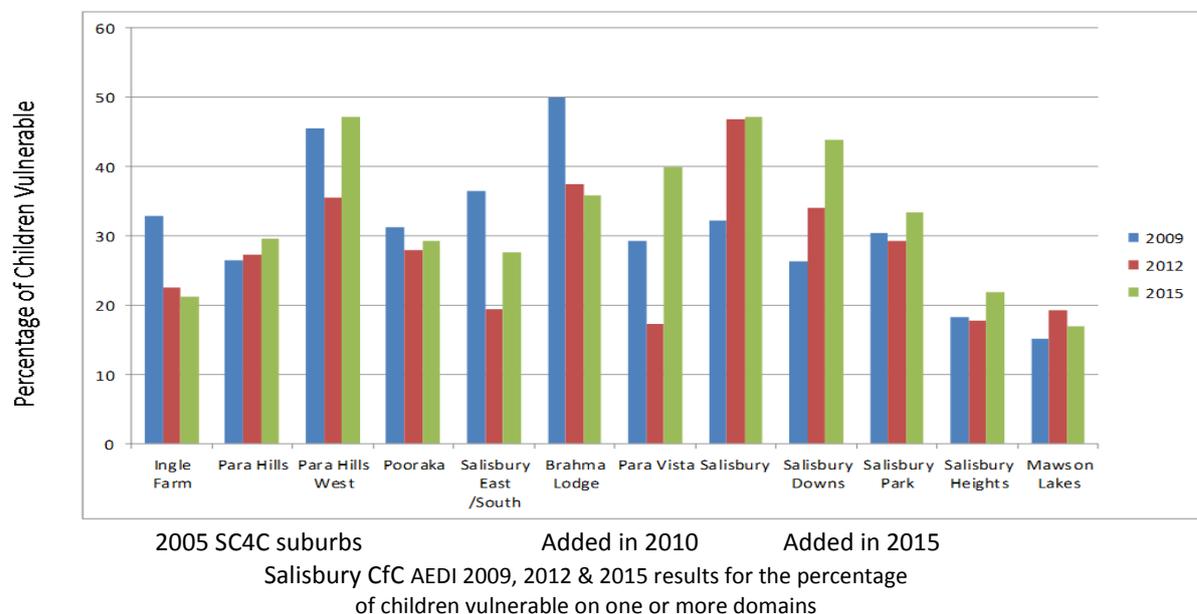
³ Brettig, K. (ed), (2020). Building Stronger Communities with Children and Families (2nd Edition). CSP.

survey found highly significant increases in collaboration between staff from different agencies from 34% in 2006 to 66% in 2008⁴. Of thirteen CfC projects validated as promising practices, six were from South Australia where Facilitating Partner project managers and some staff met together regularly and functioned as a community of practice learning from each other as activities were being implemented.

As part of the national evaluation of the Communities for Children initiative, two rounds of baseline data tracking changes in services was collected⁵. It showed that 15 of 23 new family services added to the site between 2005 and 2008 were located at Family Zone. Three were developed at the [Salvation Army Ingle Farm](#). Other services added to the site were predominantly state-wide initiatives.

The Australian Early Development Census (AEDC) data measures early childhood development in the physical, social, emotional, language and communication skills domains. Data gathered in 2006 showed Ingle Farm in the northern suburbs of Adelaide had the highest proportion of children vulnerable in one or more domains of all the suburbs in the Salisbury CfC site (32.5%) which at that time did not include Brahma Lodge (added in 2009). AEDC results measured in 2009 revealed no significant change (32.9%), however in 2012 a reduction, by approximately one third, of children vulnerable in one or more domains (22.5%) was measured for Ingle Farm. Nationally the overall improvement across domains was 1.6% (AEDC, 2012).

AEDC Percentage of Children Vulnerable in One or More Domains



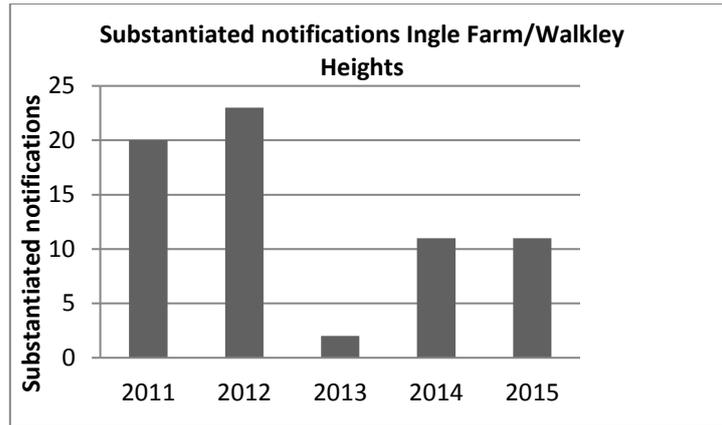
By 2012 most of the 0-5 year-olds and their families engaged in the site would have been part of the cohort assessed on entering reception. The 2009 cohort measured children who had experienced some early intervention activities but not any engaged in CfC activities during the perinatal period. The 2015 AEDC data confirmed the gains measured in 2012 showing some further improvement.

A related trajectory emerges when we look at child protection substantiated notifications data for Ingle Farm. Notifications and substantiations increased initially which might be expected as community and services become more aware of child vulnerability. Substantiated notifications began to decrease in 2012 with a reduction of approximately 50% on average between 2012 and 2015 from the previous three-year period.

[AIFS Family Zone Hub Promising Practice Profile](#)

⁴ Muir, K., et al (2010). *The national evaluation of the Communities for Children initiative*, Family Matters 2010, No.84, p39

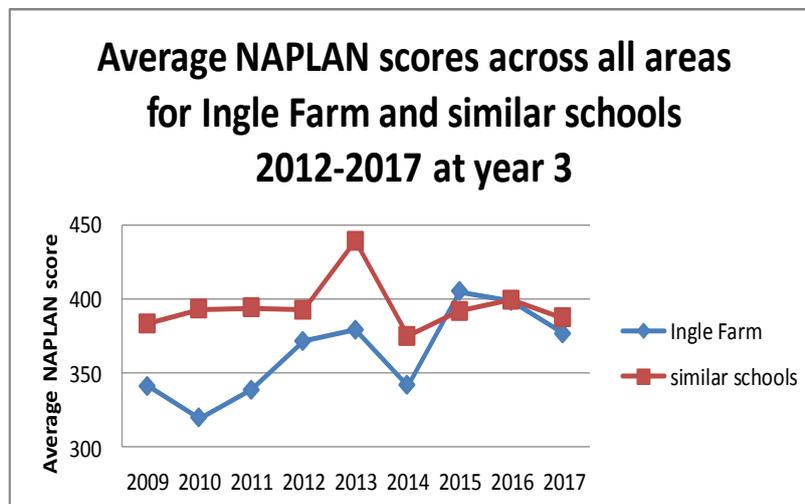
⁵ *ibid*



Substantiated notifications data for Ingle Farm 2011 - 2015

If the emotional and social foundations established in the early years are strong we might also expect to see improved academic achievement when children enter the school system. In Australia academic performance is measured in the third year of primary school through a testing procedure known as NAPLAN. Results for Ingle Farm Primary indicate significant improvement in the cohort who received intensive family support at Family Zone in the years 2007-2010, when they were tested in year three. Improvements in reading, spelling, grammar and punctuation were significant, although numeracy remained at the same level in comparison to similar schools.

This data lends support to the importance of intervention in the first one thousand days and the notion that community capacity building initiatives such as CfC can be expected to take some time before their impact becomes significant.



Comparison NAPLAN data for Ingle Farm & similar schools

The Salisbury site AEDC results also lend support to the importance of using of an approach based on proportionate universality. A lot of activities were concentrated on Ingle Farm and six years later AEDC results appear to indicate that the scale and intensity of activities being implemented were making a difference. In other nearby suburbs the proportion of children vulnerable in one or more domains also fell significantly in the order of 5-10%, however when it comes to those vulnerable on 2 or more domains Ingle Farm recorded a much more significant improvement in the 2012 results in comparison to other suburbs. Some of these suburbs have shown an increase in children vulnerable in 2 or more domains, adding weight to the importance of locating services within 'pram pushing distance' of the most vulnerable. Child protection notification data from suburbs in the

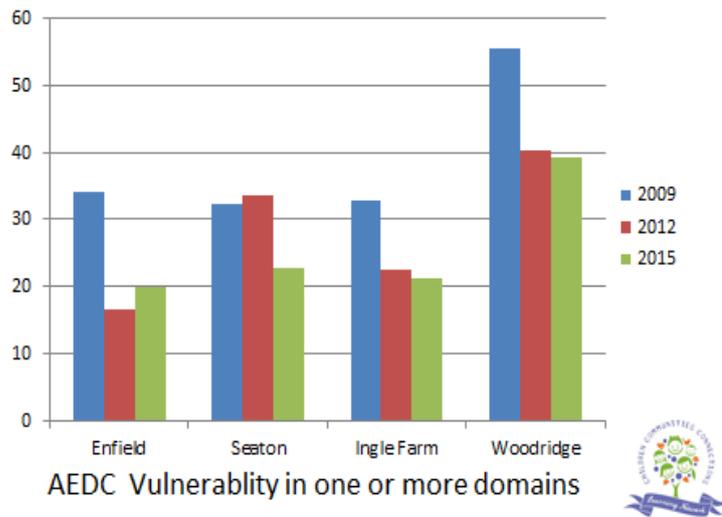
site also support the notion of a proportionate response with the number of substantiations also trending in the right direction since 2011 in Ingle Farm.

[The Family Centre Approach to Early Intervention and Prevention](#)

The Salisbury site drew on the experience of a prior state and federally funded initiative in the suburb of Enfield. It was a child and family centre known as CAFÉ Enfield which was developed several years earlier. It is significant that the suburb of Enfield saw a 14% reduction in child vulnerability in one or more area between 2009 and 2015 on the AEDC. The North Western Adelaide CfC site also developed a family centre at Seaton and this suburb saw a 9.7% reduction in vulnerability in one or more areas between 2009 and 2015. Only a few CfC sites developed family centres including one at Woodridge in Queensland which was modelled on Family Zone Ingle Farm and this suburb saw a 16.2% reduction in vulnerability in one or more areas between 2009 and 2015.

These promising outcomes suggest the family centres are a highly promising means of supporting families at risk of vulnerability. Family centres are now being rolled out at significant scale across Nordic and European countries. Some evaluation of these has been done however these countries do not have the benefit of a broadly implemented early development index. The AEDC measures include social and emotional development which is a key predictor of the likelihood of violent behaviours developing in later life. Investment in early intervention and prevention activities such as those delivered by family centres in the early years is likely to significantly turn the curve in rates of family violence.

Australian Suburbs with Family Activity Centres

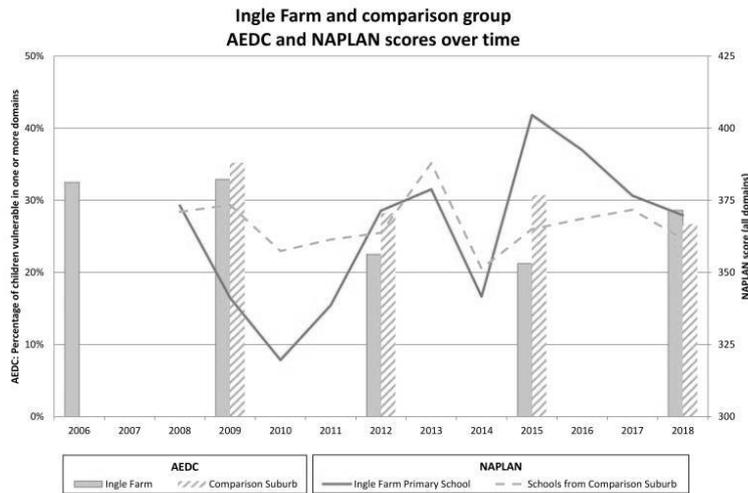


Australian Early Development Index vulnerability in one or more domains in Australian suburbs with family activity centres developed between 2004 and 2009 (Sims & Brettig, 2018)⁶

The 2018 AEDC saw a reduction in vulnerability in one or more domains in the Salisbury CBD of 16.1% from 2015 while Ingle Farm saw an increase of 7.4 %. In 2015 funding in the Salisbury site was redirected to the Salisbury CBD area largely due to its high levels of vulnerability and funding of Ingle Farm services were cut to by more than half. While these results do not reflect trend data, and there are other compounding factors, they do support the notion that too large a decrease in services may result in a significant loss of the gains made when the services were introduced. The level of services at Ingle Farm had also been significantly reduced in 2010 when guidelines were changed to include services for the 6-12 age range, without additional funding. The

⁶ Sims, M. & Brettig, K., (2018). Early childhood education and early childhood development: Do the differences matter? Power and Education. 10 (3).

following graph tracks Ingle Farm AEDC & NAPLAN data and a nearby comparison suburb (that developed a children’s centre between 2006 and 2018).



Ingle Farm & comparison suburb data 2006-2018

The 2007-2010 cohort received the most intense level of services and achieved the most significant gains as measured by the AEDC, NAPLAN and substantiated notifications data. Turning the curve on intergenerational trauma and poverty is not easily accomplished and this data provides a cautious note in that apparent gains can easily subside if significant funding is redirected prematurely. It is of interest that a People’s Choice of Housing report (2019)⁷ saw Ingle Farm as one of the fastest improving suburbs, leaping 28 places from where it was on the 2018 index.

[Take a look at some of our communities](#)

The Wellbeing Classroom

In 2009 the scope of the CfC initiative was extended from supporting families with children 0-5 years to include families with children 6-12 years of age. These children attend schools so we looked at what we could do to support particularly the social and emotional development of children who had had adverse childhood experiences in the early years.

To support their mental health and wellbeing we found implementing a school wide wellbeing approach to be effective in school communities.

Given the complexity of contemporary classrooms and the widespread incidence of chronic stress and trauma in children’s lives, inclusive classroom-based interventions involving daily routines and activities offer an effective avenue for supporting children’s social and emotional development and recovery. The potential benefits flow to individual children and their families, teachers, school staff and the wider community as children change from being isolated, unhappy and “in trouble” to becoming valued members of the communities which they help to create⁸.

⁷ People’s Choice of Housing Report. (2009). Retrieved from: <https://www.peopleschoicecu.com.au/globalassets/corporate-documents/housing-report/peoples-choice-of-housing-south-australia-april-2019.pdf>

⁸ McInnes, Diamond, Whittington & Neill. In *Building Stronger Communities with Children and Families*. 2nd Edition, 2020, CSP, p145

An evaluation of the Wellbeing Classroom approach supported the contention that this approach is best implemented using wellbeing support staff to train and mentor teachers over sufficient time for it to become embedded in their practice. It found there was a significant decrease in bullying behaviour, an overall increase in school attendance and a significant increase in the number of EALD families accessing family support as a result of implementing an whole of school approach.

[The Wellbeing Classroom Impact Evaluation](#)

As well as wellbeing leaders in schools we found that students themselves can become effective leaders in implementing a whole of school wellbeing approach.

A key innovation of the Wellbeing Classroom approach at the school has been actively involving students in responsibilities for wellbeing in the school's day to day function. In addition to the activities described above the school has introduced student 'wellbeing agents', providing peer leadership in classroom wellbeing practices, drawing on peer modelling (Horne et al., 2009) and experience-based learning. Weekly 'wellbeing classroom' time includes mindfulness and emotional literacy practices led by student 'wellbeing agents' with support from the school's Child Wellbeing Practitioner, who also engages directly with children identified as trauma affected. Children with specific learning or therapeutic needs receive individualised support, in addition to the WBC activities⁹.

A snapshot into how student wellbeing agents are operating in school communities can be found here:

[Student Wellbeing Agents in Schools](#)

Parenting Together

If it takes a village to raise a child then we need adults to work together as team to raise physically, socially, emotionally and spiritually healthy children. This is particularly true for parents, but it is also true for children, carers, grandparents, extended family, teachers, service providers etc. Parenting Together® is an evidence-based resource that supports the development of team parenting skills. [Parenting Together evidence base and program logic](#)

It is used by community partners including Relationships Australia, the Australian Refugee Association and Lutheran Care to supplement existing parenting courses. In so many ways our children's futures become so much brighter when parents and communities can work together effectively to nurture their development, train and model the kind of behaviours that [build healing communities](#).

⁹ ibid p142

Children Communities Connections Learning Network

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<http://www.salisburyc4c.org.au/learning-network>

Further information: www.salisbury.c4c.org.au

